Overview of the PRTF Demonstration

What is it?
In 2005, Congress authorized a five-year Demonstration project to test whether children/youth who meet requirements to be served in a PRTF could successfully and cost effectively be served in the community.

How did it work?
The Centers for Medicare & Medicaid Services (CMS) selected 10 states to compare effective ways of providing home and community-based services (HCBS) as an alternative to care in PRTFs for children/youth with serious emotional disturbances (SED).

How was it financed?
Participating states were permitted to use the 1915(c) waiver authority to deliver services.

What did states do?
States had the opportunity to develop unique, culturally relevant community-based services and care coordination. All states used the wraparound values in their care coordination approach.

Core Services offered within a Wraparound Approach

Participating PRTF Demonstration States

Objectives
Provide an overview of the alternatives to PRTF implemented in nine states
Provide insight into the populations served and outcomes
Demographics

<table>
<thead>
<tr>
<th></th>
<th>State 1</th>
<th>State 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age [mean]</td>
<td>12.6</td>
<td>13</td>
</tr>
<tr>
<td>Gender (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>70.7</td>
<td>59.1</td>
</tr>
<tr>
<td>Female</td>
<td>29.3</td>
<td>40.7</td>
</tr>
<tr>
<td>Race/Ethnicity (%)</td>
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<td></td>
</tr>
<tr>
<td>White</td>
<td>75.9</td>
<td>42.7</td>
</tr>
<tr>
<td>African American</td>
<td>17.9</td>
<td>55.2</td>
</tr>
<tr>
<td>American Indian</td>
<td>0.4</td>
<td>0.7</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3.6</td>
<td>0.7</td>
</tr>
<tr>
<td>Diagnosis (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schizophrenia/Psychic</td>
<td>1.0</td>
<td>1.8</td>
</tr>
<tr>
<td>Mood/Anxiety</td>
<td>29.8</td>
<td>15.6</td>
</tr>
<tr>
<td>Adjustment</td>
<td>0.7</td>
<td>3.8</td>
</tr>
<tr>
<td>Attention/Disruptive</td>
<td>52.7</td>
<td>19.1</td>
</tr>
<tr>
<td>Other</td>
<td>13.9</td>
<td>53.5</td>
</tr>
<tr>
<td>Childhood</td>
<td>6.1</td>
<td>1.2</td>
</tr>
</tbody>
</table>

Results of Quantitative Secondary Data Analysis

- Youth served in the Waiver on average improve
- Difference in age
  - Older youth had more challenges when entering the waiver and in general showed less improvement over one year
  - Youth receiving mental health services earlier in life on average have higher needs and demonstrate less improvement over one year
- Difference in gender
  - Females on average have more challenges at baseline, but show greater improvements in functioning
- Difference in diagnosis
  - On average youth diagnosed with adjustment disorder show the greatest improvements across all domains

Costs

![Institutional Cost vs. PRTF Waiver Costs](chart)

- Average Per Capita Institutional Costs
- Average Per Capita Waiver Costs

Qualitative Data Analysis

- Interviews with 134 youth, families, service providers, local administrators, and state representatives and policy makers involved in the Demonstration to obtain insights from the field.
Qualitative Analysis

- Initial Coding of Transcripts
- Revision of Codes
- Inter-rater reliability
- Thematic Analysis

Number of Quotations

<table>
<thead>
<tr>
<th>Category</th>
<th># of times category talked about</th>
</tr>
</thead>
<tbody>
<tr>
<td>Success Stories</td>
<td>97</td>
</tr>
<tr>
<td>Strengths</td>
<td>167</td>
</tr>
<tr>
<td>Lessons</td>
<td>30</td>
</tr>
<tr>
<td>Implementation</td>
<td>91</td>
</tr>
<tr>
<td>Future</td>
<td>54</td>
</tr>
<tr>
<td>Evaluation</td>
<td>41</td>
</tr>
<tr>
<td>Concerns</td>
<td>15</td>
</tr>
<tr>
<td>Challenges</td>
<td>76</td>
</tr>
</tbody>
</table>

Challenges Concerns Evaluation Future Implementation Lessons Success Stories Strengths

Quotations

Family Members - Strengths

- “He gets the treatment that he needs and our family gets the encouragement and the treatment that we need as a family.”

