III. Sample Sites Using Formalized Individualized Wraparound Approaches

DAWN Project, Marion County (IN)

(**Group Three:** Formalized Wraparound Process)

Overview

The DAWN Project is a behavioral health carve out serving a subset of children in Marion County, Indiana (Indianapolis), who have serious behavioral health problems and are in or at risk for residential or other out of home placement. Indiana Behavioral Health Choices (Choices), a private nonprofit care management agency, acts as the managed care entity. Indiana, in partnership with Choices, began the planning process for the DAWN Project[71] in 1995 and began working with children in 1997. Funding for the planning phase (1995-1997) came from the Robert Wood Johnson (RWJ) Foundation, which was looking to replicate earlier successes in creating organized systems of care for children and adolescents, ages 5-17, with serious behavioral or emotional problems and their families. DAWN's continued funding occurred through a case rate paid per enrollee by state and local child welfare, probation and education agencies. The dollars used came from existing budgets for what would be been spent on these children if they required out of home placement. In 1999, the project received a federal children's system of care grant for $7 million, which provided resources to build upon the RWJ pilot. The DAWN Project is now funded primarily by city, county, and State funding through the case rate approach noted above. As a private care management organization, Choices provides administration, clinical and fiscal management of the DAWN Project and has recently launched replication projects in Ohio and Maryland. Choices uses practice process indicators selected by their stakeholders for performance measurement, such as cost and service utilization. Clinical instruments, such as clinical guidelines or functional measures, are used to assess individual clinical progress and for quality improvement purposes at the program level.

Goals

Prior to Indiana's application to launch the DAWN Project, state and local officials formed a consortium whose mission was to improve support to Marion County children and youth with serious emotional and behavioral problems and their families. The consortium sought to create an organized "system-of-care" for these children. Consistent with CASSP principles[72], the focus of the system is to be strength-based and engage the people closest to a child in developing and carrying out a comprehensive plan for the child. Clinical care guidelines are used to represent minimum thresholds of service to be provided but never maximums. Standardized measures inform service planning and practice via outcome data that could alter the treatment plan, but it is the child and family team process that drives care provision.

71 More information on the origin and design of the DAWN Project can be found on its website: www.kidwrap.org

72 Stroul, B. A. & Friedman, R. M. (1994). A system of care for children and youth with severe emotional disturbances. Washington, DC: CASSP Technical Assistance Center, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center.

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Background

The local child welfare, juvenile probation and education systems refer children who are at risk of or already in out of home care to the DAWN Project to work with the agencies on their various mandates (permanency, community safety, education, reunification). The DAWN Project is run by a non-profit care management organization (Choices) that is value driven, consistent with the principles behind the system-of-care movement. These values include strength-based, family-focused, individualized, and culturally competent care, with an emphasis on keeping children and youth with their families and in the community whenever possible. The project contracts for staff with the community mental health centers in Marion County to access the Medicaid benefit; the care coordinators are employees of the centers but are housed in the project offices. The care coordinators serve a maximum of ten families at any time. They authorize the care monthly, and work to coordinate the services provided with the other personnel working with that family, for example, the child welfare case manager. A supervisor oversees teams of five care coordinators; several case managers support the teams by providing specific services to children and families, such as supervising parent visitation, crisis intervention and transportation. Choices also provides a broad array of services and supports through a contracted Provider Network of over 500 vendors, which provides many different types of services and supports, including clinical treatment services, in-home services, care coordination, mentoring, respite, parent support, informal supports, as well as residential treatment and foster care.

Description

The DAWN Project began as a county-based program using agreed upon eligibility criteria (rather than a clinical guideline or screening instrument) based on the original RWJ pilot funding goals, which were aimed at youth who met the federal definition of serious emotional disturbance (SED).

