

EARLY CHILDHOOD ENHANCED CARE COORDINATION

NAVIGATING THE SYSTEM FOR
INFANTS AND YOUNG CHILDREN USING
THE NH WRAPAROUND MODEL



NH Association for
Infant Mental Health
Conference
September 16, 2022

AGENDA

I. NH's System of Care Framework: Hannah/Daryll

II. Overview of Wraparound: Patrice

III. Overview of NH Wraparound

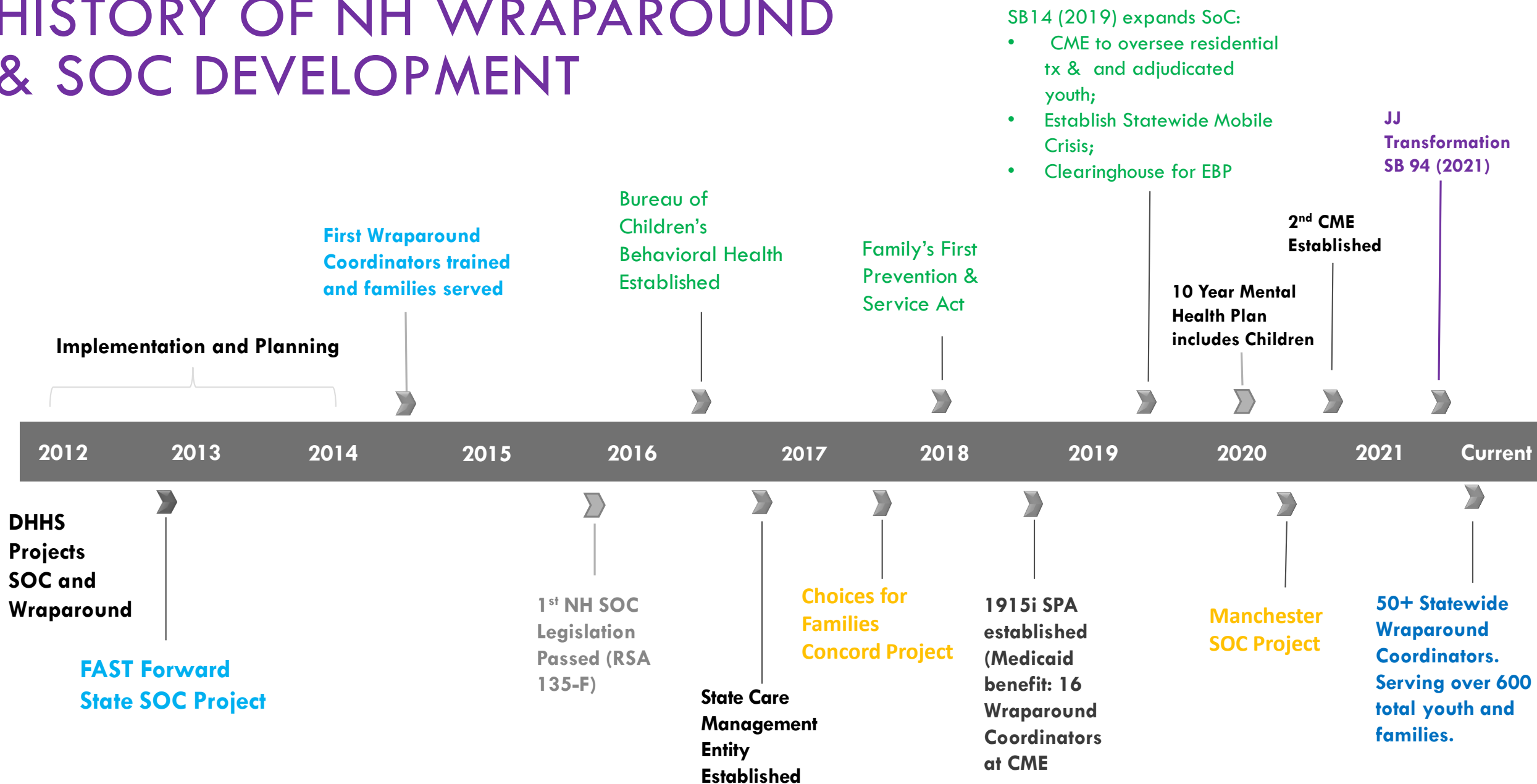
- Sample Orientation: Bethany/Rebecca

IV. Early Childhood Wraparound: Melissa

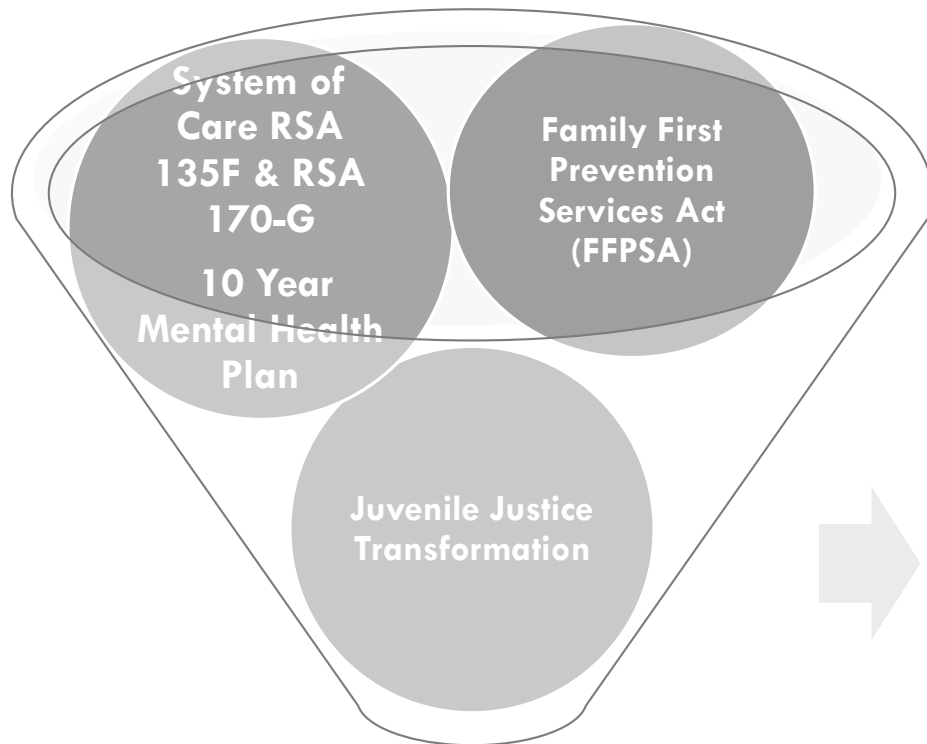
- Choices for Families Overview
- Sample ECC Case Study: Bethany
- Manchester System of Care Overview
- Sample MSoC Case Study: Kaitlyn

V. Discussion/Questions

HISTORY OF NH WRAPAROUND & SOC DEVELOPMENT



Implementation Drivers



**Responsive/Preventative
Children's System of Care**

RSA 135-F – DHHS & DOE are required to lead collaborative efforts to develop a delivery system of behavioral health services across the lifespan of children, youth, and adults with behavioral health needs.

FFPSA – Enacted in 2018 - Most comprehensive child welfare legislative reform in 10 years Goals are to:

- Facilitate up-front prevention efforts
- Maximize placement in home or family-like setting
