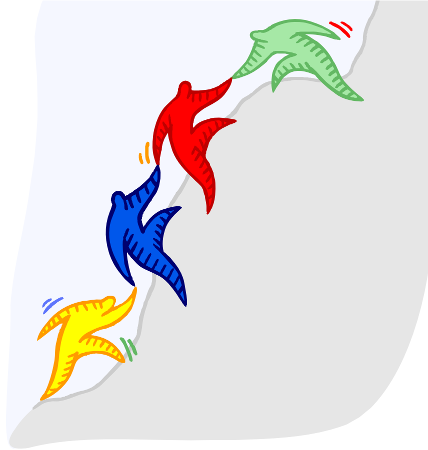
Columbia River Wraparound System of Care



Annual Data Report

October, 2006

Program Outcomes Identified by the Governance Council: An Update on Achievement

Columbia River Wraparound:

At Home | In School

GUIDING PRINCIPLES: Strength-based and integrated services ▪

PROGRAM ENVIRONMENT

TARGET POPULATION

- Infants and children 0-7 with severe emotional disturbance
- Children 8-21 qualifying for high level of need (CASII) and at risk for restrictive home or school placement

SYSTEM CONTEXT

- COORDINATION OF SERVICES: Services are available, but integration, access, and coordination are lacking
- AGENCY COLLABORATION: One agency takes on responsibility for a child or family
- YOUTH PLACEMENTS: Youth are being placed in more restrictive settings, out of home, and out of our community.
- FAMILY EXPERIENCE: Children and families frustrated with the system and services

COMMUNITY STRENGTHS

- FAMILY INVOLVEMENT: Committed family members continue to support program planning and development
- COMMUNITY COLLABORATION: Existing collaborative resource development meetings
- PARTNER BUY-IN: Some community partners are committed to SOC philosophy
- STATE LEGISLATION: Intensive Children's Treatment Services (ICTS) aligns with SOC structure and goals

PROGRAM STRATEGIES

SOCIAL MARKETING: To partner and lead agency staff, families, and the community

TRAINING: For partner and lead agency staff , families, and the community to achieve desired outcomes

EDUCATION: For family members and agency staff about Wraparound related topics

COLLABORATION: Identify and coordinate available "network" of services and arrange for alternative programming

EVALUATION: Integrate findings for continuous system improvement

SYSTEM BUILDING: Develop coordinated and sustainable system infrastructure according to guiding principles

SERVICES: Coordinate appropriate services to meet the needs of youth and families

Family and youth-driven care ▪ Culturally Competent ▪

Program Logic Model

Out of Trouble!

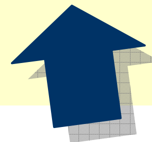
PROGRAM OUTCOMES

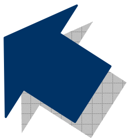
SERVICE DELIVERY

1) Effectively serve the target population with respect to eligibility and cultural makeup of the community.
2) Ensure that services needed by youth and families are available and accessible in our community.
3) Develop a clearly defined practice model for providing effective wraparound services in the community.
4) Provide services that help to improve the lives of youth and families.
5) Increase youth and family involvement in service planning and delivery.

SYSTEM BUILDING

6) Increase voice and empowerment of youth and families.
7) Increase practice and acceptance of SOC philosophies among community partners and lead agency.
8) Increase staff stability and retention.





EVALUATION

Measures population served, child and family outcomes associated with SOC, Wraparound fidelity, and service experience of youth and families. Data dissemination is broad, user-friendly, timely, and responsive to data requests from stakeholders.

Least-restrictive ▪ Families/Caregivers as equal partners ▪

Community-based ▪ Early intervention/prevention ▪

Columbia River Wraparound

Columbia River Wraparound works to meet the needs of children with mental health issues and their families in Hood River, Wasco, Gilliam and Sherman counties by providing effective Wraparound planning services and working to build a sustainable community-based System of Care.

Families participating in Columbia River Wraparound work closely with a Family Planning Team, consisting of a Family Care Coordinator, Family and Youth Advocates, a Mental Health Therapist, other agency workers, and natural supports. Together, the team develops an Individualized Plan of Care based on the strengths and needs of the youth and family. Progress towards identified goals is monitored closely throughout the Wraparound process, using measurable outcomes and team rating scales.

