West Virginia Wraparound Fidelity August 2023

TABLE OF CONTENTS
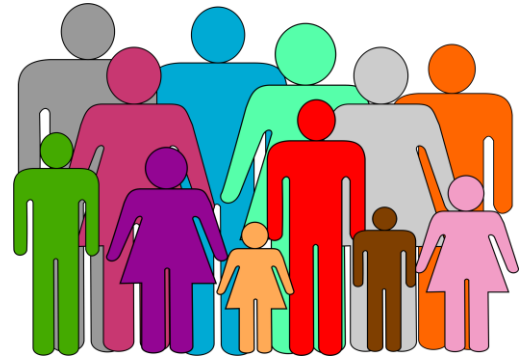
WRAPAROUND

Wraparound is an ecologically based process and approach to care planning that builds on the collective action of a committed group of family, friends, community, professional, and cross-system supports mobilizing resources and talents from a variety of sources resulting in the creation of a plan of care that is the best fit between the family vision and the story, team mission, strengths, needs and strategies. (National Wraparound Implementation Center)

In WV, the Wraparound process is designed as a strength-based service delivery system that is child and family driven, and founded on an ongoing, outcome focused planning process. It is a multi-agency collaboration intended to offer flexible assistance through a coordinating agency that ensures accountability.

Wraparound has four phases: engagement and team preparation, initial plan development, plan implementation, and transition. The Wraparound team develops an individualized wraparound plan of care, put this plan into action, and work to make progress toward the family's vision for the future, meet their underlying needs, and assure they are on track to achieve their hopes and dreams.

TEN PRINCIPLES of WRAPAROUND
1. Family Voice and Choice
2. Individualized
3. Strengths-Based
4. Natural Supports
5. Collaboration
6. Unconditional Care
7. Community-Based
8. Culturally Competent
9. Team-Based
10. Outcome-Based

WV WRAPAROUND FIDELITY REVIEW

Purpose of Review

The purpose of the wraparound fidelity review completed in August-November 2023 was to assess if wraparound facilitators were meeting the National Wraparound Initiative (NWI) standards, since training started in February 2022 and coaching in January 2023. Coaching did not start until January 2023 because of the alignments that needed to be made with the wraparound process and plan of care.

The report will also include results from the Wraparound Fidelity Index, Short Form (WFI-EZ)-Caregiver and Wraparound Coordinator Forms. A cycle for these surveys occurred in May 2023.

WV and Implementation

WV recognized through the National Wraparound Implementation Center (NWIC) training started in February 2022, that WV was not ready for implementation of hi-fidelity wraparound and standards, which was far more rigorous and systematic than the current WV practice model for care coordination. The WV Implementation Team began immediately working toward aligning timeframes and standards across the three DHHR Bureaus. They began working on a Plan of Care template that would work for all three funding sources and align with research-based standards for hi-fidelity wraparound as defined by the National Wraparound initiative (NWI; see www.nwi.pdx.edu). This Plan of Care was initiated on October 1, 2022.

WV and the Wraparound Evaluation and Research Team

Marshall University has worked closely with the University of Washington's Wraparound Evaluation and Research Team (WERT), the accountability and evaluation wing of NWI, to train staff on fidelity assessment and scoring procedures, establish guidelines for stratified random selection of wraparound-enrolled youth for document reviews, and develop fidelity reports. Marshall University and UW WERT continues to meet monthly to address the fidelity plan, data analysis and barriers.

EXECUTIVE SUMMARY AND RECOMMENDATIONS

The wraparound fidelity review completed in August-November 2023 assessed fidelity to wraparound standards as established by the National Wraparound Initiative (NWI). The information in the report was obtained through evidenced-based fidelity instruments.

The Document Assessment and Review Tool (DART) is a tool utilized to assess adherence to wraparound principles and practices via a review of relevant documentation captured during the wraparound process. The DART has 42 items that cover 9 areas of fidelity and 8 items that look at outcomes. One-hundred and seventy-one (171) case records were reviewed from 15 different providers.

The Wraparound Fidelity Index, Short Form (WFI-EZ)-Caregiver and Wraparound Coordinator Surveys are measures of adherence to the primary activities of the wraparound process on an individual child, youth, or family basis. There were one-hundred and thirty-one (131) surveys completed by the wraparound coordinator and forty-seven (47) from the caregiver.

Finally, adequacy of program supports were assessed by administering the **Wraparound Implementation Standards-Program (WISP)** measure to all wraparound provider organizations in WV. The WISP assesses the degree to which standards for wraparound provider organizations are in place that promote practice level fidelity and quality.

WV Wraparound Overall Fidelity Summary

The DART and WFI-EZ were administered in WV in 2023. Data from individual youth and family level records as assessed by the DART found that wraparound standards for timely engagement, meeting attendance, strengths and family driven, natural and community supports, needs-based care, outcomes-based care, safety planning, crisis response, and transition planning were **not met or only partially met**.

Results from the WFI-EZ surveys also indicate substantial need for improvement in wraparound practice. UW WERT provides benchmarks to help interpret overall wraparound fidelity scores on the WFI-EZ. The return rate was 66% which was determined to be adequate by UW WERT. The results for WFI-EZ Care Coordinator surveys indicated that WV met the benchmark for "**adequate**" **overall fidelity**.

The response rate for caregivers was not considered to be adequate but valuable information can be obtained from the satisfaction section. WFI-EZ results for caregiver satisfaction showed that families rated **satisfaction as "inadequate" to "borderline".**

Consistent with fidelity findings for individual families from the DART and WFI-EZ, on the WISP, all WV wraparound providers assessed scored in the **pre-implementation phase** on items related to leadership, enrollment and engagement, services and supports, recruitment, staffing, onboarding,

wraparound supervision, and wraparound care coordination. The WISP (Wraparound Implementation Standards-Program): is a coaching tool intended to assess progress on indicators of Wraparound Implementation and Practice Quality Standards, which are known to be associated with successful wraparound care coordination implementation at the organization level. The WISP provides a mechanism to operationalize the tracking of these indicators across three stages: pre-implementation, implementation, and sustainability.

Results indicate that wraparound facilitators and supervisors have been trained and coached in the fundamentals of wraparound, but achievement of practice standards remains inconsistent. Considered in combination, all the above results indicate that WV is in the **pre-implementation stage** of hi-fidelity wraparound. Pre-implementation is an early phase of preparing the setting for the introduction of an intervention (such as wraparound). Key activities during the pre-implementation phase are assessing and building the conditions that will contribute towards the creation of an optimal community context and implementation environment. A key implication of this finding is that bureaus and providers need to continue to focus on achieving a hospitable environment for wraparound, such as setting up an infrastructure that will support wraparound; developing policies based on wraparound standards; and communicating expectations to providers.

While WV is still addressing the components that are essential in pre-implementation, they actually have been providing wraparound care coordination for approximately two years. With adequate attention to system infrastructure and community and program standards, WV should, by now, be addressing standards in the **implementation stage**. With continued improvements in infrastructure that includes establishing clear and aligned policies and procedures to guide wraparound implementation at the bureaus and provider levels; training, coaching, and supervision the state can demonstrate that they are committed to achieving hi-fidelity wraparound in 2024. **Such improvement in the system and program conditions is critical, as it has been found through research to be critical to quality and fidelity of care, which, in turn, is critically important to achieving youth and family outcomes.**

Recommendations
- **Hire a WV State Wraparound program director.** Preferably employed by an entity that oversees the efforts of all child-serving Bureaus. The director would be responsible for working with agency supervisors, the training team, the fidelity team and funding sources to ensure the goals of the project are met.
- **Enhance the Continuous Quality Improvement (CQI) committee for Wraparound in WV**. This group was started in 2023 and should continue to monitor and address barriers through a continuous quality improvement process through the state or a contracted third party for all fidelity items. The team should consist of training and fidelity staff, members of the Bureaus, representatives of wraparound providers, and individuals who can represent caregiver/family and youth perspectives.

- **Authorize and resource statewide oversight of wraparound across child-serving Bureaus and funding streams.** A cross-Bureau, statewide oversight group should be established and resourced that meets regularly and includes representatives with decision-making authority from all Bureaus as well as wraparound provider organizations and family and youth advocates. This should be led by the WV State Wraparound program director. This entity should be charged with planning, implementing, and overseeing wraparound statewide in WV.

- **Translate the wraparound philosophy into concrete policies, practices, and achievements.** The statewide oversight team should work across WV's systems and funding streams to establish clear expectations relevant to the workforce of each Bureaus and its contracted provider organizations related to all areas of wraparound implementation and hold staff accountable to meet these expectations. Examples include:
  - Timelines for referral, initial meetings, plan of care completion, etc.
  - Attendance at wraparound team meetings
  - Availability of and connection to youth and caregiver peer to peer support
  - Criteria for transitioning out of wraparound and assuring consistent communication of such expectations across Bureaus, providers, and funding streams.

- **Educate leaders of child-serving agencies and other funding sources on wraparound requirements and align funding with elements of the practice model wherever possible**. Although discrepancies will occur due to funding requirements, guidance on billing must align with the wraparound practice model and training and professional development on the model. Where funding and billing rules do not align with the practice model, both trainers and funders must be able to provide consistent guidance to providers on how to navigate. For example, CSED providers should be able to bill for activities related to family engagement and collecting information related to the family story. Both Aetna and the training team should be sending the same message. Where alignment between reimbursement rules and practice do not align, the statewide oversight team, led by the WV Wraparound program director, must work to address these issues that limit providers' ability to meet fidelity standards.

- **Establish a fidelity review team through Marshall University or other fidelity reviewers that uses reliable and valid assessment methods such as the Document Assessment and Review Tool (DART) to identify practice strengths and areas for improvement through focused reviews.** Members of the team should be certified in the DART and independent from the training team and wraparound provider agencies. Challenges should be addressed one at a time through several steps as outlined below:
  1. The fidelity team will educate supervisors on specific requirements to meet fidelity for each challenge area. The WFI-EZ and DART administration and scoring would be reviewed and translated into expectations and recommendations at a provider level.
  2. The training team and fidelity team will collaborate with supervisors to train on specific

challenges.

3. Supervisors will review the challenge areas and implement corrective actions.
4. The fidelity team will review specific needs for improvement area for <u>each wraparound facilitator</u> for that agency once the supervisor is confident that the challenge has been met.
5. Additional training and technical assistance will follow if the challenge is not met.

- **Require consistent, centralized data entry for CQI and evaluation.** Work toward all providers entering data, including the CANS, Wraparound Plan of Care, Crisis Plan, and other relevant documentation into the WV CANS System. This allows information to be entered into the WrapStat system that will assist with random selection of youth and families in the future and allow easy access to the data by the DART reviewer. Centralized tracking of fidelity, satisfaction, and outcome data will allow consistent monitoring of WV Wraparound and accountability. Updates to the WV CANS system should occur that will assist in the quality of data competition and clean-up.

- **Assure standardized documentation across funding sources.** The Plan of Care is being used by all funding sources but there are still documentation issues. One example of this is when Children with Serious Emotional Disorders (CSED) providers are required to enter a meeting note into the Plan of Care after each meeting. This note is valuable in determining who was present at the meeting and what was discussed. This should be a requirement for all wraparound facilitators. Other documentation issues that should be addressed include:

1. Requiring dates on Family Stories.
2. Requiring documentation of who was present virtually or face-to-face.
3. Train providers on ways to collect information from the family.
4. Train providers to label notes correctly.
5. Train providers on how to write succinct progress notes that include relevant information.
6. Align documentation requirements across sources to allow consistent review of timelines.
7. Include reason for referral to wraparound on the plan of care.
8. Documentation should not be redundant or located in more than one place.

