

**Oregon Health Authority (OHA) /
Department of Human Services (DHS)
Statewide Children's Wraparound Initiative
Progress Review Summary
July 2012 Update**

This summary follows progress on children participating in the Wraparound Demonstration Projects from beginning to end of their participation in Wraparound. Because data at each testing point (Entry, 1st Review, and Exit) were collected from the same group of children, we are able to measure comparable change.

The data from the Children's Progress Review System (CPRS) were refreshed from an earlier report. All of the cases include Progress Review data at Entry, at the child's first quarterly Progress Review, and at Exit from Wraparound.

Executive Summary

In 2009, the Oregon legislature passed legislation authorizing the creation of the Statewide Children's Wraparound Initiative. In July 2010, three demonstration sites were selected encompassing eight counties with a diversity of characteristics. The demonstration sites are Washington County Wraparound, Mid-Valley WRAP, inclusive of Marion, Linn, Polk, Tillamook and Yamhill counties, and Rogue Valley Wraparound Collaborative inclusive of Jackson and Josephine counties.

Wraparound is a care management process that has evolved over the past 15 years through efforts to help families with children with the most challenging behaviors to function more effectively in the community. It is a definable planning process that results in a unique set of community services and natural supports that are individualized for a child and family to achieve a positive set of outcomes. Wraparound is a comprehensive process that is rooted in a specific set of values, elements, and principles.

The population focus for the project are youth who have been served in the child welfare system, with mental health needs, who have had four or more placements or whose needs were significant upon entry into the child welfare system. DHS/OHA contracted with Portland State University to provide workforce development, training and technical assistance to support implementation of the SCWI. To date, over 21 months of data have been compiled regarding the children and families served in the project.

The Statewide Children's Wraparound Initiative began in July 2010, with concurrent hiring and training while existing staff also provided care coordination and Wraparound facilitation during the initial months of the project.

The data show that SCWI participation has had a significant impact in moving children back into living arrangements with their parents or other relatives. In many cases, children are able to exit the custody of DHS. This was a significant focus of the project's goals at the outset.

The data also portray a pattern of stabilization in children's lives, with decreased need for psychotropic medications, increased ability to refrain from harm to self and others, increased capacity to produce schoolwork commensurate with their ability levels, and a lower likelihood of running away or delinquent behavior. Families are noticing that their children are improving over time in the project, and are feeling a better sense of support, especially for problematic behaviors.

Use of the Children's Progress Review System for electronic reporting of these data has facilitated feedback to the child and family teams and assisted with managing the project as a real-time data source to track improvement during participation in the project. Continued work to refine the data elements and reporting tools is ongoing.

Methods

This report summarizes results for a total of 136 children who participated in the Wraparound project since its inception in 2010.

Data for the current analysis were obtained from the online Children's Progress Review System (CPRS). Electronic progress review records are created for each child at entry into Wraparound, every 90 days during participation and upon exit from the Wraparound project. Demonstration project staff members enter information gathered from the child and family team using an online data entry format which automatically updates a central database. For this report, data were extracted directly from CPRS system tables for all clients whose records include an initial progress review, at least one subsequent progress review, and an Exit review.

Study population

Nearly two thirds (61.8%) of the 136 youth who have left Wraparound service and supports were 12 years of age or older at the time of their initial progress review; 30.9 percent were between six and 11 years of age and 7.4 percent were less than six years old.

One fourth (35 children, 25.7%) entered Wraparound during the first three months of the demonstration project. Another 83 children (62.3%) entered between

the third and ninth month (October 2010-March 2011), and the remaining 18 clients (13.2%) entered between April 2011 and February 2012 (nine to 19 months after the demonstration project inception).

The amount of time in treatment is defined here as the number of days or months between Entry and Exit review dates. Overall, these clients spent an average of 10 months in Wraparound. More than half (52.2%) spent 6-12 months in the program; 17.6 percent exited after less than 6 months, while 30.1 percent remained in Wraparound for a year or more.

Youth who entered Wraparound during the first quarter of the project, July-September, 2010, spent an average of 13.4 months in the program. In comparison, those who entered between the third and ninth month stayed an average of 9.6 months. The average length of stay was 6.1 months for children who entered Wraparound after March 31, 2011.

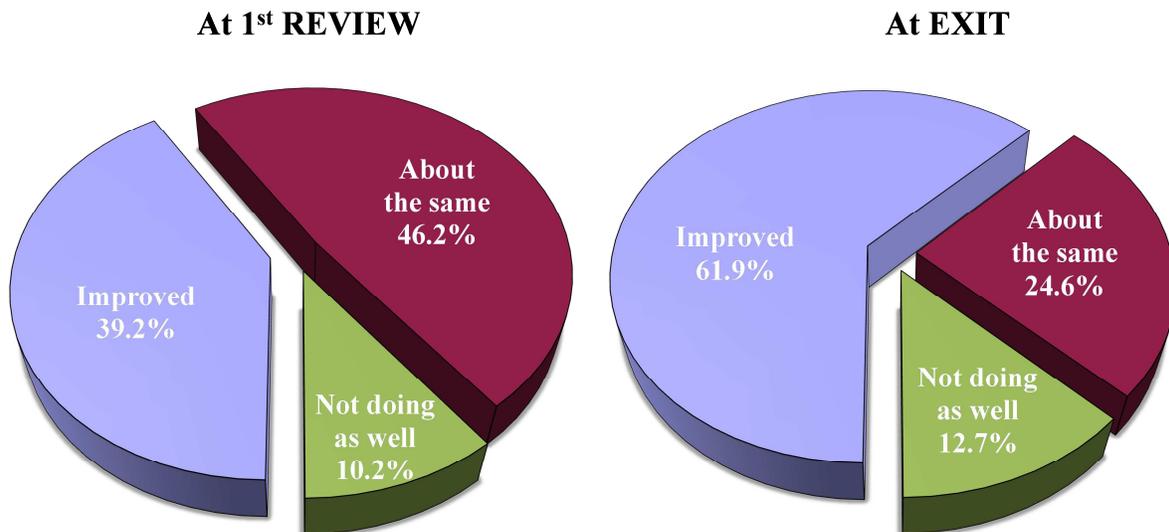
Representation of the three Wraparound demonstration sites reflects the relative numbers served in each project. Mid-Valley Wrap clients comprise about half of the sampled cases (47.8%), 39.7 percent are Rogue Valley clients, and the remaining 12.5 percent are served by Washington County's program.