In addition, most program participants are included in an evaluation whereby a team of evaluators collect extensive descriptive and follow up information from caregivers and youth for three years from the time the youth began receiving Wraparound services. The evaluation allows families to give input about services, tracks family functioning over time and helps in the development of effective interventions.

The purpose of this report is to use data from the evaluation to describe the progress Columbia River Wraparound has made towards the achievement of *9 Program Outcomes*. The outcomes were established by our local governing body early in 2006 as part of a logic modeling process and are *listed on the previous page*.

Population Demographics

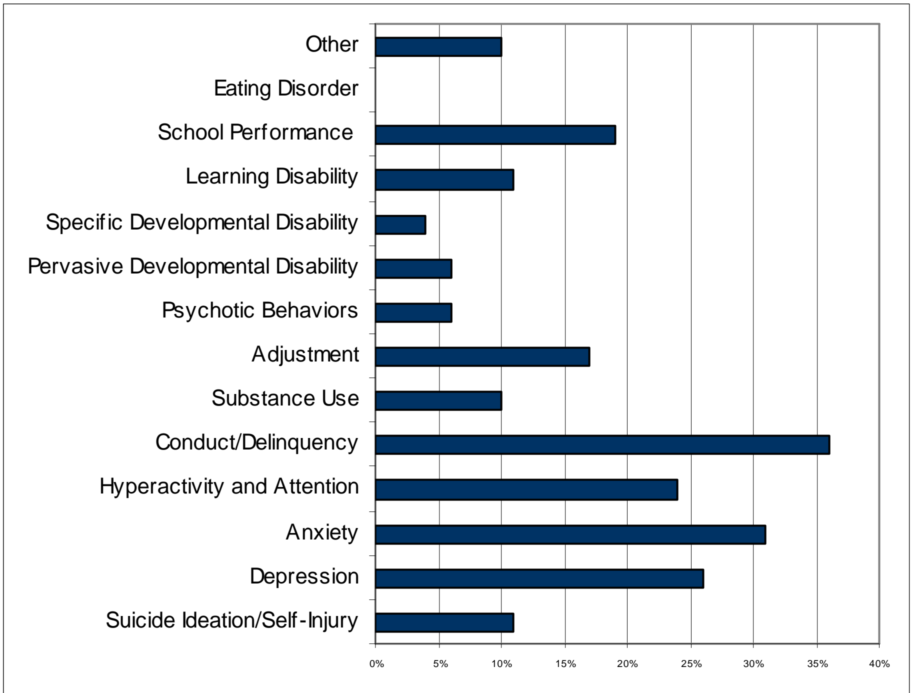
The table below provides demographic information for all youth who have participated in Columbia River Wraparound from October 2004 through August 2006.

Demographics of Participating Youth	
Gender	(*n* = 100)
Male	61%
Female	39%
Average Age	12 years old
Categorical Age	(*n* = 98)
Birth to 3 years	0%
4 to 6 years	9.2%
7 to 11 years	29.6%
12 to 14 years	27.6%
15 to 18 years	32.7%
19 to 21 years	1.0%
Race/Ethnicity	(*n* = 100)
American Indian or Alaska Native	4%
Asian	1%
Black or African-American	3%
Native Hawaiian or Other Pacific Islander	2%
White	71%
Of Hispanic Origin	18%
Multi-racial	1%
Other	0%

1) Are we serving the target population?

Presenting Problems of Youth

Presenting Problems of Youth Described by Caregivers (n=100)



- **87%** of SOC youth participate in **multiple public systems.**
- **80%** of SOC youth have **multiple diagnoses.**
- The **three most common diagnoses** are:
    1. Attention Deficit Hyperactivity Disorder
    2. Mood Disorder
    3. Adjustment Disorder

1) Are we serving the target population?

Presenting Problems of Youth

Note: The remainder of the report includes data from 58 youth enrolled in the Outcome Evaluation Study from December 1, 2004 to August 1, 2006.

For some analyses, the number of youth may be smaller than 58 since only youth with data at all of the time periods being analyzed are included.