- Category |
  - Challenges: 6
  - Services: 6
  - Family Contact: 16
  - Individualized Care: 5
  - Innovative Care: 11
  - Support: 12

Family Advocates - Strengths

- “What I like most about the # Waiver Initiative is that families are involved from the beginning of the process and that the team, they’re able to decide the team and build their own team that are working with their families and their children.”

- Category |
  - Children: 4
  - Family: 7
  - Individualized Care: 4
  - Innovative Care: 3
  - Support: 4
  - Services in home: 5

Providers - Services

- “One of the things that’s unique about the Waiver program is the wrapped around process. And the wrapped around process is very family driven and youth guided.”

- Category |
  - Case Management: 4
  - Wraparound: 14
  - Services: 2
  - Alternative therapies: 7

Local Administrators - Implementation

- “Collaboration between the four core management entities and our state partners is essential to make sure that the youth and their families get the services and support they need. When you bring a group of people together, that’s a start. When they work together, that’s progress. When they stay together, that’s success.”

- Category |
  - Collaboration Partnerships Leadership: 9
  - Training: 1
  - Gaining: 2
  - Research: 1
  - Self-care/Peer support: 2
  - Training: 3
State Representative and Policymakers – Challenges

<table>
<thead>
<tr>
<th>Category</th>
<th># of times category talked about</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-occurring Diagnosis</td>
<td>4</td>
</tr>
<tr>
<td>Funding</td>
<td>6</td>
</tr>
<tr>
<td>Parachute shift/New program</td>
<td>7</td>
</tr>
<tr>
<td>Rules/regulations</td>
<td>5</td>
</tr>
<tr>
<td>Workforce</td>
<td>3</td>
</tr>
</tbody>
</table>

“One of the barriers is getting everybody to fully shift over to the care management culture and having kids served in the community versus in institutions.”

Why was the Waiver so successful?

- Services in home
- Family involvement
- Satisfaction
- Service Expansion
- Cost savings
- Advocating for the permanence of the Waiver

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Fax: (202) 687-1954
slp45@georgetown.edu
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Fax: 301 587 4352
eelias@jbsinternational.com
website: www.jbsinternational.com

Resources

National Evaluation - Report

Report to the President and Congress

CMCS and SAMHSA Informational Bulletin

Community Alternatives to Psychiatric Residential Treatment Facilities: Insights from the Field
http://gucchdcenter.georgetown.edu/resources/infographics_14MAR12_db.pdf
Community Alternatives to Residential Treatment for Children and Youth with Complex Behavioral Health Challenges: An Individual State Perspective

Rebecca Buhner
Assistant Deputy Director - Office of Youth Services, Critical Populations and Cultural Competence
FSSA/Indiana Division of Mental Health and Addiction

Lisa Rich
Deputy Director of Services and Outcomes
Indiana Department of Child Services

The Timeline....

CA-PRTF Timeline – Year One
- Section 6063 of the Deficit Reduction Act (DRA) of 2005 authorized CA-PRTF
- Indiana received approval from Centers for Medicare & Medicaid Services (CMS) for CA-PRTF October 4, 2007
- Initial award $21 million
- Enrolled first client January 31, 2008
- 77 unduplicated participants year one with just over $300,000 in waiver claims paid
- 40 Access Sites identified around State