Progress during Participation in Wraparound

This measure reflects the parent/caregiver rating of the child's improvement during participation in the Wraparound project. Exit ratings reflect progress since prior quarterly review, not since entry. Please note that this prior review may not be reflected in these data since children participate in the program for varying lengths of time. A child may have had several progress reviews between the first 90 day review and exit.

Figure 1 shows that nearly 23 percent more have improved since their previous quarterly review.

Figure 1: Summary Estimate of Child's Progress Since Last Review



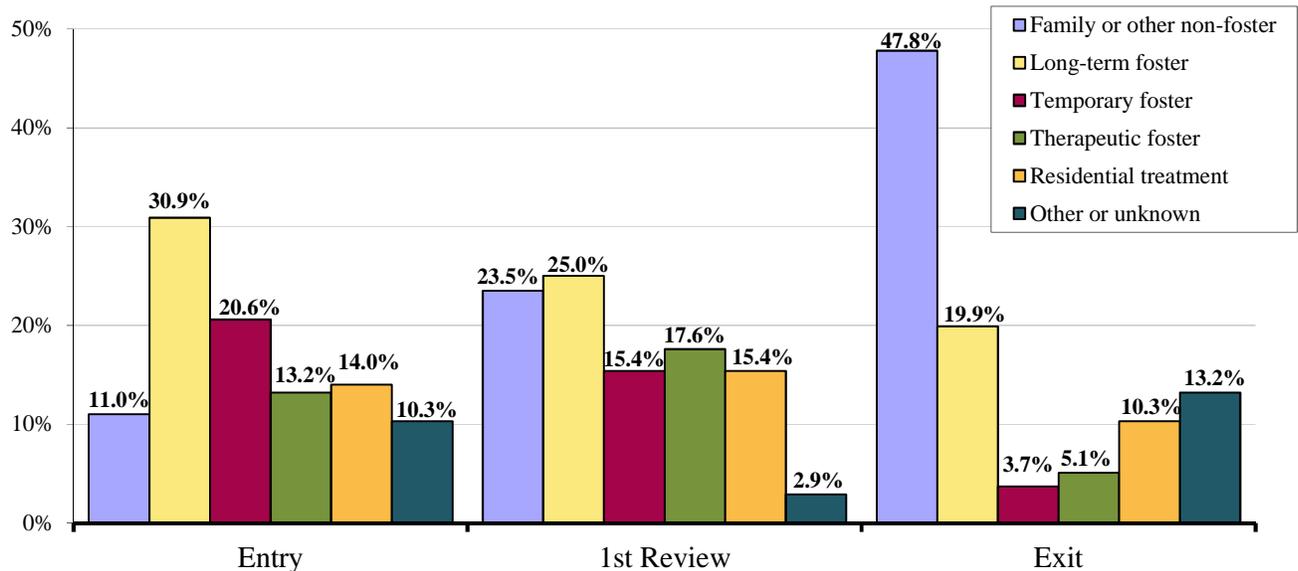
Results for 136 children with assessment at Entry, first Progress Review, and at Exit.

Residence

For the cohort of children served in Wraparound, all of whom are in the custody of Child Welfare, the importance of remaining with their families, or returning to their families or extended families is paramount. These children have already had disruptions of their living situation that have been significant. They are in need of family and living arrangement stability.

In the first 90 days in the project, the percentage of children who are able to progress to living with their immediate families or relatives in non-foster care settings more than doubles, from 11.0 to 23.5 percent. By the time of exit from the project the youth in Wraparound project sites rely less on therapeutic foster care or residential treatment and the percentage living with their own families has doubled again to 47.8 percent.

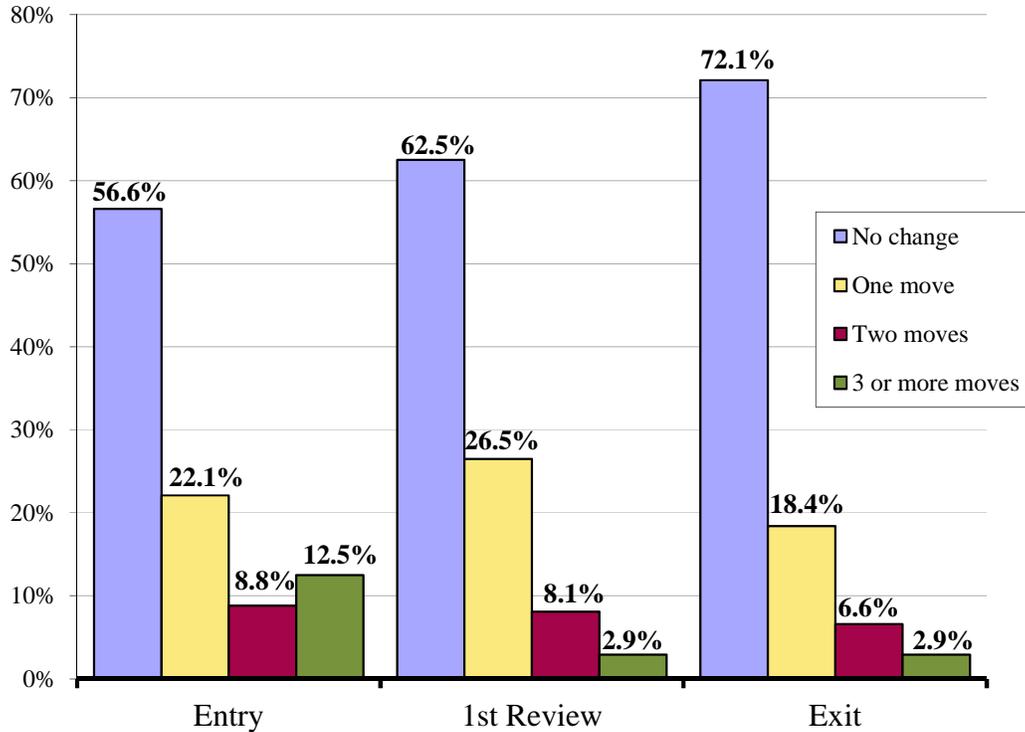
Figure 2: Current Residence



Results for 136 children with assessment at Entry, first Progress Review, and at Exit.

Figure 2b below shows that as treatment progresses living situations stabilize. The proportion of youth who did not change residence during the previous 90 days rises from 57 percent at entry to 72 percent when they leave Wraparound. At the same time, the number of children who moved three or more times drops from 12.5 percent at the first review to less than three percent at exit.

