

Prepared for Columbia River Wraparound  
System of Care  
Governance Council

*In Partnership with:*

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Portland State University



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# Columbia River Wraparound System of Care



## Annual Data Report October, 2008



*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

# Summary of Evaluation Successes

## DAY TO DAY OPERATIONS

### **Enrollment of families in longitudinal study**

- 95% of families eligible are enrolled!

### **Implementation of longitudinal study**

- 470 completed caregiver / independent youth interviews!
- 260 completed youth interviews!

### **Retention of families in longitudinal study**

- 20% higher than national Phase IV cohort average at all timepoints!

## DATA DISSEMINATION

### **Stakeholder Driven**

- 35 monthly reports, driven by Evaluation Workgroup!
- 28 special request reports, with topics generated by a wide array of stakeholders!

### **Quality**

- Won silver level Excellence in Evaluation award for Data Dissemination and Use category, 2008!
- CRW Program Evaluation is a trainer site at the federal level.

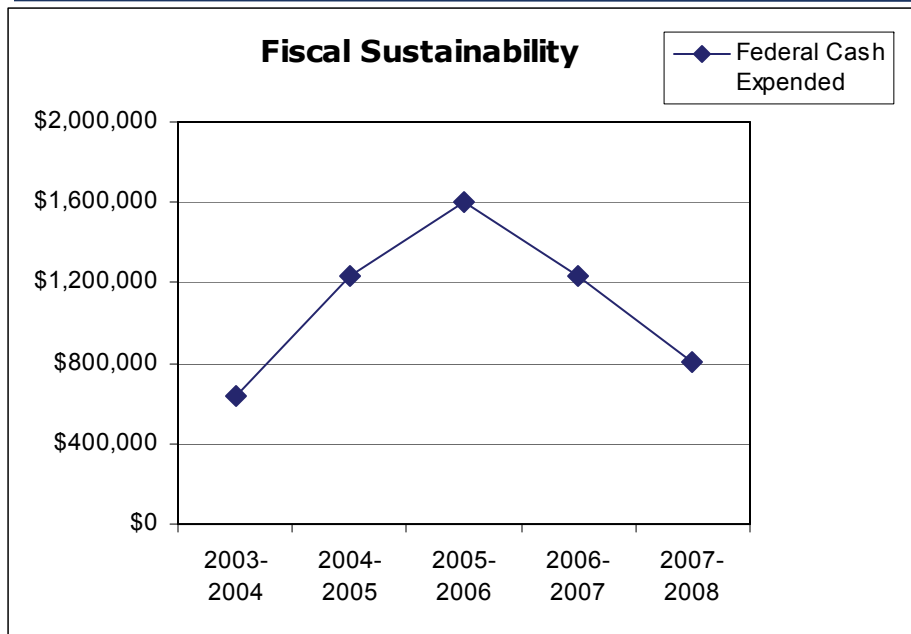
## WRAPAROUND FIDELITY

- Part of Governor's statewide Children's Initiative, Evaluation Committee.
- Part of presentation panel at 2 competitive national conferences!
- Strong local community based fidelity component!

Family and youth-driven care • Culturally Competent •



# Match and Fiscal Sustainability



## After September 2009:

Services to Families Required to Keep	Services to Families in Danger of Losing
(As per ICTS funding for OHP eligible youth, with very limited funds for non-OHP eligible youth)	(As per loss of SOC funding)
<ul style="list-style-type: none"> <li>Flex Funding (medical necessity)</li> <li>Residential Treatment</li> <li>Day Treatment</li> <li>Outpatient Therapy</li> <li>In Home/Community Supports (largely OHP eligible youth)</li> <li>Care Coordination for anyone enrolled in Intensive Mental Health Services</li> </ul>	<ul style="list-style-type: none"> <li>Family Advocacy</li> <li>Youth Coordination</li> <li>Mentoring</li> <li>Parent Training</li> <li>Care Coordination for anyone not enrolled in Intensive Mental Health Services</li> </ul>

9) Is SOC fiscally sustainable?



