

# WRAPAROUND

Quarterly Report for Idaho WInS

Q1 SFY 2021

## Table of Contents

Idaho WInS Background.....	Page 2
Idaho WInS Programmatic Data.....	Page 3
Table 1a: Wraparound Enrollments & Total Served.....	Page 3
Table 1b: Gender.....	Page 3
Table 1c: Race.....	Page 3
Table 1d: Ethnicity.....	Page 3
Table 1e: Outcome of Referrals to WInS.....	Page 4
Analysis.....	Page 5
Next Steps.....	Page 12
Appendix A: YES, Principles of Care & Practice Model.....	Page 13
Appendix B: WFI-EZ Data Tables.....	Page 14
Appendix C: Quality Service Review (QSR) results.....	Page 20
References.....	Page 23

## Background

The State of Idaho implemented a new Children's Mental Health system of care, branded as the Youth Empowerment Services (YES program), in 2017.<sup>1</sup> Intensive Care Coordination (ICC) is an identified service of the YES program specifically for youth and families with high service needs. Idaho has determined children and youth with multi system involvement, those at risk of removal from a community setting to a higher level of care or are transitioning from a higher level of care into a less restrictive level of care are appropriate for Intensive Care Coordination. One type of Intensive Care Coordination that is evidence based is Wraparound. In Idaho this is called, Idaho WInS, Wraparound Intensive Services.

Division of Behavioral Health (DBH) initiated the Idaho WInS model of Wraparound in February 2018. A small pilot of current Division of Behavioral Health (DBH) Children's Mental Health (CMH) youth and families were enrolled in Idaho WInS. DBH had three goals: Implement Wraparound to fidelity, build capacity of trained Wraparound coordinators, coaches and supervisors across the system, and to increase the number of youth and families served to two hundred and fifty (250) by August 2020.

Typically, this report will look at data from several sources. The DBH Electronic Health Record (WITS), referrals and referral dispositions, a standardized fidelity tool called the Wraparound Fidelity Index, shortened version (WFI-EZ), CANS data, and a Quality Service Review. All these methods for evaluating this program comprise the Quality Monitoring of the Idaho WInS program.

For this SFY 2020-2021 Quarterly Quality Assurance Wraparound report, an analysis section has been included investigating the SFY 2020 Q3 WFI-EZ results with the results from the 2020 YES Family Survey conducted in latter half of the SFY 2020 and reported in Q1 SFY 2021. The purpose of this section is to highlight similarities in information reported and address any difference for future data collection.

---

<sup>1</sup> Please see Appendix A Principles of Care & Practice Model

## Idaho WInS Programmatic Data

Since implementation, Idaho WInS has worked to build capacity of the Wraparound coordinators by setting incremental goals. Idaho WInS was able to accomplish the goals set within the first two years of implementation.

Year	WInS Goal	Total Youth served
2018-2019	Total 150 youth served	206
2019-2020	Total 250 youth served	366

Table 1a illustrates the number of active Wraparound families by end of SFY and number of youth discharged from Wraparound

Table 1a Total Active Wraparound Families and Families discharged		
SFY	Total # of Active Families	Total # of Families discharged from Wraparound
2018	97	0
2019	109	4
2020	160	47
2021*	127	60
<b>Total active and discharged</b>	<b>127</b>	<b>111</b>

\*Data as of December 31, 2020

\*\*Wraparound on average is 12-14 months. Some of this may account for carryover or duplication of families still engaged in Wraparound.

In February 2020, Idaho WInS saw a gradual decrease of active Wraparound families. The number one reason reported to Wraparound Coordinators was COVID-19. There are two reasons cited for family disengagement; 1) sense of being overwhelmed having to be the teacher to their children, or lack of childcare, and 2) adjustment of in-person team meetings to an on-line format did not align with the family desires. Since February 2020, Idaho WInS coaches, through the extensive coaching model, worked to identify new strategies to engage youth, families and team members in an on-line format for team meetings. This is an on-going process conducted through the regional coaching calls and weekly coaching.

Table 1b, 1c, and 1d demonstrate regional demographics on gender, race and ethnicity for SFY 2021 Q1

Table 1b:	Q1 2021	Q2 2021	Q3 2021	Q4 2021
<b>Gender</b>				
Female	44			
Male	81			
Transgender	2			
<b>Total</b>	<b>127</b>			

Females are 34.65 % of the total active Wraparound families. Males are 63.78% of the active Wraparound families. Transgendered youth are 1.57% of the total active Wraparound families as indicated in table 1b. The Quality Management Improvement and Accountability (QMIA) report January 2021 indicates that of the youth that have had an initial CANS completed for SFYTD2021 is reflective of the percentages of the state's population. Females are 47.2% of

the initial CANS population and males are 52.4% of the initial CANS population<sup>2</sup>. Comparing the data from the Wraparound youth based on gender indicates that males appear to be served at a higher number than females and transgendered. It is unclear as to what factors into the overwhelming high number of males served in Wraparound compared to females as compared to the data provided in the QMIA regarding gender. This may be because many of the WInS youth are those that are involved in the juvenile justice system and the mental health system. Currently there is not information available as to what the youth profile looks like at a national level according to gender.