- **Require a process for seamless transition from one facilitator to another.** Sometimes documentation was not completed or was not available for a second facilitator to start where the first left off.

- **Continue the use of standardized evidenced-based fidelity tools.** If the state continues to strive for hi-fidelity wrapround, it is recommended that the WFI-EZ and DART be used or other evidenced-based tools to evaluate fidelity.

- **Support the effective use of CANS.** It is recommended that the Marshall University TCOM Team provide a brief monthly training specific to wraparound that addresses justifications, action vs. anchors, and outcomes monitoring.

- **Ensure appropriate referrals are made to wraparound.** Some cases are not as intensive as

would be expected to require wraparound services. It is recommended that the state do a review of case referrals and appropriateness for wraparound.

- **Training specific to needs of the wrapround facilitators.** Although not related to fidelity, additional training needs were noticed, including life domain information collection, mandated reporting, trauma, and trafficking.

WRAPAROUND FIDELITY AND THE DOCUMENT ASSESSMENT AND REVIEW TOOL (DART)

Fidelity is the extent to which delivery of an intervention adheres to an established intervention, strategy, or other manualized protocol or program model. The Document Assessment and Review Tool (DART) is WV's primary tool to assess fidelity. The data from the DART was used to develop this report.

The DART is a tool utilized to assess adherence to wraparound principles and practices via a review of relevant documentation captured during the wraparound process. The DART has 42 items that assess 9 areas of fidelity and 8 items that assess at outcomes. The DART is divided into 6 scored areas:

- Timely Engagement
- Wraparound Key Elements
    - ❖ Meeting Attendance
    - ❖ Driven by Strengths & Families
    - ❖ Natural & Community Supports
    - ❖ Needs-Based
    - ❖ Outcomes-Based
- Safety Planning
- Crisis Response
- Transition Planning
- Outcomes

Barriers

There were several barriers that affected the overall review of the records below.

1. Not all documents were received from providers after multiple attempts. This not only delayed the review but limited the amount of data available for review. If the data was requested but not received it was counted as "Missing" in the review.
2. Poor documentation was noted in documents received. Progress notes without relevant information and notes not matching dates on plans of care are just a couple of examples.
3. Inconsistent requirements for dates and location to find dates. This made it difficult to assess timeliness requirements. This is a system issue.

Youth Record Selection

Marshall University worked with the Wrapround Evaluation and Research Team (WERT) to develop a process for identifying a representative sample of enrolled youth and families for review. Twenty-five percent of youth in each available agency were selected based on (1) enrollment status (required to be reported active in the WV CANS System; and) length of enrollment in wraparound (required to have been in wraparound services at least 4 months). At the time of the review there were 22 providers actively providing wraparound. If the provider was not entering data into the WV CANS system, random selection by the Fidelity Coordinator (FC) was not possible. Of these 22 providers, only 15 had eligible case records at the time of case selection. Some provided wraparound through just one funding source and others provided wraparound through multiple funding sources. Enrolled youth were selected for review from each funding type, but not equally distributed.

Eligible youth from these 15 providers were randomly selected using WrapStat by the FC. To be included in the sample frame, youth must have entered wraparound in or before February 2023. This enrollment window provided between 9-40 months of documentation to be reviewed by DART administrators.

If providers were entering/updating youth information correctly and given typical timelines for the 4 phases of wraparound, all wraparound enrolled youth and families included in the review should have been in the implementation or transition phase at the time of selection. A total of 218 case records were requested for review. All documentation was uploaded either to the WV CANS System or a HIPAA compliant and secured SharePoint folder.

Final Sample Youth and Families Reviewed via the DART

The final number of youths included in the review was influenced by several conditions:

1. Lack of response to requests for missing documentation from providers.
2. Providers not accepting youth currently. (New Providers, Providers on Hold, or Providers who recently began offering wraparound from another funding source)
3. Providers with ineligible youth (New Providers)
4. DART administrators were unable to verify the validity of documentation. Documentation dates were not consistent with notes. (2 SAH cases from different providers)
5. Providers unable to access the record to audit and/or upload information due to youth being transferred to another provider in the WV CANS System. (1 SAH Provider)
6. Youth documentation had to meet the following criteria (This could not be assessed until after data was received)
   - A child and family team had to be established.
   - There was at least one plan of care for the child.
   - The child and family team had to meet at least twice.
   47 youth's records did not meet these criteria.

The final number of youths reviewed was 171. See below for a summary of youth selected for review and successfully reviewed by funding source:

	Children's Mental Health Wraparound	CSED Waiver	Safe at Home	Total
Number of Youth's Records Requested	14	102	102	218
Number of Youth's Records that were Not Reviewed*	7	24	16	47
Final Sample	7	78	86	171

The youth selected do represent an adequate selection for review. Wraparound Fidelity is looking at the process, not if a child meets criteria or if the child is in the correct funding source. All agencies should be following the same process to meet hi-fidelity.

Data Collection

Data requested for review included:

   a.   Any Referral Paperwork
   b.   All Plans of Care
   c.   All Crisis/Safety Plans
   d.   All Progress Notes
   e.   Family Story
   f.   Any Attendance Sheets at Meetings
   g.   Transition Plans
   h.   Any Other relevant Documentation

This data was to be entered into the WV CANS System or the FC would set up a SharePoint for the provider if it was easier. Reviewers did communicate with wraparound providers if data was missing. Extra time was given to all providers who requested an extension. The FC met with two CSED Providers via Zoom to identify and resolve barriers leading to especially delayed documentation uploads. One of those two providers was unable to provide Progress Notes for review due to the significance of the delay.

Review Process

Previously certified DART administrators participated in a refresher course to ensure the reliability of scoring. New and/or contracted DART administrators went through an extensive certification process before the reviews were conducted in October and November 2023. This enrollment window provided between 9-40 months of documentation to be reviewed by DART administrators.

In most instances, cases were randomly assigned by the FC to DART reviewers using a stratified random selection in Microsoft Excel. Each review can take from 2-11 hours depending on the amount of documentation, promptness of documentation uploads by provider, and upload organization. Wrapround youth selected were discussed weekly with all reviewers to answer questions and clarify ratings. Consultations with NWIC and WERT occurred as needed.

Once data collection was completed it was entered into Qualtrics for analysis. Data cannot be sorted in WrapStat by funding source at this time but was done by our Fidelity Team.

DEMOGRAPHICS

Youth and Families Reviewed by County for the DART
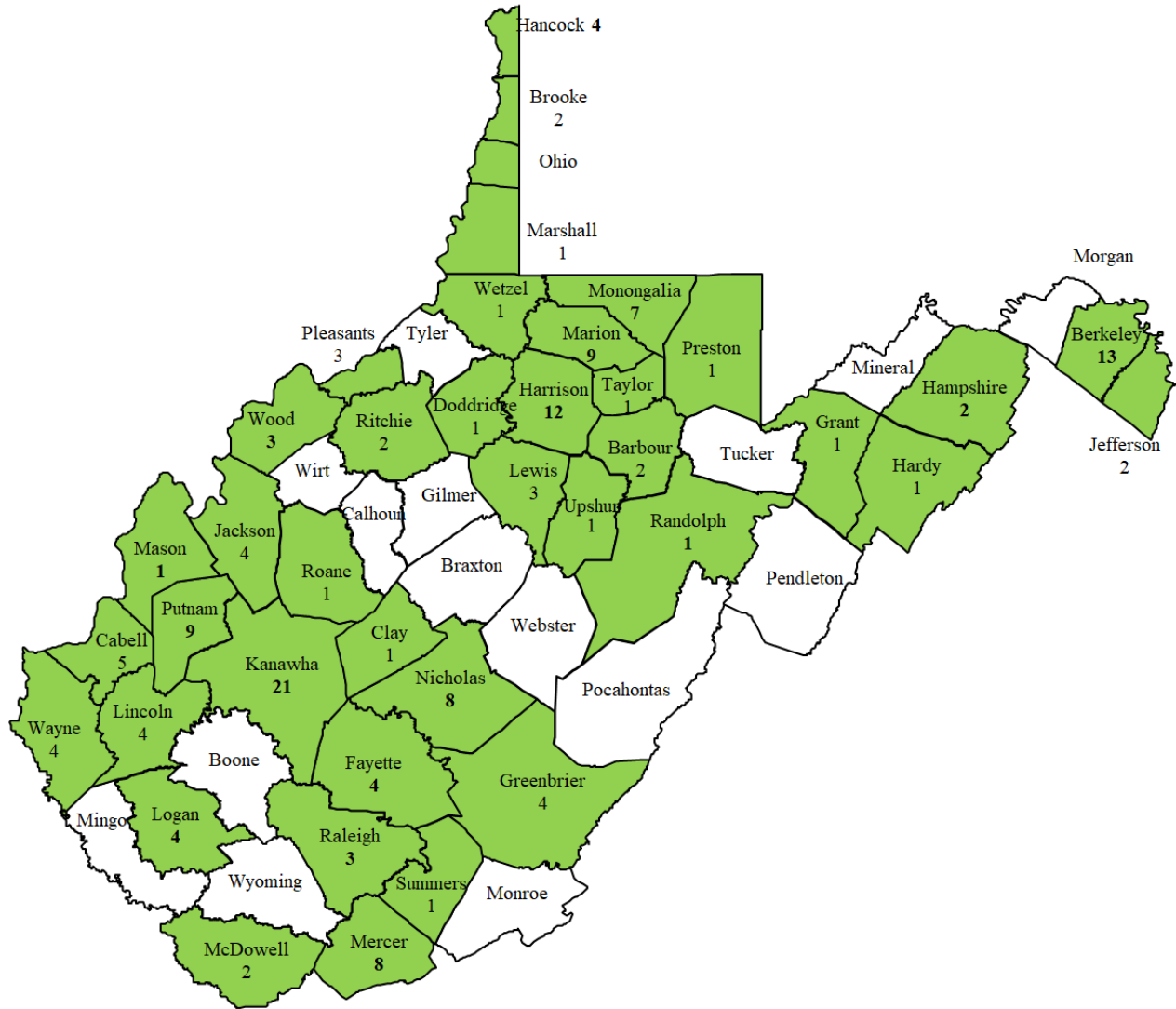
Age
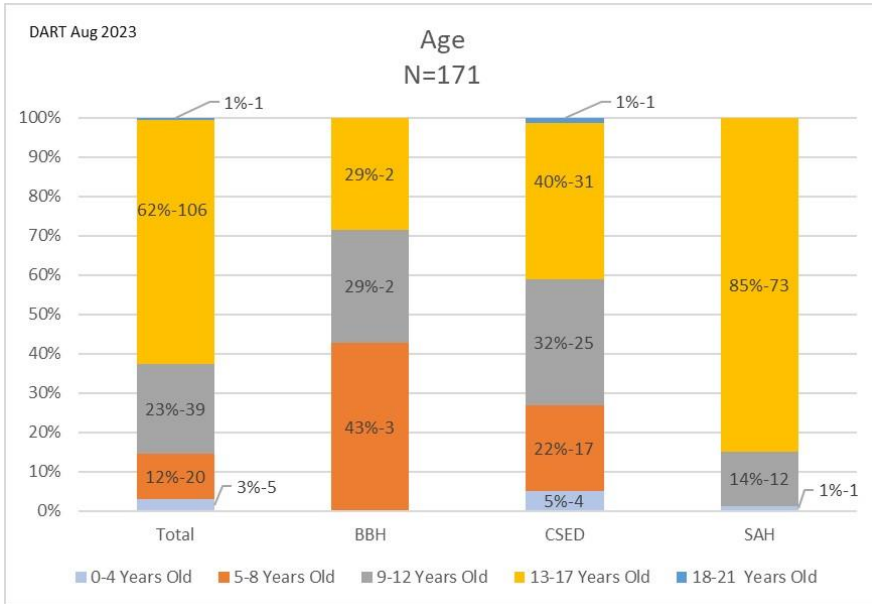
The youth for whom records were reviewed using the DART ranged in age from 4 to 18 years old. Five were 4 or younger, 20 were 5-8 years old, 39 were 9-12 years old, 106 were 13-17 years old, and only one was 18 years old.