## 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.



Community-based • Early intervention/prevention •




Least-restrictive • Families/Caregivers as equal partners •

# 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.

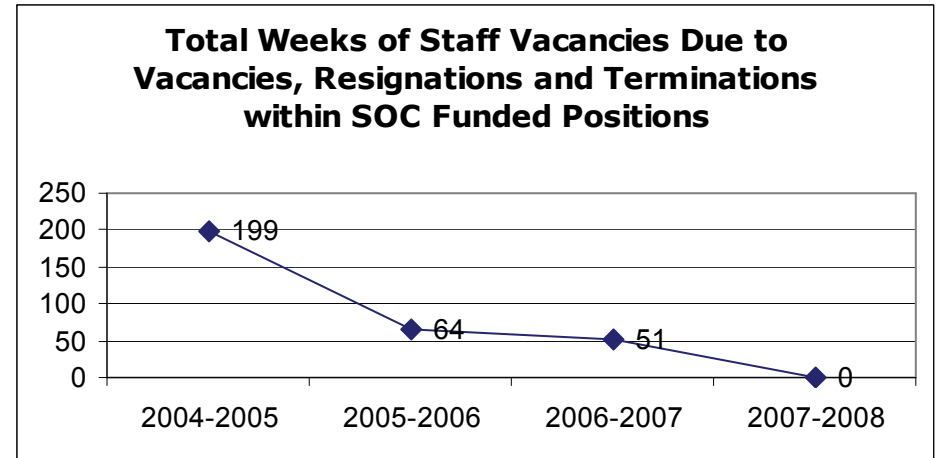
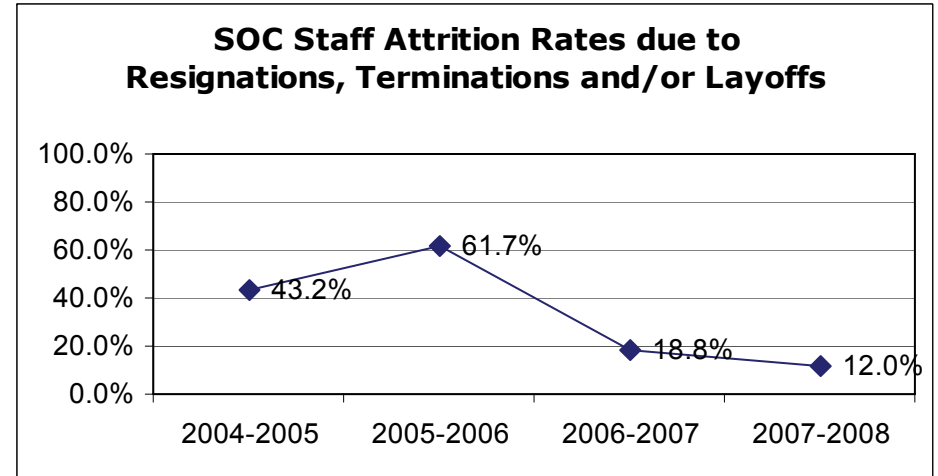
The purpose of this report is to use data from the Columbia River Wraparound Program Evaluation to describe the progress that has been made towards the achievement of 9 Program Outcomes. The outcomes were established by our local governing body early in 2006 as part of a logic modeling process. They 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 2008 data indicates that the outcome on the page has been met. The dots are generated in accordance with the following scale:

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

# Staff Stability and Retention

## CHANGES IN STAFF ATTRITION AND DURATION OF VACANCIES ACROSS YEARS.



8) Is SOC staff stability improving? 

## Practice/ Acceptance: SOC Philosophy

In August of 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:

SOC PRINCIPLE	2007 SITE INFRASTRUCTURE RATING	2007 SITE SERVICE DELIVERY RATING
Family Focused	4.47	4.22
Individualized	4.42	3.93
Culturally Competent	4.14	3.79
Interagency	3.69	4.27
Coordinated & Collaborative	3.82	3.38
Accessible	3.75	4.32
Community Based	3.71	3.58
Least Restrictive	3.25	4.60

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.

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7) Is SOC philosophy accepted in community? 

## Population Demographics

Intake Demographics of SOC Youth October 2004 through August 2008 (n=181)	County Level Census Data, 2006				
	Hood River	Wasco	Sherman	Gilliam	
<b>Gender</b>					
Male	69.6%	49.5%	49.2%	51.0%	50.4%
Female	30.4%	50.5%	50.8%	49.0%	49.6%
<b>Race</b>					
American Indian or Alaska Native	5.4%	1.3%	4.0%	1.9%	1.4%
Asian	0.6%	1.5%	1.1%	0.5%	0.1%
Black or African-American	1.8%	0.8%	0.4%	0.9%	0.3%
Native Hawaiian or Other Pacific Islander	1.2%	0.2%	0.7%	0.0%	0.0%
White	89.8%	94.8%	92.8%	94.8%	97.2%
Multi-racial	1.2%	1.4%	1.7%	1.9%	1.1%
Other	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Ethnicity</b>					
Of Hispanic Origin	15.5%	14.7%	11.6%	6.7%	2.5%
<b>Categorical Age</b>					
Birth to 3 years	3.3%				
4 to 6 years	13.3%				
7 to 11 years	37.6%				
12 to 14 years	28.2%				
15 to 18 years	16.6%				
19 to 21 years	1.1%				
Average Age	10.6 years old				

Note: 14 of the System of Care respondents answered "unknown" to the race category questions. Accordingly, the sample size used for the race categories analysis is 167 (instead of 181).