Figure 2b: Residence Changes in Prior 90 Days



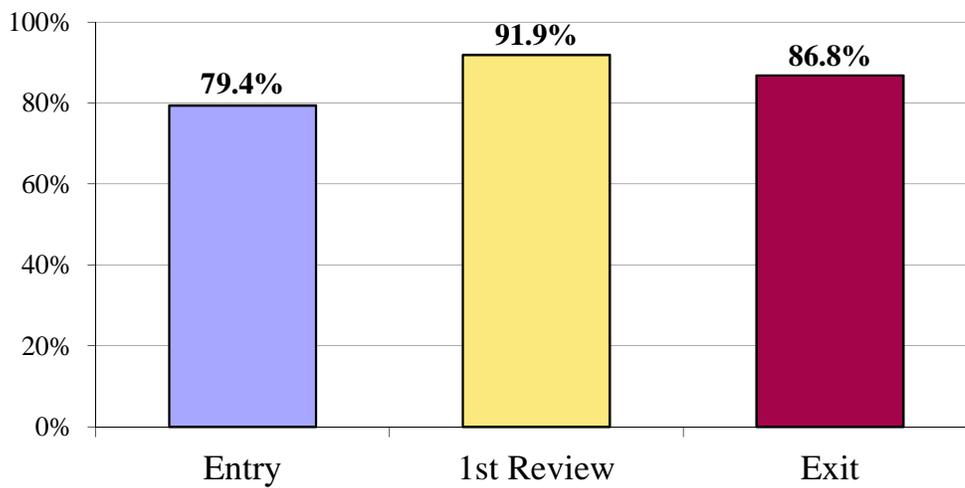
Results for 136 children with assessment at Entry, first Progress Review, and at Exit.

Health Care

More children have a primary care provider of record upon exit from the project than upon entry. More than half of the children without a primary care provider at entry obtain one in their first 90 days in the project.

This finding lends support to the potential benefit of Wraparound as a process which improves integration of mental and physical health care. Further information about the quality of coordination across disciplines is needed to support this claim.

Figure 3a: Children Who Currently Have a Primary Health Care Provider



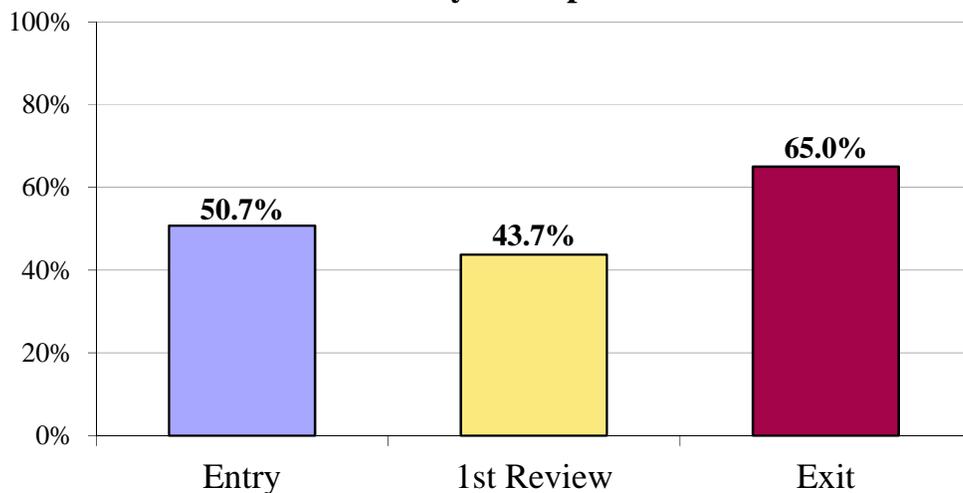
Results for 136 children with assessment at Entry, first Progress Review, and at Exit.

Medications

Children who enter this program by definition are high utilizers of psychotropic medications. At the time of entry, half of the children received treatment with psychotropic medications. At exit 35 percent of the children remained on psychotropic medications.

Wraparound appears to reduce the need for psychotropic prescribing, because the child's mental health conditions improve substantially as evident on functional measures. Decreased reliance on psychotropic medications within the first ninety days can reflect the increased availability of a primary care provider and can also reflect implementation of changes in a child's treatment plan.

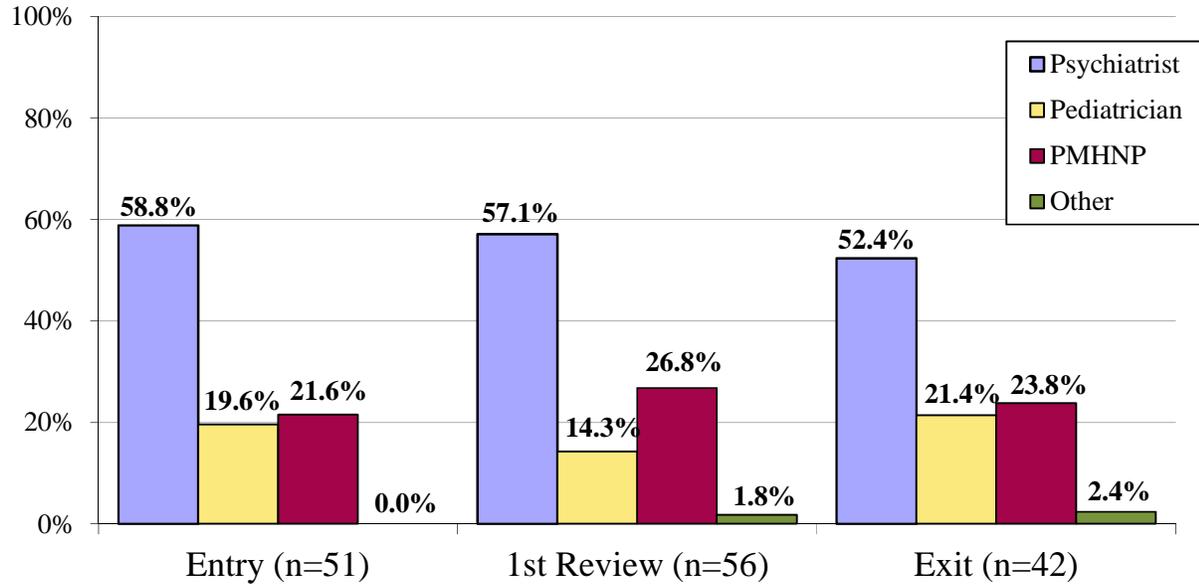
Figure 3b: Children Who Are NOT Currently Prescribed Psychotropic Medications



Results for 136 children with assessment at Entry, first Progress Review, and at Exit.

