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

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

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

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

Needs assessment results

<table>
<thead>
<tr>
<th>Youth with SED and underserved</th>
<th>Youth with MH needs served at appropriate level</th>
<th>Youth with MH needs and underserved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washoe Co.</td>
<td>42.4%</td>
<td>26.0%</td>
</tr>
<tr>
<td>Clark Co.</td>
<td>46.1%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Rural</td>
<td>54.4%</td>
<td>70.6%</td>
</tr>
<tr>
<td>Statewide</td>
<td>46.2%</td>
<td>24.2%</td>
</tr>
<tr>
<td>Results for all agencies:</td>
<td>53%</td>
<td>40%</td>
</tr>
</tbody>
</table>
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.

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 Consoritum
- 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

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.

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

Results: Residential placements

- Comparison of TMH Wraparound to Group 1
- Graph showing average residential level at Intake, 6, 12, and 18 months
- Comparison of TMH to Wraparound and other groups
- Improved outcomes for WIN participants compared to usual care
Results: Academic outcomes

- 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

Ongoing Staff Development leads to greater fidelity
- Staff Development towards Fidelity (Vroon VanDenBerg, LLP)
  1. Staff Selection
  2. Training
  3. Wrap Fidelity Implementation
  4. Follow-up as needed
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

System Evaluation

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

Areas of system need

<table>
<thead>
<tr>
<th>Area of system development need</th>
<th>Current performance</th>
<th>Priority for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>For a common shared vision and integrated plan for behavioral health services for children and families</td>
<td>0.82</td>
<td>1.89</td>
</tr>
<tr>
<td>For early identification and easy access to services before problems become severe</td>
<td>0.46</td>
<td>1.84</td>
</tr>
<tr>
<td>For a public engagement to reduce stigma and build public support for behavioral wellness</td>
<td>0.54</td>
<td>1.82</td>
</tr>
<tr>
<td>To develop and support an integrated continuum of science based services and supports</td>
<td>1.08</td>
<td>1.8</td>
</tr>
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Areas of system need (continued)

<table>
<thead>
<tr>
<th>Area of system development need</th>
<th>Current performance</th>
<th>Priority for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>For consistent and useful data to assess the impact of services and supports</td>
<td>0.44</td>
<td>1.78</td>
</tr>
<tr>
<td>For flexible fiscal policies that promote individualized services and supports</td>
<td>0.57</td>
<td>1.77</td>
</tr>
<tr>
<td>To support increased family-centered service coordination through the wraparound process</td>
<td>0.79</td>
<td>1.76</td>
</tr>
<tr>
<td>For integrated responsibility to meet the needs for children and families at the local level</td>
<td>0.77</td>
<td>1.75</td>
</tr>
<tr>
<td>To recruit staff and providers to meet the needs of the children and families</td>
<td>0.81</td>
<td>1.71</td>
</tr>
<tr>
<td>For ongoing interagency problem solving at the local and state system level</td>
<td>0.84</td>
<td>1.67</td>
</tr>
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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

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