<b>Table 1c: Race</b>	<b>#youth</b>	<b>% by race</b>	<b>QMIA YES population</b>	<b>% of Idaho's population</b>	<b>Under Represented</b>
American Indian	2	1.6	2.0	1.7	
Asian	1	0.79	0.5	1.6	Yes
More than one race	7	5.5	3.1	2.5	Yes
Black/African American	3	2.36	1.8	0.9	
Other/Unknown	19	14.96	--	--	
Pacific Islander	1	0.79	0.1	0.2	Yes
White/Caucasian	94	74	71.0	93	
<b>Total</b>	<b>127</b>				

<b>Table 1d: Ethnicity<sup>3</sup></b>	<b>Q1</b>	<b>% by ethnicity</b>	<b>QMIA YES population</b>	<b>% of Idaho's population</b>	<b>Under Represented</b>
Hispanic or Latino - specific	15	11.81	21.7	12.7	Slightly
Not of Hispanic or Latino Origin	87	68.5	--	--	
Other Hispanic or Latino	1	0.79	--	--	
Unknown/Refused	24	18.9	--	--	
<b>Total</b>	<b>127</b>	<b>100</b>			

The make-up of the race and ethnicity of Idaho WInS youth and families is not dramatically different than the make-up of the overall youth receiving YES services as reported in the January 2021 QMIA report. White/Caucasian youth appear to be overrepresented at seventy-four percent (74%) of total WInS youth served. African American/Black youth do appear to be represented more in WInS than total YES population noted in the QMIA Quarterly Report and total Idaho population at 2.36%. It is noteworthy that the Hispanic or Latino youth appear to be under represented compared to the total YES youth served. Additionally, it is noteworthy that the percentage of youth represented in the unknown, other, and refused category is almost 15% and 18.89%. One area for improvement would be to ensure the youth's race and ethnicity is accurately represented in the data collection. The addition of a category such a "decline to answer", may also be warranted to better reflect a potential answer a question regarding race and ethnicity.

## Outcome of Referrals to WInS

<sup>2</sup> QMIA Quarterly Report January 2021. YES.idaho.gov, page 9. Please note the CANS information from the QMIA Quarterly report does not

<sup>3</sup> Population statistics obtained from <https://worldpopulationreview.com/states/idaho-population>. Ethnicity is not specifically identified at this Website as designated in the ethnicity table 1d.

Idaho WInS maintains records of referrals to the regional programs. At present, 215 referrals on record have been received since implementation.

- 96 of these referrals were enrolled into Wraparound which accounts for 44% of the referrals received.
- 26 of the referrals that went into Wraparound are also included in the “BLANK” category. This may be due to clinician reporting error.
- 59 of the referral records did not indicate whether the youth was enrolled into Wraparound. Another potential clinician reporting error.
- 60 or 28% of the referrals were not enrolled into Wraparound and youth were referred to other services or otherwise noted. This may be due to the family declining Wraparound.

Please note, this data does not show if youth and family enrolled into WInS maintained participation in the Wraparound planning process and may be an area for Quality Improvement.

The following table depicts the disposition of the referrals on record.

Table 1e: Disposition of Referrals	
Other Community MH provider	28
RTC	7
Juvenile Justice	6
BLANK	85
Another YES Service	7
More intense level of care	6
Different type of ICC	4
No Care	2
Wraparound	96
<b>Total</b>	<b>215</b>

Further investigation of the families who do not enter Wraparound is warranted as this information may represent issues with process, clinician reporting error, and inaccurate or incomplete data. As the program continues to develop, additional work will be needed on more accurate reporting and improving the process in which referrals are reported and documented.

### Length of stay

Idaho WInS began tracking the length of time a youth and family are engaged in Wraparound Phases in Q3 of SFY 2020.

Average Length of stay ( <i>in days</i> ) per phase (pre-Wrap to phase 4)					
SFY 2020	Avg days Phase 1	Avg days Phase 2	Avg days Phase 3	Avg days Phase 4	Avg days Pre-Wrap to 1 <sup>st</sup> Wrap service
Q3	114	158	138	71	42

\*In Q4 SFY 2020, The reporting site was re-configured and up to date reporting is currently in development. The Q2 SFY 2021 report will include additional information in this section.

According to the National Wraparound initiative, the recommended length of stay in phase one and two is approximately thirty (30) days. WInS have set an initial goal of thirty to forty-five (30-45) days for phase one and forty-five to sixty (45-60) days for phase two with on-going evaluation of improving practice towards the recommended length of stay by NWI. Wraparound standards will be published in Q2 of SFY 2021 with an adjustment in coaching to address a

shorter length of stay for phase one for youth and families. Phase three and four are individualize to the family and their needs. There is not a recommended length of stay provided by the National Wraparound Initiative.

Using the above length of stay data, the information was reviewed with the regional CMH chiefs, program specialist and coordinators to address the current length of stay in each phase of Wraparound. The regions and the central office Wraparound program lead identified the following areas to target for improvement.

- Coordinators received coaching around engagement with families and initiation of Wraparound.
- Focused coaching for coordinators and coaches on addressing and overcoming challenges to Phase 1 and Phase 2.

The above data report was adjusted in Q4 of 2020 and the data was not available to report any differences. This data report has been reconfigured and will return in the Q2 SFY 2021 report.

**Wraparound Fidelity Index, shortened version (WFI-EZ)** One method in which Idaho WInS evaluates the youth and family experience and overall fidelity to the Wraparound model is using the standardized fidelity tool the Wraparound Fidelity Index or WFI- EZ, shortened version. The WFI-EZ measures the following key elements of the Wraparound process: Effective teamwork, Natural/Community Supports, Needs-based, Outcomes-based, and Strength-based and family driven. The WFI-EZ is conducted up to 4 times per year and a sampling of thirty-five 35% of the total eligible Wraparound population are randomly chosen to participate in the WFIEZ survey.

To see results of WFI-EZ from Q3 SFY 2020 see Appendix B. There was no WFI-EZ sampling in this review period. The next sampling will be in Q2 of SFY 2021-2022.

