



Background – Original Application

The purpose of the OhioMHAS’ four-year System of Care expansion grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) called ENGAGE (Engaging the New Generation to Achieve their Goals through Empowerment) is to expand the system of care framework¹ statewide targeting Ohio’s youth and young adults, ages 14-21 years, with serious emotional disturbances, including co-occurring disorders and multi-system needs.

The ENGAGE application submitted to SAMHSA in June 2012 identified five goal areas and multiple objectives that Ohio was to accomplish in four years with \$1 million per year. Systems of Care ready communities/counties were to receive \$20,000 each for one year to “expand” system of care in that area. The state planned to provide technical assistance and training to the ready System of Care communities. However, it became very clear through stakeholder feedback that the original ENGAGE plan contained significant challenges with implementation. Challenges with the ENGAGE application include:

- Limited funding for communities to truly implement all elements of the system of care framework;
- Unclear and possibly unrealistic expectations of system of care communities – lead to no statewide consistency and very limited sustainability past the grant;
- Broad target population that may not allow for clear impact of investment.

Therefore, a new plan was submitted to SAMHSA on December 31, 2013. This summary provides an overview of ENGAGE’s new direction.

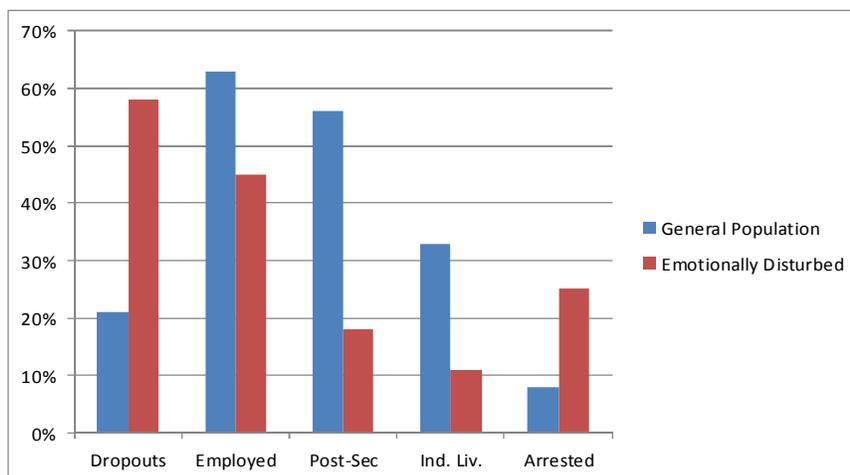
Project Summary – New Plan

PRIMARY FOCUS:

To reduce expenditures and improve outcomes related to health, educational, employment and living stability for high risk youth and young adults through statewide System of Care expansion of the evidence-supported, research-based High Fidelity Wraparound (Wraparound) practice.

TARGET POPULATION:

Youth and young adults in transition, ages 14 through 21 years, with serious emotional disturbance, mental illness, and/or co-occurring conditions (i.e., substance abuse, developmental disabilities) who are/have been involved with child welfare, juvenile justice, criminal justice, and/or been homeless. Outcomes for this very high risk population successfully transitioning into adulthood are quite dismal. It is projected that 880 youth and young adults will be served through the ENGAGE SAMHSA System of Care Grant by June 2017.



MULTI-LEVEL APPROACH:

ENGAGE will improve outcomes for high risk youth and young adults in transition with the goal of creating a sustainable statewide System of Care infrastructure for Wraparound by June 2017. The approach will focus on *workforce development* (readiness assessment, training, technical assistance, coaching), *capacity building* (coach development, facilitator development), *evaluation and continuous quality improvement* (outcomes study, impact of training and technical assistance), and *fidelity* (measurement tools). For more information about Wraparound, please visit National Wraparound Initiative's website at <http://www.nwi.pdx.edu/> or refer to the ENGAGE High-Fidelity Wraparound Summary (<http://fcf.ohio.gov/Portals/0/Home/Initiatives/ENGAGE/ENGAGEWraparoundSummary.pdf>).

Local Level

ENGAGE will target up to 28 counties per year who will receive training related to High-Fidelity Wraparound, cultural competence, and trauma-informed care training, and technical assistance with High Fidelity Wraparound and increasing youth and family voice. ADAMH Boards and county FCFCs are being asked to take the lead locally. To ensure sustainability, a "training of trainers" model will be employed and child/young adult-serving agencies (e.g., child welfare, juvenile court, mental health, schools) will be asked to imbed this practice into their systems by having existing staff become facilitators for youth/family Wraparound planning teams. Counties that are interested will need to complete a readiness assessment that determines their current investment in Wraparound (if any), system development to support this approach, and their willingness to implement this model with fidelity within their communities for youth and young adults. Communities will be able to receive funding to provide Wraparound facilitation and coaching support at the amount of \$2,000/youth. The youth or young adult must meet the ENGAGE target population criteria; data will need to be collected, and fidelity measured.

