

Prepared for Columbia River Wraparound  
System of Care  
Governance Council

*In Partnership with:*

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# Columbia River Wraparound System of Care



## Annual Data Report October, 2007



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

# Columbia River Wraparound:

GUIDING PRINCIPLES: Strength-based and integrated services

## At Home

### 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

## In School

### 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

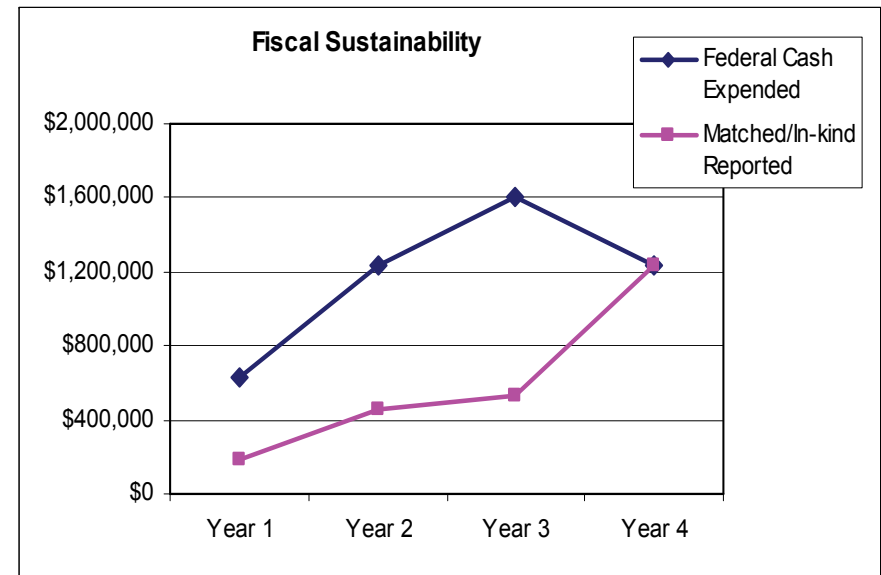
#### SYSTEM BUILDING:

Develop coordinated and sustainable system infrastructure according to guiding principles

#### SERVICES:

Coordinate appropriate services to meet the needs of youth and families

# Match and Fiscal Sustainability



In-kind requirements on grant are 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 (e.g. State or sub-State nonfederal revenues or foundation grants).

- Year 4 federal cash expended figures are through August 2007 only.
- In-kind data for Year 4 are projected. Match will continue to be collected through October 31, 2007.



# Staff Stability and Retention



## CHANGES TO SYSTEM OF CARE STAFFING POSITIONS AND DURATION OF VACANCIES.

			Oct '05-Sept '06		Oct '06-Sept '07	
	Position	# of positions (FTE)	Frequency of Attrition*	Weeks vacant	Frequency of Attrition*	Weeks vacant
Administrative	Project Director	1 (1.0)	0	0	0	0
	Clinical Supervisor	1 (1.0)	2	16	1	20
	Program Evaluator	1 (1.0)	0	0	0	0
	Grant Support Specialist	1 (1.0)	0	0	0	0
	Social Marketing	1 (0.6)	0	0	0	0
	Technical Assistance	1 (0.5)	0	0	1	4
	Cultural Competency	1 (0.5)	0	0	0	0
	Evaluation Assistant	2 (1.0)	0	0	0	0
Direct Service	Family Care Coordinator	3 (3.0)	2	2	0	0
	Mental Health Therapist	2 (2.0)	2	8	2	24
	Youth Treatment Specialist	2 (1.0)	2	30	1	0
	Youth Coordinator	2 (1.6)	1	0	0	0
	Key Family Contact	2 (2.0)	1	8	1	3
	<b>TOTALS</b>	<b>19 (16.2)</b>	<b>10</b>	<b>64</b>	<b>6</b>	<b>51</b>

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

## 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.
- 9) Achieve fiscal sustainability for SOC.

#### 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 •

8) Is SOC staff stability improving?






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, Sherman and Gilliam counties by providing effective Wraparound planning services and working to build a sustainable community-based System of Care.