- Reduce stays in higher levels of care
- Requires a conflict-free individualized assessment conducted

10 Year Mental Health Plan - Envisions a statewide mental health system that provides:

- Access to the full continuum of care,
- Child-focused strategies and recommendations
- Integration of mental health and primary health care
- Intensified efforts to address suicide prevention

JJ Transformation - Promotes earlier engagement in community based services and minimizes the involvement of youth in the formal legal system. Assessing and making referrals to appropriate services and supports will decrease the need for future judicial involvement. RSA 169-B:10(2021).



NH Children's Behavioral Health System of Care

CHILDREN'S SYSTEM OF CARE FRAMEWORK

Framework is designed to ensure that children (birth to 21) and their families receive an array of services across a continuum of care.

All children and their families receive supports and services that adhere to the SOC Values.

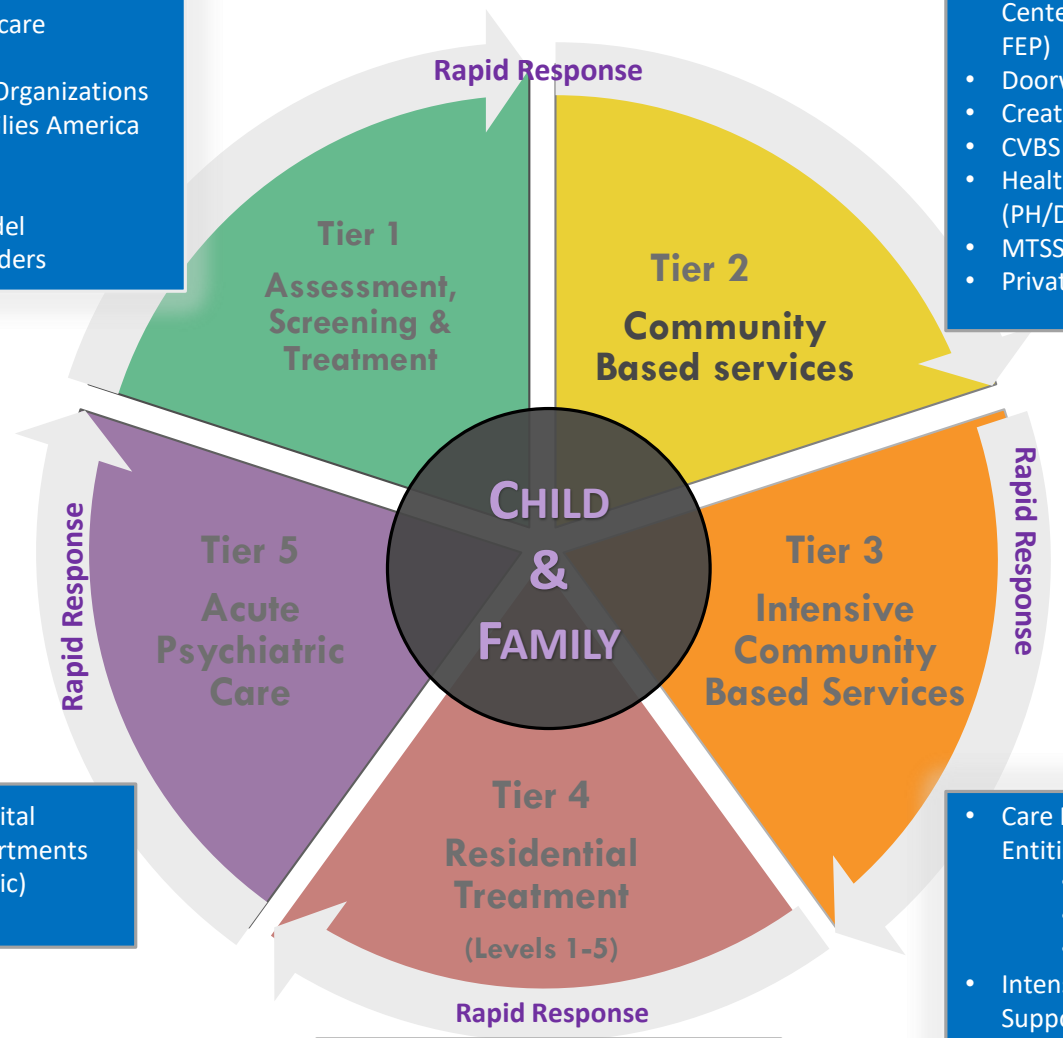
- Primary Care
- School/Childcare
- FQHCs
- Community Organizations
- Healthy Families America (PH/DCYF)
- FRCs
- Pyramid model
- Private Providers