Race
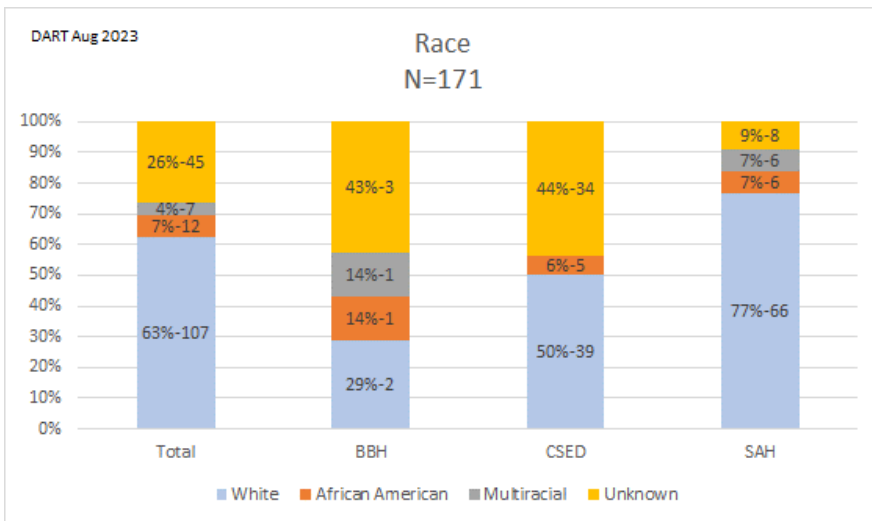
The majority (63%) of youth were white. It was sometimes difficult to determine the race of the youth which accounts for 26% unknown. This demographic will be added to the WV CANS system and recorded in WrapStat to capture the information in the future.

Gender

DART Aug 2023
Gender
N=171
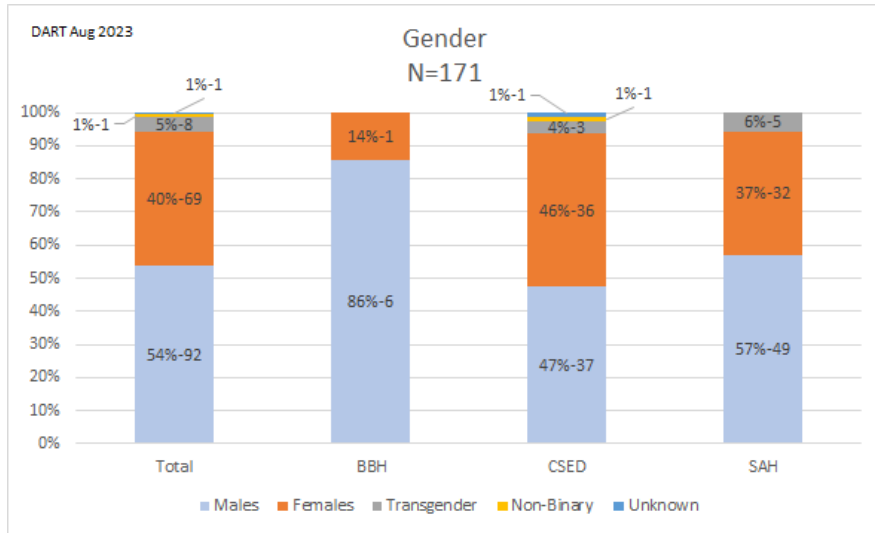
Of the youth with records reviewed; 92 were male, 69 were female, 8 youth identified as transgender, and 1 youth identified as non-Binary.

Who was the Youth Living With?

DART Aug 2023
Who was Youth Living With?
N=171
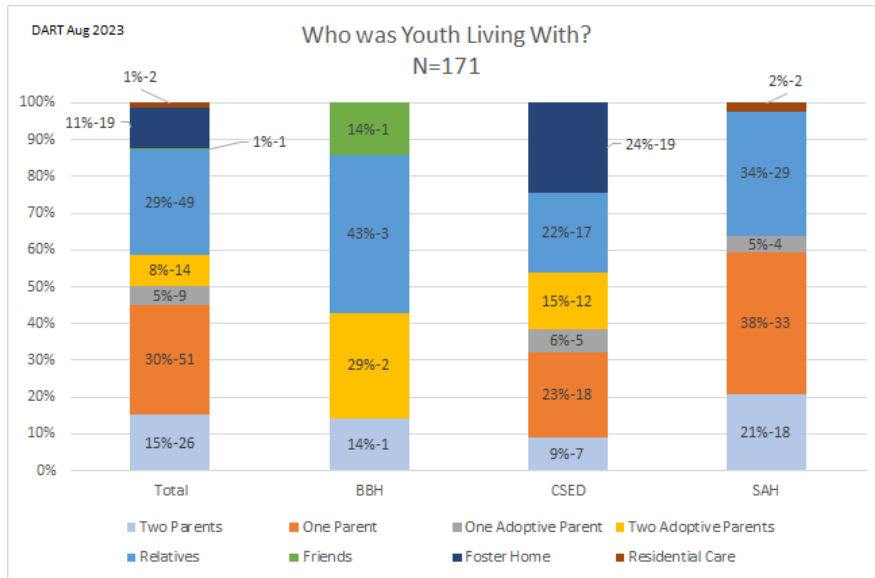
The majority (45%) of the youth were living with one or both biological parents or were living with relatives (29%).

Results of Fidelity Reviews Using the DART

The DART uses two types of rating scales for its constituent indicators. For some items, indicators of fidelity are rated on a three-point scale: Full, Partially, and Not Met. For some items that are more straightforward (e.g., was the proposed timeline met), ratings are simply Yes or No. Thus, in the sections, results are presented for each fidelity indicator as the percent of DART reviews with the following ratings:

- "2"-Fully Met/Yes
- "1"-Partially Met
- "0"-Not Met/NO
- NA=Not applicable to the youth or family
- Missing=Not able to determine due to missing documentation

WRAPAROUND FIDELITY AND THE WRAPAROUND FIDELITY INDEX, SHORT FORM (WFI-EZ)-CAREGIVER AND WRAPAROUND COORDINATOR FORMS

The Wraparound Fidelity Index, Short Form (WFI-EZ) is a measure of adherence to the primary activities of the wraparound process on an individual child, youth, or family basis. The WFI-EZ is a self-administered version of the full Wraparound Fidelity Index (WFI-4), a structured interview that can be conducted with caregivers, youth, team members, and/or wraparound care facilitators. The WFI-4 has demonstrated good test-retest reliability and internal consistency and is strongly associated with other measures of fidelity (e.g., expert review and team observation). The information provided can help with program improvements and research. This tool is used by WV to obtain a perspective from wraparound facilitators and caregivers.

Youth Selection
Youth charts for review were based on a stratified random sample. The stratified random sample was selected for each agency and funding source. The family had to have been in wraparound services for 3-6 months, 70% of those cases were selected randomly through WrapStat.

Completion Rate
Ideally, at least 80% of all proposed data collection (e.g., the total number of WFI surveys to be completed or teams to be observed) should be completed. Seventy percent (70%) is adequate but below 60% is considered to not be representative of the sample.

- **Return Rate for Care Coordinator Form**- There were 131 surveys out of 197 Care Coordinator Forms fully completed-66% return rate. This return rate was reviewed and discussed with UW WERT, and it was agreed that the return rate was not great but was adequate for this report.

- **Return Rate for Caregiver Form**- The return rate for the caregivers was 24%, 47 out of 197 surveys requested were returned. At least a 60% return rate is needed to consider the data collection to be valid.

DEMOGRAPHICS

Age

WFI-EZ 2023

Age
N=127

- Total: 72%-91 (12-17), 24%-30 (6-11), 5%-6 (0-5)
- CSED: 51%-32 (12-17), 40%-25 (6-11), 10%-6 (0-5)
- SAH: 92%-59 (12-17), 8%-5 (6-11)

■ 0-5 Years Old ■ 6-11 Years Old ■ 12-17 Years Old
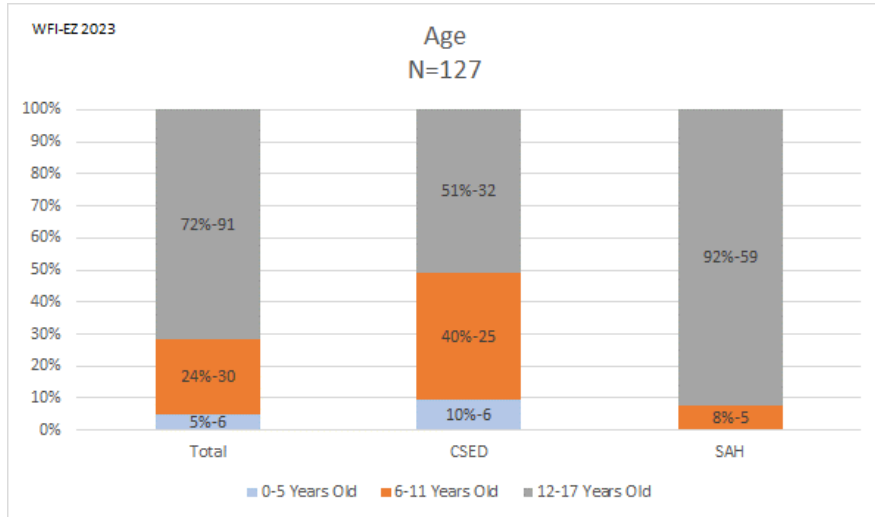
The youth for whom records were reviewed using the WFI-EZ ranged in age from 0 to 17 years old. Six were 5 or younger, 30 were 6-11, and 91 were 12-17.

Race

WFI-EZ 2023

Race
N=127

- Total: 62%-79 (Unknown), 1%-1, 1%-1, 36%-46 (White)
- CSED: 68%-43 (Unknown), 2%-1, 30%-19 (White)
- SAH: 56%-36 (Unknown), 2%-1, 42%-27 (White)

■ White ■ African American ■ Multiracial ■ Unknown
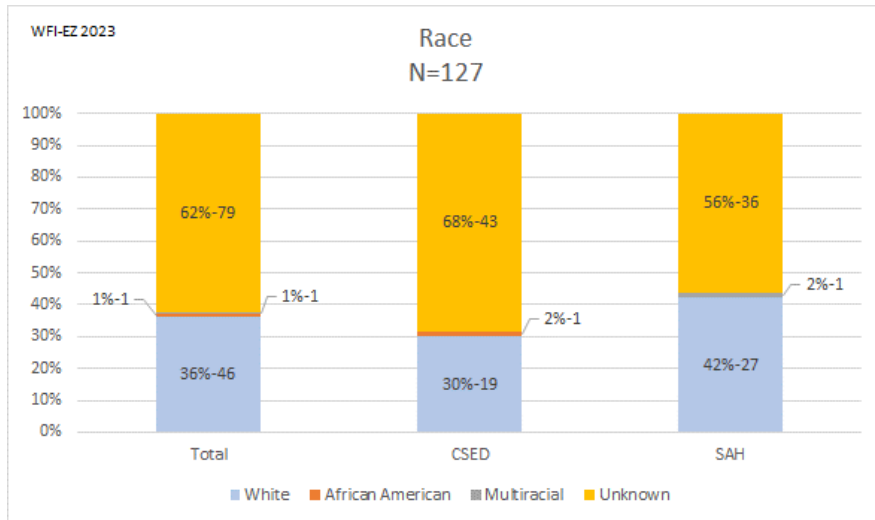
The majority (46%) of youth were white. Many of the youths' races were unknown (62%).