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1) Are we serving the target population? 

# Population Demographics

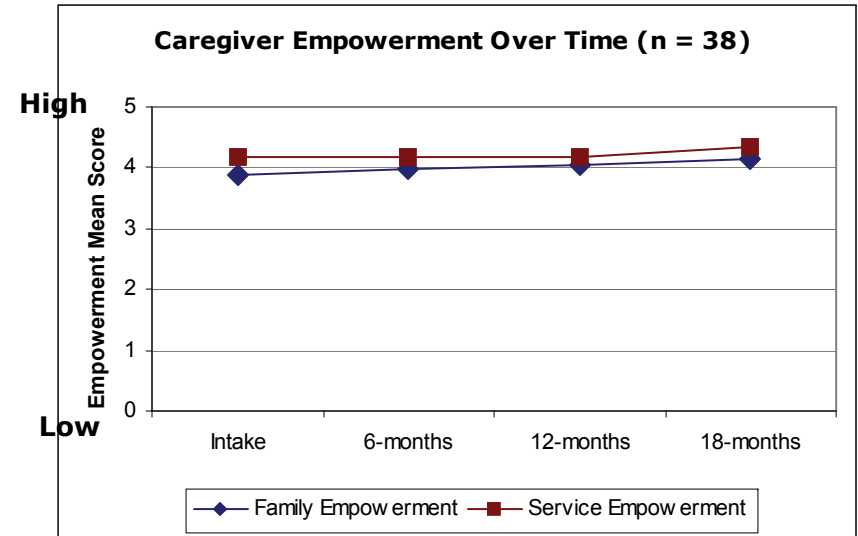
Family Income October 2004 through August 2008 (n=115)	
Less than \$5,000	7.5%
\$5,000 - \$9,999	12.3%
\$10,000 - \$14,999	12.3%
\$15,000 - \$19,999	7.5%
\$20,000 - \$24,999	13.2%
\$25,000 - \$34,999	21.7%
\$35,000 - \$49,999	14.2%
\$50,000 - \$74,999	6.6%
\$75,000 - \$99,999	2.8%
\$100,000 and Over	1.9%

- In 2007, a family of four residing the United States was living in poverty if their income was below \$20,650 (U.S. Department of Health and Human Services poverty guidelines).
- 40% of the youth enrolled in System of Care live in households that have annual incomes below \$20,000.

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1) Are we serving the target population? 

# 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

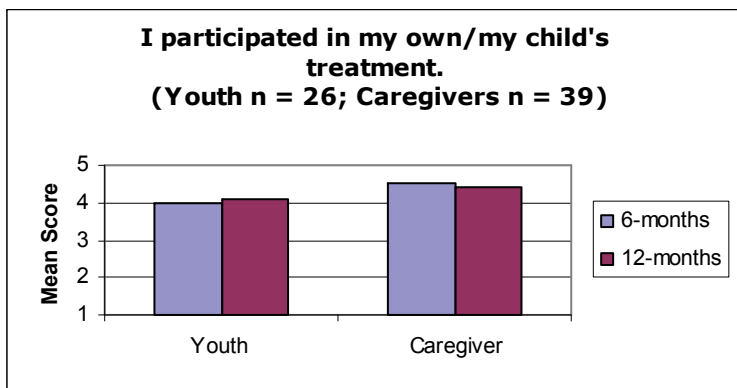
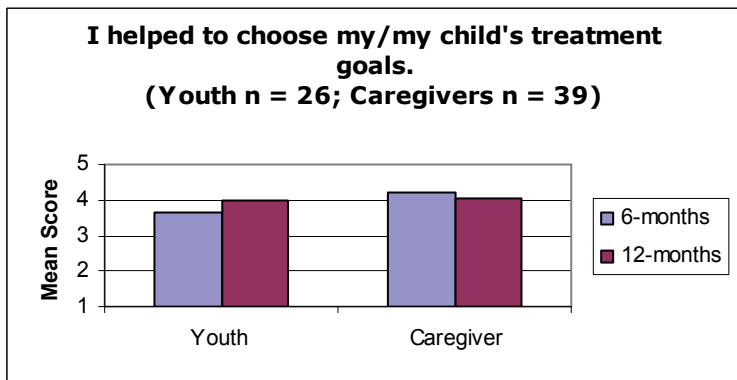
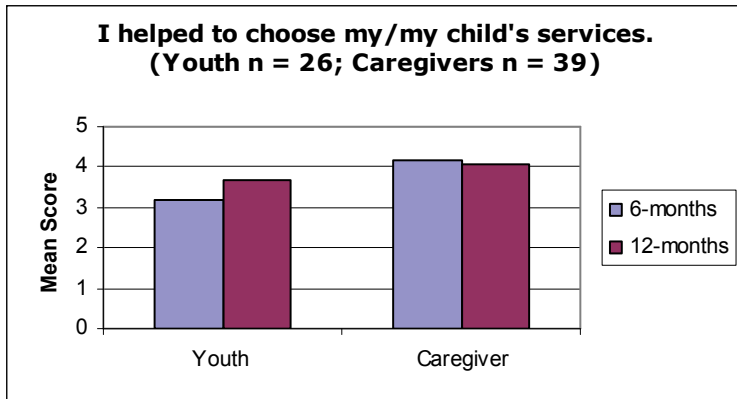
E.g. I am able to work with agencies and professionals to decide what services my child needs.