### **Quality Service Review**

The Quality Service Review was reported in the Q4 report ending the SFY 2020. In that report, data was provided regarding the QSR tool and the results from the twenty-one (21) records reviewed. To see results of QSR see appendix C or Q3 Quality Assurance Wraparound report. A second QSR has been planned for the Q3 SFY 2021.

### **WInS Quality Analysis<sup>4</sup>**

Since implementation in January 2018, Idaho has worked to build a program model of Wraparound to fidelity. While fidelity to the WInS model is critical it is equally important to understand the quality<sup>5</sup> of the program. During the process of implementation, DBH Quality Management has been gathering data sets to look at the quality of the youth and family experience and ultimately assess whether the youth and family get better through the Wraparound planning process. In the Spring of SFY 2020, the Quality Assurance Unit of DBH contracted with Boise State University School of Social Work (BSU) to conduct a 2020 YES Family Survey as part of the YES Quality Management Improvement and Accountability (QMIA) work of the YES system of care.

In the 2020 BSU Family Survey, a cross sectional survey of 3,999 caregivers of youth, looked at the following aspects of the YES System of Care:

- 1) The extent to which families' service experiences reflected the YES principles of care (family centered, strengths-based, and youth focused),

---

<sup>4</sup> This section of the report will be comparing the elements of the 2020 Boise State University Family Survey to the WFI-EZ data from Q3 SFY 2020 report, and the Quality Service Review (QSR).

<sup>5</sup> Fidelity to the model means following the structure such Phases, elements of the Wraparound Plan, participates on the team. Quality is the level of excellence

- 2) Quality indicators for the YES Practice Model,
- 3) Adequacy of safety/crisis planning,
- 4) Experience with the CANS assessment,
- 5) Participation in services and service outcomes including youth functioning, mental health, out of home placements, and caregiver self-efficacy.

In the following sections of this report, the report addresses similarities between the BSU Family Survey and the latest WFI-EZ fidelity tool. In the next steps section, areas for improvement will be identified to address any areas of concern based on the comparisons between the YES Family Survey and the WFI-EZ data.

**Expected Outcome #1-YES Principles of Care**

The WFI-EZ questions below are representative of the strengths-based and family centered YES principles. <sup>6</sup>

B1. My family and I had a major role in choosing the people on our wraparound team
B3. At the beginning of the wraparound process, my family described our vision of a better future to our team.
B5. With help from members of our wraparound team my family and I chose a small number of the highest priority needs to focus on.
B14. My wraparound team came up with ideas and strategies that were tied to things that my family likes to do.
B22. At each team meeting, my family and I give feedback on how well the wraparound process is working for us.

In both WFI-EZ survey samplings to date, the results indicated that the principle of strengths-based and family driven Wraparound is a relative strength of the WInS program. In strengths-and-family driven section, Idaho WInS demonstrated 80.9% and 86.1% fidelity to the model. This result appears to indicate that youth and families experience Wraparound to fidelity and in accordance with the YES principle of care.

Section B Fidelity Scores: Key Elements Total Respondents (n=89) <sup>7</sup>					
Dates of WFI-EZ	Effective Team Work	Natural/Community Supports	Needs-based	Outcomes based	Strength-and-family driven
10/2019	66.1%	65.6%	74.3%	71.7%	80.9%
02/2020	73.0%	76.0%	76.6%	80.9%	86.1%

**Expected Outcome #2-YES Practice Model**

The second outcome identified in the BSU survey addressed the quality indicators for the YES practice model. The family survey identified four quality indicators as system strengths: “respect shown for families’ culture and other characteristics, caregiver’s belief that the goals their child/youth was working on are the ones that are most important, caregivers feeling respected as experts on their child/youth, and the provider expressing hope and optimism in meetings”. Additionally, it was identified two indicators that could be the focus of quality improvement. The BSU survey

<sup>6</sup> Note: the YES principles of care reference family centered principle, and Wraparound utilizes the terms family driven care. These terms are often interchangeable.

<sup>7</sup> Total fidelity looks at all items divided by the total of possible points of fifty (50): Total Points/ fifty (50) Possible Points. All items are treated equally in this table. The total fidelity score is a good check on the overall health of the statewide program. Section B Fidelity scores from SFY 2020 Q3 report.



found that caregivers expressed difficulty “knowing who to contact if they have a complaint or concern about services”, and “caregiver’s ability to easily access the services their child needs most”.

The WFI-EZ does not have survey questions that are directly correlated to those in the family survey, however there are some similarities. Narrowing the focus on the top indicators mentioned above, the families have reported in the WFI-EZ surveys the following.

Family Survey Item	WFI-EZ item	Analysis
Addressing respect shown for families’ culture and other characteristics	There is not a WFI-EZ item that specifically addresses culture	There does not appear to be a WFI-EZ item that has direct correlation with this family survey item. Further work through the QSR may be able to address this element. Wraparound does promote a culturally responsive practice through the planning process.
Caregiver’s belief that the goals their child/youth was working on are the ones that are most important	The WFI-EZ #B5 <i>With help from members of our wraparound team my family and I chose a small number of the highest priority needs to focus on.</i>	Wraparound families report on the WFI EZ over 86% fidelity to the Wraparound principle of strength-based and family driven. With respondents in this individual item indicating that they strongly agree with the statement. This supports the likelihood of similarities between family survey respondents and Wraparound supporting the YES Principles of are.
Caregivers feeling respected as experts on their child/youth	The WFI-EZ #B3. <i>At the beginning of the wraparound process, my family described our vision of a better future to our team.</i>	While the two questions are somewhat similar the family survey question appears to be indicating that families are the experts on their youth and the care required for meeting their needs. Wraparound applies the principle of family driven and youth guided which naturally allows for youth and families to be in the driver’s seat about the care assumes their expertise.
The provider expressing hope and optimism in meetings.	There is not a WFI-EZ item that correlates to the hope and optimism of the provider.	Wraparound is a strengths-based process and in the WFI-EZ does evaluate whether there is outcome evaluation occurring including celebrating successes, ideas and strategies tied to things the family and youth like, and a plan of care that includes strategies that do not include professionals or professional services.