DAWN eligibility criteria are:

- functional impairment in two life domains
- involved in two or more systems: child welfare, juvenile justice, mental health or special education
- at-risk of or already in residential treatment
- resident of Marion county
- between five and 17 years of age
- DSM IV diagnosis or Special Education category
- duration of impairment lasting at least six months

Choices reports that using these types of standardized and mostly quantifiable eligibility determinants, rather than a potentially subjective instrument, helps them avoid “clinical drift” in terms of who is enrolled. Another protection, which supports the reliability of the eligibility criteria, is that feedback is given to the referral systems monthly for review.

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Once a child is enrolled in the DAWN Project, the Child and Adolescent Functional Assessment Scale (CAFAS)[73] is used to measure change in functional status from baseline, to six and 12 months. Care coordinators perform the CAFAS as part of their routine work. The DAWN Project also includes an evaluation component, and researchers also perform the CAFAS at the same time intervals as Choices care coordinators. Reportedly, the results trend together, although Choices stakeholders noted that the researcher-administered scores are higher than are those done by program staff.

Recently, via the national evaluation of federally funded system of care sites that is being conducted by ORC MACRO,[74] the Wraparound Fidelity Index (WFI)[75] has been added to DAWN's list of measures. Also, the State of Indiana has required Choices to use the Hoosier Assurance Plan Instrument—Child (HAPI-C).[76] However, the HAPI-C data feed into a state database that, reportedly, does not return information, so complying with its required use does not inform practice.

The DAWN Management team looks to its stakeholder-informed performance measures to help "run the business." Guidelines exist for: cost containment (such as, all services must be mapped to measurable goals and reauthorized every 30 days); quality management (e.g., CAFAS scores and program completion rate); and consistency (WFI).

Individualized, Culturally Competent, Family Focus

In keeping with the CASSP principles, DAWN emphasizes individualized, flexible care planning as "what we do" and is attentive to diversity within families and the need for creativity in clinical decision-making based upon strengths. Caregivers and youth sit on a monthly Child & Family Team, along with other stakeholders, such as child welfare and school personnel. The degree of successful program completion is one of the indicators used by DAWN to make sure that the family voice is being heard along with the WFI measure of family voice.

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73 Hodges, K., Wong, M. M., & Latessa, M. (1998). Use of the Child and Adolescent Functional Assessment Scale (CAFAS) as an outcome measure in clinical settings. Journal of Behavioral Health Services and Research, 25 (3), 325-336.

74 Macro International, an opinion research corporation, is involved in designing and conducting a national evaluation of the Comprehensive Community Mental Health Services for Children and Families Program. More information on this evaluation can be found on Macro's website: www.orcmacro.com/ProgramAreas/Health/mentalhealth.aspx

75 Bruns, E.J., Suter, J.C., Burchard, J.D., Force, M., & Leverentz-Brady, K. (2004). Assessing fidelity to a community-based treatment for youth: The Wraparound Fidelity Index. Journal of Emotional and Behavioral Disorders, 12(2), 69-79. An electronic review copy of the WFI may be requested from the authours at http://depts.washington.edu/wrapeval/WFI.html <http://depts.washington.edu/wrapeval/WFI.html>.

76 The HAPI-C may be downloaded from Indiana's official state website at: www.in.gov/fssa/servicemental/pdf/Hapi-C.pdf Instructions for scoring may also be found at: www.in.gov/fssa/servicemenatl/pdf/Hapi-Cmanual.pdf

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Impact of Service Availability

DAWN Project stakeholders noted that, once children are enrolled in DAWN, there is an open network for access to services for any youth within DAWN: "if they (the kids and family) need it, we can go get it." However, only youth in the public system can access the DAWN Project, and the public systems that are paying for the services (i.e., child welfare, juvenile justice, education) decide who is referred.

Training, Fidelity and Oversight

Choices has contracted with the Indiana Consortium for Mental Health Services Research to conduct a comprehensive local and national (in conjunction with the evaluators of the Federal grant project) evaluation of the DAWN Project. One training outgrowth of DAWN has been the creation by the state in partnership with Choices of the Technical Assistance Center for Systems of Care and Evidence Based Practices for Children and Families, which now supports 30 grant sites across 45 Indiana communities. Intensive coaching is provided to communities as they develop their local systems of care.