The Behavioral Emotional Rating Scale (BERS) and the Child Behavior Checklist (CBCL) are two questionnaires that can be used to assess the functioning of SOC youth.

- **64.7%** of youth enrolled in the outcome study (n=58) at intake scored below 90 on the Behavioral Emotional Rating Scale (BERS). This indicates a **high probability of a serious emotional disorder (SED)**.

- **86.2%** received a total problem score of 60 or above on the Child Behavior Check List (CBCL). This indicates a **serious mental health problem that may require treatment**.

Both of the above scores indicate a *clinical* level of general functioning.

1) Are we serving the target population?

Access and Barriers to Services

At 6-months:

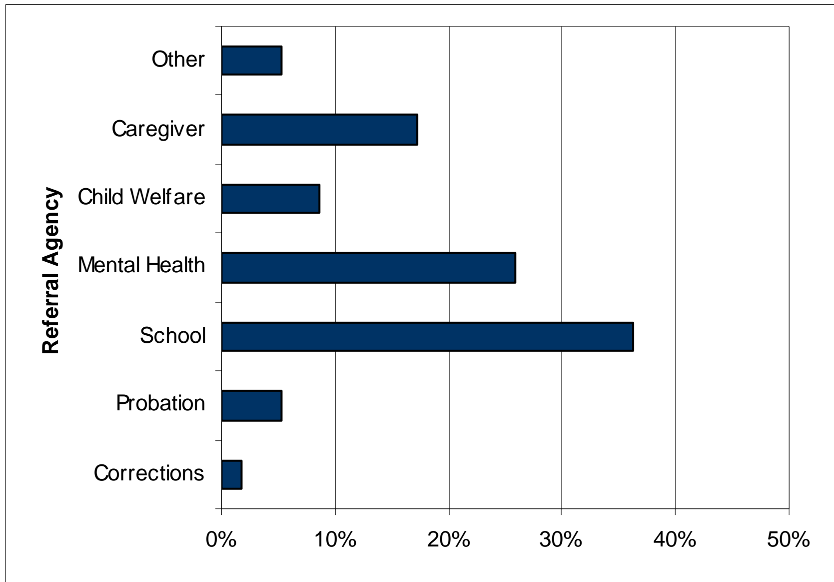
- **75.6%** of caregivers were generally **satisfied** with their child's services.
- **91.8%** thought that service location was **accessible**.
- **83.7%** thought that services were available at **convenient times.**
- **51.3%** of caregivers reported getting **as much help as they needed** for their child.

Supports to Participation in Service Planning (*n* = 35)	
Families were provided a contact person	97.1%
Families were made to feel welcome	97.1%
Families were made to feel that their participation was important	94.3%
Families were assisted with child care costs	21.4%
Families were assisted with telephone costs	6.9%
Families were assisted transportation costs	40.6%
Barriers to Participation in Service Planning (*n* = 35)	
Families felt that comments or materials regarding their child's records were not validated	2.9%
Families experienced a lack of access to transportation	2.9%
Families experienced a lack of opportunity or encouragement to participate	8.8%
Families' cultural values were not taken into consideration	6.1%
Child care arrangements	15.6%
Lack of communication between staff in different programs or agencies	23.5%
Distance from service providers	20.6%

2) Are services available and accessible?

Agency Referrals & New Services

A wide array of community agencies have accessed services through Columbia River Wraparound:



The following services have been added to the continuum of care and are provided to youth and families on individualized basis:

- Wraparound planning
- In-school aid services
- Paid mentoring
- Parent training
- Respite care
- Youth leadership groups
- Family Support groups
- Transition planning out of high level placements
- Behavioral classroom in Wasco County
- JWrap in Wasco County
- Early intervention consultation in Sherman and Gillam counties

2) Are services available and accessible?