**The purpose of this report is to use data from the Columbia River Wraparound Program Evaluation to describe the progress that has been 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. They are listed on the previous page.**

**Each page of the report has been assigned a colored dot. Using a "Traffic Light" analogy, the dot is meant to provide interpretation about whether the 2007 data indicates that the outcome on the page has been met. The dots are generated in accordance with the following scale:**

<b>The Traffic Light: A Summary of Important Findings</b>	
 Red	Red = Data is concerning!
 Yellow	Yellow = Pay attention/ monitor!
 Green	Green = Good news for the program!

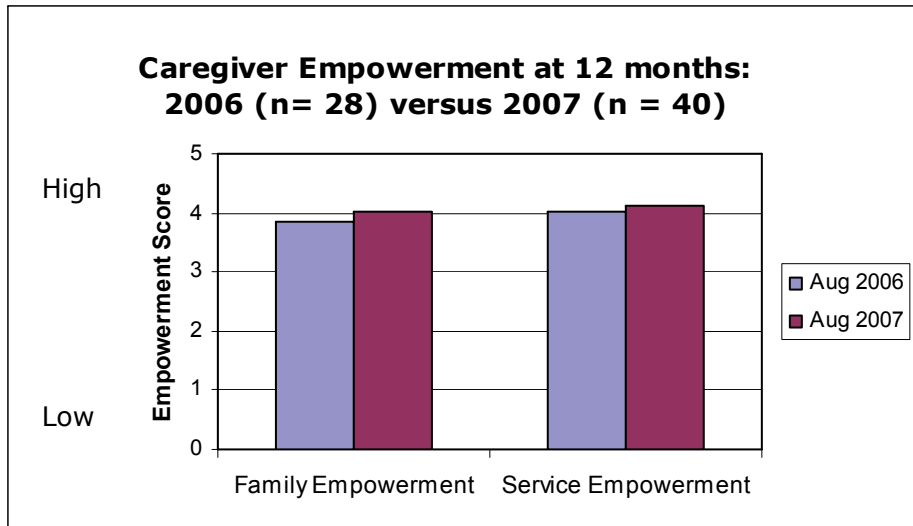
# Practice/ Acceptance: SOC Philosophy

In August of 2005 and 2007, approximately 40 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:

<b>SOC PRINCIPLE</b>	<b>2005 SITE RATING</b>	<b>2007 SITE RATING</b>
Family Focused	3.87	4.32
Individualized	3.40	4.00
Culturally Competent	2.81	3.87
Interagency	3.31	3.90
Coordinated & Collaborative	3.35	3.45
Accessible	3.46	4.22
Community Based	3.29	3.63
Least Restrictive	2.18	3.86

<b>LEGEND</b>
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.

# Caregiver Empowerment



**Family Empowerment:**

Parent or caregiver’s belief that they are able to effectively manage situations at home with regard to their child and family.

E.g. When problems arise with my child, I handle them pretty well.

**Service Empowerment:**

Extent to which the parent or caregiver feels that they can effectively deal with the service system

E.g. I am able to work with agencies and professionals to decide what services my child needs.

6) Is caregiver empowerment increasing?



# Population Demographics

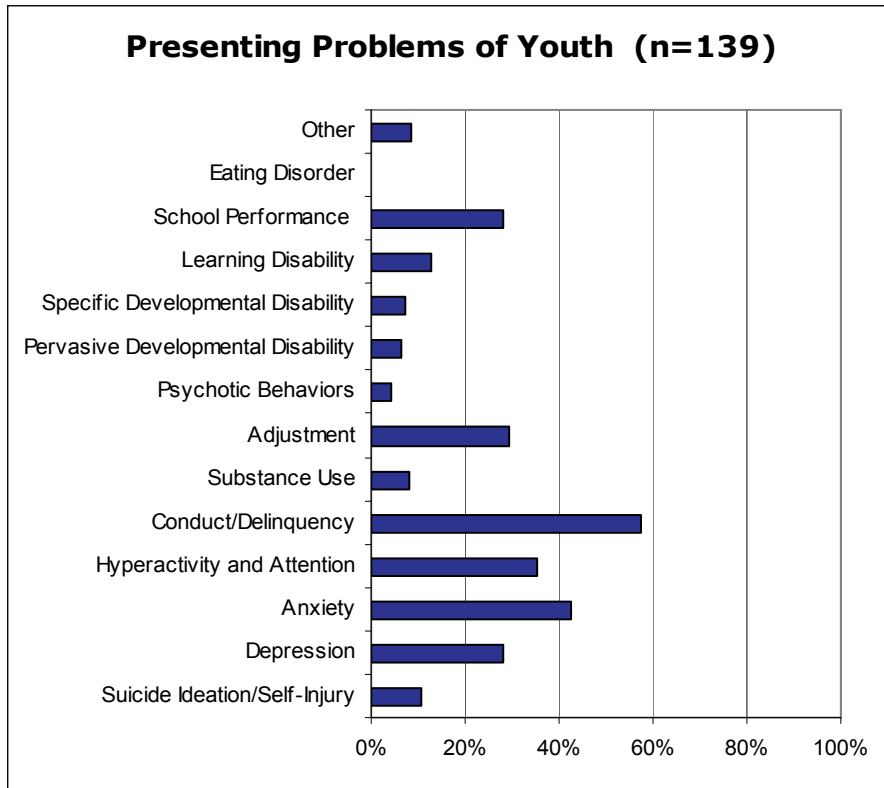
**Intake Demographics of Participating Youth:  
October 2004 through August 2007  
(n = 139)**