The type of prescribing provider also changes over time, moving away from psychiatrists to primary care providers. As supports are in place and functioning improves, children’s medical treatments may become less complex allowing for the transition to primary care.

Figure 3c: Type of Provider for Children Currently Prescribed Psychotropic Medications



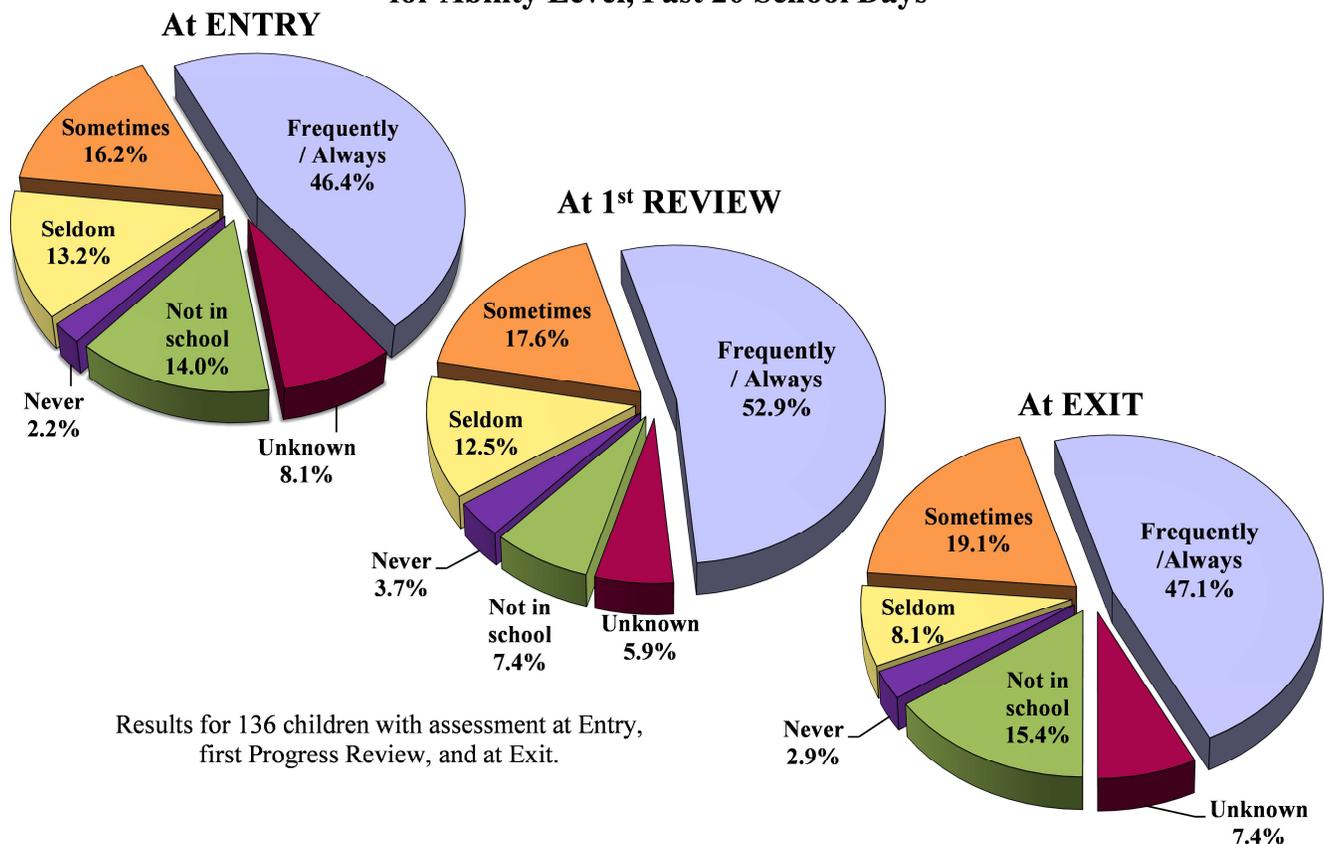
Results for 136 children with assessment at Entry, first Progress Review, and at Exit.

School

Parents and caregivers observed modest gains in the quality of their children’s schoolwork during the first months of treatment. Notable is the drop in the percentage of children not attending school, from 14 percent at the beginning of treatment to half that amount at the first Progress Review. The majority of children in the group are older and may choose not to attend school, may be working, may be experiencing limitations caused by their personal challenges preventing school attendance, or are not yet enrolled in a new school if they have moved.

While gains are made during the first months, at exit the proportion of children who frequently or always produce acceptable schoolwork is lower (47% compared to 53%) and the percentage of children who are not in school is higher than at the first review (15% compared to 7%). But, fewer of these children are rated by their caregivers as never or seldom producing acceptable quality schoolwork at exit (11%), compared to either entry (15%) or first review (16%).

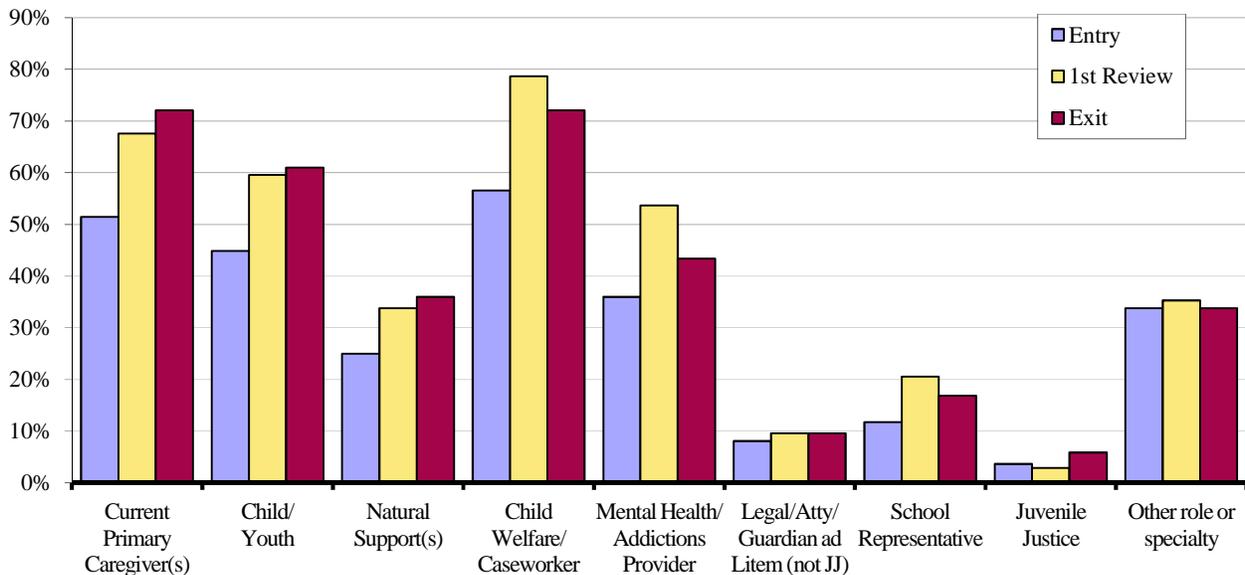
Figure 4: Children Producing Schoolwork of Acceptable Quality for Ability Level, Past 20 School Days