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6) Is caregiver empowerment increasing? 

# Youth and Family Involvement

For the scales below, higher scores indicate higher levels of agreement by caregivers with the noted statement (5="Strongly agree" and 1= "Strongly disagree").



# Family and Child History

<b>Family and Child History</b> October 2004 through August 2008 (n=115)	
<i>Has the child ever....</i>	
Been physically abused?	27.0%
Been sexually abused?	23.5%
Runaway without parent knowing?	27.0%
Had drug or alcohol problems?	13.0%
Attempted suicide?	10.4%
Been exposed to domestic violence?	57.4%
Lived with someone who was depressed	73.0%
Lived with someone with a mental illness?	43.5%
Lived with someone who has been convicted of a crime?	46.1%
Lived with someone with a drug or alcohol problem?	62.6%

- The majority of System of Care youth have lived with someone who is depressed, with someone with a substance abuse problem, and/or have been exposed to domestic violence.
- Almost half of System of Care youth have lived with someone who was convicted of a crime and/or have lived with someone with a mental illness.

5) Is youth and family involvement increasing?

1) Are we serving the target population?

# Access and Barriers to Services

"There are so many services under one umbrella - and varied services - more than I'm taking advantage of. I'm just thrilled about the wraparound component. It's amazing & a great team approach."

"I feel very fortunate. (The) quality of services is due to the family care coordinator - and [the care coordinator] has been real supportive and helpful - (she tries) to get us all the services we need or that will help both of us."

"It would be good to have a clearing house of services with a list of agencies who provide those services - one place you could call and get the right agency instead of just searching and searching."

"Some people even with the best of intentions have trouble with transportation..."

Barriers Experienced by 15 Percent or More of Caregivers at the 12-month Timepoint (N=40):	
Lack of communication between staff in different programs or agencies	25%
My Work Schedule	20%
Phone calls not returned promptly	20%
Lack of Open Communication	15%
Lack of Transportation	15%
Child Care Arrangements	15%

"Childcare would be helpful - adolescent childcare ... Even when I have therapy, childcare arrangements are difficult. Care coordinators don't know to tell families about all possible services."

2) Are services available and accessible?

