

## Using the Wraparound Process and Evaluation to Reform Nevada's Child Welfare System

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## Nevada

- Fastest growing state in nation, with "boom and bust" economic cycles
- 87% of population in Las Vegas and Reno
  - 13% in 15 expansive rural counties
- High rates of social problems
- Implications
  - Difficulties in meeting need for social programs
  - Challenges in providing culturally competent and appropriate services and supports

## Nevada's Child Welfare System

- 1998: Bifurcated child welfare system
  - Counties conduct investigations/child protective services
  - State provides foster care and adoption
- Was identified as a hindrance to meeting new federal Adoption and Safe Families (ASFA) standards
  - Delaying reunification and adoptions
  - Jeopardizing child and family outcomes

## Opportunities for Positive Change

- Pilot wraparound project in Henderson, NV
- SAMHSA system of care grant in Clark County
- ASFA standards
- Administrators and advocates joining to advocate for changes in both CW and MH

## Assembly Concurrent Resolution 53 (1999)

- Legislative committee convened
- Testimony before committee about needs of families and providers
- Collection and presentation of data on needs and outcomes
- Presentation of promising practices in child welfare and children's mental health
- Ultimate recommendations:
  - Integrate State and County systems
  - Continue hearings about potential mechanisms to improve state child welfare system

## The role of data and evaluation efforts in promoting systems change in Nevada's child welfare system

## Evaluation and data efforts

1. Needs assessment activities
2. Pilot studies of outcomes and cost benefit of wraparound
3. Study of wraparound implementation fidelity and quality improvement
4. Systems-level evaluation

## 1. Needs assessment

- "Quick and dirty" assessment for initial ACR 53 Legislative Committee hearings
  - N=1300 child welfare files in Clark Co.
  - Record review and interviews with case workers
- 38% of youths reviewed found to meet criteria for SED
- 37% of these youths were receiving no type of MH service or support

## Impact of initial needs assessment

- Data used to extrapolate estimate of N=327 youths in CW system with SED needing services
- Paired with information about costs of negative outcomes and best practices
- Legislature committed to fund services for a pilot project and a commitment to ultimately create capacity to meet the needs of unserved or underserved children in the foster care system.
- Legislature commissioned a more comprehensive needs assessment study

## More comprehensive assessment

Assessment aimed at determining:

1. Number of children with SED not receiving services
2. Costs to provide these services
3. Obstacles to providing services to these children
4. Recommendations for removing those obstacles

Sampled from child welfare, education, and juvenile justice, statewide

Utilized CALOCUS (Klaehn et al., 2002) to compare level of care need to actual level of care received



Nevada

## Needs assessment results

*Youths in DCFS custody*

Region	Youth with MH needs served at appropriate level	Youth with MH needs and underserved	Youth with SED and unserved
Washoe Co.	57.0%	42.4%	26.0%
Clark Co.	53.3%	46.1%	19.8%
Rural	45.6%	54.4%	70.6%
<b>Statewide</b>	<b>53.4%</b>	<b>46.2%</b>	<b>24.2%</b>
<b>Results for all agencies:</b>		<b>53%</b>	<b>40%</b>

## Qualitative needs assessment

- Long waiting times and lack of flexibility
- Inaccessible services for children and family members
- Early intervention services in the state were poorly developed and difficult to access
- Existing services and supports not provided at times or in locations accessible for many children and families
- Lack of individualization based on culture and language
- Overuse of residential and other restrictive services
  - Utilization data showed that 86% of Nevada's public children's mental health funding was being spent on high-cost residential care for fewer than 5% of children in need of services.

13

## Assembly Bill 1 (2001)

- Expansion of services
  - \$6,078,755 annually for youth with serious mental health challenges in CW system
- Initiation of Wraparound in Nevada (WIN) to coordinate care
- Establishment of three regional Children's Mental Health Consortia
- Funding for continued and ongoing planning, program development, and training in each DCFS region
- In future sessions, the Nevada Legislature approved developing greater community-based service capacity for youth in the juvenile justice system

14

## Wraparound in Nevada

- Wraparound In Nevada for Children and Families (WIN) provides intensive clinical case management supporting a comprehensive system of care for children with serious emotional problems who are in the care and/or custody of a public Child Welfare Agency
- Under the Adoption and Safe Families Act, the Child Welfare system is charged with achieving a permanent placement for youth within one year.
- Coordinated mental health care is essential to the success of achieving permanent homes.