### Expected Outcome #3-Crisis & Safety Planning

The third quality indicator from the family survey regarding adequacy of crisis and safety planning indicated that approximately one-third of respondents “believed their child needed a crisis and safety plan” but were not assisted to develop a plan with the service provider. The report indicated that 1 in 5 caregivers “lacked the confidence that the crisis and safety plan would help” in a time of crisis.

The Wraparound Coordinator with the youth and family complete a detailed proactive and preventive crisis and safety plan typically at the end of phase 2 of Wraparound. This may vary depending on the individualized needs for the youth and family. The WFI-EZ has a specific question on the survey targeting the youth and family’s confidence at times of crisis that appears to represent a part of the question asked in the family survey.

**Item # B20 “Because of Wraparound, when a crisis happens, my family and I know what to do”.**

Respondents in the two WFI-EZ sampling periods reported the following to the question above<sup>8</sup>. In each WFI-EZ sampling, Wraparound families indicated that they almost agreed in October 2019, and more than agreed in the February 2020 sampling with the above statement. This indicates that because of the Wraparound planning process, including the specific crisis and safety planning that occurs, families are prepared when a crisis happens.

Sample date	Item Mean
10/2019	.9
02/2020	1.4

Note: Each item is calculated on a Likert scale of -2 to +2 where 0 is neutral, +2 is strongly agree, and -2 is strongly disagree.

By February 2020, Wraparound families surveyed for the WFI-EZ indicated that they agreed that they felt they knew what to do in a crisis because of Wraparound, indicating that the crisis and safety plan and the process in which it is generated supports their ability to manage crisis when it occurs. One possible area for improvement in the Idaho WInS quality management would be to investigate similar elements as noted in the Family survey; whether the families felt that they were assisted to develop a crisis and safety plan and whether the family required a crisis and safety plan. It is assumed that youth and families of the highest need are those engaged in Wraparound.

**Expected Outcome #4-CANS Assessment**

The family survey identified areas for improvement in the areas of increasing awareness of the CANS, using the CANS to develop a shared vision or future goal between provider and family, and providers increasing understanding of what services a youth may be eligible for based on the CANS. Additionally, increasing the overall value of the CANS to caregivers. The survey indicated that one in five respondents reported that caregivers questioned the value of the CANS for improving their youth’s care.

In Idaho WInS, the CANS is used early in engagement during the strengths and needs discovery process. The CANS is described to the youth and family early on so there is a general understanding of how the CANS will be utilized for decision making and outcomes monitoring in the Wraparound planning process. Idaho WInS is not tracking similar data as presented in the family survey. This can be an area for quality improvement as the YES system of care transforms to include the CANS into decision making and treatment planning for improved outcomes for youth and families.

**Expected Outcome #5-Participation in Services**

The family survey identified the intended impact of services is the extent to which the caregivers believed the mental health services were helpful for improved caregiver wellbeing and the caregiver’s self-efficacy to access services and supports. According to the survey, caregivers, on average rated their youth’s services as moderately helpful however nearly one-third (31%) were only minimally helpful.<sup>9</sup>

The WFI-EZ looks at youth and family perceived experiences with a similar identified outcome. On the WFI-EZ, caregivers and youth are surveyed in the following regarding youth’s progress:

---

<sup>8</sup>Please see appendix B in the Wraparound Quarterly Quality Assurance Report SFY 2020 Q3 report for the full WFI-EZ results.

<sup>9</sup> YES Family Survey 2020 pg. 18.

**Item # C2 I am satisfied with my child or youth’s progress since starting the Wraparound process.**

In the most recent sampling, overall families surveyed reported that they agreed (Score of 1) that they were satisfied with the progress of the youth since starting Wraparound.<sup>10</sup>

The second identified outcome concerning participation in services addressed a caregiver’s sense of efficacy to access services and supports. In the survey, it was identified that an area for improvement was to focus on empowering caregivers as an important step to improved well-being for youth. The survey found that

“an important predictor of improvement in youth well-being and reduced out of home placement was the extent to which caregivers felt that they had improved in the last 6 months in their ability to effectively access services and supports.”<sup>11</sup>

In Wraparound, one of the main outcomes for youth and families is the development or strengthening of the youth and caregiver’s skills and abilities to access and navigate services and supports involved with the youth and family. This can be observed in a few areas including WFI- EZ item **B24 Participating in Wraparound has given me the confidence that I can manage future problems**, and Section C of the WFI-EZ regarding youth and caregiver satisfaction.<sup>12</sup>

	Caregiver & Youth Mean	National means
<b>Section C: Satisfaction Youth and Caregiver (n=19)</b>		
C1. I am satisfied with the Wraparound process in which my family and I have participated.	1.3	1.29
C2. I am satisfied with my child or youth’s progress since starting the Wraparound process.	0.9	1.09
C3. Since starting Wraparound, our family has made progress toward meeting our needs.	1.3	1.07
C4. Since starting Wraparound, I feel more confident about my ability to care for my child/youth at home.	1.4	1.08

Note: Each item is calculated on a Likert scale of minus two (-2) to positive two (+2) where zero (0) is neutral, positive two (+2) is strongly agree, and minus two (-2) is strongly disagree.

<sup>10</sup> Wraparound Quarterly Quality Assurance report SFY 2020 Quarter 3 pg. 14.

<sup>11</sup> YES Family Survey 2020 pg. 4.