<b>Gender</b>	
Male	67.0%
Female	33.0%
<b>Average Age</b>	
	11 years old
<b>Categorical Age</b>	
Birth to 3 years	3.6%
4 to 6 years	13.7%
7 to 11 years	36.0%
12 to 14 years	28.1%
15 to 18 years	17.3%
19 to 21 years	1.4%
<b>Race/Ethnicity</b>	
American Indian or Alaska Native	4.3%
Asian	0.7%
Black or African-American	2.2%
Native Hawaiian or Other Pacific Islander	1.4%
White	74.8%
Of Hispanic Origin	15.8%
Multi-racial	0.7%
Other	0.0%

1) Are we serving the target population?



# Presenting Problems of Youth



- **81%** of SOC youth have **multiple diagnoses**.
- The **three most common presenting problems** are:
  1. Conduct/Delinquency
  2. Anxiety
  3. Hyperactivity and Attention
- **88%** of SOC youth participate in **multiple public systems**.

1) Are we serving the target population? ●

# Youth and Family Involvement

## Caregiver Involvement in Educational Planning:

<b>POSITIVE</b>	<ul style="list-style-type: none"> <li>• The main teacher that ran the meeting has invested a lot of time and effort into my child and seems to care a lot.</li> <li>• The principal was very helpful and positive in discussing how far my child has come both behaviorally and academically... They really recognized that getting a good match for [his/her] classroom teacher was important.</li> </ul>
<b>NEGATIVE</b>	<ul style="list-style-type: none"> <li>• It seems like once they make a decision that something needs to be done, it takes a long time until they start doing it.</li> <li>• [I] felt frustrated because at the end of last year, everyone seemed to be on the same page. At the start of this year the plan had not been followed and everyone had to revisit the old plan in order to start the process of helping my youth.</li> <li>• It just felt like they were treating her like just another child and not seeing [him/her] with individual needs, individual strengths. They gave me time to talk, but they did not use any of what I said.</li> </ul>

## Caregiver Involvement in Service/ Treatment Planning:

<b>POSITIVE</b>	<ul style="list-style-type: none"> <li>• With everything that's been going on with my child, they (SOC staff) have rearranged their schedules and made themselves available after hours. They definitely have done above and beyond. They were amazing...</li> <li>• It's just a wonderful organization. I would recommend it to anyone whose child is having problems - they are wonderful people.</li> </ul>
<b>NEGATIVE</b>	<ul style="list-style-type: none"> <li>• My child has expressed that [he/she] doesn't want to start all over with a whole new person, and that's exactly what they've thrown us into [with] mental health counseling. They listened, acknowledged/understood, they asked questions, but they still chose almost the opposite...</li> </ul>

