

Wyoming CME: Identification of Risk of Out of Home Placement

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Magellan in Wyoming in partnership with the Wyoming Department of Health



Introduction

Wraparound in the frontier faces unique challenges requiring solutions living up to wraparound principles. Wyoming demonstrates how successful High Fidelity Wraparound (HFWA) develops over many years, grants, and community efforts leading to a robust Care Coordination Entity (CME) model funded by two Medicaid waivers using validated and reliable measures for eligibility, fidelity, and outcomes. One challenge has been consolidating tools for treatment planning, quality improvement, and outcomes. The Wyoming Child and Adolescent Needs and Strengths (CANS) offered this opportunity to compare the profiles of youth with successful graduation vs. youth with out-of-home placement with this high acuity population. Implications for use of the CANS in a frontier state are presented.

History of Tools in Wyoming

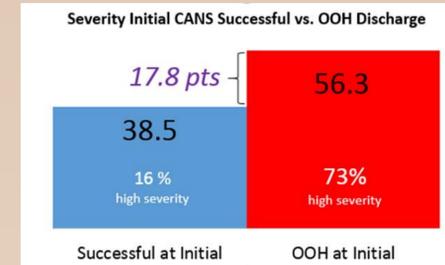
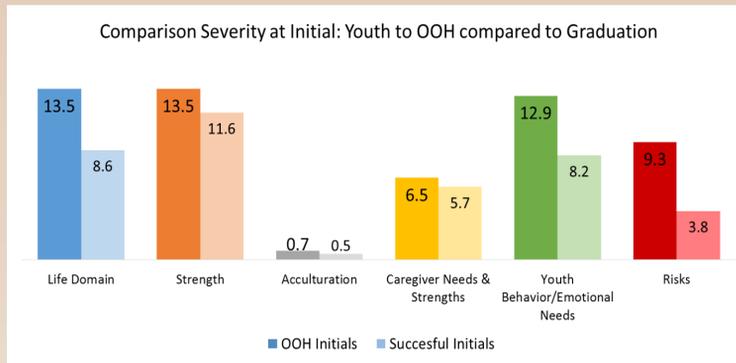
Under a CHIPRA grant, Wyoming initiated in 2012 High Fidelity Wraparound with the seven southeast counties for children ages 4-21 with an ICD diagnosis of SED and a CASII score of 20+ or ECSII score of 18-30 (excluding youth eligible for another waiver). The CASII was cross walked with the WY CANS, which was selected as a plan of care support. Two outcomes tools were chosen: the California Healthy Kids Survey (CHKS) and the Family Empowerment Scale (FET). In 2015 the work was expanded statewide under a Care Coordination Entity (CME) through concurrent Medicaid Waivers, a 1915(c) and a 1915(b), with Magellan of Wyoming.

Methods and Measures

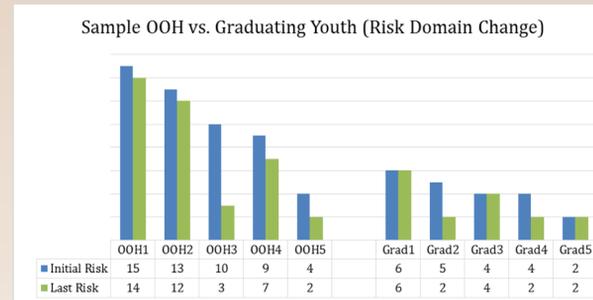
- ❖ All data is from the Wyoming CANS Comprehensive
- ❖ Youth with 6 months of HFWA July 2015 to June 2016 matched to WY CANS initial and discharge (N= 30)
- ❖ Youth were at discharge were dualistically categorized as “successful” or “out of home placement”
- ❖ All WY CANS scores were entered into the Magellan in Wyoming Provider portal by Family Care Coordinators at the initial and transition Plan of Care

Results

Youth with successful graduation from HFWA include 16% of the high severity youth (75thtile, global SUM >51) with an average of 38.5 global SUM. Youth who enter out of home placement include 73% of the high severity youth with an average of 56.3 global SUM, +17.8 point average.