CA-PRTF Timeline – Year 2 - 5
- 329 unduplicated participants in year two with just over $4 million in waiver claims paid
- Added 26 Access Sites year two; Statewide year three
- 620 unduplicated participants in year three with over $8.5 million in waiver claims paid
- June 2011 submitted Sustainability Plan
- September 2011, Final Supplemental Award $23.8M with total federal dollars allocated $41.6 million
- 779 unduplicated participants in year four with just over $12.9 million in waiver claims paid
- Total enrolled over five years 1,646 with $40.2 million in claims as of October 2013

General CA-PRTF Stats:
- Average length of stay 338 days
- Average cost per day $106 with waiver services and non waiver services of $69 and $37 per day, respectively (Information based on total enrolled 1,429, March ‘12)
- Total transition from CA-PRTF to PRTF Transition Waiver 674
- Total Discharge 1,253

Grant Demographics

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>85%</td>
</tr>
<tr>
<td>African American</td>
<td>20%</td>
</tr>
<tr>
<td>Native American</td>
<td>1%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>4%</td>
</tr>
<tr>
<td>Male</td>
<td>45%</td>
</tr>
<tr>
<td>Female</td>
<td>55%</td>
</tr>
</tbody>
</table>

*Indiana Recovery Support Services Report, April 2012* Lauren Stanisic
Youth Improvement

- The CANS (Child and Adolescent Strengths and Needs) is used to measure youth improvement.
- The amount of change for each CANS dimension is calculated to gauge how participants are doing.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Grant Youth to Improve</th>
<th>Usual Public Mental Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>36%</td>
<td>35%</td>
</tr>
<tr>
<td>Surviving</td>
<td>41%</td>
<td>31%</td>
</tr>
<tr>
<td>Risk</td>
<td>36%</td>
<td>20%</td>
</tr>
<tr>
<td>Strengths</td>
<td>35%</td>
<td>25%</td>
</tr>
<tr>
<td>Language Strengths &amp; Needs</td>
<td>21%</td>
<td>20%</td>
</tr>
<tr>
<td>Any Domain</td>
<td>63%</td>
<td>55%</td>
</tr>
</tbody>
</table>

- “Indiana CA-PRTF Grant Evaluation Update, October 14, 2011”, Betty Walton, Lauren Stanisic & Matthew Moore

Youth Improvement

Improvement in any 1 CANS Domain based on most common primary diagnoses:

<table>
<thead>
<tr>
<th>Most Common Primary Diagnoses</th>
<th>Total number with this diagnosis</th>
<th>Total % to Improve in Any 1 Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>158</td>
<td>82%</td>
</tr>
<tr>
<td>Bipolar and Major Depression Disorders</td>
<td>102</td>
<td>77%</td>
</tr>
<tr>
<td>Conduct Disorder</td>
<td>44</td>
<td>84%</td>
</tr>
<tr>
<td>Post Traumatic Stress Disorder</td>
<td>41</td>
<td>73%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>17</td>
<td>71%</td>
</tr>
</tbody>
</table>

- “Indiana Recovery Support Services Report, April 2012”, Lauren Stanisic

Wraparound Fidelity

- Used for quality improvement.
- Averages calculated across all Element Scores for participating grant counties and agencies.
- Prepared statewide profiles of WFI Elements, Phases, and Overall Fidelity to the model.
- Personalized report is shared for each county and agency with 5+ completed surveys.
- Data drives targeted interventions with providers to improve services, by:
  - Informing on best practices and what elements are most closely associated with youth improvement.
  - Identifying strengths and weaknesses of wraparound care providers.

- “Indulca Recovery Support Services Grant Report, April 2012”, Lauren Stanisic

Wraparound Fidelity and Outcomes

The higher fidelity, the higher likelihood of improvement.