Wraparound Fidelity

The Checklist for Indicators of Process and Planning (ChIPP) is used to measure Wraparound fidelity. The following table summarizes notable findings:

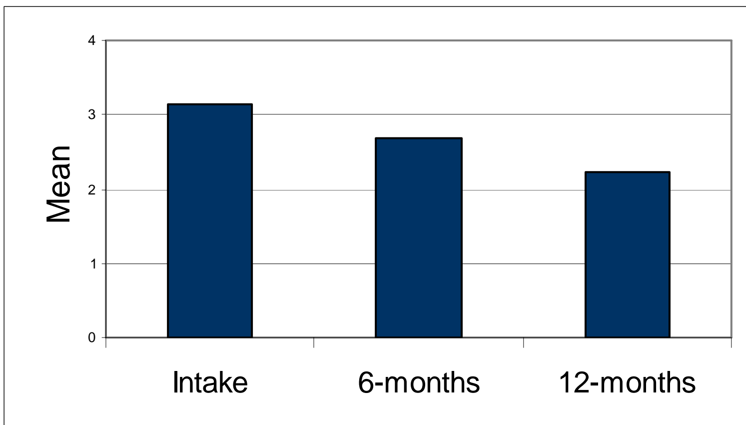
Wraparound Fidelity (*n* = 10)	
ChIPP Indicator	**% YES**
Key members of the team are present from start to end of meeting.	30
Team discusses or has produced a mission/vision statement	80
Team creates/ maintains a plan that guides its work	90
Goals are associated with concrete measures that can be used to assess progress towards achievement.	50
Team assesses goals and strategies using measure of progress and revises plan if necessary.	30
Team uses specific techniques to provide extra opportunity for caregivers to speak, or gives extra weight to caregiver opinions, especially during decision making.	100
Team explicitly builds an understanding of how caregiver strengths contribute to the success of team mission/ goals	20
Team explicitly builds an understanding of how youth strengths contribute to the success of mission/ goals	10
Team facilitates natural support activities for the child/ family.	30

Note: Data was collected through observations of 10 Family Planning Meetings between March and October of 2005.

3) Do we have a clearly defined practice model?

Caregiver Strain & Family Life

Caregiver experience of **observable interruptions in day-to-day life as a result of caring for a child with emotional and behavioral challenges is decreasing over time.** On the bar graph below, a score of 5 indicates a very high level of interruption, while a score of 1 indicates "not at all" (n= 26).



When comparing intake to 12-month data (n=25), we observed:

- An **8% increase** in caregiver **ability to deal with crises or major problems without fighting** most of the time/ always.
- A **4% increase** in caregiver ability **to solve problems** related to the child when they happen.
- A **16% decrease** in caregivers reporting an **ability to talk about things that made them angry without fighting.**

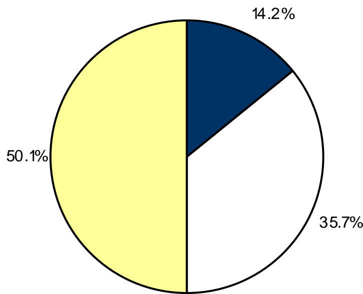
4) Are the lives of youth & families improving?

School Participation

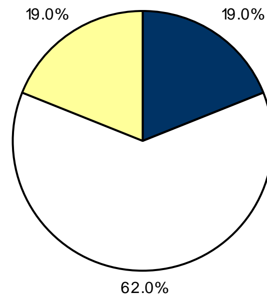
Both attendance and performance are important aspects when looking at a youth's overall school functioning. The data below illustrates the change from intake to 12 months for youth in SOC in terms of their school attendance (n=14) and school performance (n=21).

Change in School Attendance and Performance from Intake to 12 Months

Improved | Remained Stable | Deteriorated



School Attendance*



Performance**

*Change in school attendance is defined as: 1) improved: children attending school more frequently at the second data collection point than at the first , 2) remained stable: children attending school at the same frequency at both data collection points, 3) deteriorated: children attending school less frequently at the second data collection point than at the first.