Participation in Child and Family Teams

Ideally, all people who are significant in a child’s life participate in the Child and Family Team, in addition to the child and family themselves. In building a system of care, inclusion of juvenile justice, education and other child-serving system representation for a given child, depending on which agencies are working with the child and family, is crucial. Other important participants include any natural supports such as extended family, and other important people in the child’s life such as a mentor or other community figure. The chart below illustrates participation in the most recent child and family team meetings.

Figure 5: Participants at Child's Most Recent Child & Family Team Meeting (percent of all children)



Results for 136 children with assessment at Entry, first Progress Review, and at Exit.

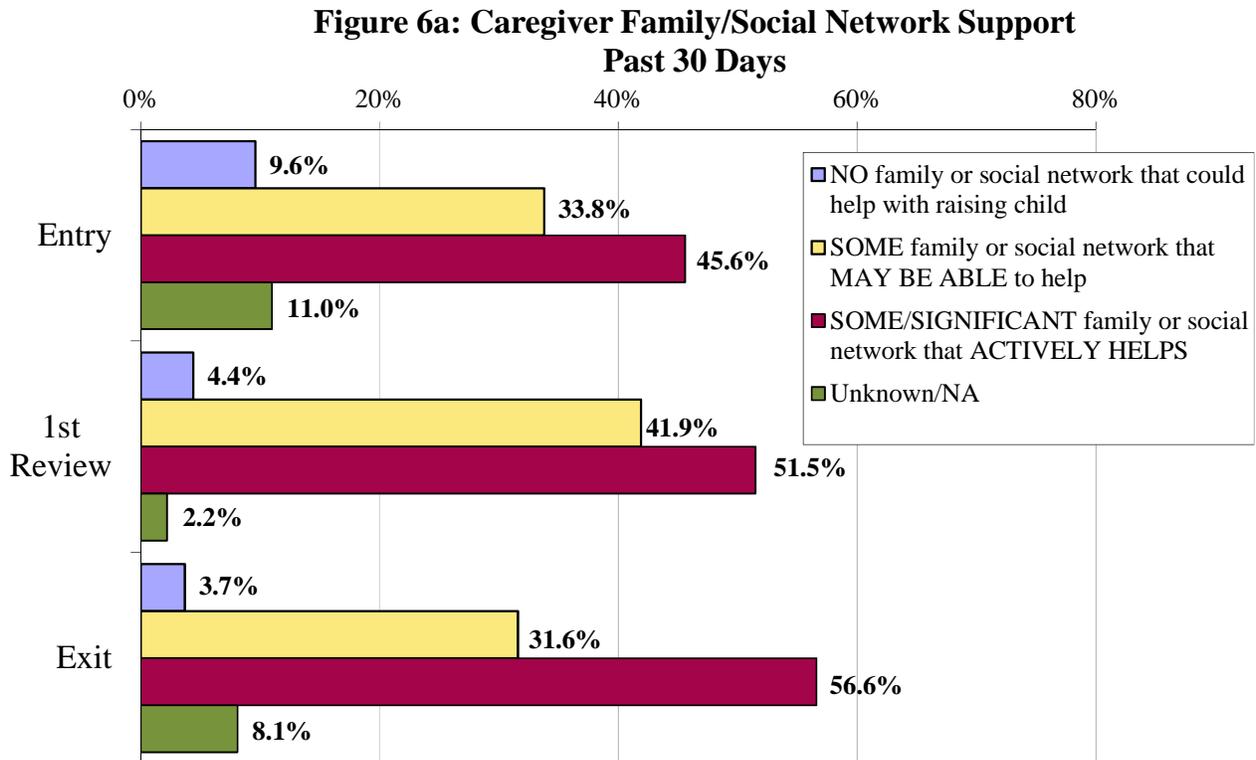
Attendance by children and their parents or caregivers is not 100 percent. This group reports that at entry, 62 percent of the youth had a recent CFT meeting which was attended by their parents/caregivers and/or by themselves. At the first review and exit review, the proportion rose to 81 and 80 percent, respectively.

It is notable that child welfare/caseworker representation at child and family team meetings is 79% at the 1st review and 72% at exit, indicating good collaboration between child welfare, care coordinators, and families at the project sites.

Perceived Support Available to Caregivers

Youth whose lives have destabilized are often difficult to support. Difficult patterns between caregivers and youth may emerge, and may make the situation more challenging. It is extremely important that caregivers feel supported in caring for and parenting youth; this is especially true if the children or youth are exhibiting more extreme “problematic” behaviors. Such behaviors test the caregivers’ ability to maintain a safe environment for the youth.