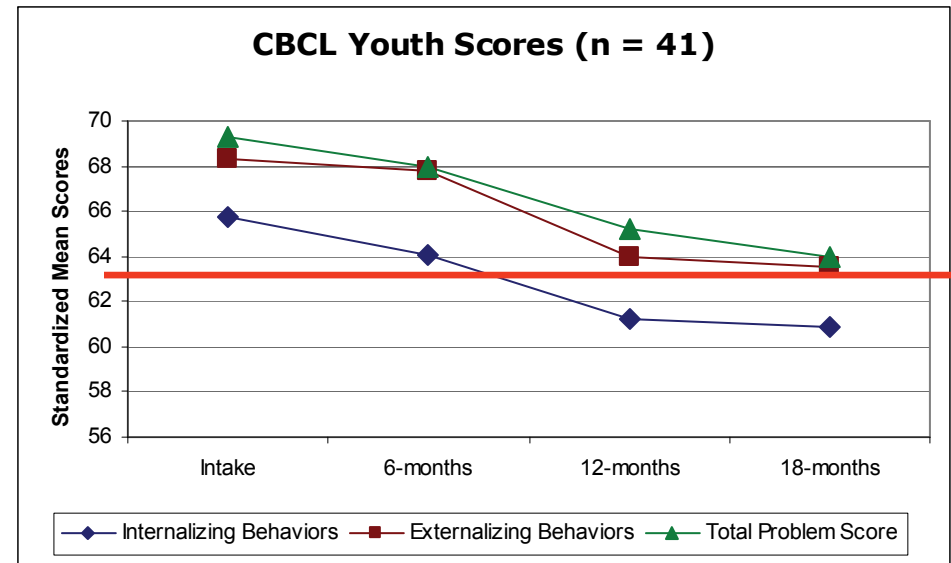
# Behavioral & Emotional Functioning

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

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.

"The last 6 months, counseling has been so beneficial - we've helped get rid of 2 of [his/her] labeled diagnosis codes and one of them redefined to what's actually going on - and my child is feeling better about [him/herself] and [he/she's] better at self control."

4) Are the lives of youth and families improving?

# Living Situation Stability

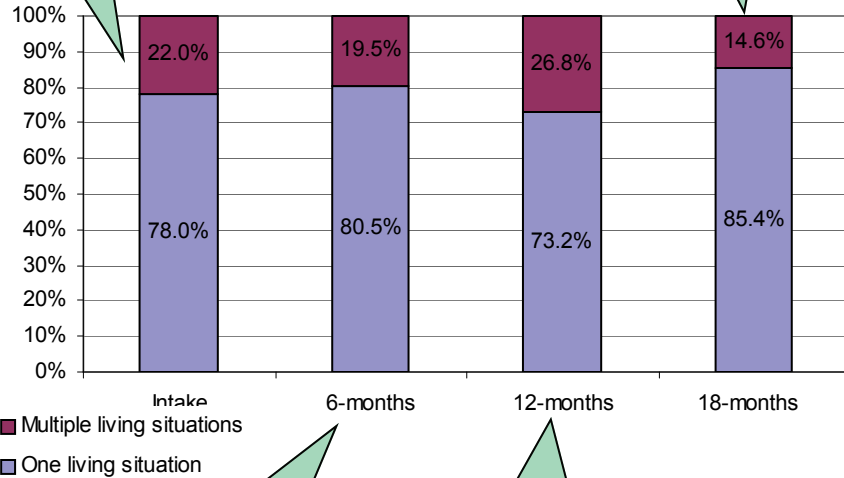
## Six months prior to Intake:

- Number of youth with living changes: **9**
- Total number of living changes: **17**
- Number of more restrictive moves: **6**

## Six months prior to 18-month timepoint:

- Number of youth with living changes: **6**
- Total number of living changes: **9**
- Number of more restrictive moves: **2**

**Stability of Youth's Living Arrangements (n = 41)**



## Six months prior to 6-month timepoint:

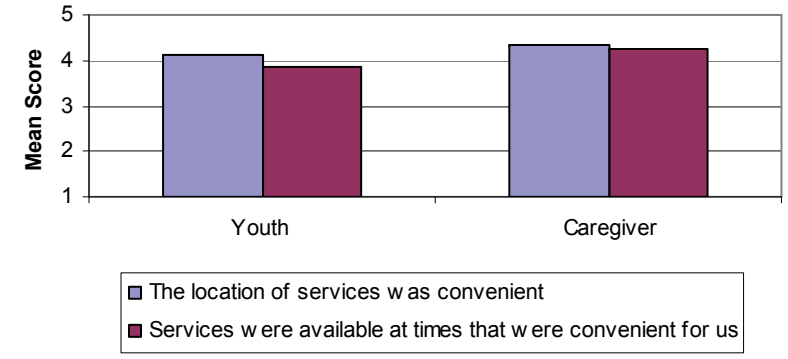
- Number of youth with living changes: **8**
- Total number of living changes: **13**
- Number of more restrictive moves: **6**

## Six months prior to 12-month timepoint:

- Number of youth with living changes: **11**
- Total number of living changes: **14**
- Number of more restrictive moves: **4**