Communities will need to determine the collaborative structure that will oversee Wraparound and possibly serve as the referring entity to the Wraparound process and trained facilitators. In addition, the wraparound process will require systems to participate and invest resources (Medicaid and non-Medicaid) into the identified services and supports a young person will need to successfully transition. However, the benefit of using this model is that it does yield cost savings. Local systems will be able to reinvest these savings into more home- and community-based services; and the state's Medicaid system should experience its own cost savings.

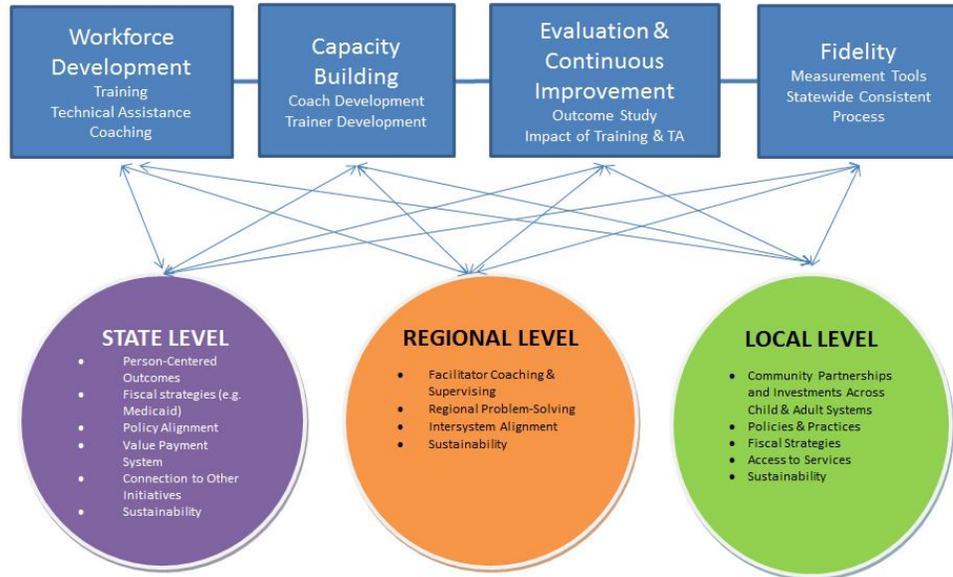
Regional Level

ENGAGE will develop virtual regional technical assistance and coaching sites based on OhioMHAS six hospital regions. For Wraparound to be most effective and to achieve positive outcomes for youth and young adults, fidelity to the model must occur. Fidelity involves developing coaches that can assist facilitators with improving their skills, monitoring and ensuring adherence to specific processes, overseeing outcome achievement, convening learning communities, and assisting with local problem-solving of service gaps, investments, and cost savings reinvestments. Communities will be expected to sustain the regional technical assistance support post ENGAGE through actualized cost savings.

State Level

OhioMHAS as the lead for ENGAGE SAMHSA grant will work with the Health and Human Services (HHS) Cabinet to develop the required finance plan that will address the cost of implementing Wraparound, investigate the possibility of a long-term value payment system, and coordinate resources across state systems, that includes modifying and adopting policies to improve the service provision to youth and young adults. In addition, ENGAGE will identify and work closely with the selected vendor(s) to employ the workforce development, capacity building, and social marketing needs for this project. In addition, ENGAGE will create a cross-system Youth and Young Adult in Transition Advisory Council

and a Family Advisory Council that will provide information on needs of youth, young adults and families and policy recommendations to the Health and Human Services Cabinet.



PROJECT ALIGNMENT:

ENGAGE’s strategy to imbed Wraparound into child/young adult-serving systems will provide an effective and sustainable practice model for other state investments.