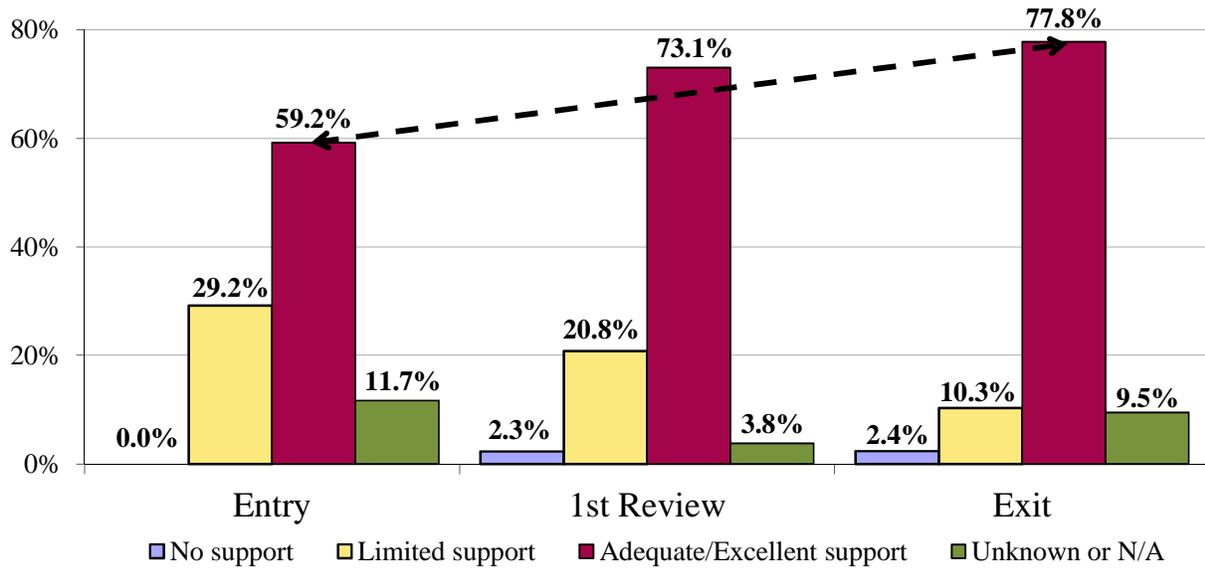
These charts illustrate that caregivers participating in Wraparound feel more supported over time. The percentage of caregivers who respond that they have active help from family or social networks is 57 percent at exit, compared to 46 percent at entry (Figure 6a).



Results for parents/caregivers of 136 children with assessment at Entry, first Progress Review, and at Exit

Caregivers' support for addressing problem behaviors of their children also increases with each stage of Wraparound, particularly between entry and the first Progress Review (Figure 6b).

Figure 6b: Caregiver Support to Address Problematic Behaviors

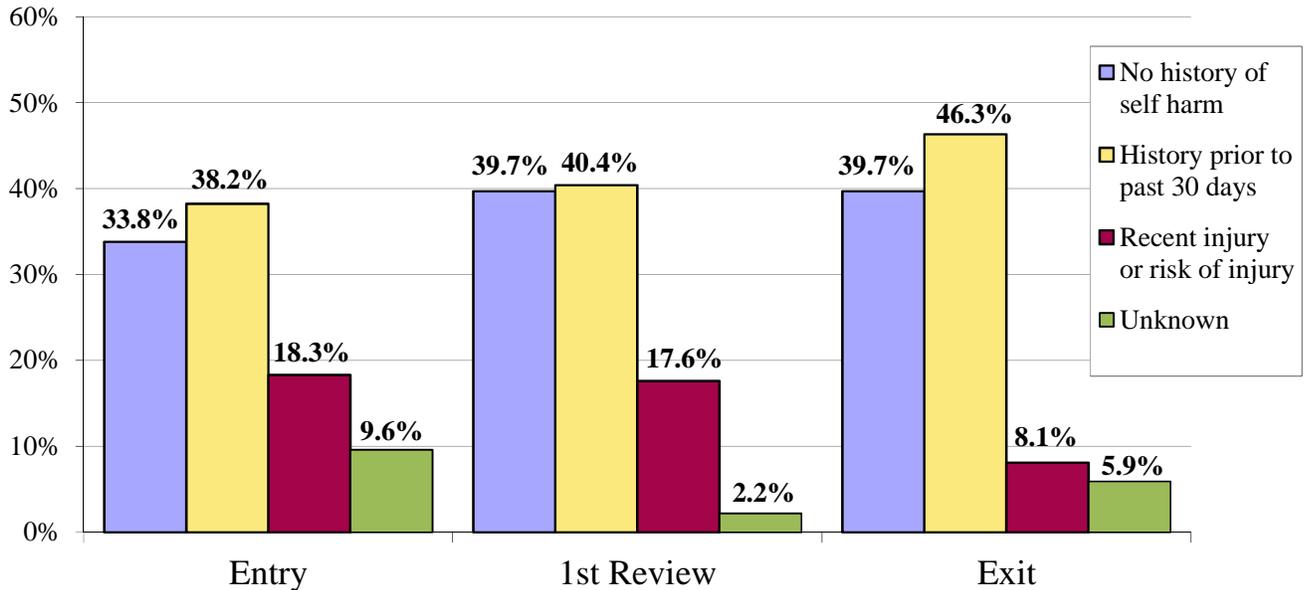


Results for parents/caregivers of 136 children with assessment at Entry, first Progress Review, and at Exit

Risk of Harm to Self and Others

Young people who are struggling in their lives may turn to self-destructive behavior in efforts to cope with painful and difficult feelings and thoughts. More adaptive coping options may not be in the youth’s repertoire. With Wraparound services and supports, risk of harm to self and others decreases over time (Figures 7a and 7b).

**Figure 7a: Child's Risk of Self-Harm
Past 30 Days**

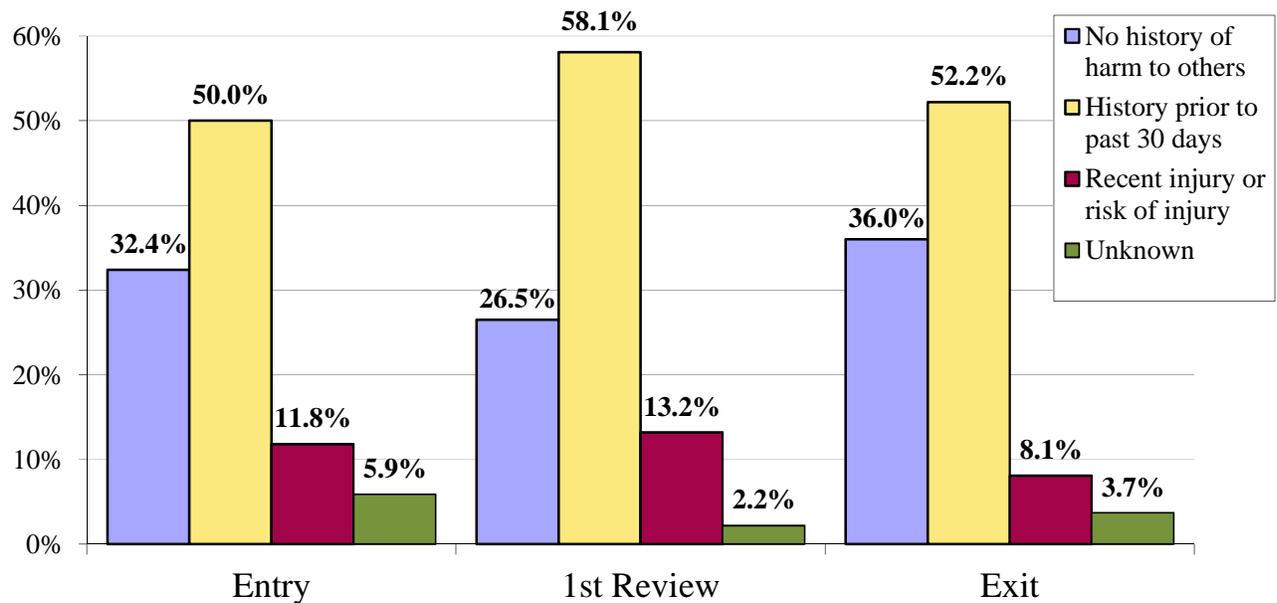


Results for parents/caregivers of 136 children with assessment at Entry, first Progress Review, and at Exit