<table>
<thead>
<tr>
<th>Year of Wraparound Fidelity</th>
<th># of Youth</th>
<th>% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>129</td>
<td>58%</td>
</tr>
<tr>
<td>2009</td>
<td>156</td>
<td>60.7%</td>
</tr>
<tr>
<td>2010</td>
<td>46</td>
<td>72.7%</td>
</tr>
<tr>
<td>All Wraparound</td>
<td>33</td>
<td>63.3%</td>
</tr>
</tbody>
</table>

- “Relationship of Fidelity and Outcomes”, Efford, McIntyre & Walker, 2010

Wraparound Fidelity, CAPRTF Trends

- “All Indiana WFI data, through April 2012, Lauren Stanisic”
**Wraparound Fidelity, by Respondent**
- WFI is completed by Youth, youth’s Caregiver, and the Wraparound Facilitator.
- Has been found that the Caregiver’s response tends to be the most reliable

**Other Factors Predicting Success**
- Higher wraparound fidelity increased the likelihood of improvement
- Two wraparound elements also predicted improvement:
  - Community-Based and Outcomes-Based services
  - Higher initial levels of oppositional behavior and adjustment to trauma needs predict the likelihood of improvement
- Receiving grant services in conjunction with public mental health treatment (state plan services) increases the likelihood of improvement
- Higher levels of needs in the Risks Domain, Functioning Domain, and Strengths Domain on the Baseline CANS were associated with improvement
- There has been a lack of significant findings related to age, gender, race, ethnicity and caregiver strength and needs, as related to predicting youth improvement

**Satisfaction with Services**
- The Youth Satisfaction Survey (YSS) is completed by both the Youth and Caregiver
- Rated on a scale of 1 to 5, 1 = least satisfied and 5 = most satisfied
- Overall Youth Satisfaction with Services (“Overall, I am satisfied with the services I received”):
  - Out of 96 respondents, a total of 50.58% (49 youth) responded a score of 4 or 5
- Overall Caregiver Satisfaction with Services (“Overall, I am satisfied with the services my child received”):
  - Out of 69 respondents, a total of 90.12% (62 caregivers) responded a score of 4 or 5

**CA-PRTF Transition and Sustainability Plan**
- PRTF Transition Waiver: starts October 1, 2012
- Money Follows the Person: starts October 1, 2012
- 1915(i) State Plan Amendment: anticipated start date July 1, 2013
- Wraparound Practitioner Certification Program: Over 120 Wraparound Facilitators started the certification process (began February 2012)

**Collected Data**

**Characteristics of Youth**
- Age
- Sex
- Race & Ethnicity
- Transition from or Diverted from Residential Treatment
- School Attendance
- Child Protective Services
- Juvenile Justice Involvement
- Age first in MH Treatment

**Instruments**
- Child and Adolescent Needs & Strengths (CANS) (Lyons, 2009)
- Wraparound Fidelity Index (WFI: 4, Bruns, Suter, Force, Sather, & Leverentz-Brady, 2007)
- Youth Service Survey for Families (YSS-F & YSS) (Brunke, 1999)

**Used Data to Determine Eligibility**
Describe children and youth with complex behavioral health needs who might otherwise receive services in a PRTF:
- Age (6 - 21)
- Medicaid Eligibility
- CANS Decision Model: Complex Mental Health needs, High Risks, and High Caregiver Needs
January 2008 – Sept 2012

1,645 youth were enrolled in the grant.

- Age at Admission: 6 – 19
- Mean Age: 12.57
- Sex: 50.6% Male
- Race: 39.0% White
- 39.0% African American
- < 1% Asian, Native American, Mixed
- Ethnicity: 4.4% Hispanic

Caregivers: 71.9% Biological Parents
11.1% Grandparents
7.58% Adoptive Parents
4.08% Foster parents