Gender

WFI-EZ 2023
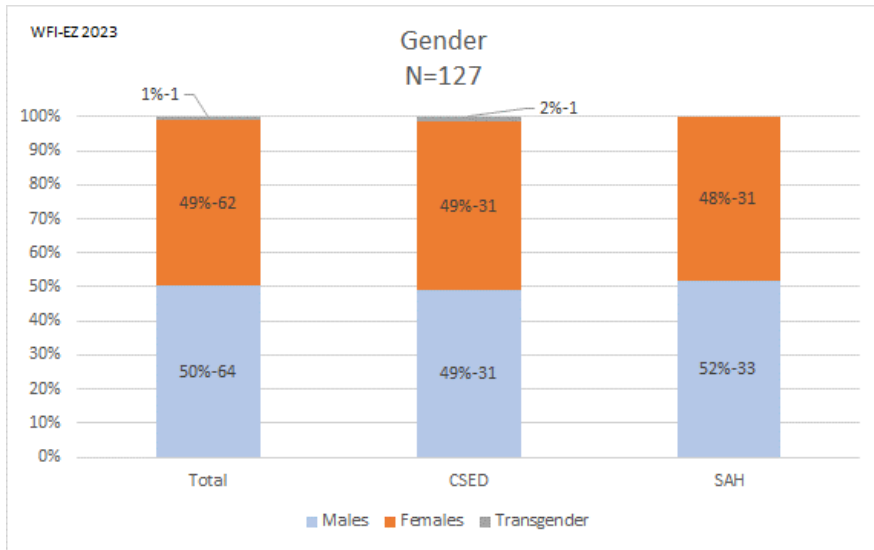
Gender
N=127

Of the youth with records reviewed; 64 were male, 62 were female, and 1 youth identified as transgender.

Who was the Youth Living With?

WFI-EZ 2023

Who Was Youth Living With?
N=127
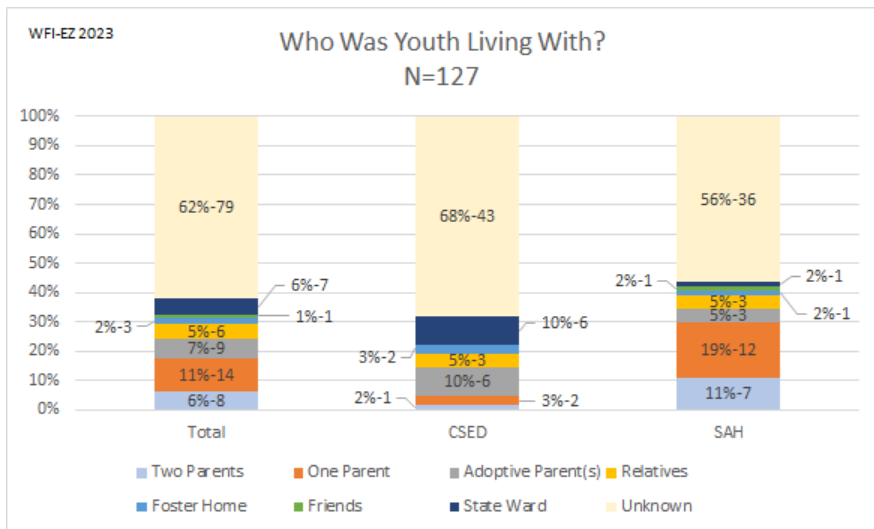
The majority (62%) of the youth's legal guardians were unknown. Seventeen percent of youth were living with one or both biological parents.

DART AND WFI-EZ RESULTS

The section below reviews the adherence to wraparound principles and practice. Results from both the DART and WFI-EZ are reported in each section. The areas that are reviewed include:

- Timely Engagement
- Wraparound Key Elements
  - ❖ Meeting Attendance
  - ❖ Driven by Strengths & Families
  - ❖ Natural & Community Supports
  - ❖ Needs-Based
  - ❖ Outcomes-Based
- Safety Planning
- Crisis Response
- Transition Planning
- Outcomes
- Family Satisfaction
- WFI-EZ Benchmarks

The WFI-EZ survey questions are presented from the care coordinator (wraparound facilitator) form. The caregiver information is not reported due to the limited number of responses, except in family satisfaction. The information from both the DART and WFI-EZ reviews is reported by funding source and includes Safe at Home and CSED cases. The Bureau for Behavioral Health (BBH) cases were included in overall numbers for the DART and WFI-EZ but were not separated by funding source due to the limited number of cases.

TIMELY ENGAGEMENT

	"Timely Engagement" refers to the percent of youth for whom a range of relevant milestones (e.g., initial contact with family, first plan of care developed) are achieved within timeframes as established by the NWI and used by NWIC. Research has demonstrated achieving these timeframes provided a better likelihood that the child and family will be successful while involved in the wraparound process.

Timeliness Standards

WV's time frames are different depending on the funding source. The state is working on aligning these standards. The fidelity standards were reviewed according to the DART. All time frames are based off the initial date of assignment.

Standard	DART
First Contact	3 days from assignment
First Face-to Face	10 days from assignment
Crisis Plan	10 days from assignment
Family Story, Strengths, Needs, and cultural discovery	20 days from first face-to-face
First Child and Family Meeting	30 days from first face-to-face
First Plan of Care Completed	35 days from face-to-face
Last Three Child and Family Team Meetings and Plans of Care Reviewed	35 days from first child and family meeting

Fidelity Items WFI-EZ

- A2-The family has a written plan (e.g., Wraparound Plan or Plan of Care) that describes strategies, action steps, and who is responsible.
- A3-The team meets regularly (e.g., at least every 30-45 days).

Results

Timely Engagement-Overall
N=171

	First Contact	First Face-to-Face	First Crisis-Safety Plan	First Family Story	First Child and Family Team Mtg	First Plan of Care
Missing	21%-36	13%-21	19%-32	50%-86	13%-22	11%-19
No	34%-58	29%-50	32%-56		43%-74	20%-34
Yes	45%-77	58%-100	49%-83	39%-66 / 11%-19	44%-75	69%-118

Aug 2023

Timely Engagement

Aug 2023
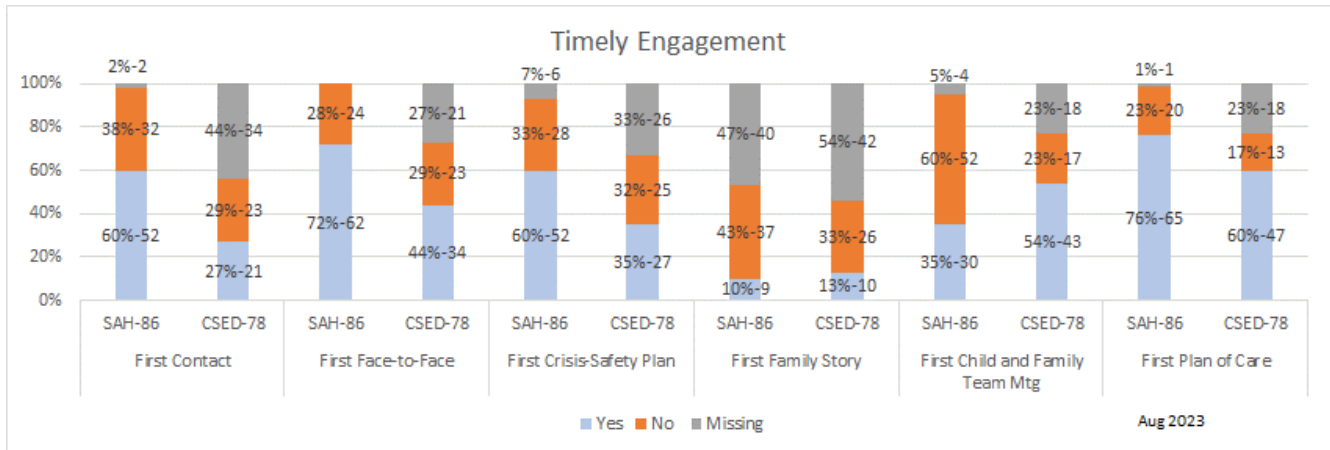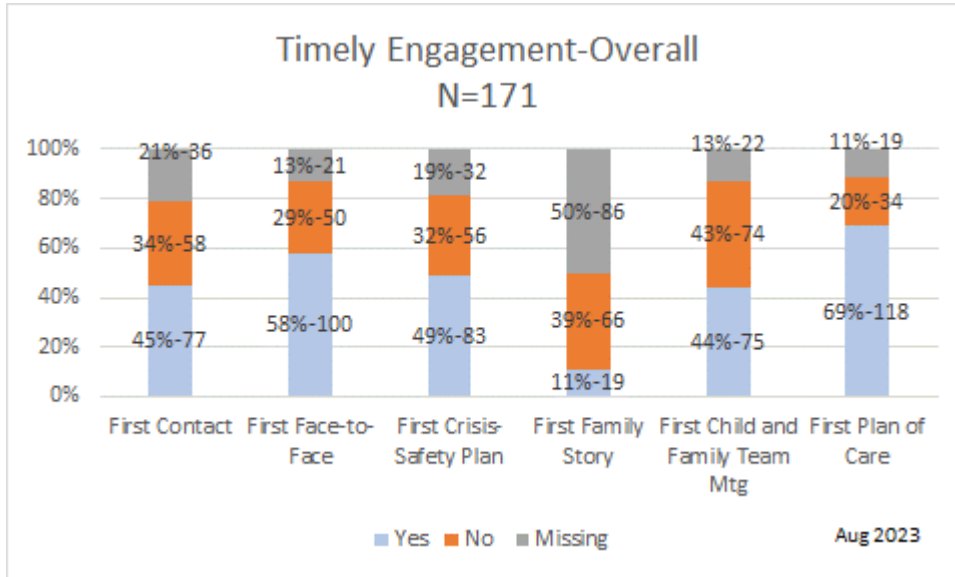
The above information should be reviewed with caution. It was very difficult at times to retrieve data on dates for the information above. Documentation was not always clear. One example of this is with the family story. Although family stories were reviewed, the majority did not have a date on them. Another example is that when reviewing demographic or enrollment information in the WV CANS System, the information was not always consistent with documentation in notes or plans. It was difficult to see when BBH or CSED case records were opened in the WV CANS System or on the plan of care. Also, there was one provider included in the review that did not provide Progress Notes due to the delay in uploading information. This will also affect the results, as reviewers mostly could not determine through documentation when certain events occurred.