15

## Wraparound in Nevada

- WIN focuses on the strengths of each family member to move them forward to independence and self-sufficiency without life long dependence on mental health professionals.
- Families become equal participants in their plan of care as they move towards independence.
- WIN uses common sense interventions to help families overcome barriers to caring for children with SED.
  - Helping families address basic needs (e.g. housing and transportation)
  - Reestablishing community support from extended families, friends, and the faith community
- WIN ensures that all community members and professionals work together in a seamless way to streamline services, avoid duplication of services, and communicate clearly with families and children.
- WIN ensures that relatives, guardians, and adoptive parents identify needs and find solutions that ensure permanency when a child cannot return home

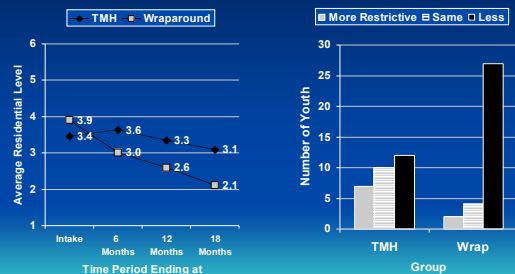
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## 2. Documenting outcomes of WIN

- Comparison study of Wraparound in Nevada
- Conducted in four regions of the state
- Compared N=33 youths enrolled in WIN to N=32 youths who received services as usual

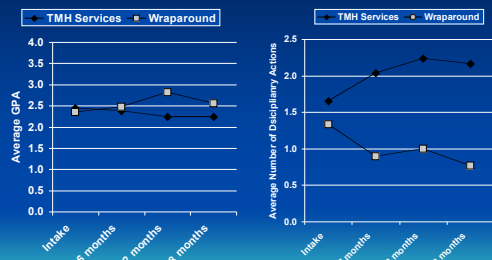
17

## Results: Residential placements



18

## Results: Academic outcomes



## Impact of evaluation data

- Reinforced support for WIN program and move toward systems of care development
  - After revenue shortfalls in Nevada reduced funding levels, outcomes from the pilot were one important factor in restoring funding
- Led to expansion of WIN to youth in the juvenile justice system
- In 2004, funding was increased to support services for over 500 youth statewide.

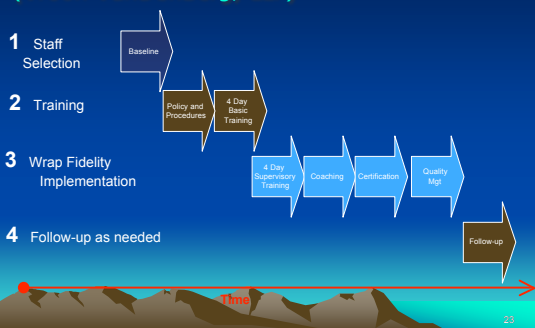
## Wraparound in Nevada outcomes

- Through 2004, 618 youths served
  - n=412 being actively served at end of 2004
- Reductions in time to permanency
- Reduction in average number of placement changes for enrolled youths
- More youths in WIN moved to community placements than matched comparison grp
- Currently, NIMH-funded randomized trial planned for WIN in Clark County

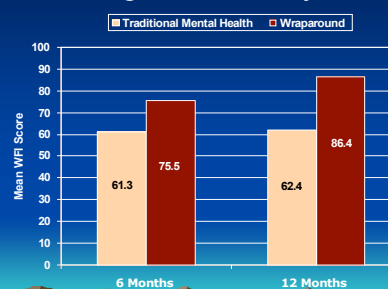
## 3. Supporting quality improvements

- Quality management system implemented for WIN using Wraparound Fidelity Index
- Variation found across facilitators
- Facilitator scores on WFI found to be associated with child outcomes
- Findings led to development of enhanced quality improvement process

## Staff Development towards Fidelity (Vroon VanDenBerg, LLP)



## Ongoing Staff Development leads to greater fidelity



#### 4. System Infrastructure Reforms

- Implementing WIN and establishment of Mental Health Consortia illuminated system barriers to quality practice
  - Service expansion outstripping necessary funding and policy changes
- Evaluation of adequacy of system infrastructure

25

#### System Evaluation

- Public hearings
- Completion of Assessments of Organizational and System Supports for Wraparound
  - (Walker, Koroloff, & Schutte, 2003; see [www.rtc.pdx.edu](http://www.rtc.pdx.edu))

26

#### Areas of system need

Area of system development need	Current performance	Priority for action
For a common shared vision and integrated plan for behavioral health services for children and families.	0.82	1.89
For early identification and easy access to services before problems become severe	0.46	1.84
For a public engagement to reduce stigma and build public support for behavioral wellness	0.54	1.82
To develop and support an integrated continuum of science based services and supports	1.08	1.8

27

#### Areas of system need (continued)

For consistent and useful data to assess the impact of services and supports.	0.44	1.78
For flexible fiscal policies that promote individualized services and supports	0.57	1.77
To support increased family-centered service coordination through the wraparound process	0.79	1.76
For integrated responsibility to meet the needs for children and families at the local level	0.77	1.75
To recruit staff and providers to meet the needs of the children and families	0.81	1.71
For ongoing interagency problem solving at the local and state system level.	0.84	1.67

28

#### Impact of system assessment

- Continued advocacy at Legislative level for infrastructure changes
- DCFS white papers listing goals and strategies to meet identified needs
- Foundation for successful State Infrastructure Grant (SIG) application to SAMHSA

SOURCE: Nevada DCFS White Paper (2004)  
"Transforming Children's MH Services"

29

#### The Nevada story: Implications

- Seize opportunities for change
- Tailor evaluation efforts and data presented to the stage of reform
  - Ask key stakeholders what they need to see
  - Ensure a "utilization-focused evaluation"
- Mobilize advocates and join data to active advocacy and lobbying
- Continue to maintain a presence and focus on continual quality assurance

30