- Community Mental Health Centers (Match, Renew, ACT, CPP, FEP)
- Doorways & SUD providers
- Creating Connections
- CVBS (DCYF Only)
- Healthy Families America (PH/DCYF)
- MTSSB (schools based)
- Private Providers

- Hampstead Hospital
- Emergency Departments
- Tr-ECC (psychiatric)
- PHPs

- Residential Treatment Providers
- Comprehensive Assessment for Tx
- Tr-ECC

- Care Management Entities
 - Fast Forward
 - TRECC
 - EC-ECC
- Intensive In-home Supports
- Intercept
- MST
- IOPs



CHILD & FAMILY

Tier 1
Assessment, Screening & Treatment

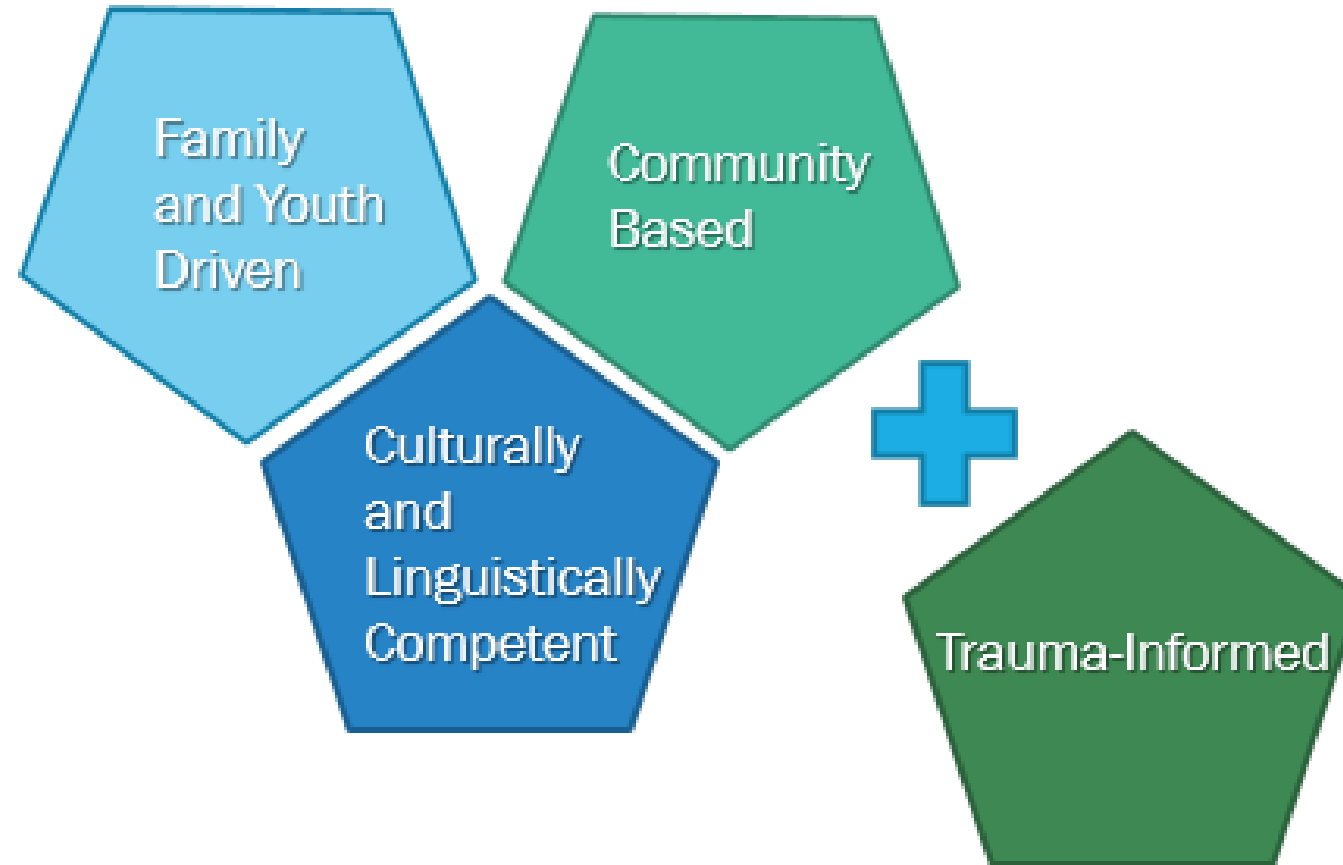
Tier 2
Community Based services


Tier 3
Intensive Community Based Services

Tier 4
Residential Treatment
(Levels 1-5)

Tier 5
Acute Psychiatric Care

SYSTEM OF CARE VALUES





Intensive home and Community based services and supports:

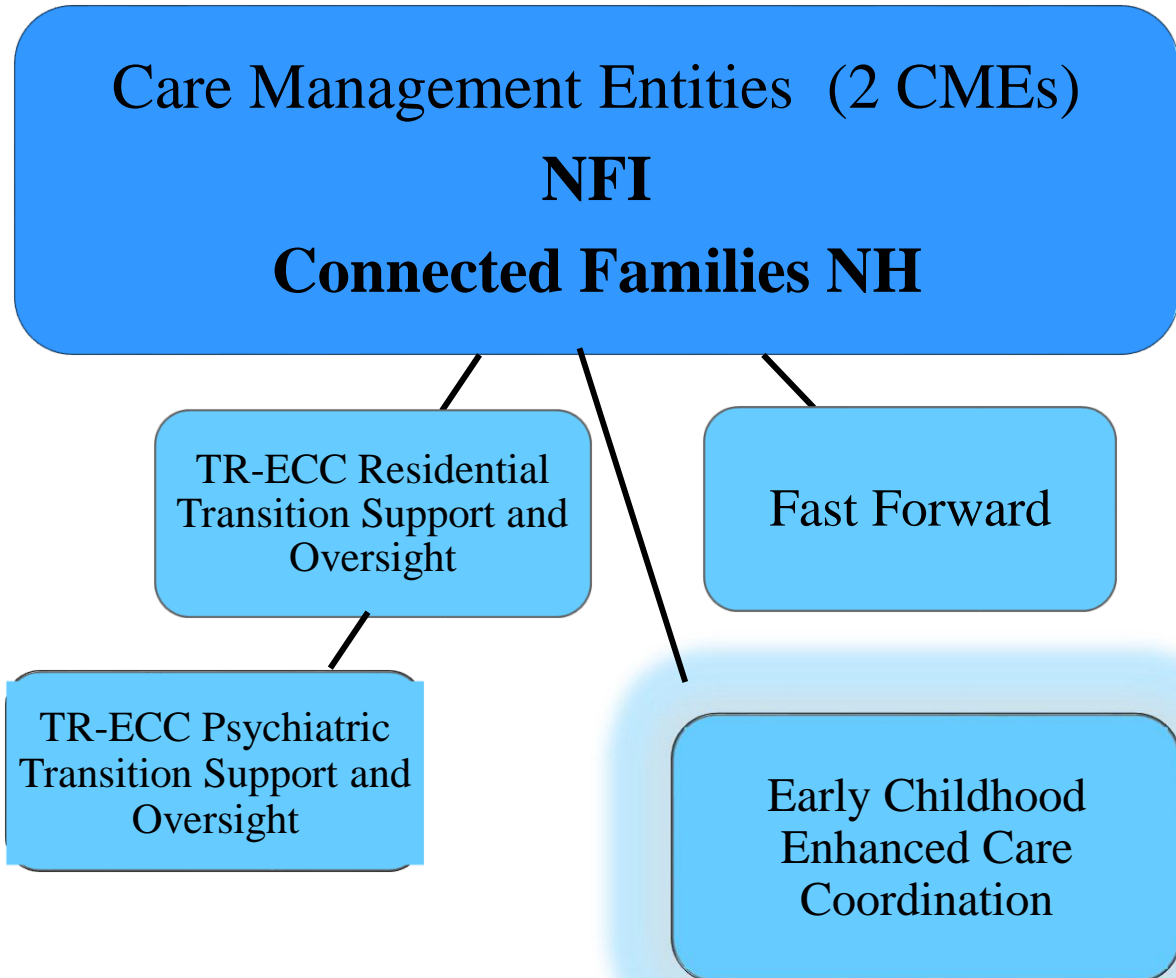
- Care Management Entity for: FAST Forward Program: intensive supports, Peer Support and Residential and Psychiatric oversight and transition support
- Therapeutic Day treatment or Partial Hospital programming
- Infant and early childhood intensive programming

SOC TIER 3

Intensive services which are provided in the family and community to support higher level needs of the child and family to support the family being served in the community

- CME services (Fast Forward & TR-ECC)
- DCYF Specific Services (EBPs etc.)
- Early Childhood Care Coordination/Early Childhood Prevention and Treatment

CARE MANAGEMENT ENTITY (CME)- WHAT SERVICES ARE PROVIDED?



Enhanced Care Coordination

- High-Fidelity Wraparound
- NH Wraparound Model
- Utilizes Evidenced-Based Assessment and Outcome Measures
 - Child and Adolescent Needs and Strengths
 - Youth Progress Scale
 - Team Meeting Rating Scale
 - Document Review Measure

Family Peer Support Services (NAMI NH)

- Lived Experience and Empowerment of Family voice
- Comprehensive model with fully developed competencies

Youth Peer Support Services (Youth MOVE)

- Lived Experience and Empowerment of Family voice
- Comprehensive model with fully developed competencies

