

WRAPAROUND

Quarterly Report for Idaho WInS

Quarter 4 SFY 2021

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Background

The State of Idaho has implemented a new Children’s Mental Health system of care branded as the Youth Empowerment Services (YES program).¹ 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 DBH’s Children’s Mental Health (CMH) youth and families enrolled in Idaho WInS with two goals. To implement Wraparound to fidelity and build capacity of trained Wraparound coordinators, coaches, and supervisors across the system; and to 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, a standardized fidelity tool called the Wraparound Fidelity Index, shortened version or 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.

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.

¹ Please see Appendix A Principles of Care & Practice Model

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 each month.

Table 1a Total Active Wraparound Families and Total Families Discharged			
SFY	Total # Active Families		Total # Discharged families
2018	97		0
2019	109		4
2020	160		47
2021*	143		229
Total	143		280

*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.

It is expected that the jump in discharged youth and families is due to completion of Wraparound for enrolled youth. As indicated above the jump in discharged youth falls within the twelve to fourteen (12–14) month timeframe.

Table 1b, 1c, and 1d demonstrate regional demographics on gender, race, and ethnicity 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	48
Male	81	83	91	94
Transgender	2	1	2	1
Total	127	132	147	143

Table 1c: Race Q4 SFY 2021	#Youth	% by race	QMIA YES Population	% of Idaho's Population	Under Represented
American Indian	8	5.59	2.0	1.7	
Asian	1	0.7	0.5	1.6	Yes
More than one race	1	0.7	3.1	2.5	
Black/African American	6	4.2	1.8	0.9	
Other/Unknown	24	16.78	--	--	
Pacific Islander	0	0	0.1	0.2	Yes
White/Caucasian	103	72.03	71.0	93	
Total	143	100			

Table 1d: Ethnicity Q4 SFY 2021	# of youth Q4	% of Ethnicity	QMIA YES Population	% of Idaho's Population	Under Represented
Hispanic or Latino - specific	16	11.19	21.7	12.7	Yes
Not of Hispanic or Latino Origin	99	69.23			
Other Hispanic or Latino	1	0.7			
Unknown/Refused	27	18.88			

Total	143	100			
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*Please note, no QMIA or state population data is available since the data in the QMIA report and state-wide data is not reported using the same categories as indicated above. The categories listed above are those represented in the DBH electronic record or WITS.

Quality Service Review

Beginning in May 2021, Idaho WInS conducted the second Quality Service Review (QSR) of the WInS program. The QSR is a record review that looks at the following areas in Wraparound for quality practice and fidelity to the model.

- Demographic information (age, gender, enrollment date, primary concern at entry, overall CANS level of care).
- Access and Initial Engagement
- Engagement and Collaborative Assessment
- Appropriateness in Care Planning
- Effectiveness or Monitoring the Planning process and Wraparound Plan of Care
- Transition planning and linkages
- Crisis Prevention & Response
- Post-Crisis Response
- Success Drivers- What services and supports are especially powerful in supporting youth’s success?

For the 2021 QSR, the Quality Assurance Unit looked at forty-six (46) randomly selected Wraparound records. This quarterly report will report on four quality and fidelity indicators of the QSR.

Indicator #1: Evidence that Wraparound Coordinator facilitated a process to identify team members and invite them to the team meeting.

Indicator #2: Evidence of monitoring progress towards identified outcomes in the Wraparound Plan of Care.

Indicator #3: Evidence that the plan of care included a variety of strategies to meet the youth and family needs, draws upon natural supports, and included community services and supports identified by the family.

Indicator #4:

- Evidence of a Crisis & Safety planning process.
- Evidence that risk behavior items from the most recent CANS are addressed on the Plan of Care or Crisis & Safety plan.
- Crisis plan actively addresses prevention and early identification
- Crisis plan described role and responsibilities of each team member in preventing and identifying crisis.
- Crisis plan provides action steps that are tied to the severity of the crisis.
- Crisis plan provides specific steps to take in post crisis response and planning.

The four indicators above correspond to the Wraparound principles of team-based, outcomes monitoring, community-based, and individualized.

The following table represents the number of cases selected for each region. The sampling in each region was determined by the total number of youth enrolled in each region. Region five and region seven have had more youth enrolled since program implementation.

QSR table 1a	
Region	# of cases
R1	3 records
R2	3 records
R3	8 records
R4	7 records
R5	8 records
R6	5 records
R7	12 records

QSR Quarter 4 2021 Quality Indicator Results.

