Out-of-Home Placements for Youth Enrolled in High Fidelity Wraparound

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High Fidelity Wraparound is an integrated, facilitated process where multiple systems work collaboratively with the youth and family to create a highly individualized plan that addresses complex emotional needs. Because youth with such needs are more likely to spend time in institutionalized settings, one of Wraparound's strategic goals is to limit the time spent in such settings and increase time spent in the community. One way to assess this goal is to monitor out-of-home placements experienced by youth while enrolled in Wraparound. The U.S. Department of Health and Human Resources defines out-of-home placements (OHPs) as, “the placements and services provided to children and families when children must be removed from their homes because of child safety concerns, as a result of serious parent-child conflict, or to treat serious physical or behavioral health conditions which cannot be addressed within the family.” Wraparound has been shown to reduce days spent out of the home and increase time spent in the community. Currently, the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), Medicaid, and federal grants fund Wraparound for youth who meet the criteria or who are at high risk for institutional level of care.

Youth Served

In State Fiscal Year (SFY) 2014, two state-contracted Care Management Entities (CMEs) served 980 unique youth in the state of Georgia. Of these 980 youth, 683 discharged from either CME. Less than half of discharged youth experienced at least one out-of-home placement (OHP) during SFY2014 (approximately 40%, n=282). These 282 youth had a total of 773 distinct OHPs, averaging 2.7 OHPs per youth. A majority of these youth were male, located in DBHDD's Region 1, and were either African American or Caucasian.

*Asian, bi-racial, Hispanic, other, or unknown.
Funding Programs

Youth served by the CMEs who experienced OHPs fell into three funding categories: Medicaid’s 1915c waiver ("Waiver-C"); Medicaid’s Money Follows the Person (MFP) program; or funding directly by the state ("state funded"). Three-quarters of youth with OHPs were non-waiver; the remaining quarter were funded via Waiver-C (16%) or MFP (10%).

Out-of-Home Placements

OHPs were categorized into six major types: psychiatric residential treatment facility (PRTF); crisis stabilization unit (CSU); inpatient hospital (due to mental health needs); placement within the Department of Juvenile Justice (DJJ); placement with the Division of Family and Child Services (DFCS); or other/unknown. A majority of OHPs were either to a CSU (28%), with DJJ (21%), or with DFCS (19%).

The three funding programs had different breakdowns of the type of OHPs experienced. Across all three groups, the most common type of OHP was admission to a CSU (27% for non-waiver, 29% for MFP, and 32% for Waiver-C). However, the second most common type of OHP differed between the groups. The second most common type of OHP was admission to a PRTF for MFP youth (20%), Other/Unknown for Waiver-C youth (25%), and a placement with DJJ for non-waiver youth (23%).
An OHP within DJJ could be to one of three settings: a residential youth detention center (RYDC), a youth development campus (YDC), or jail. For youth experiencing a placement within DJJ, over three-quarters were placed in a RYDC. The smallest percentage of youth were placed in a YDC.

**DJJ Placements**

An OHP within the Child Welfare system (DFCS) could be to one of six settings: a Child Placing Agency (CPA; basic foster home with Maximum Watchful Oversight [MWO] or specialized foster home with Specialized Maximum Watchful Oversight [SMWO]), a Child Caring Institute (CCI; Additional Watchful Oversight [AWO], Base Watchful Oversight [BWO] or MWO), or an Independent Living Placement (ILP). A majority of youth experiencing a DFCS placement were placed in a CPA-SMWO or a CCI-MWO (40% and 23%, respectively). The smallest percentage of youth were placed in an ILP.
Conclusion

Overall, the majority of youth experiencing OHPs were male, located in the northern part of Georgia, either African American or Caucasian, and funded directly by the state. Because preventing OHPs is one of Wraparound’s primary goals, determining the profile of youth who continue to experience OHPs while enrolled in Wraparound is crucial. By determining this profile of youth, one may distinguish the population of youth for whom Wraparound is more successful in minimizing OHPs. This could promote targeted implementation of Wraparound towards youth with higher likelihoods of success and/or an increase in service intensity towards youth who are more at-risk for experiencing OHPs.

References