CANS Decision Model

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Treatment Recommended</td>
<td>2807</td>
<td>4%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>12620</td>
<td>20%</td>
</tr>
<tr>
<td>Outpatient _ Limited Case Management</td>
<td>14384</td>
<td>23%</td>
</tr>
<tr>
<td>Supportive Community Services</td>
<td>21235</td>
<td>34%</td>
</tr>
<tr>
<td>Intensive Community Based Services:</td>
<td>7389</td>
<td>12%</td>
</tr>
<tr>
<td>High Fidelity Wraparound</td>
<td>2651</td>
<td>4%</td>
</tr>
<tr>
<td>Intensive Home and Community Based Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Intensity Services</td>
<td>1968</td>
<td>3%</td>
</tr>
<tr>
<td>Total Assessments</td>
<td>63,034</td>
<td></td>
</tr>
</tbody>
</table>

CANS Comprehensive 0 – 17 – Mental Health

Satisfaction (YSS-F & YSS)

<table>
<thead>
<tr>
<th>Domain</th>
<th>% Met Standard (28%)</th>
<th>% Sustained (10%)</th>
<th>% Very Sustained (5%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>60%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Function</td>
<td>60%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Risks</td>
<td>60%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Youth Needs</td>
<td>60%</td>
<td>10%</td>
<td>5%</td>
</tr>
</tbody>
</table>

WFI Trends: Trained WFs & State Average

Outcomes (CANS)

- Reliable Improvement in at least one domain (mental health symptoms, life functioning, risk behaviors, youth strengths, caregiver strengths and needs)
- Youth Needs (symptoms, life functioning, risks)
Key Findings

- Level of Fidelity to wraparound process predicted in youth needs (Effland, Walton & McIntyre, 2011)
- Level of local SOC Development related to adherence to wraparound (Effland et al.)
- High fidelity wraparound increased likelihood of good outcomes in urban and rural areas (Moore & Walton, 2012)

Quality Improvement

- Monitoring wraparound fidelity became part of grant and subsequent PRTF 1915c waiver quality improvement processes.
- If WFI’s were completed by caregivers and/or facilitators for 5 or more youth, local reports included overall fidelity and 10 elements, compared to statewide means
- Used to help develop areas for local training and technical assistance

Supported Statewide Training & Certification of WFs

- Eight Wraparound Practitioner Certification Cohorts
- Trained over 200 Wraparound Practitioners
- Developing Certification standards for Practitioners

Comparison of WFI Before & After WF Training (Staniskic, 2014)

- Graph showing comparison of WFI before and after WF training.

The Timeline....

- Families were bounced between agencies...
  - DCS had an inconsistent approach to working with families with children with were a danger to themselves or others.
  - Some children ended up in the child welfare system with a substantiation
    - Families were being told to “abandon” their children so DCS would pay for services.
    - This resulted in a substantiation for neglect.
  - Some children ended up in the probation system
  - Some children ended up unserved
  - Families were being bounced between agencies
Access to services was complicated!

The Timeline....

The Media & Legislature...
- DCS was criticized heavily in the media
- DCS Oversight Committee
- Public Testimony
- Children’s Commission
- This served as a catalyst for change.

The Timeline....

Financial Changes
- Title IV-E Waiver
- Increased flexibility
- Stable financial climate
- Allowed DCS to consider starting something new

The Timeline....
State Agencies Meet

- DCS will find the funding
- Reluctance to work together
- These are “your” kids
- Multiple meetings with no real collaboration

Take what you can get, closest to what you want, and move forward!

There must be a better way...

- DCS and FSSA began meeting to brainstorm solutions.
- All agree that a child should not have to be a CHINS for the sole purpose of accessing services.
- Consider what is best for families.
- Need to remove silos!
- Needs to be simple!
- Needs to be a multiagency solution.

If this were your family, what would you want?

A review of what already existed...

- PRTF Transition Waiver (CA-PRTF)
- Application for State Plan Amendment for 1915i for children
- Access Sites—many counties already have this structure with Systems of Care
- MRO/Clinic Services
- PRTF
- DCS master contracts with CMHCs

The Solution...

- DCS provides funding for those families in crisis who cannot afford to access these services.
- DMHA will collaborate to assist with building statewide Access Sites and assist DCS with service monitoring.
- State Agency Committee with representatives from DCS and FSSA to follow the process and brainstorm solutions when obstacles arise.