Time Between Family Team Meetings-Overall
N=171

8%-13

59%-101

33%-57

No more than 35 days between Family Team Meetings

■ Yes ■ No ■ Missing

Aug 2023

Time Between Family Team Meetings

2%-2

37%-32

61%-52

No more than 35 days between Family
Team Meetings (SAH-86)

12%-9

83%-65

5%-4

No more than 35 days between Family
Team Meetings (CSED-78)

■ Yes ■ No ■ Missing

Aug 2023
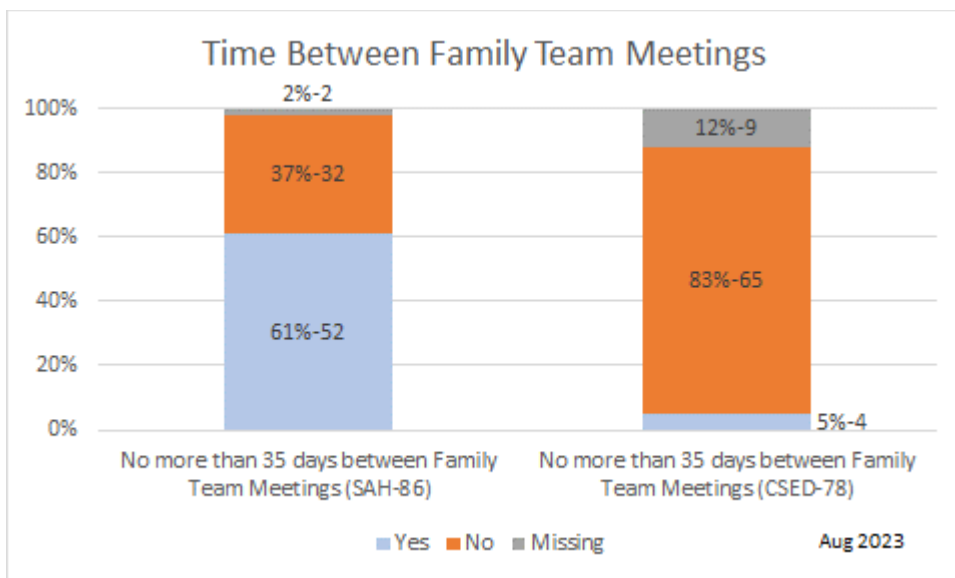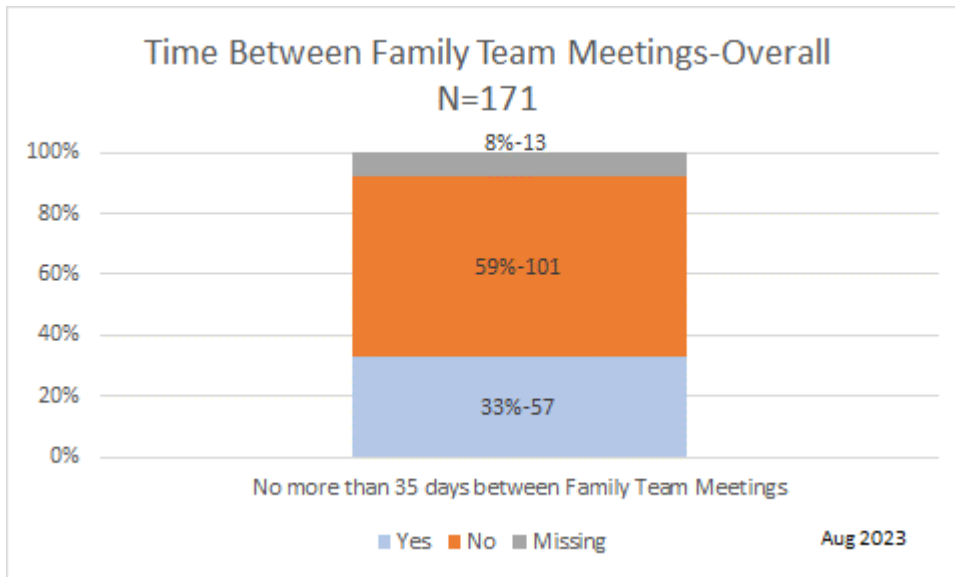
The time between Family Team Meetings was easier to assess since the plan of care should have been reviewed at that time. Those dates were utilized for scoring. As can be seen, CSED providers did not meet this requirement since according to policy the POC must be formally reviewed and approved by the Child and Family Team at least every 90 calendar days. CSED providers are to informally review the plan every 30-45 days but there was no evidence this was being done.
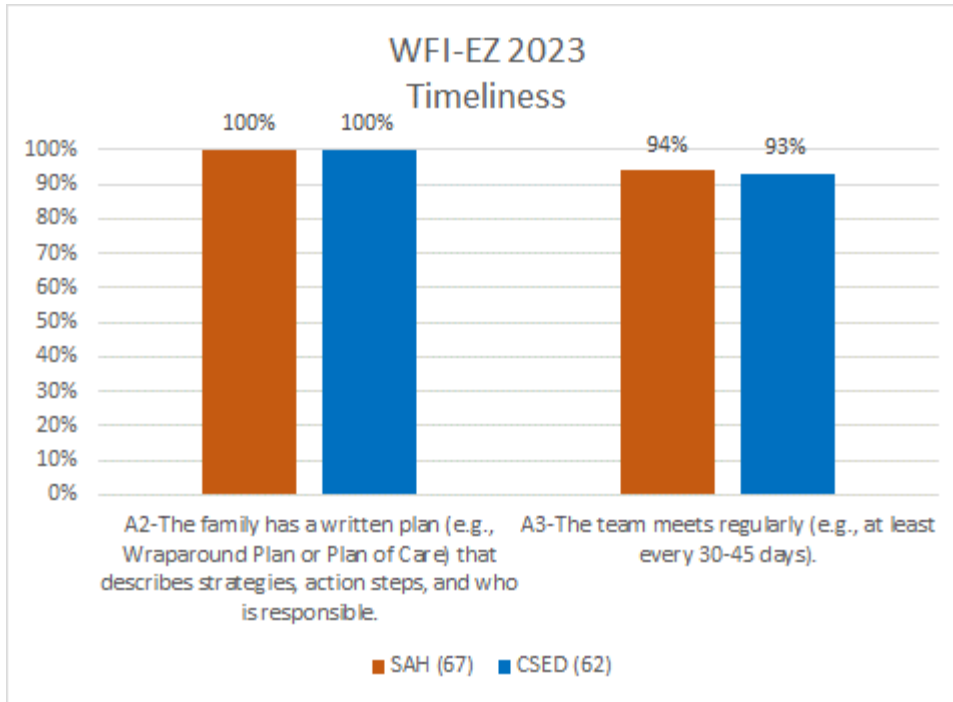
The wraparound facilitators reporting may have not understood A3. The team should meet at least every 30-45 days according to the WFI-EZ but for the DART no more than 35 days is to occur between teams. Timeframes are not being met according to the DART.

Recommendations
- Clarify in the WV CANS System the date of enrollment definition and the importance of demographic information.
- Consider documentation of initial time frames as SAH cases are required to do in the CANS System or consider adding a section to the plan of care with all relevant timeframes and have a space for supporting documentation, similar to CSED's Meeting Summary. **See Appendix A and B.**

MEETING ATTENDANCE

In wraparound, it is believed that a team of people working together around common goals and objectives are more likely to produce more effective outcomes. A team should be developed that includes both formal and natural supports. The team members should attend all or most of the face-to-face, phone or virtual meetings.

Fidelity Items DART

- At least one caregiver or close family member attended every Child and Family Team Meeting.
- The youth attended every Child and Family Team Meeting, if the youth is age 11 or older.
- All key representatives from school, child welfare, and juvenile justice agencies who seem integral to the plan of care attended nearly every Child and Family Team Meeting.
- All other service providers who seem integral to the plan of care attended nearly every Child and Family Team Meeting.
- All peer partners (e.g., family advocates, family support partners, youth support partners, etc.) who are working with the youth and family attended nearly every Child and Family Team Meeting.
- At least one natural support (e.g., extended family, friends, and community supports) for the family attended every Child and Family Team Meeting.

Fidelity Items WFI-EZ

- A1-The family is part of a wraparound team AND this team includes more members than just the family and one professional (e.g., yourself).
- A4-The wraparound team's decisions are based on input from the family.
- B1-The family had a major role in choosing the people on their Wraparound team.
- B17-I sometimes feel like members of this wraparound team do not understand or respect the family.

Results

Team Participation-Overall
N=171

Team Participation
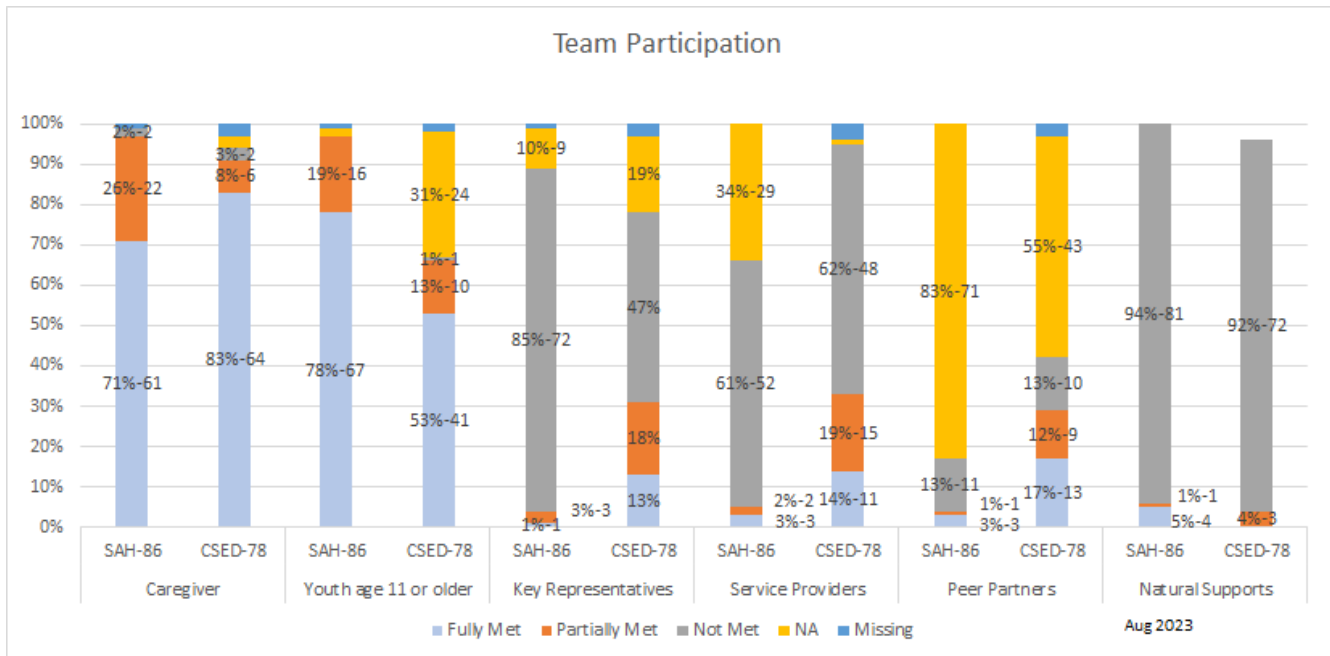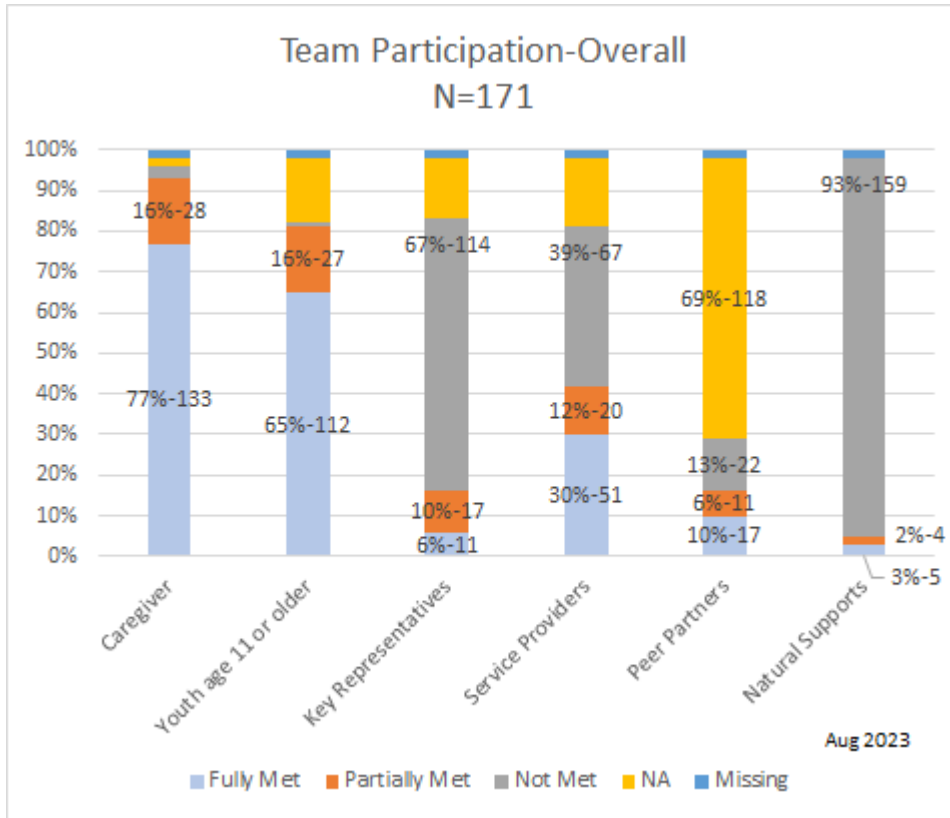
The caregiver and youth, if they are age 11 or older and developmentally can participate, are expected at every meeting. These should be face-to-face. If the youth is in an out-of-home placement they can attend virtually. All other representatives, service providers, peer partners and natural supports can attend virtually but must attend during the child and family team meeting time. In other words, the wraparound Facilitator, caregiver, and youth cannot meet alone and then send the plan out for signatures.