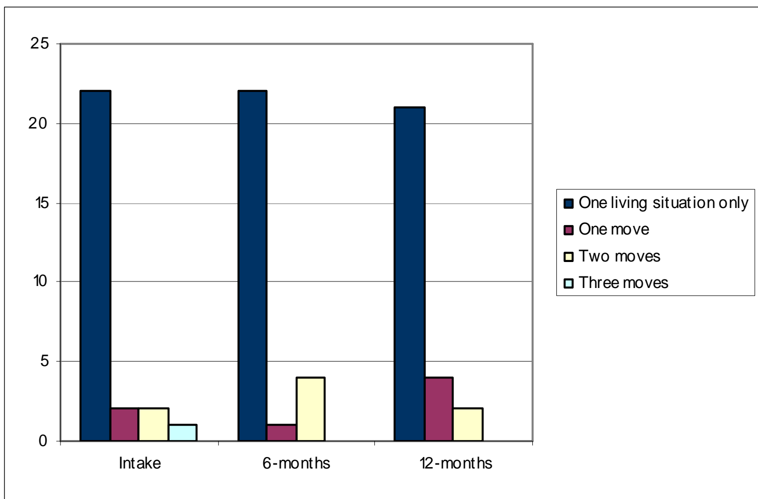
** Change in school performance is defined as: 1) improved: children receiving a higher grade point average at the second data collection point than at the first data collection point, 2) remained stable: children receiving the same grade point average at both data collection points, 3) deteriorated: children receiving a lower grade point average at the second data collection point than at the first.

4) Are the lives of youth and families improving?

Living Situation Stability

Living situation stability is another important contributor to a youth's overall functioning. The following bar graph illustrates the number of times SOC youth moved 6 months prior to intake, six month and twelve month timepoints (n=27).

Number of Youth Moves
6 Months Prior to Data Collection (n=27)



- Six months prior to intake, **5 youth moved** a total of 9 times. **22% of those moves were more restrictive**.
- Between intake and 6-months, **5 youth moved** a total of 9 times. **55% of those moves were more restrictive.**
- Between 6-months and 12-months, **6 youth moved** a total of 8 times. **One of these moves (12.5%) was more restrictive.**

4) Are the lives of youth and families improving?

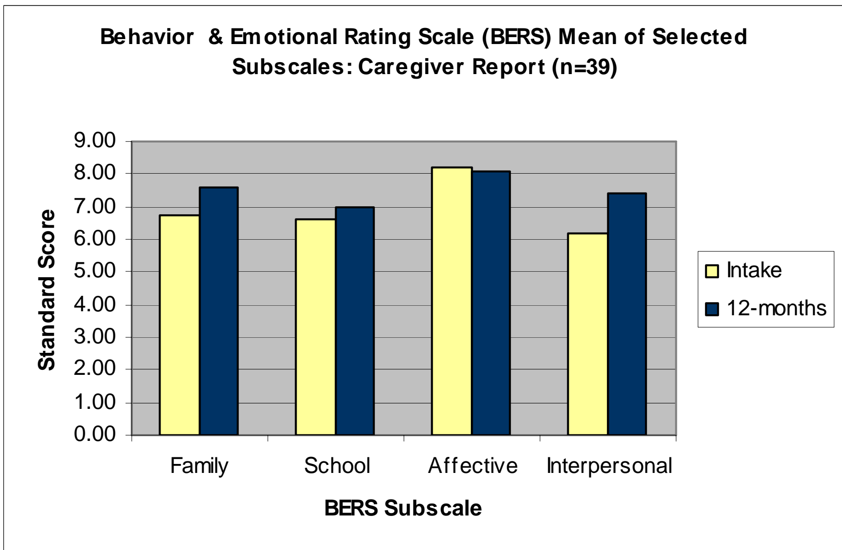
Behavioral & Emotional Functioning

The Behavioral and Emotional Rating Scale (BERS) helps to measure the strengths of children ages 5 through 18.

Change from intake to 12-months for four aspects of strength are depicted below:

Strengths	Standard Score Range
Very Superior	17-20
Superior	15-16
Above Average	13-14
Average	8-12
Below Average	6-7
Poor	4-5
Very Poor	1-3

1) **Family Involvement**
2) **School Functioning**
3) **Affective Strength** (i.e. acceptance of affection from and expression of feelings towards others)
4) **Interpersonal Strength** (i.e. control of emotions/ behaviors in social situations).



4) Are the lives of youth and families improving?