Within DAWN itself, care coordinators follow program guidelines using information from clinical and fiscal data run twice a month (this does not include those measures done by MACRO). This bi-weekly information is conveyed to the supervisor and weekly feedback provided in supervision. Fidelity is enhanced via supervisory oversight, weekly staff training and development, monthly care planning team meetings that check on progress toward goals and monthly review of existing services. Choices does a separate weekly review of levels-of-care and service utilization, particularly monitoring the number of youth in out-of-home care and residential care and their lengths of stay.

Training is done at orientation for all new staff. The Director of Outcomes and Evaluation works on inter-rater reliability for the CAFAS. Supervisors work on the link between clinical events and CAFAS scores in supervision meetings. Exploration of identifiable CAFAS trends that predict the 80% of youth with "successful completion" of the program is underway.

Experience to Date

DAWN Project management staff believes that guidelines that are used correctly and consistently are necessary to prevent dilution of mission integrity. However, DAWN Project leaders have found that one tool alone cannot cover all needs. The recommendation from the DAWN experience is to think through all the elements that you have to keep track of for practice management and program sustainability and select a limited number of instruments or guidelines that support those elements. Evidence drawn from measurement of service use and clinical improvement is critical in providing information back to stakeholders regarding whether the program is meeting its goals and should continue and is, therefore, directly related to sustainability.

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Major Benefits, Concerns and Lessons Learned

DAWN Project stakeholders shared a number of observations regarding the various clinical decision-making and measurement tools they are using, including:

- Use of the CAFAS gives DAWN a benchmark within the field for the sake of comparison with other programs. It is also fast and relatively simple to use. However, stakeholders also reported that the CAFAS does not flow well into treatment planning and its every six-month collection does not offer concurrent information to the clinical decision-making process.
- The WFI is very quick to use (20 minutes) and very relevant to ongoing quality improvement activities. However, it is designed to provide a program or system report, and is not useful on an individual basis.
- Real time cost data help flag the need for increased clinical and/or administrative oversight and intervention. Linked datasets allow care coordinators and supervisors to see cost in the context of clinical information, which is more useful to them than getting separate reports.

Although the CAFAS was the “hot tool” and the only one that was easy to learn to use at the time that DAWN was beginning, they are currently leaning toward using the CANS[77] for the following reasons:

- Belief that it works better as a practice tool—allowing immediate communication (i.e. three areas to work on that can be built directly into the treatment plan)
- CANS includes the DSM-IV—is multi-dimensional and includes education, child welfare and juvenile justice system questions
- Good experience using it in the state of New Jersey for non-clinically sophisticated staff to gain insight into the relevant issues
- Being pragmatically oriented, it “levels the playing field” among team members from disparate backgrounds
- It offers information sharing and communication strategy while maintaining the clinical sensitivity of the CAFAS
- Includes the concept of “strengths” in the model
- It is dynamic; it can be used every week if needed
- Allows for clinical and fiscal outcomes to be integrated.

The DAWN Project’s report on its use of clinical guidelines, based on seven years of experience, is particularly valuable since one of the contributions the project makes in the field is that it strives to represent an efficient blend of clinical and business knowledge and is, therefore, more transferable than a more purely academic model.

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77 Lyons, J. S., Griffin, E., Fazio, M., & Lyons, M. B. (Revised 2003; c1999). Child & adolescent needs & strengths: An information integration tool for children and adolescents with mental health challenges: CANS-MH manual. Winnetka, IL: Buddin Praed Foundation. Available http://www.dcf.state.fl.us/mentalhealth/publications/cans4.pdf <http://www.dcf.state.fl.us/mentalhealth/publications/cans4.pdf>.