Sometimes the team member's role is not clear. Key representatives of school, child welfare and juvenile justice are often involved in the family's life. These representatives should attend at least 80% of the meetings to meet full fidelity standards. Other Service providers, such as therapists, tutors, etc. should also attend. At least one informal/natural support should be at every meeting and 93% of the time this is not happening.

Signature Sheets were not always present or were electronically signed. It was not clear if the member was at the team meeting or not without looking through extra documentation. It could not always be determined even by reviewing progress notes or monthly summaries.

Most teams are composed of caregiver, youth, and wraparound facilitator. Sometimes the Aetna case manager is involved.
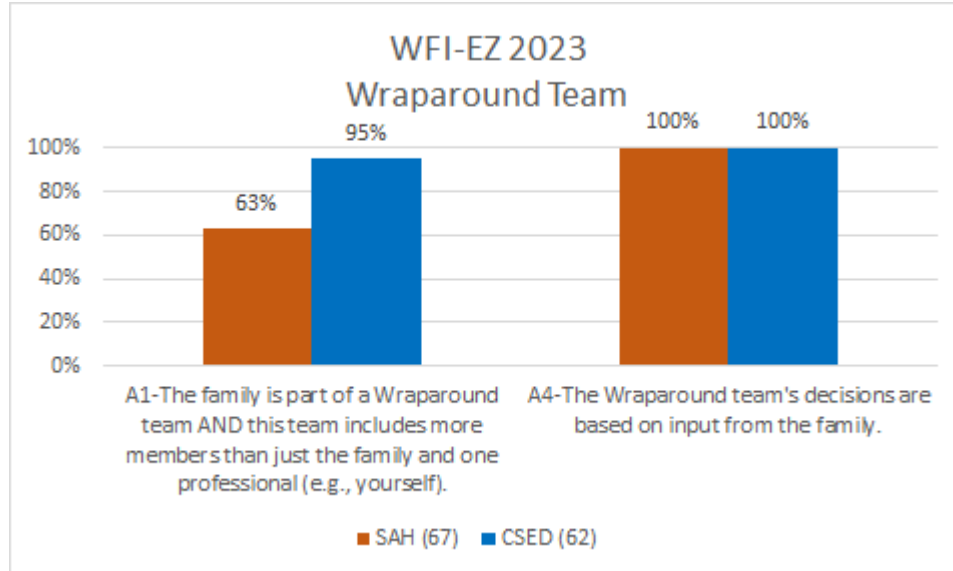
CSED wraparound coordinators were more likely to report participation from others than just the family. They are probably counting the Aetna case manager. Both SAH and CSED report decisions are based on family input.

WFI-EZ 2023 Wraparound Team

B1-The family had a major role in choosing the people on their Wraparound team.
- SAH: 1
- CSED: 1.4

-2 Strongly Disagree; -1 Disagree; 0 Neutral; 1 Agree; 2 Strongly Agree

■ SAH (67) ■ CSED (62)
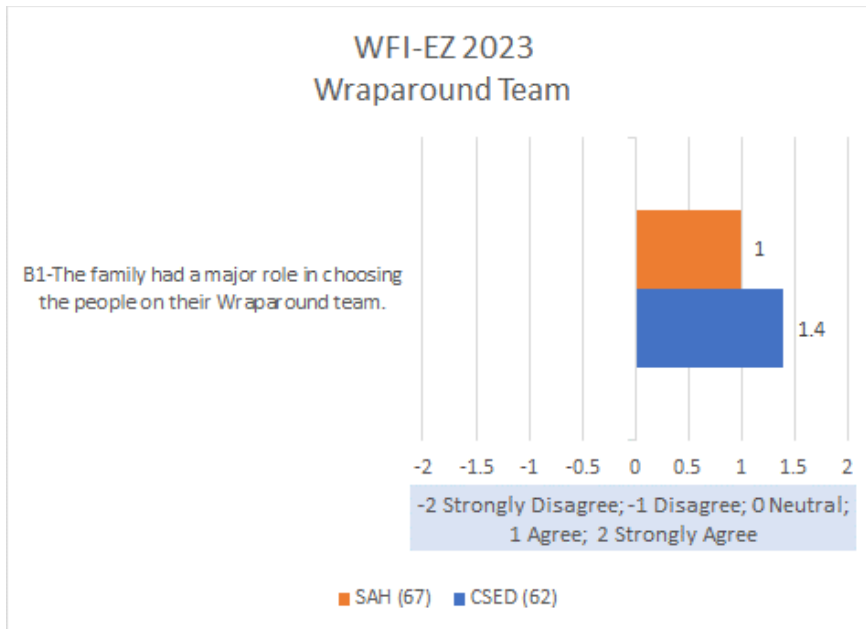
Both SAH and CSED providers report that the family has a major role in selecting team members. According to NWIC, the wraparound facilitator does not select the relevant individuals to participate in the team. It is their job to gather the information around who is relevant to the process, reach consensus with the family to include all the relevant formal and informal supports on the team and then reach out to those potential team members to engage them in the process. Problems with this were also noted in the DART review.

WFI-EZ 2023
Wraparound Team

(Reverse Scored)B17-I sometimes feel like members of this Wraparound team do not understand or respect the family.

SAH (67) = 1.2
CSED (62) = 1.4

-2 Strongly Agree; -1 Agree; 0 Neutral; 1 Disagree; 2 Strongly Disagree
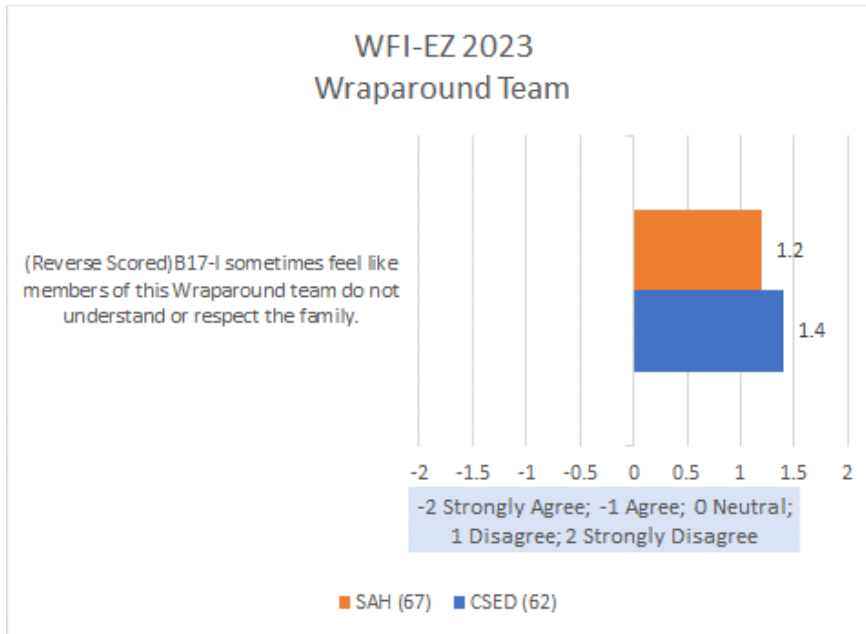
This item is reversed scored, so the wraparound facilitator should disagree with the statement for it to be positive. The results indicate they feel like the family is understood and respected by the team.

Recommendations

- Train wraparound facilitators to make sure signature sheets are signed or they indicate who was at the meeting and if attending virtually. The reason for attending virtually should be noted. Signature sheets should be included with the Plan of Care. This is clearly done in CSED cases where Meeting Minutes are required and are part of the Plan of Care. This was very beneficial during the review and should be required by all funding sources. **See Appendix B**
- Clear expectations should be established related to team composition by Bureau leadership. Organizations and staff should be held accountable for developing balanced wraparound teams and with further training, and technical assistance.
- It is recommended that key stakeholders/system partners, service providers and community-based entities receive education/overview of wraparound including the basics of the process, their role on a Wrap Team, etc.

DRIVEN BY STRENGTHS AND FAMILY

The wraparound process is family driven. This means the family's perspectives, preferences and opinions are understood and are considered in decision making in the team process. To ensure the process is family driven the following will occur:

Identification and Use of Functional Strengths

The family's plan of care is driven by the strengths of the youth, family, and team members. The strengths identified are to be functional strengths, which describe assets, traditions, and rituals that the youth and members of the family to cope during difficult times. They are not descriptive strengths such as, the person is kind or likes cars. They can include talents and interest if they can be used in an organized way to meet youth and family needs and moves the family closer toward their vision for the future. These strengths are linked to strategies in the plan of care.

Family Story is Created

The family story helps explore the family's culture, beliefs, and values as they relate to reasons the family enrolled in wraparound.

Family Vision Statement Guides the Process

The family vision statement informs the team of what the family is striving for and establishes the family's goals for participating in the wraparound process. Every meeting should open with the family's vision statement.

Fidelity Items DART

- An inventory of the <u>youth's</u> strengths is present, and at least two strategies included in the plans of care are clearly linked to his/her identified strengths.
- An inventory of the <u>family's and/or family members'</u> strengths is present, and at least two strategies included in the plans of care are clearly linked to their identified strengths.
- An inventory of the <u>team's and/or team members'</u> strengths is present, and at least two strategies included in the plans of care are clearly linked to their identified strengths.
- The inventory of strengths (for whomever is present) is updated at least quarterly.
- Detailed and specific examples of the youth's and family's culture, values, and beliefs are provided, especially as they relate to the reasons the family enrolled in wraparound.

- There is a clearly articulated, positively worded, long-range vision for the ENTIRE family (not only the youth or only the caregiver). (If the youth is transition-age and does not have family members on the team, the vision can be only about the youth.)

Fidelity Items WFI-EZ
- B3-At the beginning of the wraparound process, the family described their vision of a better future, and this statement was shared with the team.
- B14-The wraparound plan included strategies that were linked to things the family likes to do.