Customizable Goods and Services

Service Provider Development

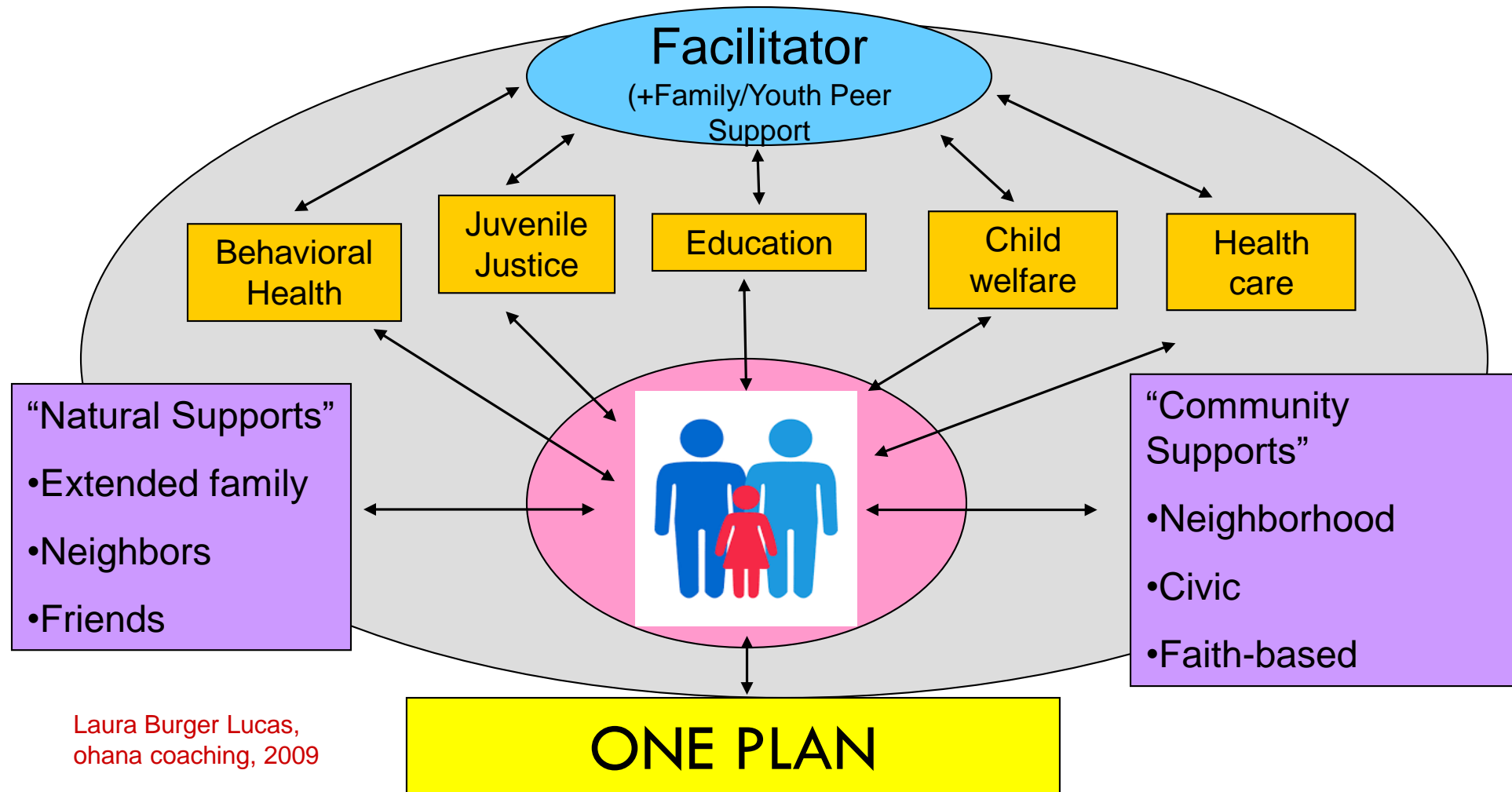
WHAT IS WRAPAROUND?

- Based on a clear set of values and principles
- Highly structured planning process
- Caregiver, infant, young child and youth driven
- Capitalizes on family strengths, culture, and values
- Solution focused
- Dynamic teams and supports (public, private, and natural)
- Includes family/youth peer support
- Led by a *trained* facilitator

WRAPAROUND IS NOT:

- A **specific set** of services offered
- A **typical** team meeting
- Any meeting held without the caregiver or child(ren)
- An immediate or **quick** solution
- A **crisis** intervention or response
- A **standing interagency** team

ENHANCED COORDINATION OF CARE



Laura Burger Lucas,
ohana coaching, 2009

HOW WRAPAROUND WORKS

SHORT TERM OUTCOMES

- Identification of underlying needs
- Improved engagement in shared work
- Improved service coordination
- Services and supports are based on strengths

INTERMEDIATE OUTCOMES

- More Effective Services
- Greater satisfaction with services
- Improved family, youth and team member self-efficacy
- Increased capacity for coping and problem-solving
- Team goals are being achieved

LONG-TERM OUTCOMES

- Improved emotional and behavioral functioning (youth and caregiver)
- Improved functioning in home, school, and community
- Achievement of Team mission
- Improved resiliency and quality of life

- High-quality facilitation that is individualized and:
 - Family- and youth-driven
 - Culturally and linguistically competent
 - Community-based
 - Strengths-based
 - Focused on outcomes
 - Family and youth peer support

