

# WRAPAROUND

Quarterly Report for Idaho WInS

Quarter 3 SFY 2021

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## Background

The State of Idaho has implemented a new Children’s Mental Health system of care branded as Youth Empowerment Services (YES program).<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.

The 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 enrolled in Idaho WInS with three goals:

- Implement Wraparound to fidelity
- Build capacity of trained Wraparound coordinators, coaches and supervisors across the system, and
- Increase the number of youth and family served to two hundred and fifty (250) by August 30, 2020.

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 or WFI-EZ, Child and Adolescent Needs and Strengths (CANS) assessment data, and a Quality Service Review. All these methods for evaluating this program comprise the Quality Monitoring of the Idaho WInS program.

## Purpose

This quarterly Wraparound Quality Assurance report is intended to report on the data collection for the Idaho WInS program. The report addresses key areas of WInS such as demographical information and fidelity to Wraparound. In each section, analysis is given looking at whether youth can access Wraparound and whether youth and families experience Wraparound as it is intended according to the 10 (ten) Wraparound Principles<sup>2</sup>.

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

<sup>2</sup> Please see Appendix B Wraparound principles

## Idaho WInS Programmatic Data

Table 1a represents the total number of active Wraparound program enrollments across the state, the number of new enrollments for the month, and the number of youth discharged or transitioned from Wraparound in a given month.

Table 1a Total Active Wraparound Families and Total Families Discharged			
SFY	Total # Active Families		Total # Discharged families since implementation
2018	97		0
2019	109		4
2020	160		47
2021*	147		229
<b>Total Active Families</b>	147		280
-			
<b>4/01/21</b>			

\*Data as of April 1, 2021

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

Table 1b demonstrates regional demographics on gender for SFY 2021 Quarter one (1) through three (3).

Table 1b: Gender				
	Quarter 1 2021	Quarter 2 2021	Quarter 3 2021	Quarter 4 2021
Female	44	48	54	
Male	81	83	91	
Transgender	2	1	2	
<b>Total</b>	<b>127</b>	<b>132</b>	<b>147</b>	

Table 1c and 1d demonstrates demographics on race and ethnicity for Q3 SFY 2021 compared to the QMIA YES population and Idaho's population. Comparison across these indicators allows for analysis regarding under or over representation of population by race and ethnicity.

Table 1c: Race	#Youth	% by race	QMIA YES Population	% of Idaho's Population	Under Represented
American Indian	7	4.76	2.0	1.7	
Asian	1	0.68	0.5	1.6	Yes
More than one race	4	2.72	3.1	2.5	
Black/African American	4	2.72	1.8	0.9	
Other/Unknown	28	19.05	--	--	
Pacific Islander	0	0	0.1	0.2	Yes
White/Caucasian	103	70.07	71.0	93	
<b>Total</b>	<b>147</b>	<b>100</b>			

<b>Table 1d: Ethnicity</b>	<b># of youth Q3</b>	<b>% of Ethnicity</b>	<b>QMIA YES Population</b>	<b>% of Idaho's Population</b>	<b>Under Represented</b>
Hispanic or Latino - specific	16	10.88	21.7	12.7	Yes
Not of Hispanic or Latino Origin	101	68.71			
Other Hispanic or Latino	2	1.36			
Unknown/Refused	28	19.05			
<b>Total</b>	<b>147</b>	<b>100</b>			

Table 1e: Length of Stay was not reported on in Q1 or Q2 due to a conversion of the data site. The table below indicates date from December 31, 2020.

### Length of Stay<sup>3</sup>

<b>Table 1e: Average Days in Program</b>						
Month	Avg days Phase 1	Avg days Phase 2	Avg days Phase 3	Avg days Phase 4	Avg days Pre-Wrap to first Wrap service	Avg, days from phase 1 to 1 <sup>st</sup> Wrap services
Q3 SFY 2021	108.28	164.86	188	75.5	44.28	15.7

\*Please note the “pre-Wrap” enrollment designation is typically is utilized when a coordinator and family are first identifying if Wraparound is the right fit, or it is a referral to Wraparound.