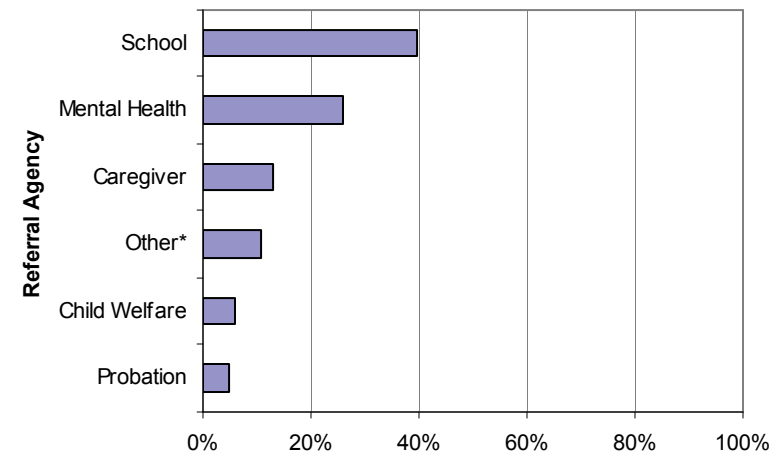
# Access and Barriers to Services

**Convenience of Services (Youth n= 31; Caregivers n = 41)**



Higher scores indicate higher levels of agreement by caregivers for each statement above (5="Strongly Agree" and 1= "Strongly Disagree").

**System of Care Referral Source at Intake (n=101)**

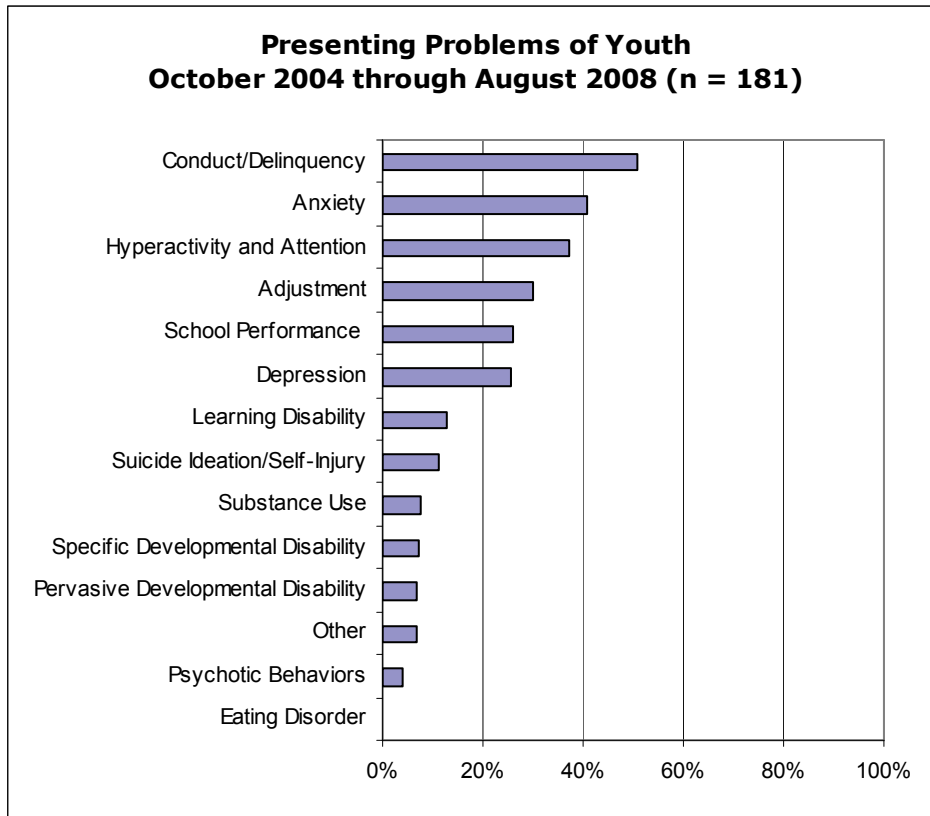


\*"Other" includes Physical Health (2%), Corrections (1%), Juvenile Court (1%), Self, (1%), and Other (5%).

4) Are the lives of youth and families improving?