<sup>12</sup> Wraparound Quarterly Quality Assurance report SFY 2020 Q3, pg. 14.

## Expected outcome #6-Service Outcomes

The chart below looks at the expected service outcomes from the family survey and similar outcomes through the WFI-EZ. While the questions posed in each survey are different, they appear to provide similar information. A second difference is that the family survey was focused on youth outcomes across the entire YES system of care and the WFI-EZ data address the specific Wraparound population. The table below in the analysis section address the results in the family survey at the top and then the WFI-EZ outcomes.

Family Survey Expected outcome	WFI-EZ Outcomes	Analysis
Psychiatric hospitalization in last 6 months	Section D Item Means Outcomes: Since starting Wraparound, my child or youth has had a new placement in an institution such as detention, psych hospitalization, treatment center or group home.	<p><b>Family Survey:</b> 94% of families reported that youth did not experience a hospitalization in the last 6 months.</p> <p><b>WFI-EZ:</b> 70% of families surveyed reported that youth did not have a new placement.</p>
Behavior at home	Section D Problem Frequencies: Problems that disrupt home life	<p><b>Family Survey:</b> 44% of respondents reported that the youth's behavior at home was a little better, 25% reported much better behavior, and 22% reported behavior at about the same level.</p> <p><b>WFI-EZ:</b> 46.7% of respondents reported experiencing problems that disrupt home life as "very much", 13.3% "a good deal" and 20% "a little bit"</p>
Behavior in the community	D3: Since starting Wraparound, my child or youth has had a negative contact with the police, and, Section D problem frequencies: Problems that make it difficult to participate in community activities.	<p><b>Family Survey:</b> 34% reported a little better behavior in community, 24% much better behavior and 36% reported behavior at "about the same".</p> <p><b>WFI-EZ:</b> 62.5% did not report negative contact with the police. 6.7% reported experiencing problems "very much" that make it difficult to participate in the community. 33.3% reported experiencing this type of behavior "a good deal", and "a little bit".</p>
Performance at school	D4: Since starting Wraparound, my child or youth has been suspended or expelled from school, and Section D Problem Frequencies: Problems that interfere with success at school.	<p><b>Family Survey:</b> 33% reported a little bit better behavior, 27% reported behavior was much better, and 28% reported behavior was about the same.</p> <p><b>WFI-EZ:</b> 80% of youth and families reported that the youth did not receive a suspension or get expelled. 20% of families reported experiencing problems that interfere with school at "very much", 20% experience problems at school "a good deal", and 33% experience problems at school "a little bit".</p>

## **Next Steps and Areas for Improvement**

Idaho WInS continues to work toward implementation of high fidelity and high-quality Wraparound across the state. In accordance with the goals set for the program, efforts to increase the number of youth served are on-going in each region. Each region continues to collaborate with system partners to ensure that Wraparound is understood within the system and there is understanding on how to referral a youth and family for Wraparound.

Further work in the following areas will be important for the broader system implementation.

- More accurate data collection: data input and reporting
- Continued implementation of the Fidelity monitoring: increasing the WFI-EZ surveys and including the TOM 2.0 for aggregate data on fidelity

## Appendix A

The YES Principles of Care are eleven (11) values that are applied in all areas of mental health treatment planning, implementation and evaluation.

- 1.0 Family Centered
- 2.0 Family and Youth Voice and Choice
- 3.0 Strengths-Based
- 4.0 Individualized Care
- 5.0 Team-Based
- 6.0 Community-Based Service Array
- 7.0 Collaboration
- 8.0 Unconditional
- 9.0 Culturally Competent
- 10.0 Early Identification and Intervention
- 11.0 Outcome-Based

The Practice Model in the YES system of Care describes the expected experience of care in six (6) practice components.

- 1.0 Engagement
- 2.0 Assessment
- 3.0 Care Planning & Implementation
- 4.0 Teaming
- 5.0 Monitoring & Adapting
- 6.0 Transition

For more detailed information please utilize the link provided for the full YES Principles of Care and Practice Model document.

<https://youthempowermentservices.idaho.gov/LinkClick.aspx?fileticket=aOrpDfBXew8%3d&tabid=3855&portalid=105&mid=16732>

## Appendix B\*<sup>13</sup>

The WFI-EZ is a standardized measure of fidelity to the Wraparound Model. It is a tool developed by the University of Washington and is used nationally for fidelity monitoring. Fidelity is the quality of adherence to the Wraparound model as it was intended from the National Wraparound Initiative (NWI).

“Fidelity to the Wraparound model according to Walker and Bruns (2008) includes the ten principles of Wraparound, implementing the Wraparound phases and activities and facilitation components.”<sup>14</sup>

The WFI-EZ contains four sections:

### **Section A: Basic Information**

### **Section B: Fidelity Key Elements**

### **Section C: Satisfaction**

### **Section D: Outcomes**

Each chart in this report indicates on the top header what type of respondents and the number received for the current sampling. Youth and families surveyed for this sampling have been in Wraparound for at least six (6) months and are in Phase 2 of Wraparound. Data for the WFI-EZ is gathered in the WrapTrack system provided to Wraparound programs that utilize the standardized fidelity tools developed by the University of Washington.

Section A: The following report is focused on the question of “Is Wraparound occurring?”. Both youth and caregivers in this sampling indicate that it is occurring one hundred percent (100%) at the time of the survey.