WRAPAROUND FRAMEWORK

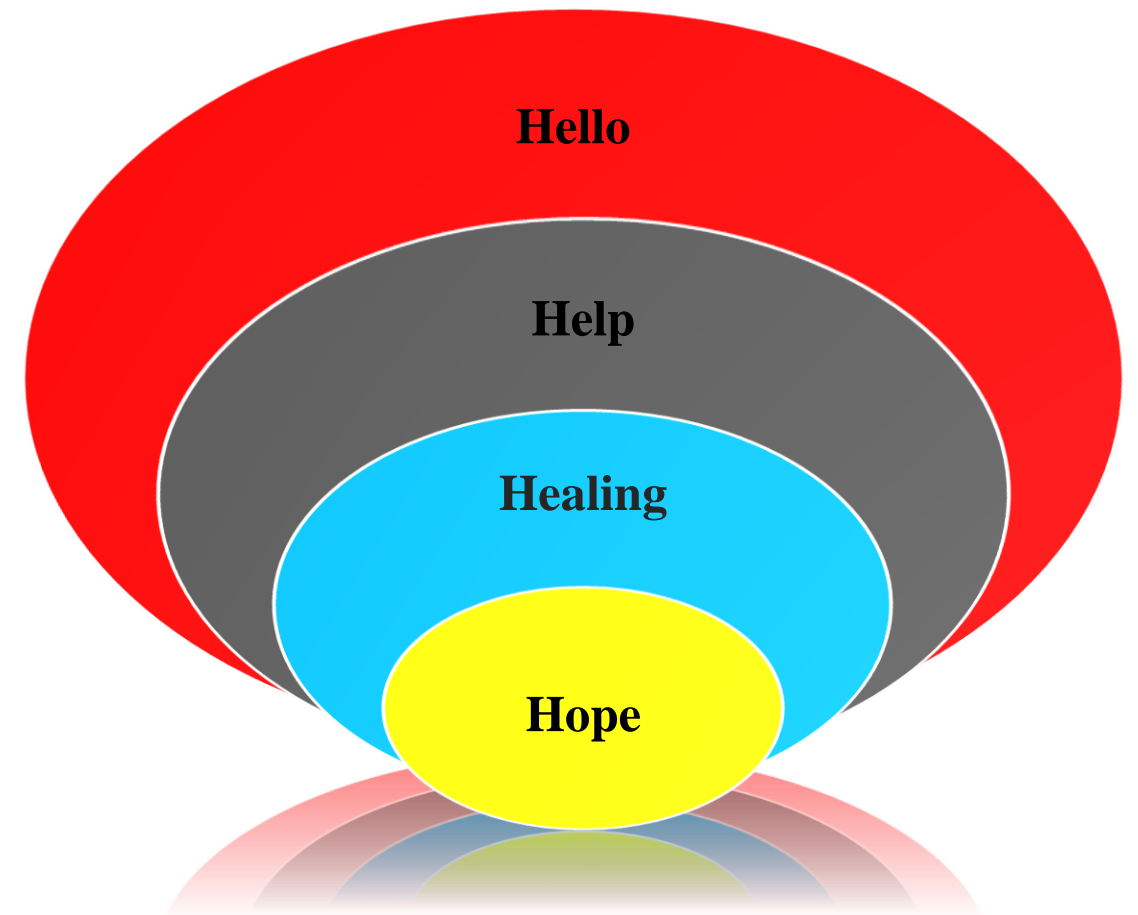
Hello: Initial contact; engagement of family; getting to know family and building rapport

Help: Agreeing on, providing, and delivering a range of interventions, services, & supports

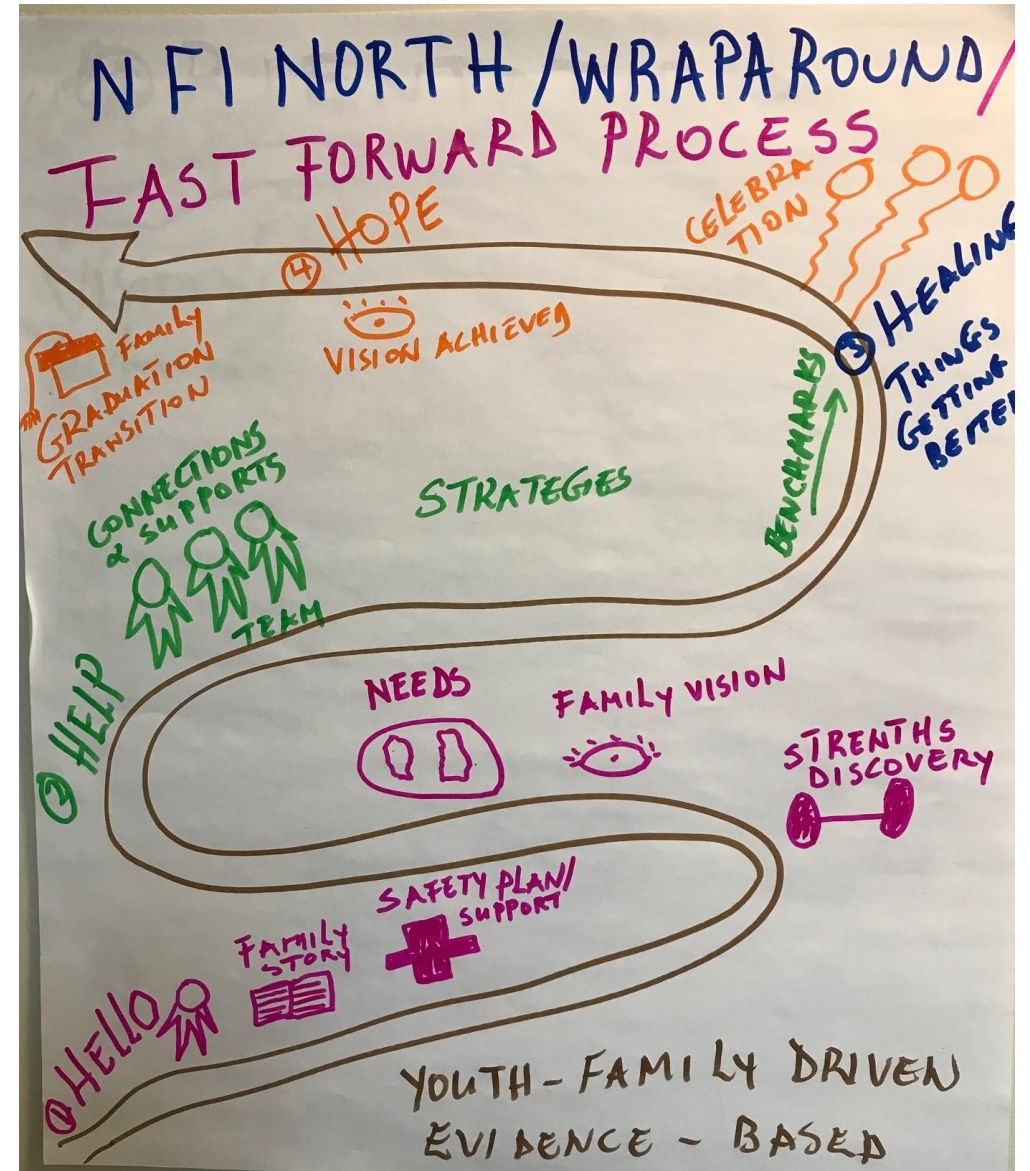
Healing: Modifying initial helping activities to produce family report of healing