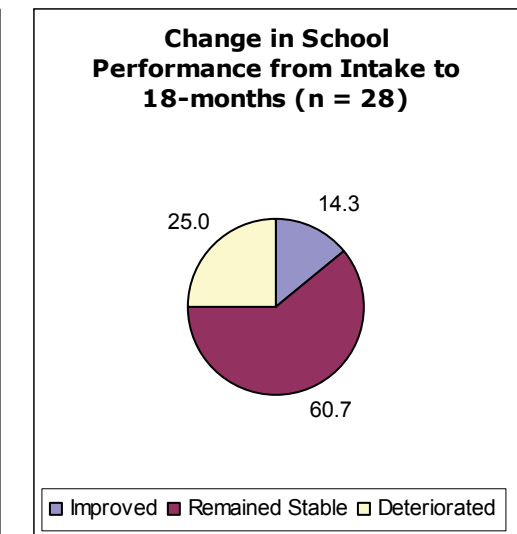
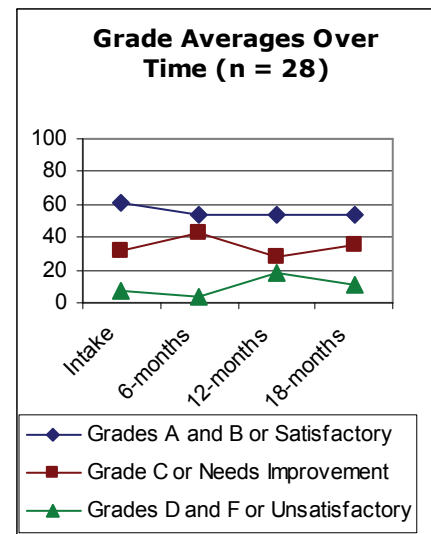
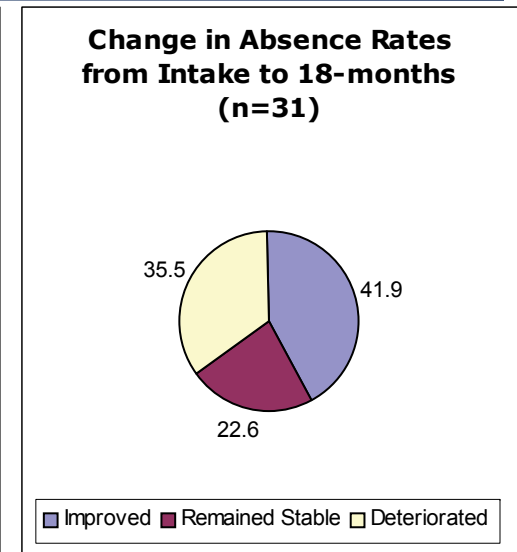
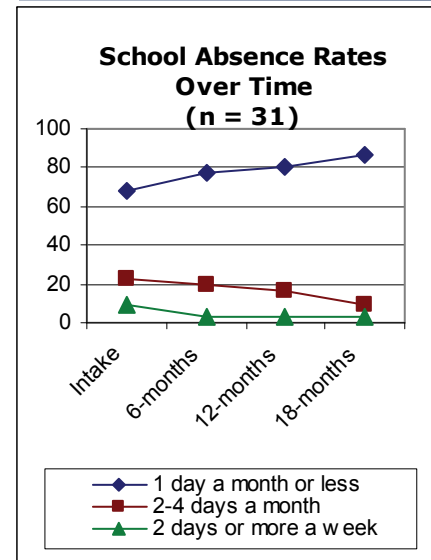
2) Are services available and accessible?

# Presenting Problems of Youth



- **72%** of SOC youth have **multiple presenting problems**.
- 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**.

# School Participation



"The school staff has done a remarkable job in helping our [son/daughter] meet [his/her] educational needs."

"There needs to be better meshing with families and schools - particularly the outer schools."

1) Are we serving the target population? ●

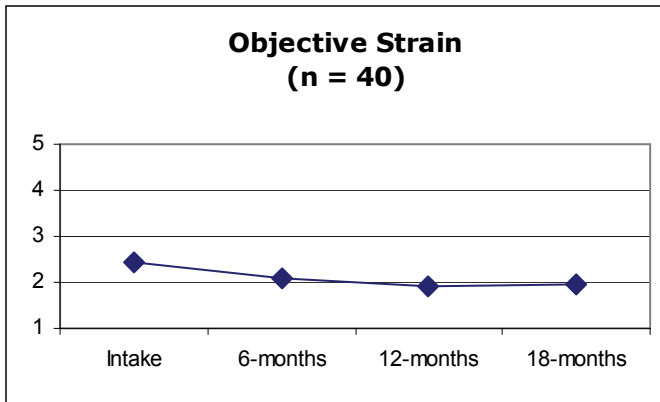
4) Are the lives of youth and families improving? ●