<b>Section A Youth (n=9)</b>		
Item	Yes	%
A1. My family and I are part of team (e.g., “wraparound team”, “child and family team”), AND this team includes more people than just my family and one professional.	9	100%
A2. Together with my team, my family created a written plan (“plan of care” or “wraparound plan”) that describes who will do what and how it will happen.	9	100%
A3. My team meets regularly (for example, at least every 30-45 days).	9	100.00
A4. Our wraparound team’s decisions are based on input from me and my family.	9	100.00

<b>Section A Caregiver (n=10)</b>		
Item	Yes	%
A1. My family and I are part of team (e.g., “wraparound team”, “child and family team”), AND this team includes more people than just my family and one professional.	10	100%
A2. Together with my team, my family created a written plan (“plan of care” or “wraparound plan”) that describes who will do what and how it will happen.	10	100%
A3. My team meets regularly (for example, at least every 30-45 days).	10	100%
A4. Our wraparound team’s decisions are based on input from me and my family.	10	100%

<sup>13</sup> This appendix is added for readers understanding about the WFI-EZ when referenced above. This data was originally reported during the SFY 2020 Q3 report.

<sup>14</sup> WrapTrack Report Guide, Systems of Care Institute, Portland State University, 2019, page 4.

Section B Fidelity Scores – This chart identifies the WFI-EZ key fidelity elements and is a good representation of fidelity of the entire program.<sup>15</sup> This chart demonstrates total fidelity for both sampling periods of the WFI-EZ since fidelity implementation.

Section B Fidelity Scores: Key Elements Total Respondents (n=36)					
	Effective Team Work	Natural/Community Supports	Needs-based	Outcomes based	Strength-and-family driven
09/01/19-10/31/19	66.1%	65.6%	74.3%	71.7%	80.9%
11/1/19-02/29/20	73.0%	76.0%	76.6%	80.9%	86.1%
Percent improved	6.9%	10.4%	2.3%	9.2%	5.2%

The WInS program has demonstrated improvement in each of the key fidelity elements. The greatest improvement was experienced in Natural/Community Supports.

### Section B- Detailed Item Analysis

The Section B Item Analysis chart below looks at each item according to key fidelity elements. The charts below are broken out by caregiver and youth responses compared to the standard deviation.<sup>16</sup> Some of the items are stated as strengths while other are stated as areas that need to be improved (italicized in tables below).

Each item is calculated on a Likert scale of minus two (-2) to positive two (+2) where zero (0) is neutral, positive two (+2) is strongly agree, and minus two (-2) is strongly disagree.

Standard deviation (SD) represents the amount of variation between respondents. In general, the smaller the SD number the more alike people’s answers were on that item and the larger the SD the more dissimilar the answers were.

For strength items the higher the mean (closer to +2) and lower the SD the better. For example, the wraparound process has helped my child and family build strong relationships with people we can count on. Rating is 1.6 and SD is .7.

For areas needing improvement higher the mean (closer to +2) and lower the SD the more that area needs improving. For example: *B7. I sometimes feel like our team does not include the right people to help my child and family. Rating is 1.6. And SD is .7.*

It is notable that there is substantial variation on some items between the family and youth ratings.

Notes: one (1) respondent survey was removed by the WrapTrack data system due to too many “don’t know” responses.

<sup>15</sup> Total fidelity looks at all items divided by the total of possible points of fifty (50): Total Points/ fifty (50) Possible Points. All items are treated equally in this table. The total fidelity score is a good check on the overall health of the statewide program.

<sup>16</sup> The “SD” on the chart below stands for “standard deviation”. This is term is used to represent the amount of variation in a set of data values. A low standard deviation indicates that the data points tend to be close to the mean, while a high standard deviation indicates that the data points are spread over a wider range of values. It is important to note that the WFI-EZ contains several reverse scored items in Section B. Meaning it is expected the respondent would score the item opposite of what the question asks. For example, item B2 “There are people providing service to my child and family who are not involved with my Wraparound team” demonstrates a -.5 (between neutral and disagree on the scale) indicating that the **reverse** is true. Respondents disagreed with the item and the interpretation then is that people who **are** involved with the youth and family are on the Wraparound team. Each item is calculated on a Likert scale of minus two (-2) to positive two (+2) where zero (0) is neutral, positive two (+2) is strongly agree, and minus two (-2) is strongly disagree. The table below is the Item Means for all respondents for this sampling period.



<b>Section B Item Analysis-Caregiver (n=10)</b>		
<u>Effective Teamwork</u>	Items Means	SD
<i>B2. There are people providing services to my child and family who are not involved in my Wraparound team.</i>	-.3	1.6
B4. My Wraparound team came up with creative ideas for our plan that were different from anything that had been tried before.	1.3	.7
<i>B7. I sometimes feel like our team does not include the right people to help my child and family.</i>	1.6	.7
<i>B15. Members of our Wraparound team sometimes do not do the tasks they are assigned.</i>	.4	1.3
B22. At each team meeting, my family and I give feedback on how well the wraparound process is working for us.	1.4	1.1
<u>Natural/Community Supports</u>		
B9. Being involved in Wraparound has increased the support my child and family get from friends and family.	1.0	1.0
B10. The wraparound process has helped my child and family build strong relationships with people we can count on.	1.6	.7
<i>B12. Our wraparound team does not include any friends, neighbors, or extended family members.</i>	.7	1.7
B16. Our wraparound team included people who are not paid to be there.	1.0	1.5
B18. Our wraparound plan includes strategies that do not involve professional services (things our family can do ourselves or with the help from friends, family, and community).	1.6	.7
<u>Needs-based</u>		
B5. With help from members of our wraparound team my family and I chose a small number of the highest priority needs to focus on.	1.4	.7
B6. Our wraparound plan includes strategies that address the needs of other family members, in addition to my child.	1.1	.8
B8. At every team meeting, my wraparound team reviews progress that has been made towards meeting our needs.	1.6	.7
B13. My family was linked to community resources I found valuable.	1.1	.8
<i>B23. I worry that the wraparound process will end before our needs have been met.</i>	0.3	1.5
<u>Outcomes-based</u>		
B19. I am confident that our wraparound team can find services or strategies to keep my child in the community over the long term.	1.6	.7
B20. Because of Wraparound, when a crisis happens, my family and I know what to do.	1.4	.7
B21. Our Wraparound team has talked about how we will know it is time for me and my family to transition out of formal wraparound.	1.4	1.4
B24. Participating in Wraparound has given me the confidence that I can manage future problems.	1.3	0.9
B25. With help from our wraparound team, we have been able to get community support and services that meet our needs.	1.2	1.3
<u>Strength-and-family driven</u>		
B1. My family and I had a major role in choosing the people on our wraparound team.	1.6	1.3
B3. At the beginning of the wraparound process, my family described our vision of a better future to our team.	1.6	.7
B11. At each team meeting, our wraparound team celebrates at least one success or positive event.	1.6	.7
B14. My wraparound team came up with ideas and strategies that were tied to things that my family likes to do.	1.6	.5
<i>B17. I sometimes feel like members of my wraparound team do not understand me and my family</i>	1.1	1.3