For specific definitions of the categories noted in the Figure 7a key, please refer to the footnote below.¹

¹ No history of self-harm: No history of behavior that would place the child at risk for physical harm to self, or that has resulted in physical harm to self
History prior to past 30 days: History of behavior (but NOT in the past 30 days) that has placed the child at risk for physical harm to self, or that has resulted in physical harm to self
Recent injury or risk of injury: (2 items combined) 1) Within the past 30 days, child has engaged in behavior that has placed the child at risk for physical harm to self, or that has resulted in physical harm to self AND 2) Child has engaged in behavior within the past 30 days that has placed child at immediate risk of death

**Figure 7b: Child's Risk of Harm to Others
Past 30 Days**



Results for 136 children with assessment at Entry, first Progress Review, and at Exit

For specific definitions of the categories noted in the Figure 7b key, please refer to the footnote below².

² No history of harm to others: No history of behaviors that pose danger to others

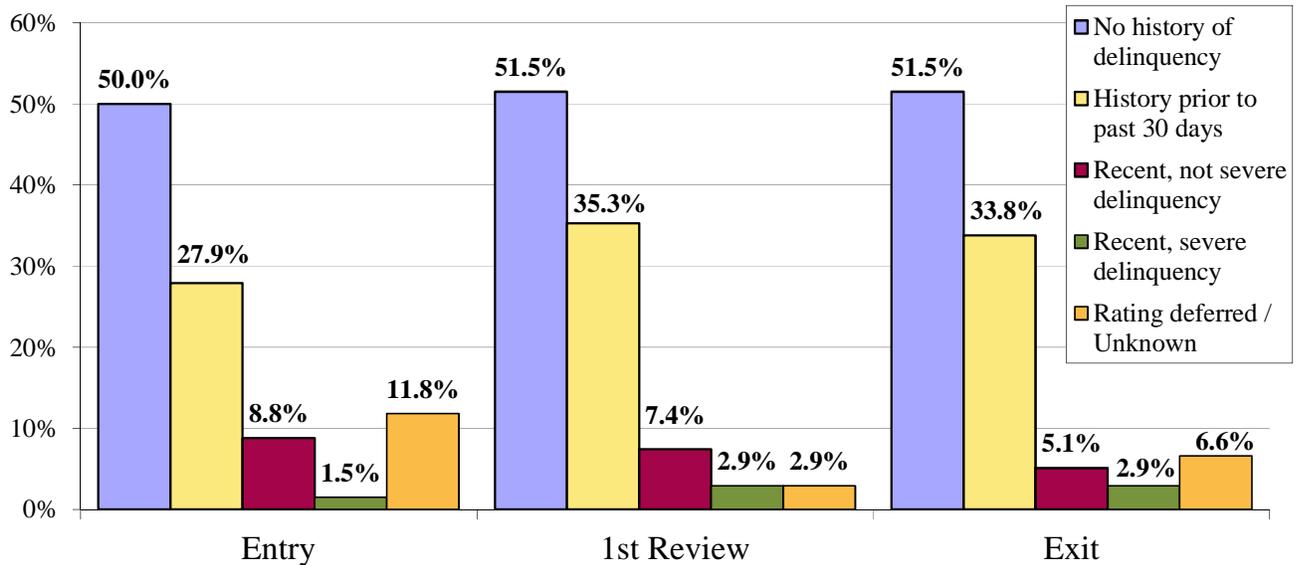
History prior to past 30 days: History (but not in past 30 days) of homicidal ideation, physically harmful aggression, or fire setting that has put self or others in danger of harm

Recent injury or risk of injury: (2 items combined) 1) Homicidal ideation, physically harmful aggression, or deliberate fire setting in past 30 days (but not in past 24 hours) AND 2) In past 24 hours, homicidal ideation with plan, physically harmful aggression, deliberate fire setting, or command hallucinations involving harm of others

Delinquency

Another way young people may respond to severe emotional distress is by poor decision-making that can result in encounters with legal authorities. A pattern of delinquent behavior can develop that leads to incarceration. Successful services and supports can become more difficult to maintain when youth are incarcerated. Wraparound services and supports are useful in interrupting this progression. For definitions of the key in Figure 8, please refer to the footnote³.

**Figure 8: Child's History of or Risk for Delinquency
Past 30 Days**



Results for 136 children with assessment at Entry, first Progress Review, and at Exit

³ No history: No history of delinquency

History prior to past 30 days: History of delinquency, but not in the past 30 days

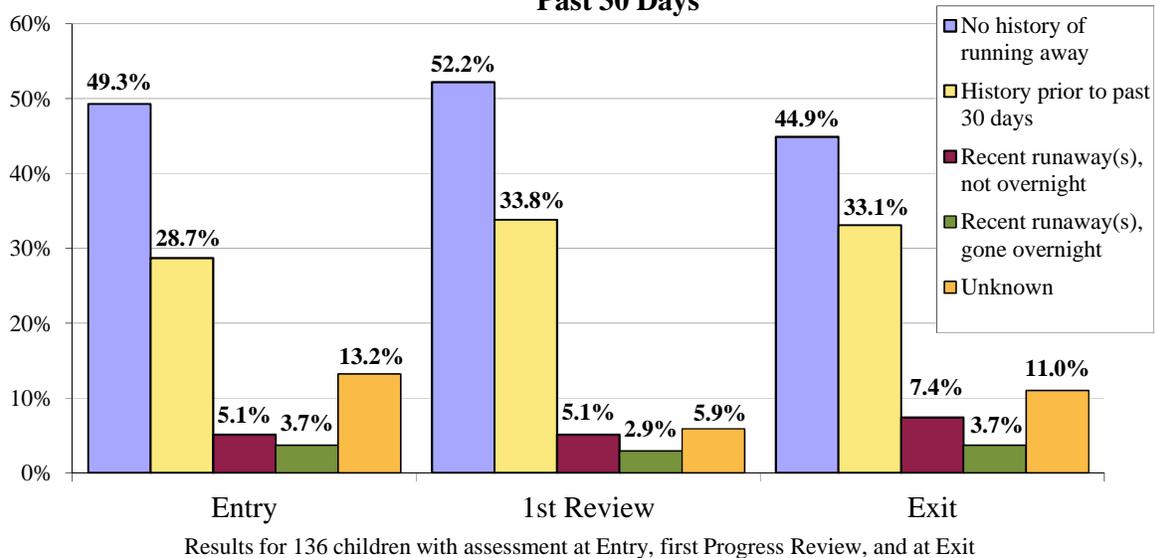
Recent, not severe delinquency: Recent acts of delinquency (in the past 30 days)