Hope: Future oriented activities designed to sustain family's experience of hope

Framework



NH'S WRAPAROUND MODEL



NH Wraparound Coordinator:

- Works with families to establish wraparound teams
- Hold initial meetings with families
- Facilitates wraparound meetings and performs care coordination
- Facilitates referrals to other supports and services
- Develop crisis plans
- Facilitates the development of the family's vision and plan of care
- Collaborates with Family and Youth Peer Support Providers
- Collects data and completes required documentation.

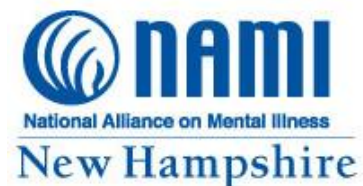


PEER
SUPPORT IS
A CRITICAL
ELEMENT OF
THE MODEL



Family Peer Support Partner:

- Member of the family team
- Supports and coaches the family
- Assists the family to identify, prioritize, and articulate their needs
- Ensure that the family's culture is respected
- Help the family learn how to navigate and advocate within the system
- Fosters a sense of resilience and hope within the family
- Provide information on resources
- Help connect to natural supports and resources



YOUTH PEER SUPPORT YOUTH MOVE NH

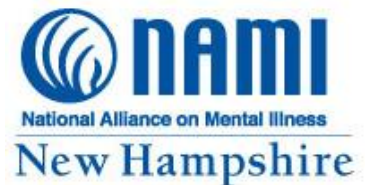
- ❖ Service provided by a young person who is trained to strategically use their own **lived experiences to inspire other young people to take action towards creating better outcomes for their future**
- ❖ created to specifically address the psychological and developmental needs of **transition-aged youth and young adults (13-26)**
- ❖ High-quality YPS is:
 - ◆ Individualized
 - ◆ Voluntary
 - ◆ Youth-driven
 - ◆ Culturally and linguistically responsive
 - ◆ Strengths-based

EARLY CHILDHOOD ENHANCED CARE COORDINATION

An Adaptation of Wraparound: Choices for Families (2017-2020)

Eligibility Criteria:

- Pregnant and/or parenting women or women with infants and children ages 0-5
- Struggling with substance misuse and has a SUD diagnosis
- Engaging in or has demonstrated need to engage in recovery supports



WHY CHOOSE EC-ECC FOR CAREGIVERS WITH SUD?

- includes facilitated collaboration and integrated planning between/among all supports and service systems. This can support a women's early recovery process and prevent maltreatment of infants.
- allows for blended services based on individualized needs, including behavioral health and Medication Assisted Treatment (MAT).
- seeks to strengthen families by drawing upon family, friends, and community to establish effective systems of professional and natural supports.
- is outcomes-driven. Measurable objectives are 1) child health, development, and safety, 2) parent health, mental health and sustained recovery, and 3) family strengths through increased protective factors

OBJECTIVES:

- Normal Birth weight and full gestation
- Connection to concrete supports
- Supporting safety plans for babies discharging from hospital
- Connect families to the supports
- Improved parenting capabilities as demonstrated in protective factors survey
- Supported and sustained recovery
- Early identification of developmental delays
- Total anticipated families served per year; 20



OUTCOMES:

Participation

90 Referrals
Received
Since
October of
2017

52 Women Enrolled in ECC

40 Participated in Wraparound

Of the 40
participating in
Wraparound,
27 babies have been
born

Of the 27 babies
born, **21**
remained with
their Mother
(77%)

- ★ 11 babies/children have been reunified while engaged in wraparound
- ★ All mothers that engaged in the Early Childhood Wraparound process have maintained their parental rights
- ★ Women and babies with no support system were able to identify a team of natural supports to be there throughout the child's life

2 mothers had previously lost custody of children due to concerns of abuse or neglect

After participation in Waypoint's ECC Early Childhood Wraparound

2 of these mothers delivered babies that left the hospital with their mom and remain in the home

Impactful Results

Birth Outcomes



Mothers with Substance Use Disorder (SUD) diagnoses were more likely to have a successful pregnancy and keep the baby in their home upon leaving the hospital



Babies born exposed to Medication-Assisted Treatment (MAT) were more likely born with a healthy birthweight

- Of the 27 babies born, 23 were born to mothers receiving MAT
- Of the 23 born to a mother receiving MAT, 20 had a healthy birth weight
- Of the 25 babies born, only 2 remained hospitalized beyond the 5-day observation period



Housing

Of the 52 women enrolled in ECC, 25 had unstable housing

- 21 of the 25 with Unstable Housing **Engaged In Wraparound**

Of the Women Who Engaged in Wraparound:

- Most, if not all, were assisted in securing stable housing
- 5 were able to get into residential treatment with their babies

ORIENTATION



EARLY CHILDHOOD
ENHANCED CARE
COORDINATION

CHOICES FOR FAMILIES PROJECT

CASE PRESENTATION

AN ADAPTATION OF WRAPAROUND: MANCHESTER SYSTEM OF CARE (2020-)

Population Served:

- ✓ Medicaid eligible children 0-8 experiencing significant behavioral and emotional distress
- ✓ Family member multi-system involvement
- ✓ Child has elevated scores on specific social emotional screeners or identified family risk factors



WHY CHOOSE EC-ECC FOR CAREGIVERS AND CHILDREN IN MANCHESTER?