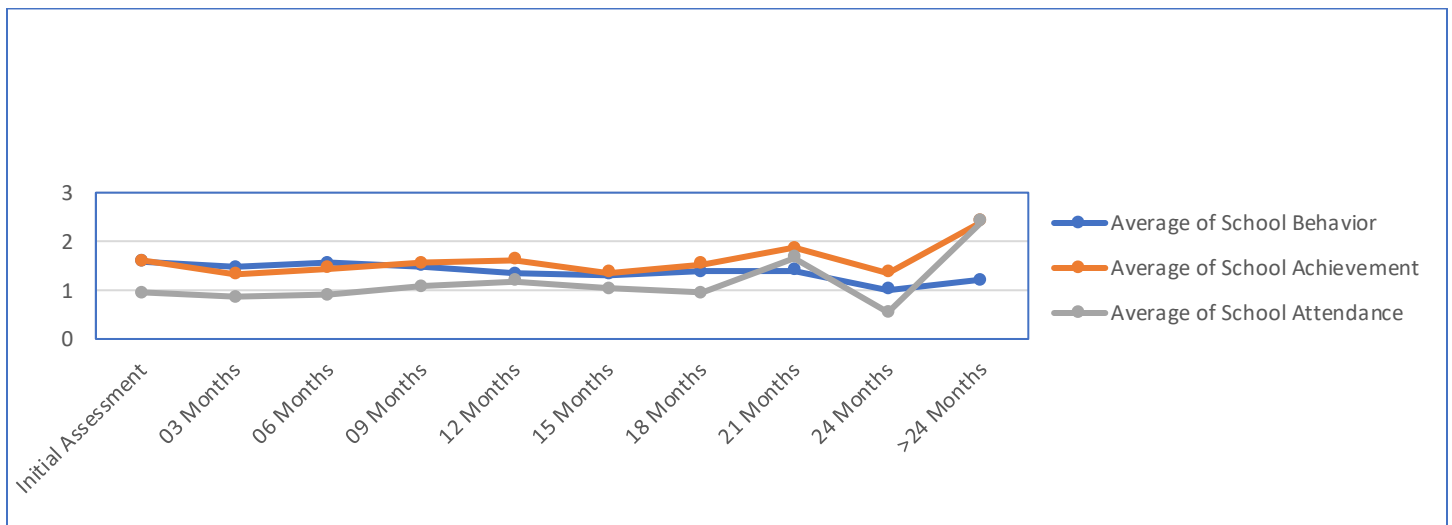
<b>Table 1f: Avg Days in program enrollments by region Q3</b>							
Region	# of youth	Avg days Phase 1	Avg days Phase 2	Avg days Phase 3	Avg days Phase 4	Avg days Pre-Wrap to 1 <sup>st</sup> Wrap service	Avg days from Wrap ph.1 start to 1 <sup>st</sup> Wrap service
R1	2	175	238	0	0	66	4
R2	9	122	140	141	57	101	32
R3	11	89	137	106	69	32	17
R4	28	99	208	176	96	24	10
R5	27	111	213	349	11	36	28
R6	13	69	111	173	78	22	8
R7	46	118	137	195	136	29	11

<sup>3</sup> Nationally, the average length of stay for the entire Wraparound episode of care is 12-14 months. The National Wraparound Initiative recommends about 30 days for phase 1, 30-45 days for phase 2, and no recommended length of stay for phase 3 or phase 4.

## CANS Data

The CANS data encompasses all CANS completed up to March 31, 2020, for youth enrolled in Wraparound, for a total of six hundred and forty-four unique CANS. The data represents the following assessment periods; initial CANS, 3, 6, 9, 12, 15, 18, 21 and 24-month, and greater than twenty-four months (>24 months). It is important to note that the CANS may not have been initiated at the start of Wraparound for the youth and may have been completed prior to enrollment in Wraparound. For this quarterly report, CANS charts 1a, 1b, 1c, and 1d will be investigated.