# 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").

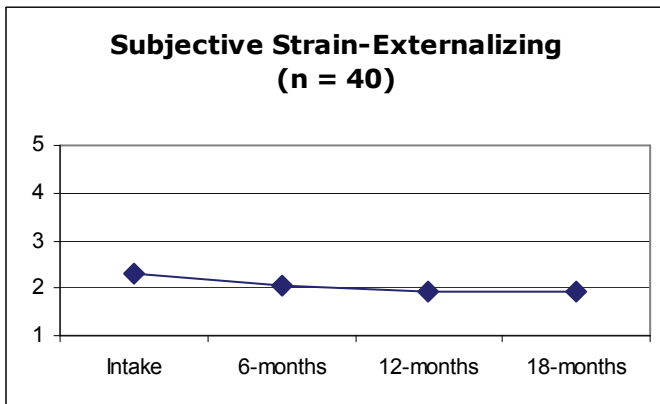
## Objective

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



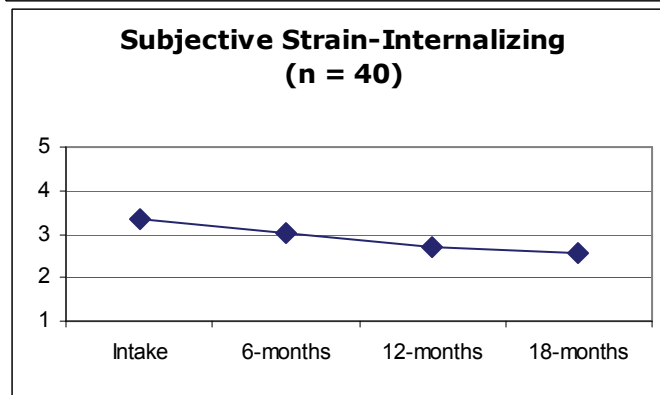
## Subjective External

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



## Subjective Internal

Negative feelings like worry, guilt and fatigue.



# Presenting Problems of Youth

Note: This report includes data from youth that participated in the Child and Family Outcome Evaluation Study between December 2004 and August 2008.

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), the Child Behavior Checklist (CBCL), and the Columbia Impairment Scale are three questionnaires that can be used to assess the functioning of SOC youth.

- **71.8%** of youth had a **high probability of a serious emotional disorder (SED)**, as indicated by the Strength Index Score that was lower than 90 on the Behavioral Emotional Rating Scale (BERS).
- **88.9%** 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).
- **79.3%** of youth showed a **high level of impairment regarding relationships, behaviors, and emotions**, as indicated by a total impairment score of 15 or above on the Columbia Impairment Scale (CIS).

4) Are the lives of youth & families improving?

1) Are we serving the target population?

# Wraparound Fidelity

Caregiver comments (October 2007 through 2008) about System of Care in general and Wraparound in particular have been categorized in accordance with the 10 principles of System of Care. Comments that reflected the general theme of the data for a given category have been included.

SOC PRINCIPLE	CAREGIVER COMMENT
Team Based	<i>"I like it because [Care Coordinator] and all the people are working together to give me ideas on how to deal with my child and work with my child. Everybody's together- all the team working together at one time. I'm really excited to be on this team. There are more ideas &amp; choices from more people together."</i>
Collaborative	<i>"I think they were extremely important and helpful because you got viewpoints from different individuals that work with my child. This enabled the team to come up with a plan of action that fit my child's needs and enabled [him/her] the opportunity for mental growth."</i>
Individualized	<i>"Already do a lot like: they come at special times, work around my schedule, in the home is more comfortable." "With everything that has been going on with my child, they have rearranged their schedules and made themselves available after hours. The definitely have gone above and beyond. They were amazing."</i>
Natural Supports	
Persistence	<i>"Better long term follow up (SOC specifically)... Every 6-12 months, check in with the family." "I wasn't told until one month after I was dropped from the SOC program." "More immediate feedback or communication, especially around transitioning out of SOC."</i>
Cultural Competence	<i>"It was the only place where we could be heard and treated with respect." "I didn't feel like I was being told how to parent my child. I was given suggestions. I [didn't feel] pushed to do anything a certain way."</i>
Outcomes Based	<i>"I'm really pleased with the way things are going this year. We're excited about my child's stability." "My child is doing much better here." "My favorite part is that my child is not constantly being sent home from school." "[Teacher] and my child have my child's education under control." "I often tell people... how much progress my child has made because of this system."</i>
Youth and Family Voice and Choice	<i>"They include my child but talk around my child at the same time." "Taking the parent's opinions a little more to heart. It's like we're on this road and they're on that road and there they go. Sometimes they think they know what's best and you can't impact that." "Many decisions have been made over the past few months without my involvement..."</i>
Strengths Based	<i>"[Portions of the plan] for [him/her] were strengths-based and decided by the team..." "It's good to set goals and good affirmations. Let the kid know it's o.k. to make mistakes and we can learn from them."</i>
Community Based	<i>"... I think some of them are bending over backwards to help [him/her] reach [his/her] goals so that [he/she] doesn't get lost in the system."</i>