Results

Strengths Identified and Linked to the Plan of Care
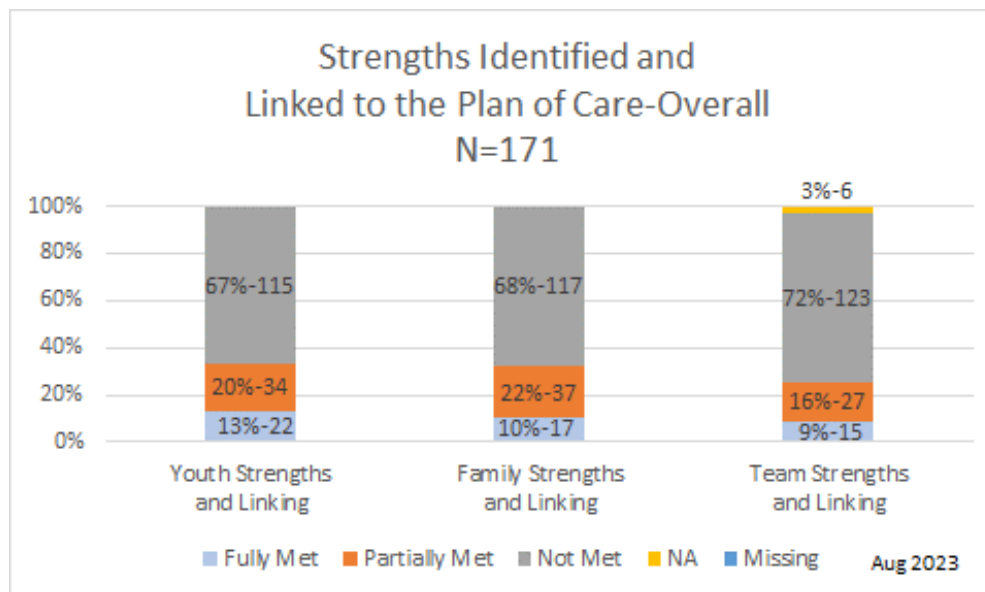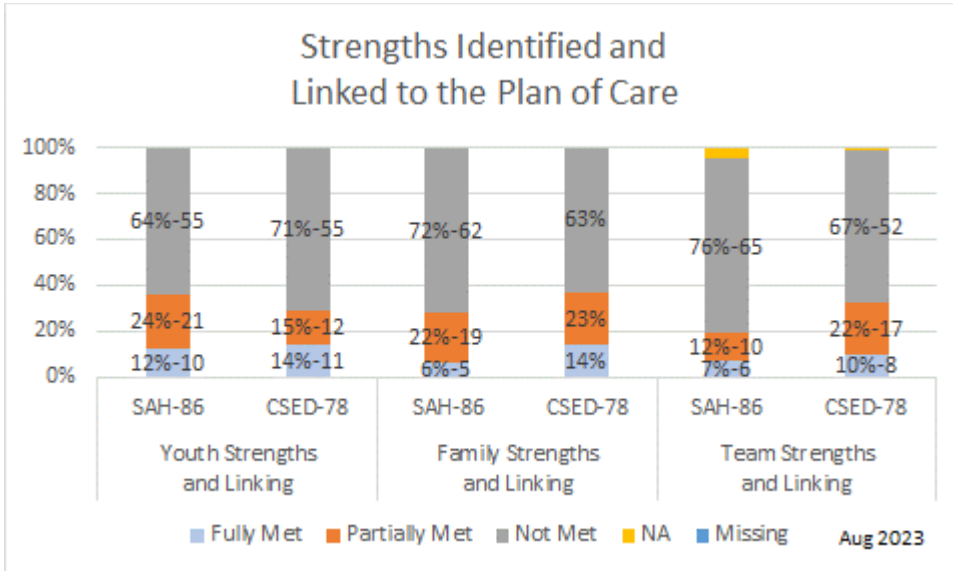
To meet fidelity on these items, first, "functional" strengths had to be identified, and then at least two strategies had to be linked to the strengths listed. The practice model previously being used in WV did not define strengths in this way. With implementation of hi-fidelity wraparound, staff are being trained and coached to ensure strengths are functional and used to inform the planning process. The wraparound facilitators are listing strengths for the youth, caregiver, and team members but most are not functional strengths. Even if they are functional, they are not being used in at least two strategies.

Inventory of Strengths Updated Quarterly Overall N=171

Inventory of Strengths Updated Quarterly
Aug 2023

SAH-86: Fully Met 6%, Partially Met 20%-17, Not Met 72%-62, Missing 2%-2
CSED-78: Fully Met 8%-6, Partially Met 29%-23, Not Met 62%-48, Missing 1%-1

Legend: Fully Met, Partially Met, Not Met, NA, Missing
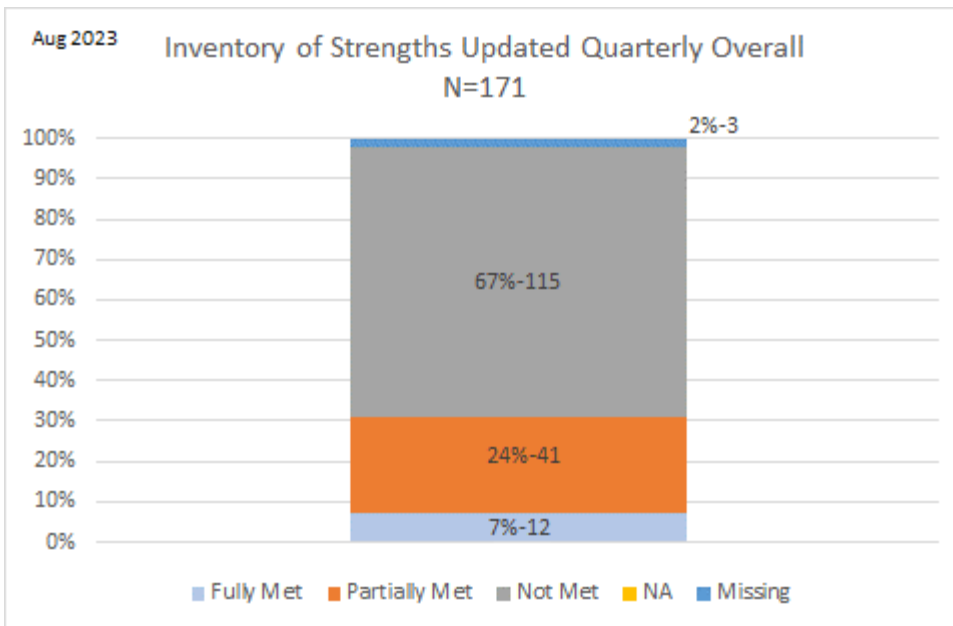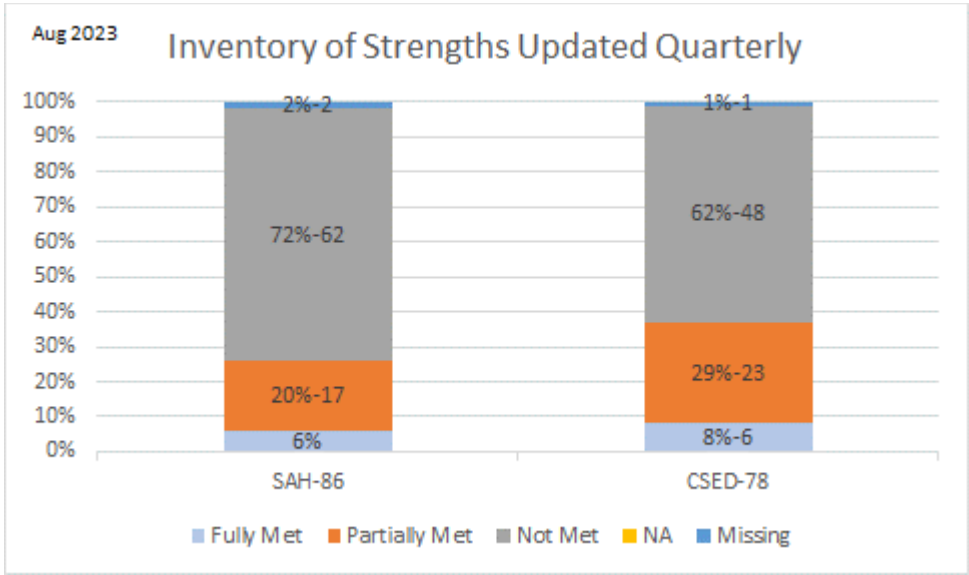
In most Plans of Care there was no evidence that the strengths had been updated at least quarterly. Most strengths did not change on the plan. No differences between funding sources were seen.

Family Story, Culture, Values, Beliefs and Vision Overall
N=171

Family Story: Fully Met 14%-24, Partially Met 11%-18, Not Met 75%-129
Long Range Vision for Family: Fully Met 36%-62, Partially Met 31%-53, Not Met 33%-56

Legend: Fully Met, Partially Met, Not Met, NA, Missing
Aug 2023

Family Story and Vision
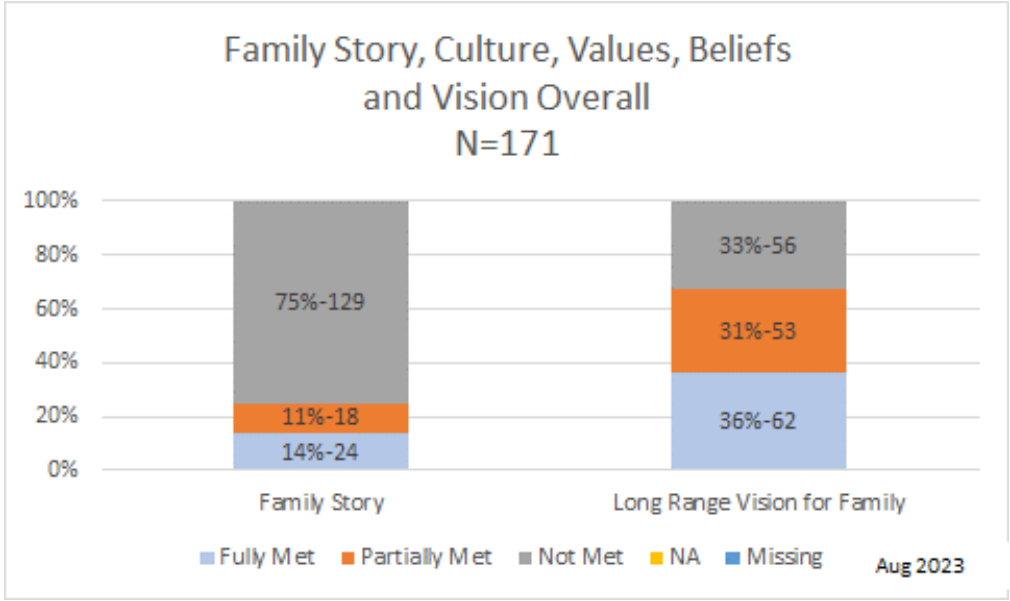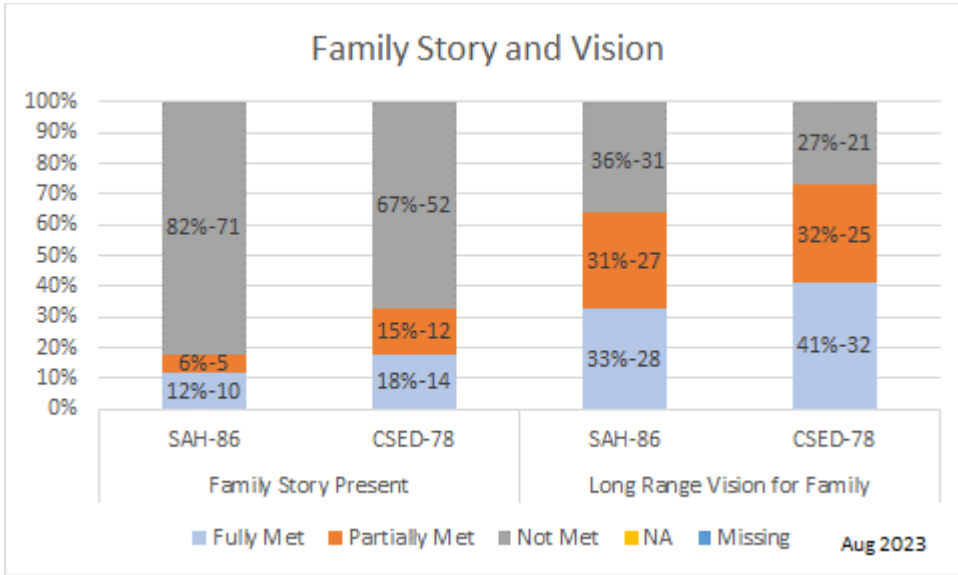
All youth were to have a family story. If no family story was provided it was marked as not met. For families that did have a story, the story did not always address the beliefs, culture, or values related to the reason for referrals. These were also marked as not met.