Access to Mental Health Services...

- Families will be sent to the Access Site for an assessment to determine eligibility for services
- Those who meet eligibility criteria for services but are not eligible for Medicaid, will access services through DCS contract.
What happens when the family won’t engage in services...

- Does the family need services in order to maintain the safety of the child or other children?
- Is the family unwilling to accept offered services?
- Does the family insist the child needs to be removed when the assessment indicates the child can be maintained at home with services?

If yes... DCS will complete an assessment to determine if there should be an open DCS case to obtain the intervention of the court to require the family to engage in services.

Eligibility...

- Target Group Eligibility
  - Child or adolescent age 6 through the age of 17
  - Youth who is experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., Seriously Emotionally Disturbed classification)
- Not eligible for BDDS services
- Not eligible for Medicaid

AND...

Needs-Based Criteria

**DSM-IV-TR Diagnosis:** Youth meets criteria for two (2) or more diagnoses.

**Dysfunctional Behavior:** Youth is demonstrating patterns of behavior that place him/her at risk of institutional placement—& unresponsive to traditional outpatient and/or community-based therapy.

Specifically:
- Maladjustment to trauma
- Conduct problems
- Psychological disorders
- Debilitating anxiety
- Fire-setting

Family Functioning and Support: Family/caregiver demonstrates significant need in one or more of the following areas:
- Mental health
- Family stress
- Supervision issues
- Substance abuse

Current Process: Access to Children’s Mental Health Services

- Mental Health: Service Array
  - Children’s Mental Health Initiative
    - MRO type services
    - Wraparound Services
    - Residential Placements
    - PRTF (Medicaid)
    - State Operated Facility
  - Medicaid
    - MRO Services
    - Wraparound Services (1935)
    - Money Follows the Person
    - Acute
    - PRTF
    - State Operated Facility

The Timeline....
Funding!

- DCS covered the start of the program through its existing budget.
- An additional $11 million was added to the budget making the total available funding $25 million.

The Pilot

- Community Mental Health Center: Southeastern Indiana
- Oaklawn: North
- Aspire: Central

What is a Family Evaluation...

- Conducted to determine if services are needed in order to maintain the safety of the child or family members.
- Determine what might need to be offered to maintain the child safely in his/her home.
- When that is not possible, review if placement is an option. Main role is to connect the family to the necessary resources.

- Similar to an assessment, however, there are no allegations of abuse or neglect and no alleged perpetrators.
- In a Family Evaluation, the FCM will complete the Family Evaluation form.
- This is not an assessment for abuse or neglect.
The Timeline....

Statewide Rollout...
- Access sites were developed across the state.
- Wraparound Facilitation training was provided.
- LOTS of training.
- LOTS of media attention—this time it was positive!!!
- Family Voice—focus groups throughout the state.

The Timeline....

MultiDisciplinary Team
- Division of Mental Health and Addictions
- Bureau of Developmental Disability Services
- Division of Aging
- Department of Child Services

Rollout of the Children’s Mental Health Wraparound...
- Centers for Medicare and Medicaid Services approved Indiana’s 1915(i) State Plan Amendment Fall 2013
- Promulgated 405 IAC 5-21.7 for Children’s Mental Health Wraparound (CMHW) Services
- Built new case management system to manage CMHW cases
- Enrolled first individual in April 2014 with first claims paid in May 2014
The Timeline....

Current Struggles
- Service availability for children with DD/ID
- Gaps in Medicaid services
- Service availability for children with very complex needs and behaviors
- Recruit and maintain workforce

References
Stanisic, L. (2014, February). Indiana CA PRTF: YSS-F and YSS scores for Indiana CA PRTF. Indianapolis, IN: Indiana Family & Social Services Administration, Division of Mental Health & Addiction.