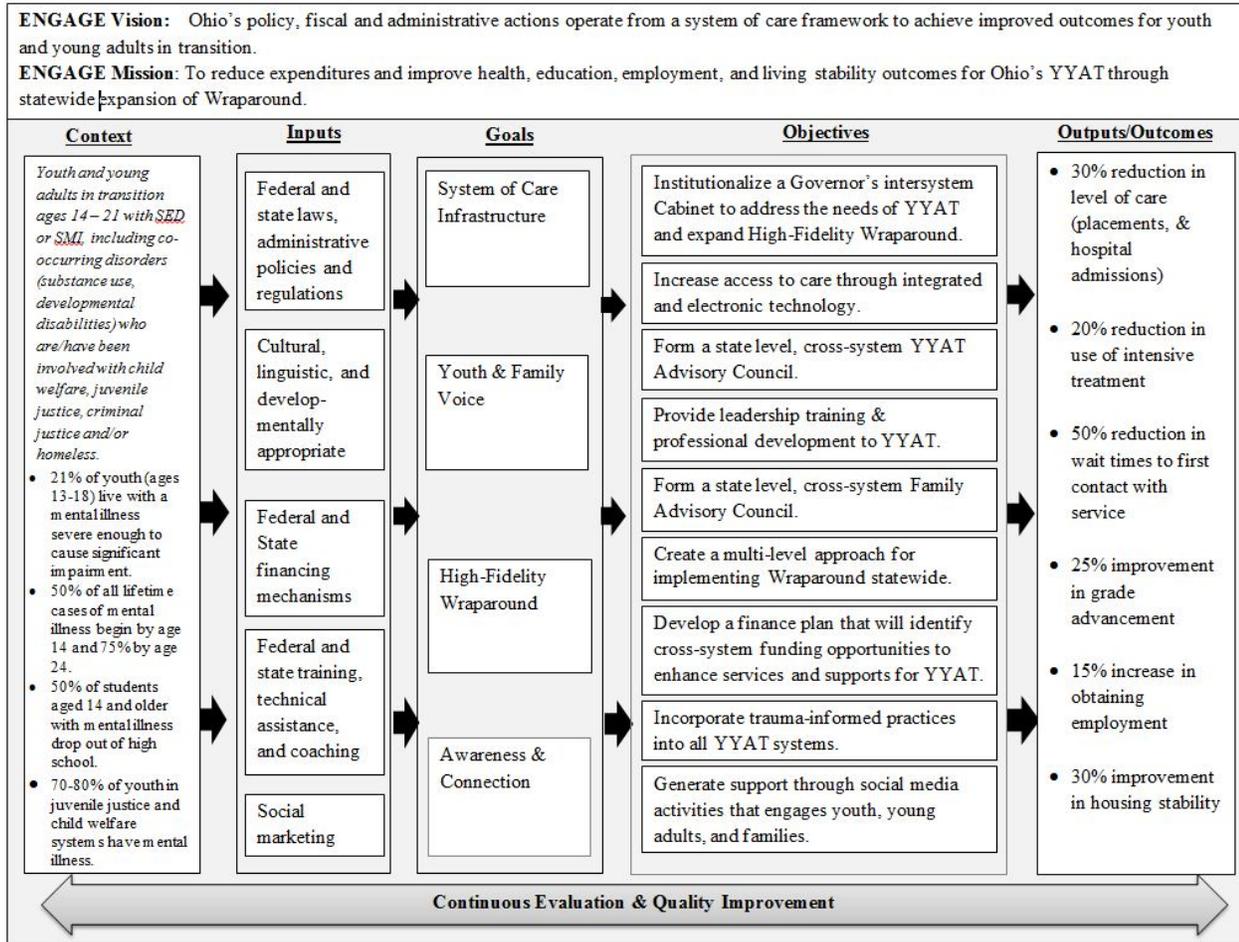
Some of these include: *Minds Matter*, Health Homes, Medicaid Managed Care, Intensive Home-Based Treatment (IHBT), and Trauma Informed Care. It is believed that Wraparound effectively augments non-Medicaid services thus reducing Medicaid funded clinical services. ENGAGE will work with these initiatives to determine if Wraparound would enhance their practice and improve outcomes to consumers. The focus between ENGAGE and these initiatives will be to reduce duplication, improve effective coordination of services, and reduce Medicaid and non-Medicaid expenditures.

EVALUATION

ENGAGE project will be evaluated to determine the effectiveness of Wraparound provided to youth and young adults (ages 14-21). Previous studies of Wraparound with fidelity found reductions in out-of-home placements, hospital admissions, and intensive treatment; and improvements with accessing effective services, educational achievement, employment, and housing stabilityⁱⁱ. Therefore, ENGAGE’s will aim to:

1. Reduce out-of-home placements and hospitalizations by 30%
2. Increase grade advancements by 25%
3. Decrease the use of intensive behavioral health treatment by 20%
4. Reduce wait times to first contact with service by 50%
5. Increase attaining employment by 15%
6. Increase housing stability by 30%

ENGAGE's LOGIC MODEL:



ⁱThe System of Care values that must be expanded include services and supports that are youth-guided, family and young adult-driven; culturally, linguistically, and developmentally competent; and community based. The principles of System of Care that must be demonstrated throughout the state include: support youth, young adult, family and community safety and stability; value youth, young adult, and family's self-advocacy in decisions that affect their lives; provide a broad continuum of flexible, coordinated services and supports that are individualized, strength-based, and developmentally, culturally, and linguistically appropriate; assure timely access to care proven to be effective through evidence or practice that is trauma informed and delivered in the least restrictive and most normative environment; facilitate peer and family support; expect shared accountability for results with youth, young adults, and families and between system and services providers; and ensure sustainability.

ⁱⁱ Bickman, L., Smith, C., Lambert, E. W., & Andrade, A. R. (2003). *Evaluation of a congressionally mandated wraparound demonstration. Journal of Child & Family Studies*; Carney, M. M., & Buttell, F. (2003). *Reducing juvenile recidivism: Evaluating the wraparound services model. Research on Social Work Practice*, 13, 551-568; Bruns, E.J., Rast, J., Peterson, C., Walker, J., Bosworth, J. (2006). *Spreadsheets, service providers, and the statehouse: Using data and the wraparound process to reform systems for children and families. American Journal of Community Psychology*, 38, 201-212; Hyde, K. L., Burchard, J. D., & Woodworth, K. (1996). *Wrapping services in an urban setting. Journal of Child & Family Studies*, 5(1), 67-82.