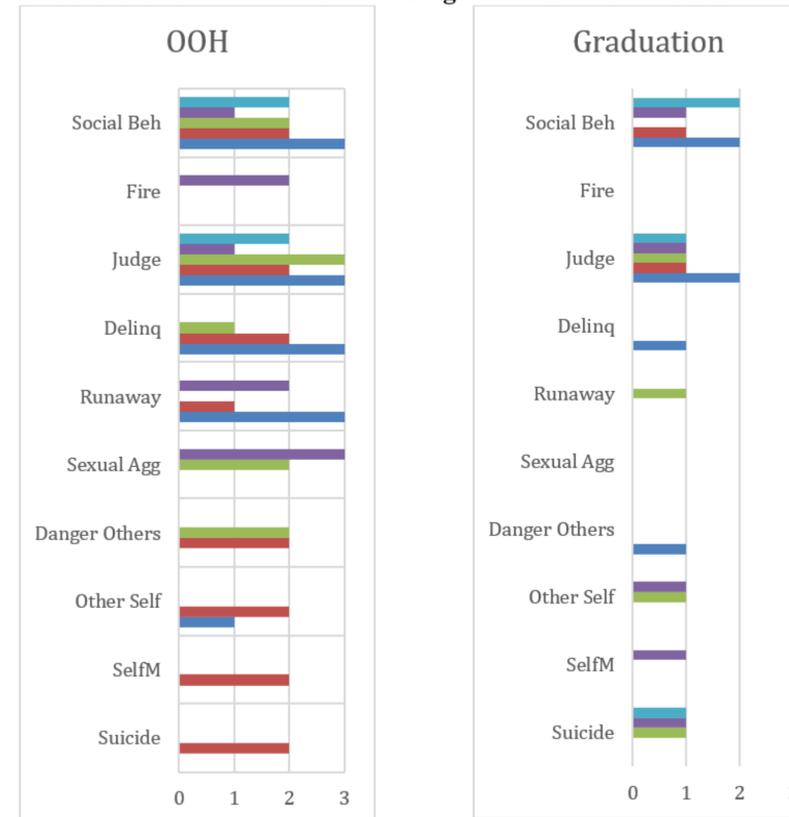


The Risk Domain shows the most difference in profile (+5.5 points) followed by Life Domain (+4.9) and Youth Beh/Emotional Needs (+4.7). Caregiver was not clinically different (+0.8).



Drill down to a random sample of youth identifies the lack of Risk change in three of four high severity youth which may be a red flag for increased OOH risk.

Table 3: Risk Profiles of Youth Discharged to OOH vs. Successful Graduation



Risk Domain Profiles differentiate increased OOH risk as: any Risk at “3” and/or two “2” in Social Behavior, Fire setting, Judgement, Delinquency, Runaway, Sexual Aggression, Danger to Others, Other Self Harm, Self-Mutilation, and Suicidality. A “2” in Social Behavior by itself is not a differentiator.

Quality Improvement Activity
March 2017: Data presented to coaches and providers. Risk vs. Success root cause exploration and implications.
June 2017: Presentation to Quality Improvement Committee
Summer 2017: Presentations to Local Advisory Committees
August 2017: Learning Opportunity webinar for red flags and further use of CANS in risk identification and crisis plan.

Conclusions

- ❖ Youth in the highest severity are clearly at greater risk of OOH placement. QIA demonstrated even small numbers have clear implications for training on using the CANS for identification of risk, crisis planning, and resource allocation of time and effort.
- ❖ Frontier states can address the challenges of High Fidelity Wraparound waiver requirements, such as workforce development, technology, and data driven quality improvement. Wyoming has a deep history using grants and waivers to develop local and statewide HFWA practice and workforce which enabled a statewide CME in 2015. The WY CME offered a single platform for all tools enabling data collection of multiple tools for eligibility, decision support, quality improvement, and outcomes. The CANS completed every three months provided rich, actionable information even with a small number first year transitions. Use of the CANS for outcomes was proposed and accepted, reducing the count of tools used while moving to the item level Magellan CANS Comprehensive based on the 6-17 year old CANS Core (50) published in 2016 by the Praed Foundation.
- ❖ Limitations in the data included that only youth with 6 months of HFWA in the first year of the WY CME with an initial and a discharge CANS were analyzed.

References

- WY CANS Comprehensive. 2013. Praed Foundation.
- Successful Compared to OOH Discharge Analysis. Dec 2016. Quarterly Report to WDH
- Successful Compared to OOH Discharge Drill Down. March 2017. Quarterly Report to WDH
- CANS Risk Score with Feedback from Providers (Coaches, FCC, and FSPs). Presentation. March 2017

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