<b>Section B Item Analysis-Youth (n=09)</b>		
<b>Effective Teamwork</b>	<b>Item Means</b>	<b>SD</b>
B2. <i>There are people providing services to my child and family who are not involved in my Wraparound team.</i>	0.1	1.8
B4. My Wraparound team came up with creative ideas for our plan that were different from anything that had been tried before.	1.2	1.0
B7. <i>I sometimes feel like our team does not include the right people to help my child and family.</i>	1.3	.9
B15. <i>Members of our Wraparound team sometimes do not do the tasks they are assigned.</i>	1.6	.5
B22. At each team meeting, my family and I give feedback on how well the wraparound process is working for us.	1.3	.7
<b>Natural &amp; Community Supports</b>		
B9. Being involved in Wraparound has increased the support my child and family get from friends and family.	1.0	1.0
B10. The wraparound process has helped my child and family build strong relationships with people we can count on.	1.1	0.8
B12. <i>Our wraparound team does not include any friends, neighbors, or extended family members.</i>	1.1	1.4
B16. Our wraparound team included people who are not paid to be there.	1.3	1.4
B18. Our wraparound plan includes strategies that do not involve professional services (things our family can do ourselves or with the help from friends, family, and community).	1.2	.8
<b>Needs Based</b>		
B5. With help from members of our wraparound team my family and I chose a small number of the highest priority needs to focus on.	1.8	.4
B6. Our wraparound plan includes strategies that address the needs of other family members, in addition to my child.	1.1	.8
B8. At every team meeting, my wraparound team reviews progress that has been made towards meeting our needs.	1.1	.9
B13. My family was linked to community resources I found valuable.	1.2	1.0
B23. <i>I worry that the wraparound process will end before our needs have been met.</i>	-0.1	0.7
<b>Outcomes-based</b>		
B19. I am confident that our wraparound team can find services or strategies to keep my child in the community over the long term.	1.3	0.9
B20. Because of Wraparound, when a crisis happens, my family and I know what to do.	1.3	0.9
B21. Our Wraparound team has talked about how we will know it is time for me and my family to transition out of formal wraparound.	1.2	1.0
B24. Participating in Wraparound has given me the confidence that I can manage future problems.	1.2	1.0
B25. With help from our wraparound team, we have been able to get community support and services that meet our needs.	1.4	0.9
<b>Strength-and-family driven</b>		
B1. My family and I had a major role in choosing the people on our wraparound team.	1.6	.7
B3. At the beginning of the wraparound process, my family described our vision of a better future to our team.	1.6	.7
B11. At each team meeting, our wraparound team celebrates at least one success or positive event.	1.0	1.4

B14. My wraparound team came up with ideas and strategies that were tied to things that my family likes to do.	1.3	0.9
B17. I sometimes feel like members of my wraparound team do not understand me and my family	.9	1.3

Section C chart below looks at total satisfaction and satisfaction by the youth and caregiver by items. Several WFI-EZ charts report on the national means for WFI-EZ, however the use of the national means is cautionary as indicated in the SOCI WrapTracks Guide,

“The use of the National Means as comparison to the [Idaho WinS program] is not a benchmark. There are no “cut-off scores” that indicate high fidelity or that are associated with improved outcomes.”<sup>17</sup>

The top chart for Section C is total satisfaction for Children’s Mental Health and total satisfaction nationally. The bottom chart represents the item means responses for Caregiver’s and youth in CMH and the National Means.

The chart contains the total satisfaction from the first sampling and second sampling. The second chart breaks down the individual satisfaction items on the WFI-EZ.

<b>Section C: Mean Total Satisfaction Score</b>	<b>09/01/19-10/31/19</b>	<b>11/1/19-02/29/20</b>
Children’s Mental Health	74.6%	80.9%
National Mean	78.3%	78.3%

	<b>Caregiver &amp; Youth</b>	<b>National means</b>
<b>Section C: Satisfaction Youth and Caregiver (n=19)</b>		
C1. I am satisfied with the Wraparound process in which my family and I have participated.	1.3	1.29
C2. I am satisfied with my child or youth’s progress since starting the Wraparound process.	0.9	1.09
C3. Since starting Wraparound, our family has made progress toward meeting our needs.	1.3	1.07
C4. Since starting Wraparound, I feel more confident about my ability to care for my child/youth at home.	1.4	1.08

<sup>17</sup> WrapTrack Report Guide, SOCI, 2019, page 22.