5) Is youth and family involvement increasing? ●

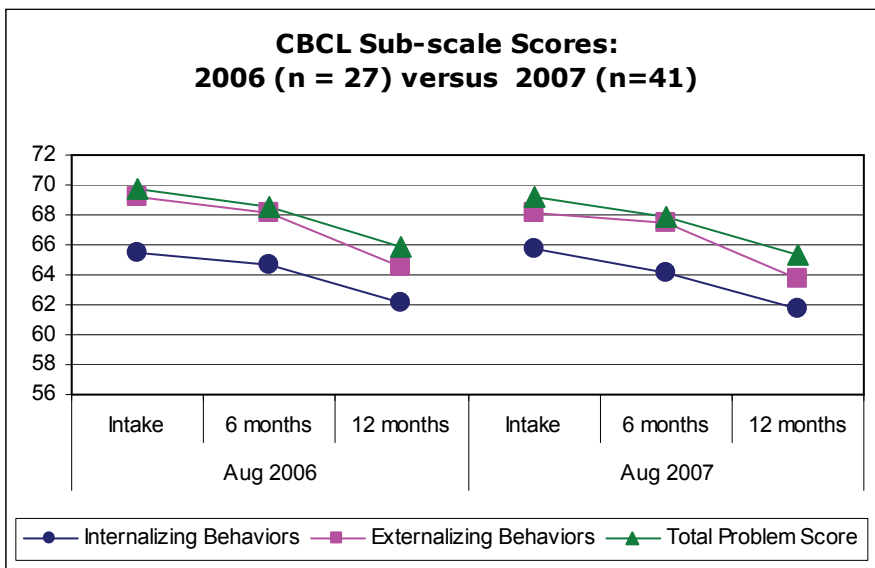
## Behavioral & Emotional Functioning

The Child Behavior Checklist (CBCL) helps to measure behavioral and emotional problems among children.

Youth behaviors were measured using the three scales from the CBCL instrument.

**Higher scores indicate higher levels of problematic youth behavior.**

Categories	Standard Score Range
Normal	Below 60
Borderline	60-63
Clinical	Above 63



### Internalizing

- Anxious/depressed, withdrawn/depressed, and somatic complaints.

### Externalizing

- Rule breaking and aggressive behavior.

### Total Problem

- Combination of all problem behaviors.

## Presenting Problems of Youth

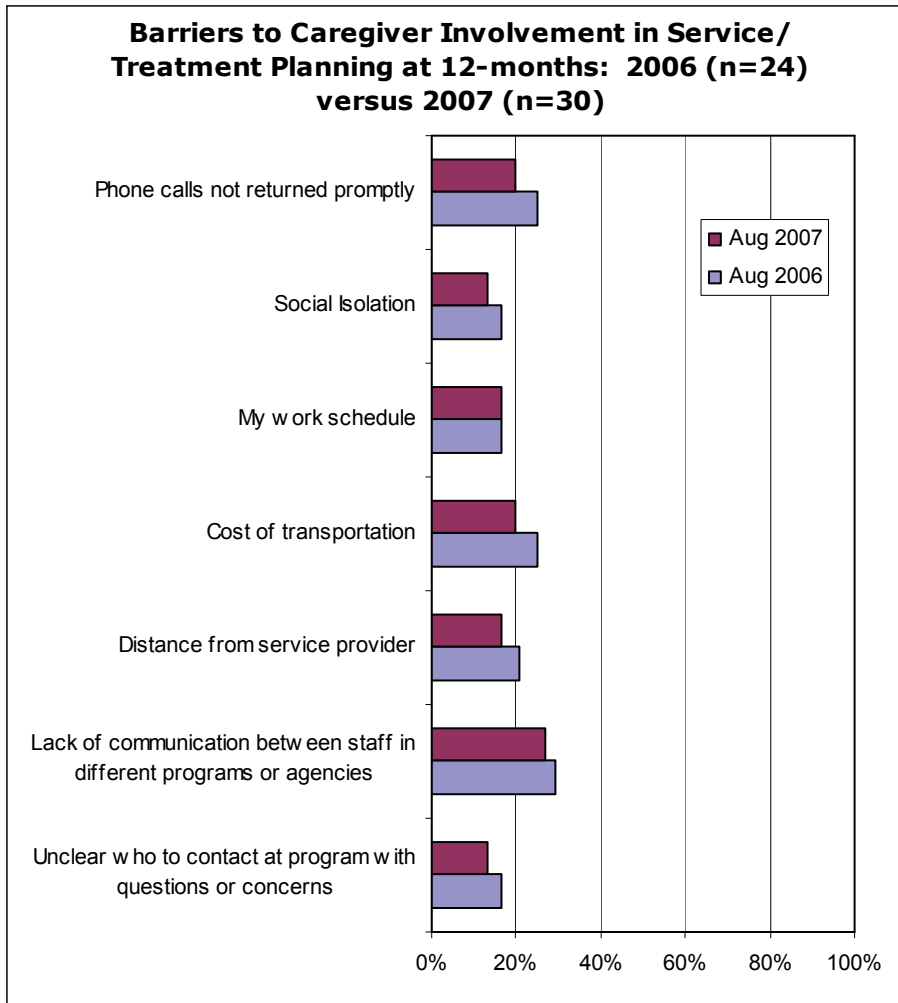
Note: The remainder of the report includes data from youth that participated in the Child and Family Outcome Evaluation Study between December 2004 and August 2007.