Youth and Family Involvement

32% (n=16) of the caregivers in the evaluation responded to questions about educational planning during intake and the six month period. For those caregivers, an "*Education Participation*" subscale score was calculated. Items in this subscale assess the extent to which caregivers feel their ideas were valued, the culture, needs, and circumstances of the family were taken into account, and the degree to which caregivers felt listened to, and the extent to which their feedback was considered when reviewing plans and progress. Analysis revealed that **56% of the caregivers rated their participation in educational planning between 'Some' and 'A Lot' at the beginning of the program. This increased to 69% at the six month time point**. Caregiver comments about their experience in educational planning varied widely. Comments reflecting the range of experiences are as follows:

- *I was very impressed with how everybody seemed to genuinely care about my child. His teacher especially has bent over backward to help him with his problems and helped keep him on track.*

- *They need to be more of a team player when we bring them to the table... they need to be more willing to build on the tools that we've learned to use to help her be successful*

30 of the 50 caregivers had enough information to enable calculation of a subscale score for "Service/Treatment Participation." The items parallel the education participation subscale. The average subscale score was 3.47 at intake and changed to 3.49 at 6-months. This means that **the family members' assessment of the level and quality of their participation in service/ treatment planning increased slightly from intake to 6-months**. Comments reflecting the experiences in service/treatment planning are as follows:

- *Excellent! It's been [several] years of figuring out what to do and this is the first time there has been a comprehensive group effort to figure out all of his needs.*

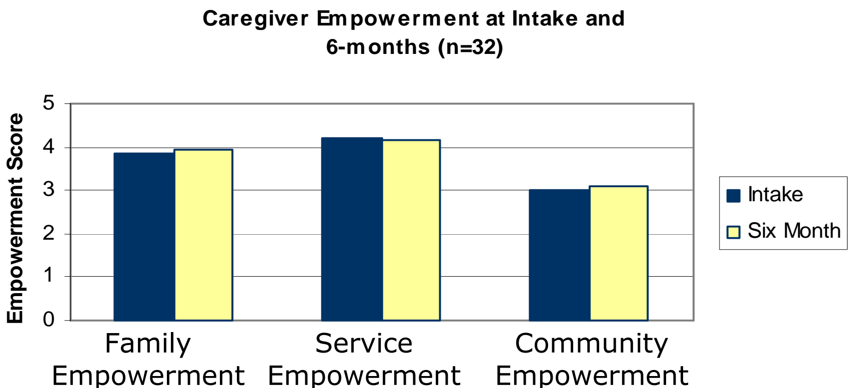
- *SOC has listened to me and made a plan but I'm still not receiving services.*

5) Is youth and family involvement increasing?

Caregiver Empowerment

Family empowerment, service empowerment, and community empowerment are measured as part of the evaluation. Family Empowerment refers to the parent or caregiver's belief that they are able to effectively manage situations at home with regard to their child and family. An example of a questionnaire item is: "When problems arise with my child, I handle them pretty well." Service Empowerment refers to the extent to which the parent or caregiver feels that they can effectively deal with the service system. For example, one item is : "I am able to work with agencies and professionals to decide what services my child needs." Community Empowerment refers to the caregiver's belief that they can have a part in improving policies and services for children with mental health problems. An example of an item is: "I believe that other parents and I can have an influence on services for children." All items are scored from Never (1) to Very Often (5) with a score of 3 indicating Sometimes. The change in these values from intake to 6-months is depicted in the bar graph below.

- **Family Empowerment slightly increased over time.**
- **Service Empowerment scores are high at both time points.**
- **Community Empowerment slightly increased over time.**



6) Is caregiver empowerment increasing?

Practice/ Acceptance: SOC Philosophy

In August of 2005, staff and community partners were interviewed as part of a study that looks at the implementation of System of Care principles at both the infrastructure and service delivery level. Combined score results are summarized below:

SOC PRINCIPLE	SITE RATING
Family Focused	3.87
Individualized	3.40
Culturally Competent	2.81
Interagency	3.31
Coordinated & Collaborative	3.35
Accessible	3.46
Community Based	3.29
Least Restrictive	2.18

LEGEND
1– No effort or almost no effort has been made
2– Efforts in early stages and have been minimally effective.
3– Efforts have been made but are still in developmental stages.
4– Efforts thus far effective. More needs to be done to fully achieve principle.
5– Intended goals largely accomplished.