Recent, severe delinquency: In the past 30 days, severe acts of delinquency that place others at risk of significant loss or injury and place child at risk of adult sanctions

Running Away

Young people may run away because they find their current situation intolerable or stressful. Ability to weigh choices and make better ones may be impaired or there may seem to be no better choices. Using running away as a coping tool prevents young people from getting the services and supports they need. In the Wraparound project to date, running away decreases slightly over time. Running away may no longer be a needed coping tool, or housing improvements may make it unnecessary from the youth's perspective. For definitions of the key in Figure 9 please refer to the footnote⁴.

**Figure 9: Child's History of or Risk for Running Away
Past 30 Days**



Children's running away behavior differs between age groups. Among children under 12 years of age at entry, no recent runaway episodes were reported at entry, first review, or exit. For children ages 12-14, the percentage with recent runaway behaviors increased from 9.1 percent at entry to 15.1 percent at first review, and 18.2 percent at exit. All except one of this group had daytime-only absences. However, overnight absences account for roughly half of the recent runaway episodes reported among older teens (ages 15-17 years at entry). In this age group 17.6 percent had recently run away at entry and at exit; the rate was 11.8 percent at first review.

⁴ No history of running away: No history of running away

History prior to past 30 days: No instances of running away in the past 30 days

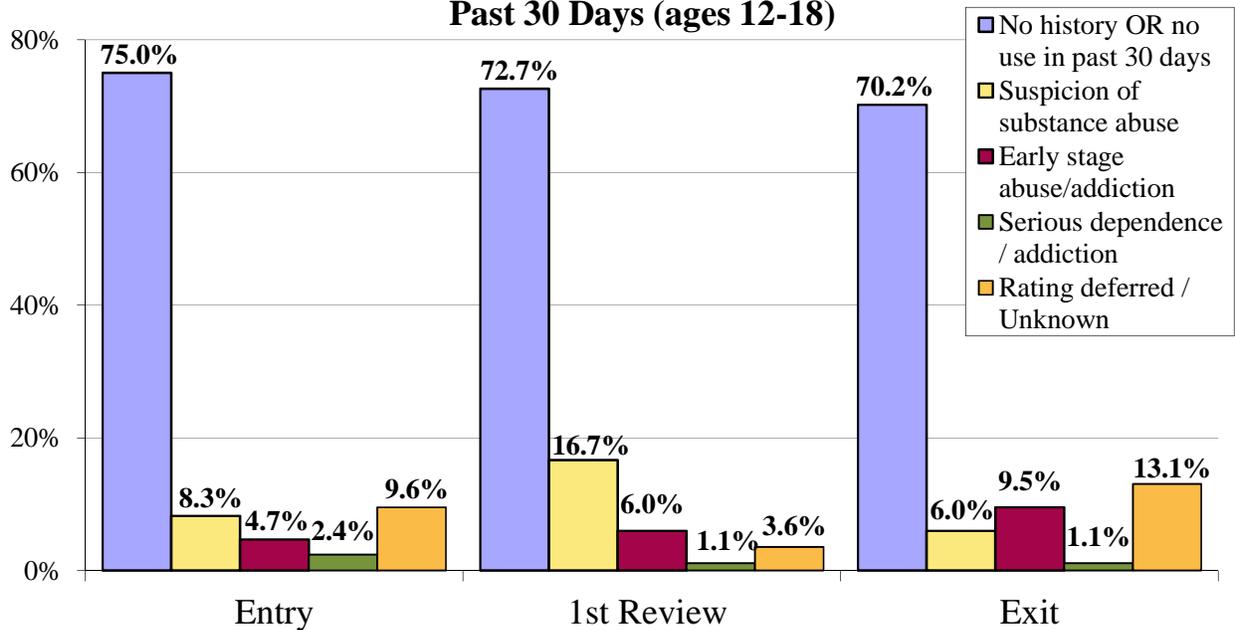
Recent runaway(s), not overnight: (2 items combined) 1) Ran away once or twice in the past 30 days (with no instance of child being gone overnight) AND 2) Ran away several times in the past 30 days (with no instance of child being gone overnight)

Recent runaway(s), gone overnight: Ran away at least once in the past 30 days (with at least one instance of child being gone overnight)

Substance Use/Abuse

Based on national data we might expect to see a larger number of young people with substance use or addictions (co-occurring disorders) in addition to mental health concerns. It is being reported that a large percentage of young people served in the project either have no history of use in the past 30 days, or may not yet be ready to disclose their history and enter into addictions treatment. Suspicion of abuse does increase slightly over the time spent in the project, which would support this hypothesis. At the present time, no inquiry is being made about past use, and the tool is undergoing revision to include this.

**Figure 10: Evidence of Substance Abuse
Past 30 Days (ages 12-18)**



Results for 84 children ages 12-18 at Entry, with assessment at Entry, first Progress Review, and at Exit

Summary

The Statewide Children's Wraparound Initiative began in July 2010, with concurrent hiring and training while existing staff also provided care coordination and Wraparound facilitation during the initial months of the project.

The data show that SCWI participation has had a significant impact in moving children back into living arrangements with their parents or other relatives. In many cases, children are able to exit the custody of DHS. This was a significant focus of the project's goals at the outset.

The data also portray a pattern of stabilization in children's lives, with decreased need for psychotropic medications, increased ability to refrain from harm to self and others, increased capacity to produce schoolwork commensurate with their ability levels, and a lower likelihood of running away or delinquent behavior. Families are noticing that their children are improving over time in the project, and are feeling a better sense of support, especially for problematic behaviors.

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