QSR Results Table 1b	
Evidence Wraparound Coordinator facilitated a process to identify team members and invite them to the team meeting.	
Findings	What does this mean?
R1 3	<p>The numbers to the left are an average score of the total records for each region for the quality indicator.</p> <p>3 = Youth, family and coordinator identify and invite team members (formal, informal, and natural supports) to meeting.</p> <p>2 = Youth and family only identify formal supports and they are invited to meeting.</p> <p>1 = Only youth and family comprise team and no evidence of process to identify team members.</p> <p>0 = there is no evidence of identification of formal and natural supports and no team members invited to meeting.</p> <p>Records that indicated a “3” demonstrated a process occurred to identify and invite team members to the team meetings and team members included a variety of supports.</p> <p>Records that indicated a “2” demonstrated that a process occurred to identify and invite formal supports to the meetings. These records did not</p>
R2 3	
R3 2	
R4 2	
R5 2	
R6 2	
R7 2	

		include the variety of supports that is demonstrated as a best practice and to fidelity.
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QSR Results Table 1c		
Evidence of monitoring progress towards identified outcomes in the Wraparound Plan of Care.		
Findings		What does this mean?
R1	1	<p>The numbers to the left are an average of the results for the region for this quality indicator.</p> <p>3= Plan of care and/or updates demonstrate goal completion and/or changes in outcome statements, strategies, and action steps.</p> <p>2= Plan of care and/or updates demonstrate changes in most of the goals, outcome statements, strategies, and action steps.</p> <p>1= Plan of care and/or updates demonstrate changes in some of the goals, outcome statements, strategies, and action steps.</p> <p>0=Plan of care and/or updates do not demonstrate changes in goals, outcome statements, strategies, or actions steps.</p> <p>On average the records reviewed demonstrated little outcome monitoring. It is unclear if there was no actual outcome monitoring, or the Wraparound coordinators did not document this fidelity quality practice. Further training and coaching to this issues will occur in the 2nd quarter of SFY 2022.</p>
R2	0	
R3	2	
R4	1	
R5	1	
R6	1	
R7	2	

QSR Results Table 1d		
Evidence that the plan of care included a variety of strategies to meet the youth and family needs, draws upon natural supports, and included community services and supports identified by the family.		
Findings		What does this mean?
R1	66 %	<p>This question is answered with a Y or N and the scores to the left indicate the percentage of files that indicate a Y. Four of the region records demonstrated more than fifty percent (50%) of plans of care that incorporated a variety</p>
R2	100%	
R3	80%	
R4	50%	

R5	80%	of strategies to meet needs, utilized natural supports in the planning and included community services and supports identified by the family. Further coaching and training will occur in the 2 nd quarter of the SFY 2022 to assist Coordinators to ensure that the plan of care incorporates strategies to meet needs, includes natural supports not just formal supports and utilizes community services and supports identified by the youth and family.
R6	50%	
R7	55%	

QSR Results Table 1e						
	Evidence Crisis & Safety Planning process occurred	Evidence Risk behavior items from CANS are addressed on the plan of care or Crisis & Safety Plan	Crisis Plan actively addressed prevention and early identification	Plan described roles & responsibilities in preventing and identifying crises.	Crisis plan provides steps that are tied to crisis severity.	Crisis plan provides specific steps to take in post crisis response and planning.
R1 n=3	66%	50%	50%	50%	0%	0%
R2 n=3	66%	66%	66%	66%	33%	33%
R3 n=5	100%	100%	100%	80%	80%	80%
R4 n=2	100%	100%	100%	100%	50%	50%
R5 n=3	66%	100%	66%	66%	66%	33%
R6 n=2	100%	0%	50%	50%	50%	50%
R7 n=2	100%	100%	50%	100%	50%	50%

*Please note the total number of cases reviewed in each region for table 1e was dependent upon those cases that identified a crisis and were at a place to develop the crisis and safety plan or had completed Wraparound through phase 2.

What does this mean?

Crisis and safety plans are created in Phase 2 of Wraparound. Four out of seven regions documented a crisis and safety planning process in the records and well as including the risk behaviors items on the CANS. The other indicators in this section demonstrated more variability in the records. The records demonstrated that often many parts of the quality indicators were met, and some were not. Further training and coaching for the regions are recommended to assist the regions and coordinators to ensure that the quality indicators of the QSR are understood and incorporated in the record.

Summary

Using the Quality Service Review (QSR) tool, the information gained is assisting the Idaho WInS program to develop best practice for the provision of Wraparound in the state. In this Q4 report, focus on three key indicators of the QSR has shown the following:

- Wraparound Coordinators are documenting their efforts to include youth and family identified team members; formal, informal, and natural supports, to the team meeting.

- Outcome monitoring in the Wraparound process is evidenced by adjusting strategies and action steps through updates to the Wraparound Plan of Care. This key indicator could use additional support through training and coaching on outcomes monitoring in record keeping in the second quarter of the SFY 2022.
- More than 50% of the records reviewed demonstrated Wraparound plans of care that incorporated a variety of strategies to meet youth and family needs, included natural supports in the planning and community services and supports. Wraparound plan utilizing the variety of strategies to meet needs provide a plan of care for families that are more diverse and creative in the approaches to meet identified needs.
- An area for continued training and coaching is around Crisis and Safety plans. Through coaching and evidenced by the QSR results is a misconception that the Crisis and Safety planning meeting always takes place after the Wraparound plan of Care is built to maintain fidelity. For fidelity, both the Wraparound plan of Care and Crisis and Safety plan must take place in phase two but there is no requirement for one plan to be completed before the other. It would be best practice for the coordinator with the youth and family to develop the plan that meets their needs when it is needed. If the youth and family require crisis and safety planning first then this is an option for the youth, family, and coordinator.

Next Steps

The Next QSR will take place in Spring 2022. Based on the above results, The Quality Assurance Unit of DBH will adjust the QSR rating tool, provide coaching and training to regions regarding best practices.

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

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.