The number of youth varies by analysis since only youth with complete data for 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.

- 66.7%** of youth had a **high probability of a serious emotional disorder (SED)**, as indicated by a Strength Index Score that was lower than 90 on the Behavioral Emotional Rating Scale (BERS).
- Last year's figure was 64.7%.**
- 90.8%** of youth had a **serious mental health problem that may require treatment**, as indicated by a Total Problem Score of 60 or above on the Child Behavior Check List (CBCL).
- Last year's figure was 89.2%.**

# Access and Barriers to Services

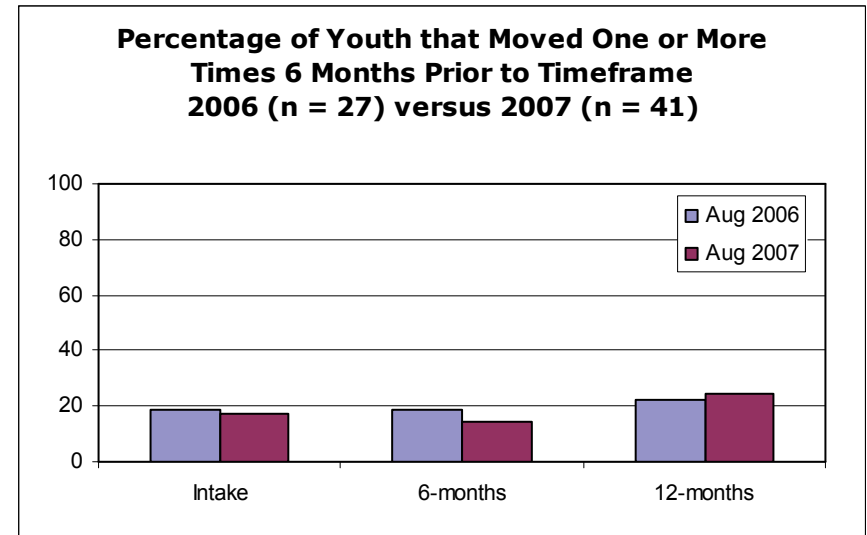


- Only barriers that were experienced by 15% or more of caregivers have been included in the figure above.
- Caregivers responded “yes” if the item was a barrier, and “no” if the item was not a barrier.

2) Are services available and accessible? 