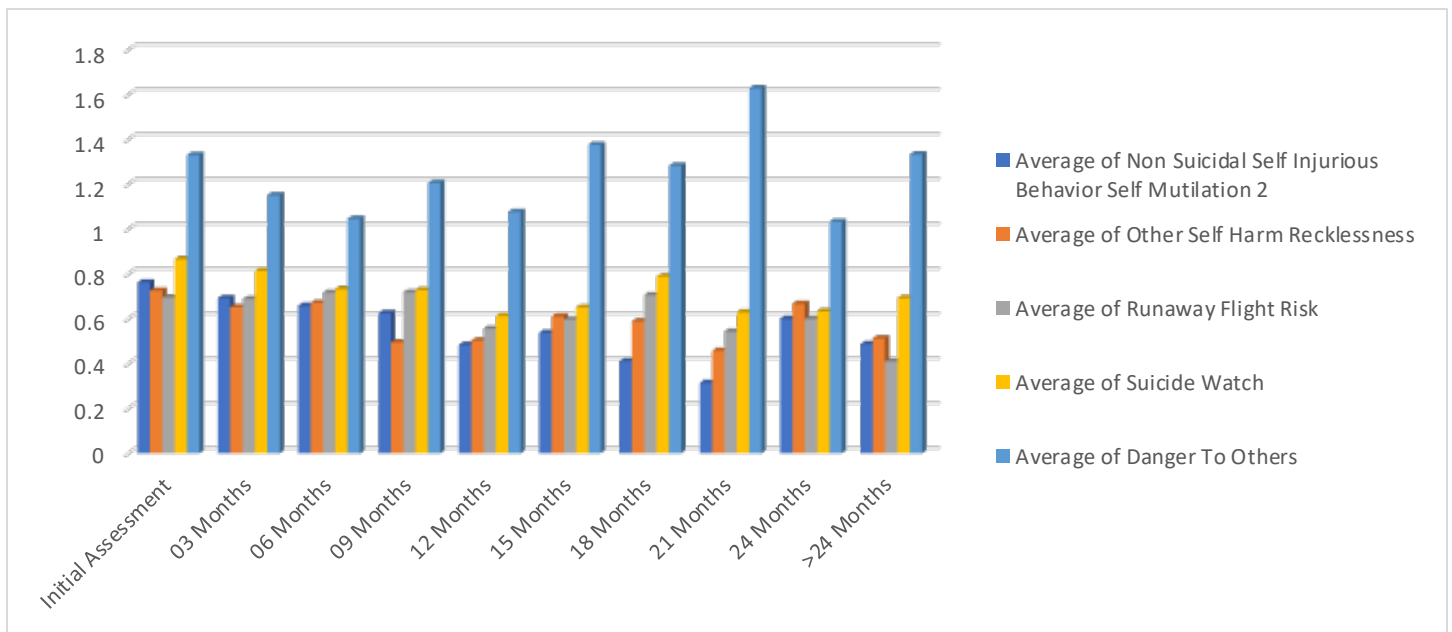
### 1a: Youth at School SFY 2021 Q3



Graph 1a centers on three of the CANS items regarding the youth at school; School Behavior, School Achievement, and School Attendance. The average School Behavior appears to have declined for Wraparound enrolled youth. The average at initial assessment was almost a CANS rating of 2 and it has been trending downward and at the time of this reporting appears to be almost a 1.0 CANS rating, indicating that for these youths the behavior has improved and now an item to watch and observe for any further need of intervention.

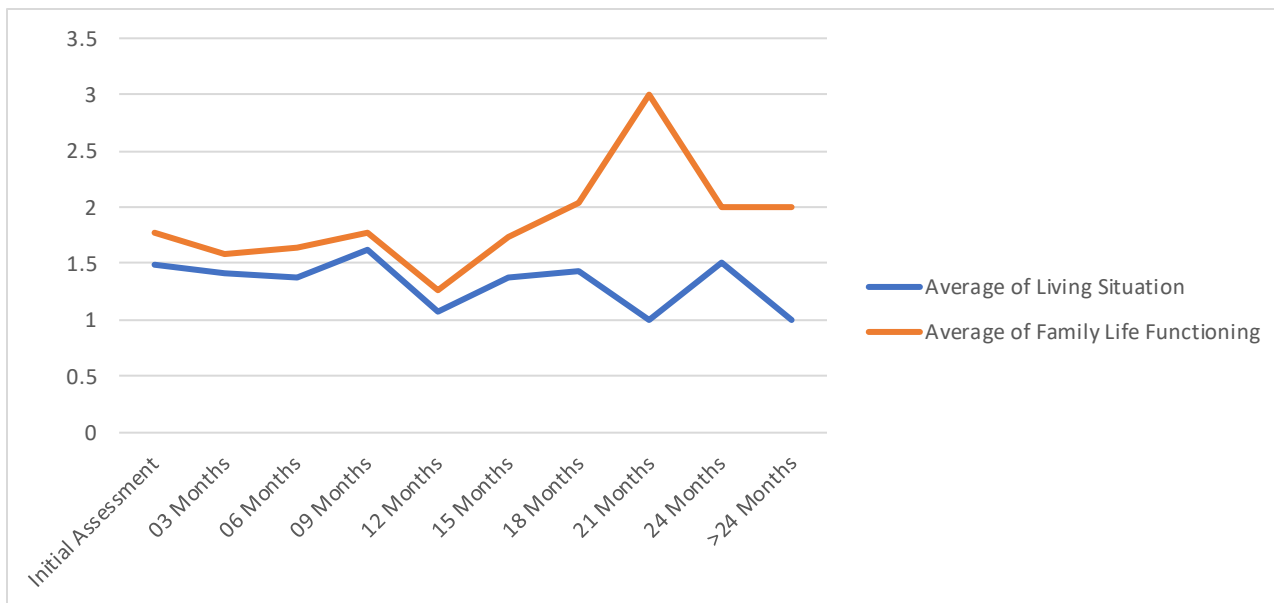
It appears that for School Achievement and School Attendance CANS items, there is an increase between the 24-month data point and greater than 24-month data point. It is possible that these may represent the Wraparound youth during the COVID-19 pandemic. Wraparound coordinators anecdotally stated that the pandemic statewide shutdowns increased the difficulty for youth involved in Wraparound. They reported that youth that typically require supports in school did not receive those supports once the pandemic hit as they were at home completing their school remotely.