Largest, city in NH and largest populous in northern New England with a total population of 111,196*; more than 12,000 Manchester residents are 0-8 in age.

As of 2019, 14.5% of Manchester population was born outside of the country (amounts to about 16.2k people)

Manchester's poverty rate is twice the state rate of 8.5%

More than half (58%) of students enrolled in the Manchester School District in FY19 are eligible for Free/Reduced Lunch, significantly higher than the state average of 27%, well over the national average of 47.5%.

Manchester's schools include more than 42% of students of color, an increase from 23% a decade ago.



Close to 15% of students are English language learners, with more than 80 native languages spoken across the district.

Manchester is at the epicenter of NH's opioid epidemic, accounting for a quarter of the state's fatal drug overdoses, yet representing only 8% of the State's total population.

United States Census, July 1, 2017 estimates Manchester experiences a higher-than-average rate of adverse birth outcomes, including low birthweights and early-term birth, compared to the state (7.34% vs. 6.81%) contributing to ACEs among young children.



Objectives:

- To improve mental health outcomes for infants, toddlers, and children birth through age 8 with serious emotional disturbances, and their families, by adapting the NH Wraparound Practice Model for this age group.
- Adapt and expand the age continuum currently served by the state's System of Care model by ensuring community-based supports meet the growing mental health needs of infants, toddlers, and young children.
- Ensure the SOC network considers unique and growing challenges within the child welfare system associated with the opioid crisis and child welfare system involvement and the impact on traumatized children and their families.
- Children will be identified early and served more effectively, efficiently; and with enhanced coordination by breaking down silos and braiding services and funding sources.



MSOC OUTCOMES:

Youth well-being dashboard - YCWB (updated: 8/15/2022)

Change in average YCWB scores over time (between first and most recent administration) (*n* = 18)



Caregiver/Guardian well-being dashboard - WHO-5 (updated: 8/15/2022)

Change in average WHO-5 scores over time (between first and most recent administration) (*n* = 18)



EARLY CHILDHOOD
ENHANCED CARE
COORDINATION

*MANCHESTER SYSTEM OF CARE
GRANT*

CASE PRESENTATION

WHAT ARE SOME IMPORTANT EVENTS THAT YOU REMEMBER?

- Didn't have a good relationship with her mom who broke her down and was verbally abusive
- I am the oldest child. I have 2 sisters, 3 stepsisters and 1 stepbrother. I tried to protect my younger sister from my mom's verbal abuse
- At 16, I witnessed my mom chasing my sister and saying awful things to her for smoking a cigarette. My sister took her whole bottle of migraine pills and was in the ICU for 3 days. I saved her life by calling 911 when my mom tried to prevent me from doing that.



WHAT ARE SOME IMPORTANT EVENTS THAT YOU REMEMBER?

- I stopped the cycle of verbal abuse in my family. My mom lives in Portsmouth, and still can be verbally abusive. My dad and stepmom are supportive. My friend is wicked supportive. She's older and is a mom figure. She's a recovering addict so she understands what I'm going through.
- At 18, I got pregnant. I went into labor at 30 weeks then again 2 weeks later. I was on bed rest.



WHAT ARE SOME IMPORTANT EVENTS THAT YOU REMEMBER?

At 17 I used cocaine for the first time with child's dad. Addiction started there. She stopped while she was pregnant.

- Kids were taken away when my dad called DCYF on me.
- I spent 6 months in the hospital when I had an infection in my heart then had major heart surgery in 2018. I stopped using then.





(YOUTH) IS GOING TO SCHOOL
FULL TIME!

(MOM) IS CELEBRATING 4
YEARS OF SOBRIETY!

YOUTH IS OPENING UP IN
THERAPY!

THEY HAD A GREAT HOLIDAY
WITH THEIR FAMILY AND
COUSINS. THEY EXCUSED
THEMSELVES WHEN THEY
WERE FEELING OVER
STIMULATED.

YOUTH'S STRENGTHS



Strength

Funny

Energetic

Has a great imagination

He adapts to changes in his environment.

He makes his voice heard.

How it is used

He has a contagious laugh that makes other's laugh.

He uses his energy to be helpful around the house.

He worked up to being in school full time.

He communicates what he needs advocates for himself.

MOM'S STRENGTHS

Strength

Kind and caring

Empathetic- She feels other people's pain and have compassion for them.

Hardworking- She showed up for every visit and phone call when she was in rehab and even when she was in the hospital.

Family Oriented- She puts the kids first and doesn't ever want to live another day without them. She does what she must do to make sure that they stay together.

How it is used

She is empathetic of what her kids and others around her are going through

Works every day at her recovery and to strengthen her family

She is always willing to do what needs to be done to keep her family together



Working Together: Our Partners



BUREAU OF STUDENT WELLNESS
NH Department of Education

**Behavioral
Health
Improvement
Institute**

Keene
STATE COLLEGE

Institute on Disability/UCED



THANK YOU!

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