# Living Situation Stability

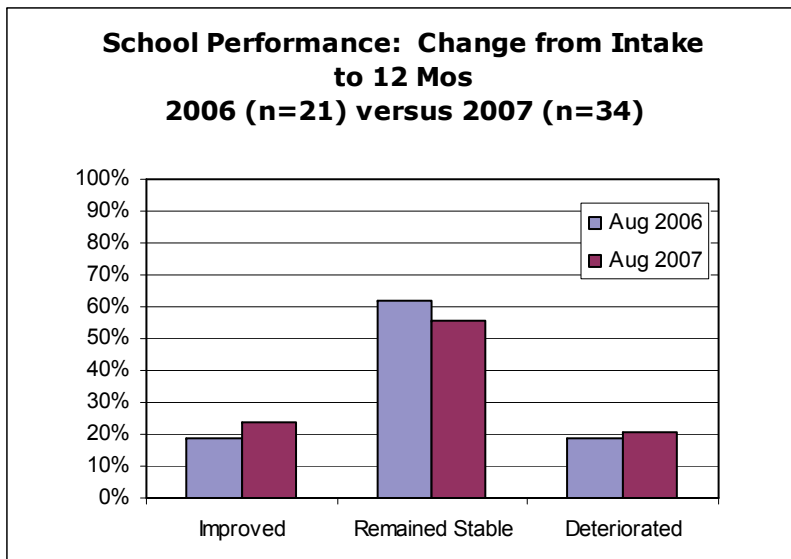
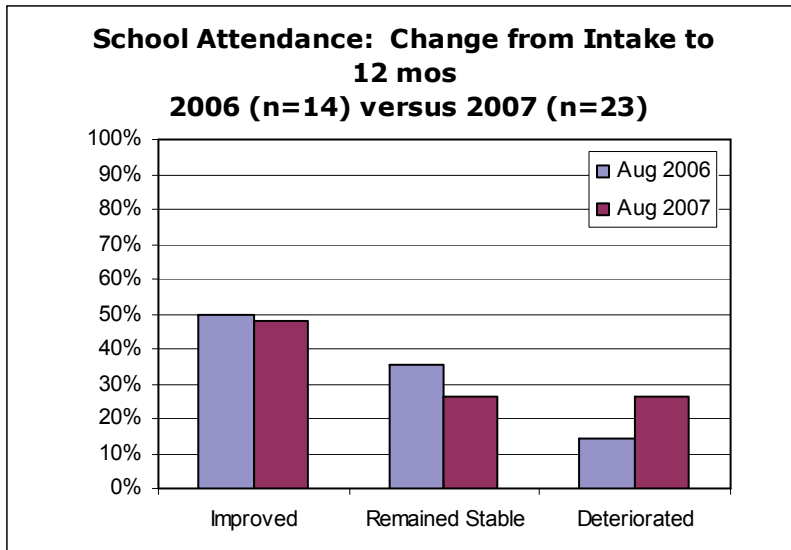
The bar graph below illustrates the percentage of SOC youth that moved *one or more times* 6 months prior to intake, 6-month, and 12-month data collection time-points.



	NUMBER OF YOUTH THAT MOVED	TOTAL NUMBER OF MOVES	NUMBER OF MORE RESTRICTIVE MOVES
6 months prior to Intake	7	12	2
6 months prior to 6-month timepoint	5	9	3
6 month prior to 12-month timepoint	10	14	3

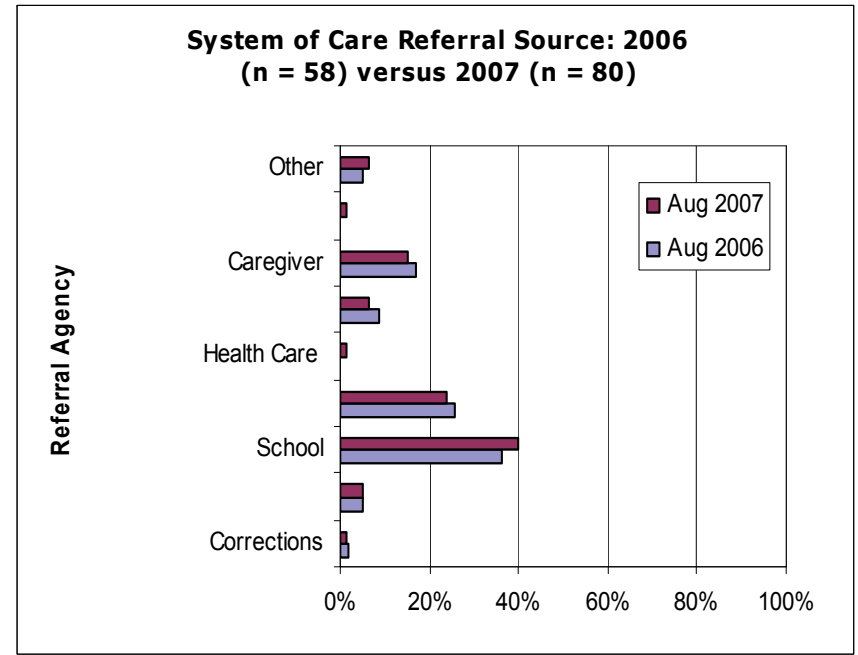
4) Are the lives of youth and families improving? 

# School Participation



\*Change in school attendance is defined in terms of frequency of attendance. Change in school performance is defined in terms of changes to grade point average.

# Agency Referrals & New Services



## New Services as a Result of System of Care

### 2006

- Wraparound planning
- In-school aide services
- Paid mentoring
- Parent training/ coaching
- Respite care
- Youth leadership activities & training
- Family & youth support groups
- Transition planning for out of high level placements

- Behavioral classroom in Wasco County with aide, care coordination, & therapeutic assistance
- JWrap: Wasco
- Early intervention consultation: Sherman & Gilliam

### 2007

- After school child care at Day Treatment for high needs OHP children
- Mental health groups

4) Are the lives of youth and families improving?