### 1b: Youth Risk Behaviors SFY 2021 Q3



Graph 1b addresses five CANS risk domain items for Wraparound youth: non-suicidal self-injurious behavior, other self-harm, runaway or flight risk, suicide watch, and danger to others. For each CANS item, there appears to be a downward trend in all items except for one indicating the item is less of a need for the youth. The one item that appears to be at the same data point as the initial assessment is danger to others. It is important to note that all the items in the graph indicate that these CANS items are rated below a 2.0 which would indicate that they are not an actionable need rather one to be monitored, per the recommendations from the Praed Foundation. Further evaluation regarding risk behaviors of Wraparound enrolled youth is warranted particularly evaluating the small amount of change in the risk category of danger to others. Coaching centered on crisis and safety planning may be helpful when a youth has an elevated CANS item of danger to others.

### 1c: Youth at Home SFY 2021 Q3



Graph 1c looks at the youth’s living situation and functioning within the home. The CANS item living situation addresses youth having a place to live and whether it is a supportive environment or not. The CANS item family life functioning looks at the relationships between the family members.

In this graph, youth and families are reporting actionable needs at initial assessment and report a drop in actionable needs for both Living Situation and Family Life Functioning. By the 15-month updated CANS, youth are reporting more actionable needs in the family life functioning area compared to the living situation CANS item. The living situation item demonstrates a slight increase but then returns to an average CANS rating of a 1.0 indicating watchful waiting by the greater than 24-month updated CANS.<sup>4</sup> It appears there is an uptick at about the 16-month mark hitting a peak at about the 21-month mark which may be reflective of the pandemic and the state-ordered shutdown. During this time, families may have experienced less access to resources and outlets which would demonstrate an increase in family functioning needs.

<sup>4</sup>The CANS is rated according to the Praed Foundation on the needs scale of: 0- no need, 1-watchful waiting, 2-actionable need, 3-dangerous and disabling needs.