To further understand SOC implementation barriers, 44 community partners across the four counties completed surveys in May, 2006 as part of a social marketing outreach effort. The results have been summarized below:

I totally understand the guiding principles of Wraparound and System of Care and work to promote family driven system change.	5%
I understand the principles and practice of Wraparound and participate in Wraparound planning or policy making regularly.	30%
I basically understand Wraparound and participate in the process, but would like more info.	27%
I have participated in Wraparound, but don't really understand what the program is trying to do.	20%
I'm not really sure what the program does and have never participated in Wraparound.	18%

7) Are SOC philosophies accepted in community?

Staff Stability and Retention

The following table outlines **changes to SOC positions and duration of vacancies** for the first 2 years *of service provision*. Both employee based and contracted positions are included in the data.

			Oct '04-Sept '05		Oct '05-Sept '06	
	Position	# of positions (FTE)	Frequency of Attrition*	Weeks vacant	Frequency of Attrition*	Weeks vacant
Administrative	Project Director	1 (1.0)	1	12	0	0
	Clinical Supervisor	1 (1.0)	1	44	2	16
	Program Evaluator	1 (1.0)	0	0	0	0
	Grant Support Specialist	1 (1.0)	1	2	0	0
	Social Marketing	1 (0.6)	0	12	0	0
	Technical Assistance	1 (0.5)	0	48	0	0
	Cultural Competency	1 (0.5)	0	48	0	0
	Evaluation Assistant	2 (1.0)	0	0	0	0
Direct Service	Family Care Coordinator	3 (3.0)	2	11	2	2
	Mental Health Therapist	2 (2.0)	1	20	2	8
	Youth Treatment Specialist	2 (1.0)	0	0	2	30
	Youth Coordinator	2 (1.6)	1	2	1	0
	Key Family Contact	2 (2.0)	0	0	1	8
	TOTALS	19 (16.2)	7	199	10	64

*Frequency of Attrition refers to the number of times an employee left a given position.

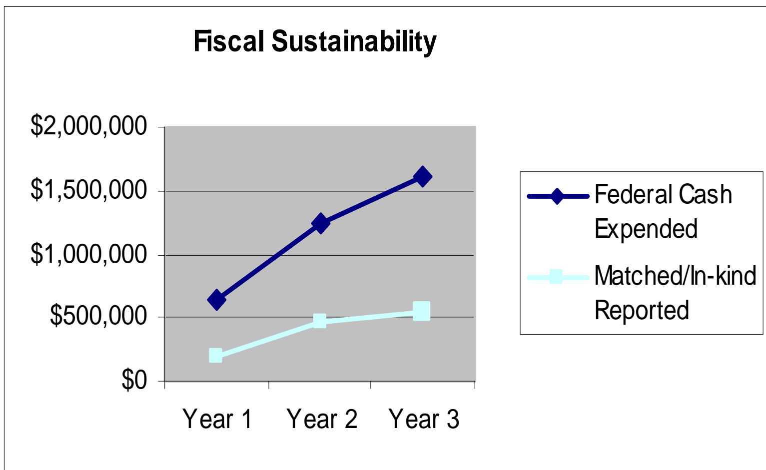
8) Is SOC staff stability improving?

Match and Fiscal Sustainability

Fiscal sustainability measures the extent to which the System of Care will sustain after the six-year cooperative agreement with the Substance Abuse and Mental Health Services Administration (SAMHSA) comes to and end. In-kind is required as follows:

- $1 match : $3 Federal for fiscal years 1, 2, and 3
- $1 match : $1 Federal for fiscal year 4
- $2 match : $1 Federal for fiscal years 5 and 6

Matching resources may be in cash or in-kind, including equipment, facilities, or services, and must be derived from nonfederal sources (eg. State or sub-State nonfederal revenues or foundation grants.



* Year 3 fiscal figures are preliminary estimates only. Figures will be finalized and reported to SAMHSA by January 1, 2007.

** Reported Match/In-kind for Year 3 is current through September 15, 2006. In-kind for Year 3 will continue to be collected through November 30, 2006.

9) Is SOC fiscally sustainable?

Prepared for Columbia River Wraparound
System of Care
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