Section D charts below are the item means of outcomes for caregiver and Wraparound coordinator.<sup>18</sup>

<b>Section D: Outcomes Items Means (n=19)</b>	Yes	No	Don't Know
D1. Since Starting Wraparound, my child or youth has had a new placement in an institution such as detention, psychiatric hospital, treatment center, or group home)	30.0%	70.0%	0.0
D2. Since starting wraparound, my child or youth has been treated in an Emergency Room due to a mental health problem.	15.0%	85.0%	0.0
D3. Since starting Wraparound, my child or youth has had a negative contact with police.	37.5%	62.5%	0.0
D4. Since starting Wraparound, my child or youth has been suspended or expelled from school.	20.0%	80.0%	0.0

The second chart for Section D looks at the frequency of problems. The chart below represents the total caregivers surveyed.

<b>Section D: Problem Frequencies (Caregiver n=10)</b>					
	Problems that cause stress or strain to me or a family member	Problems that disrupt home life	Problems that interfere with success at school	Problems that make it difficult to develop or maintain friendships	Problems that make it difficult to participate in community activities
Very much	26.7%	46.7%	20.0%	0.0%	6.7%
A good deal	40.0%	13.3%	20.0%	33.3%	33.3%
A little bit	13.3%	20.0%	33.3%	20.0%	33.3%
Not at all	20.0%	20.0%	26.7%	46.7%	26.7%
Don't know	0.0%	0.0%	0.0%	2.5%	0.0%

<sup>18</sup> The first section are subjective yes/no questions. The second section contains information about subjective experiences or the functioning outcomes. Scoring on this section is different than the section B and C of the WFI-EZ. Scores range from zero (0) not at all, to three (3) very much. In this report the n=eleven (11) Wraparound Coordinator responses and eight (8) Caregiver responses.

## Appendix C

### QSR Results from Q3 Quality Assurance Wraparound Report

\*Note: Each section of the QSR tool has questions that require a rating of zero (0) to three (3), or require a Yes or a No. The questions that are a yes or no have the sections that cannot be answered are greyed out.

Access & Initial Engagement				
QSR Questions <i>n</i> =21	All requirements met	Most requirements met	Some requirements met	No requirements met/Not available
Screening & Eligibility	86%			14%
Outreach after referral	46.6%			52.4%
Wraparound Understood	43%	33%	14%	10%
Initial Agreement	24%			76%
Collaborative Crisis stabilization	29%			71%
Linkages if Wraparound declined	33%			67%

#### Contact Intensity

*Average: 238 minutes*

*Range: 85 to 600 minutes*

Engagement & Collaborative Assessment				
QSR Questions <i>n</i> =21	All requirements met	Most requirements met	Some requirements met	No requirements met/Not available
Orientation to Wraparound per WInS model	76%			24%
CANS completed to best practices	81%			19%
Strengths & Needs Discovery	33%	33%	29%	5% <i>11 no record available</i>
Family Vision	66%			33%
Family Story	29%			71%
Team Identification and orientation	51%	29%	10%	10%

Appropriateness & Care Planning				
QSR Questions <i>n</i> =14	All requirements met	Most requirements met	Some requirements met	No requirements met/Not available
Use of Phase 2 Facilitation Components & Activities 22% of records did not have a plan of care	48%	5%	10%	10%
Wraparound ended before Plan of Care developed	66%			33% ended before plan of care.
Family Voice & Choice honored and elicited	79%	14%	7%	0%
Consensus -based Team process	50%	14%	7%	29%
Needs and Outcome statements tied to family vision	64%			36%

Plan of Care includes variety of strategies to meet needs	71%			29%
Flex funds used as a strategy	64%			36%
Regular updates to plan of care	43%			57%

Effectiveness-Monitoring & Adapting				
QSR Questions <i>n</i> =21	All requirements met	Most requirements met	Some requirements met	No requirements met/No available
CAN reflected in plan of Care	64%			36%
SMART Outcome statements	71%			29%
Evidence of Outcomes Monitoring	29%	0%	7%	64%
Celebrating Successes	34%			66%

Linkages-Transition Planning				
QSR Questions <i>n</i> =12	All requirements Met	Most Requirements Met	Some Requirements met	No requirements met/Not available
Current planning for Transition	36%			64%
Transition planning with youth, family and team members	11%			79%
Incorporates Strengths & Needs	21%			79%
Crisis & Safety Need post-Wraparound	7%			7% 86% of total records did not include transition plan
Resources & Linkages	17%			83%
“Warm hand-off”	33%			67%

<b>Crisis Prevention &amp; Response</b>				
<b>QSR Questions n=21</b>	<b>All requirements met</b>	<b>Most requirements met</b>	<b>Some requirements met</b>	<b>No requirements met/Not available</b>
<b>Crisis &amp; Safety plan on file</b>	<b>43%</b>	<b>7%</b>	<b>0%</b>	<b>50%</b>
<b>Crisis &amp; Safety planning process evident</b>	<b>50%</b>			<b>50%</b>
<b>Flex Funds used</b>	<b>14%</b>			<b>86%</b>
<b>Family/Youth voice and choice</b>	<b>50%</b>			<b>50%</b>
<b>CANS utilized in planning</b>	<b>42%</b>			<b>58%</b>
<b>Crisis &amp; Safety plan has preventive and early identification of crisis needs</b>	<b>50%</b>			<b>50%</b>
<b>Team Member Roles &amp; responsibilities known</b>	<b>42%</b>			<b>58%</b>
<b>Actions steps tied to severity of crisis</b>	<b>33%</b>			<b>67%</b>
<b>Specific post-crisis action steps</b>	<b>8%</b>			<b>92%</b>

**References**

Boise State University, Family Survey 2020.

Quality Improvement Accountability and Management (QMIA) Quarterly Report January 2021.

WrapTrack Report Guide, System of Care Institute, Portland State University, 2019.