### 1d: Youth Delinquency & Legal Issues SFY 2021 Q3

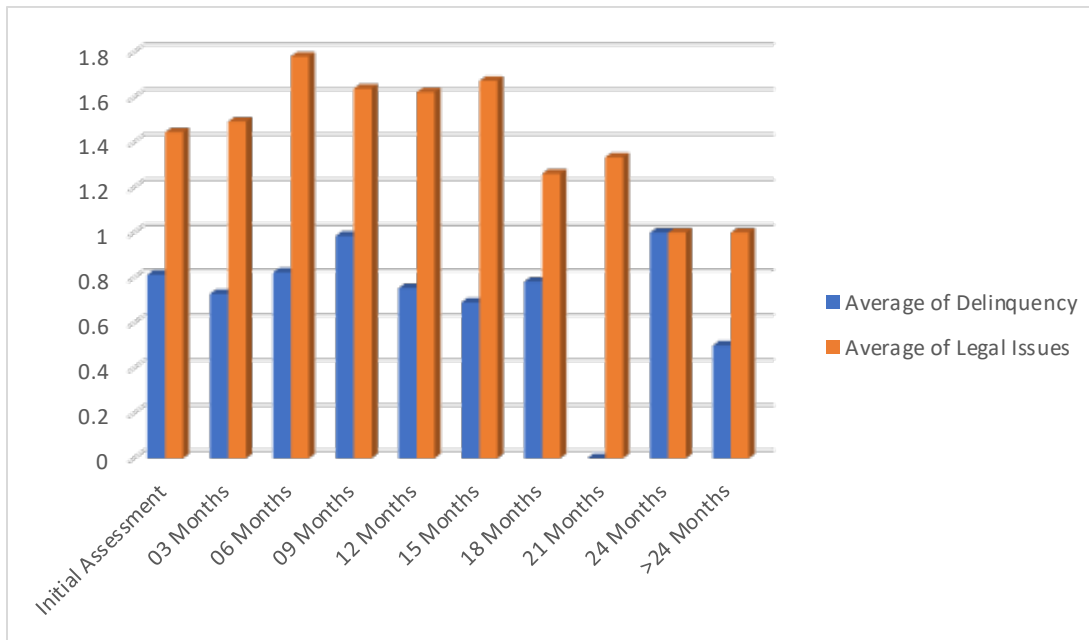


Chart 1d addresses youth delinquency and legal issues. The CANS item on youth delinquency focuses upon delinquent behaviors exhibited by the youth. This may include current charges of delinquency as a need for the youth. In chart 1d, youth in Wraparound reported needs in the delinquency CANS items at just under a 1.0 rating and despite an uptick at the 9-month CANS update and 24-month CANS update, the overall trend was fewer delinquency items rated.

### Next Steps

For Quarter four (Q4) report SFY 2021, the Quality Service Review will be completed and able to provide information regarding the record review, fidelity and quality. This information will be crucial toward developing standards for care for Wraparound in Idaho as it relates to fidelity and quality.

## 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://yes.idaho.gov/wp-content/uploads/2021/04/PrinciplesofCare\\_PracticeModel\\_inPractice.pdf](https://yes.idaho.gov/wp-content/uploads/2021/04/PrinciplesofCare_PracticeModel_inPractice.pdf)

## Appendix B

### The Ten Wraparound principles

**Family driven & Youth Guided-** Family and youth perspectives are intentionally elicited and prioritized during all phases of the Wraparound Process. The needs of the youth and family and youth determine how and when services are rendered, and goals, interventions and outcomes are mutually defined with them. Planning is grounded in the family member's perspectives, and the team strives to provide options and choices to create a plan that reflects family and youth values, Preferences, and strengths.

**Individualized-** The team utilizes the strengths, assets, resources and needs of the youth and family to develop and implement a customized set of strategies, supports and services. Services are based on specific needs of the youth and family and not on a categorical intervention model. Services are not replicated for other families without an assessment of needs, strengths, and that family's vision.

**Strength-based-** The positive aspects of the youth, family and community must be a central part of individualized services planning. A strength perspective demands a different way of looking at individuals, families and communities. They must be seen in the light of the capacities, talents, competencies, possibilities, visions, values, hopes, and dreams - however, dashed and distorted these may have become through circumstances, oppression and trauma. Team members believe that strengths ultimately meet needs.

**Team Based-** The Wraparound team consists of individuals committed to the family and youth through informal, formal, community supports and service relationships. The team should be no more than fifty percent (50%) providers. The youth and family decide who is on their team. Wraparound plans are co-authored by collecting all interested and invested parties who will work toward the youth and family vision.

**Outcome based-** The team ties the goals and strategies of the plan to observable and measurable indicators of success, monitor progress in terms of these indicators and revise the plan as necessary. The team is accountable to the family, other team members, to individuals, organizations and agencies, and the public. Team based outcome monitoring ultimately aids the community to demonstrate success as part of the overall Wraparound evaluation plan.

**Community based-** The Wraparound team implements service and support strategies that take place in the most inclusive, most responsive, and least restrictive setting possible. Services and supports safely promote child and family integration into home and community life.

**Persistence** The team agrees to change strategies as the needs of the youth and family change, to not deny care or services because of extreme severity of disability, and to never reject or eject the child and family from services. Despite challenges, the team persists in working toward the goals included in the Wraparound plan until the team reaches agreement that a formal Wraparound process is no longer required. -

**Culturally and linguistically responsive-** The Wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture and identify of the youth, family and their community. Services are designed, delivered, and incorporated into the religious customs, regional, racial and ethnic values, and beliefs of the youth and family. They honor the unique customs, traditions, morals, and habits. Team members value diversity and are aware of and accept differences. They understand the role of their own cultural values to adapt practices to the cultural context of the youth, family, and community.

**Collaboration-** All team members work cooperatively and share responsibility for developing, implementing, monitoring and evaluating the Wraparound plan. The plan reflects blending of team members' perspectives, mandates and resources. Planning and services are comprehensive, addressing needs in all life domains and system mandates.

**Natural Supports-** The team actively seeks out and encourages the full participation of team members drawn from family members' network of interpersonal and community relationships. The Wraparound plan reflects activities and interventions that draw on the sources of natural supports. The team will help build natural supports of none exist.

## References

YES QMIA Quarterly Report February 28, 2018

<https://youthempowermentservices.idaho.gov/Portals/105/Documents/QMIAQuarterly5FINAL.pdf>

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

Wraparound Foundations Training, System of Care Institute, Portland State University, PowerPoint 2021.