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 Meeting Observations (n = 25)	
ChIPP Indicator	% YES Aug 07
Key members of the team are present from start to end of meeting, or for sufficient portions of the meeting.	28
Team discusses or has a mission/vision statement.	88
Team creates/maintains a plan that guides its work	96
Goals are associated with concrete measures that can be used to assess progress towards achievement or has a shared definition of a "good enough" outcome for specific activities.	84
Team assesses goals and strategies using measure of progress and revises plan if necessary or discusses adequacy of goals/activities with reference to outcomes.	77
Team uses specific techniques to provide extra opportunity for caregivers to speak, or gives extra weight to caregiver opinions, especially during decision making. Team invites him or her to speak and/or offer opinions on many occasions during the meeting, especially during decision-making.	100
Team explicitly builds an understanding of how caregiver strengths contribute to the success of team mission/ goals or acknowledges or lists caregiver strengths.	96
Team explicitly builds an understanding of how youth strengths contribute to the success of mission/goals or acknowledges or lists youth strengths.	92
Team facilitates natural support activities for the child/family or is exploring natural support activities for the child/family.	63

10

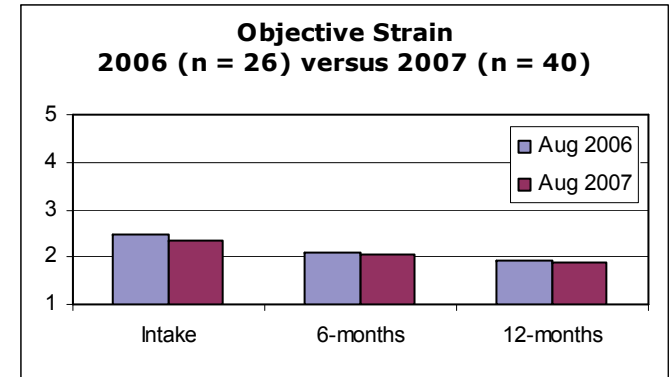
3) Do we have a clearly defined practice model?

# Caregiver Strain

For the scales below, higher scores indicate higher levels of stress experienced by the caregiver (5="very much" and 1= "not at all").

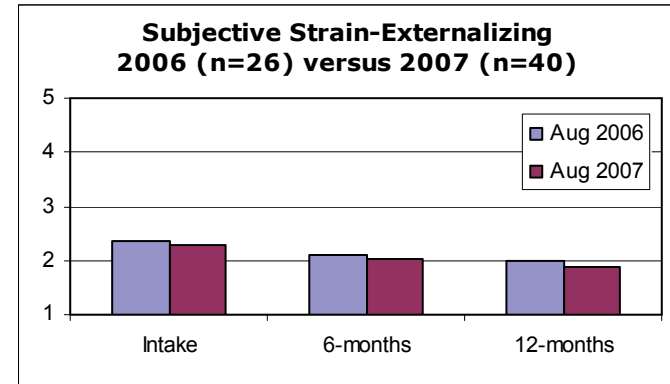
## Objective

Observable interruptions daily as a result of caring for a child with emotional and behavioral challenges.



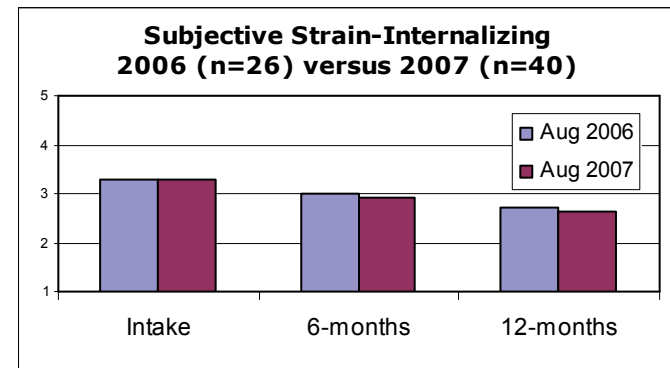
## Subjective External

Negative feelings about the child like anger, resentment or embarrassment.



## Subjective Internal

Negative feelings like worry, guilt and fatigue.



11

4) Are the lives of youth & families improving?