In most documentation (67%) the long-range vision either met or partially met fidelity. For the records that partially met the item, the long-term vision only applied to the youth, not the entire family. The family vision must be for the whole family not the youth only.

WFI-EZ 2023
Strengths
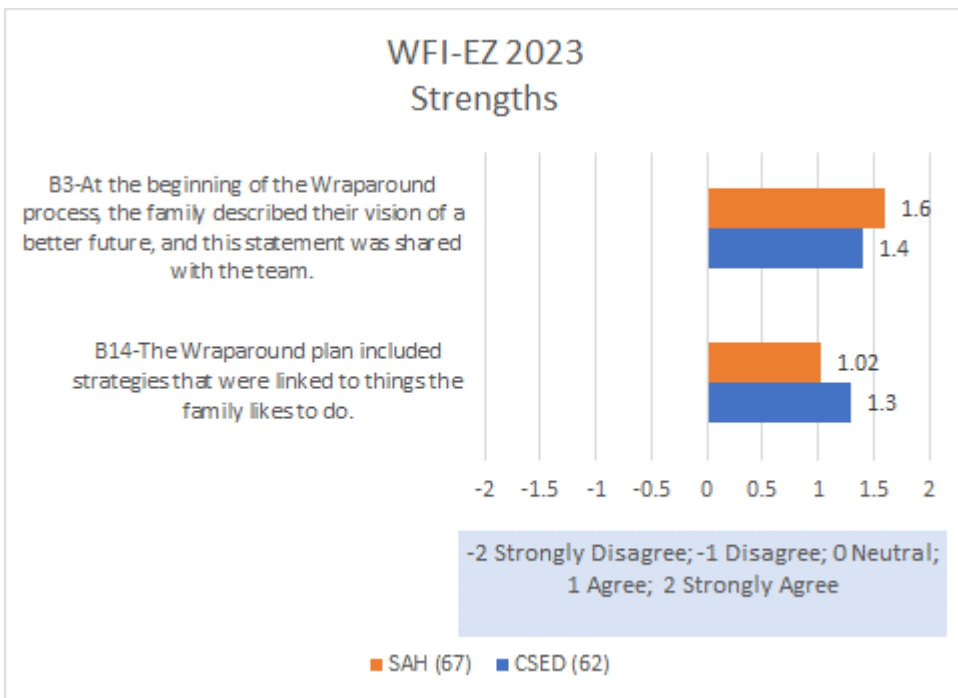
It is true that most all of the families have a vision statement but when reviewed against the DART it does not always meet standards. Wraparound facilitators for the case records reviewed stated they were linking strategies to what the family liked to do. This was not reflected in the DART. Strengths were not linked to the strategies.

Recommendations

- Additional training, coaching, focused fidelity reviews and technical assistance to address the development of the Family Story and the identification of functional strengths for all family and team members as well as how to use these identified strengths within the planning process.
- Utilize past tools of CSED or other tools to help identify youth and family strengths and to develop a family story.
- Include a section on plan of care that specifically reminds facilitators to update strengths in the strengths section and include a date when reviewed.

NATURAL AND COMMUNITY SUPPORTS

A key principle of wraparound is that individuals connected to the family and youth by virtue of being "friends, family or faith" are identified as natural supports, participate in the team process and support the youth and families over the long term. Natural supports can include extended family that live outside the home, friends, neighbors, faith representatives, other non-paid organizations. Community supports, by contrast, are individuals who provide support, for example, by providing an activity to the youth and family, such as a mentor or YMCA basketball coach.

Fidelity Items DART

- At least one natural support (e.g., extended family, friends, and community supports) for the family attended every Child and Family Team Meeting.
- Documentation identifies the youth's and family's natural, or community supports and explains how they might be part of the team or involved in implementing the plan of care.
- If natural supports are not consistently attending Child and Family Team Meetings, then there is evidence of ongoing and persistent efforts to identify and engage them.

Fidelity Items DART

- B9-Through wraparound, the family has increased the support it gets from friends and family.
- B10-Through wraparound, the family has built strong relationships with people they can count on.
- B12-The wraparound team does not include any natural supports such as friends, neighbors, or family members.
- B13-Through wraparound, this family was linked to new community resources that were critical to meeting their needs.
- B16-The wraparound team includes people who are not paid to be there (e.g., friends, family, faith).
- B18-The wraparound plan includes strategies that do not involve professional services and are things the family can do itself or with help from friends, family, and community.
- B23-It is possible that the wraparound process could end before the family's needs have been met.

Results

Identified and Involvement of Natural Supports-
Overall
N=171

Identified and Involvement of Natural Supports
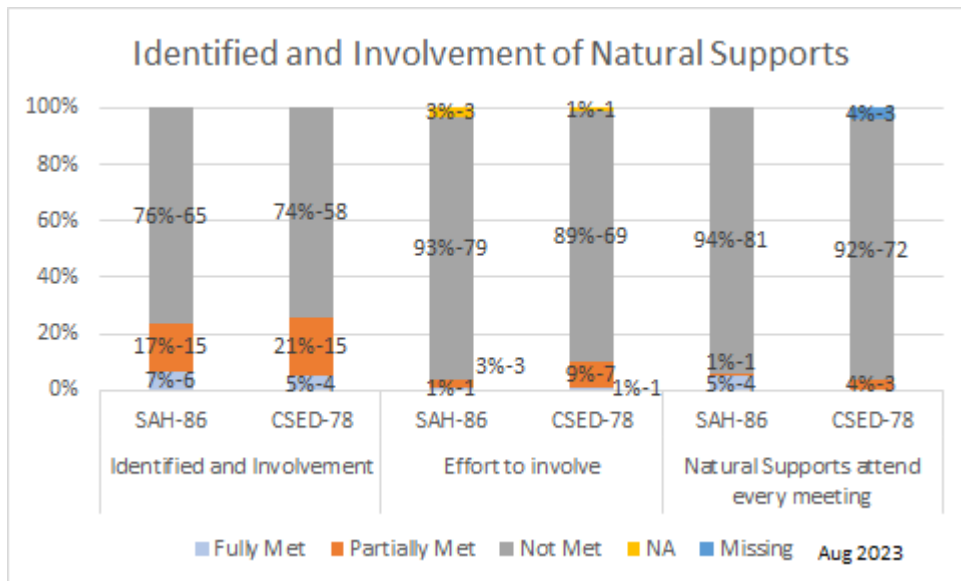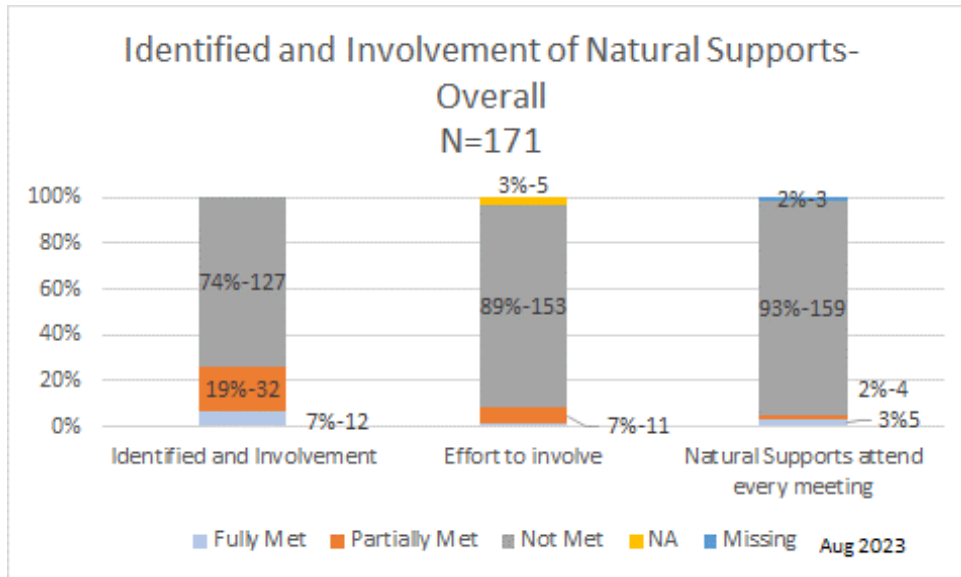
In most documentation, natural supports were not even identified in the plan and if they were the effort to get them involved was not documented. To meet fidelity, a natural support must be part of the team that meets a minimum of once every 30 days. Sometimes possible team members were identified but no efforts were made by the wraparound facilitator to engage them. In one example, a caregiver identified her uncle and cousin as being supports and as possible team members, but they were never included in the team meetings or utilized in the strategies to meet the youth's needs.

WFI-EZ 2023
Natural Supports

B18-The Wraparound plan includes strategies that do not involve professional services, and are things the family can do itself or with help from friends, family, and community.
SAH: 1
CSED: 1

B16-The Wraparound team includes people who are not paid to be there (e.g., friends, family, faith).
SAH: -0.2
CSED: 0.5

B13-Through Wraparound, this family was linked to new community resources that were critical to meeting their needs.
SAH: 0.8
CSED: 1.1

B10-Through Wraparound, the family has built strong relationships with people they can count on.
SAH: 0.8
CSED: 1.1

B9-Through Wraparound, the family has increased the support it gets from friends and family.
SAH: 0.6
CSED: 0.8

-2 Strongly Disagree; -1 Disagree; 0 Neutral; 1 Agree; 2 Strongly Agree

■ SAH (67)   ■ CSED (62)

Above the wraparound facilitators did indicate that natural supports are not involved and therefore are not able to provide increased support to the family. There is some linkage to community resources.

WFI-EZ 2023
Natural Supports

(reverse scored) B23-It is possible that the Wraparound process could end before the family's needs have been met. — SAH (67): 0.7, CSED (62): 0.2

(reverse scored)B12-The Wraparound team does not include any natural supports such as friends, neighbors, or family members. — SAH (67): -0.1, CSED (62): 0.2

-2 Strongly Agree; -1 Agree; 0 Neutral;
1 Disagree; 2 Strongly Disagree

■ SAH (67)   ■ CSED (62)

The results from the WFI-EZ do reflect similar problems with identifying and engaging natural supports.

Recommendations

- The training team should collaborate with the wraparound supervisors and facilitators to provide additional training and coaching on specific skills-based methods to identify and engage natural supports, as well as technical assistance in this area at the organizational and systems levels. Training and targeted coaching has occurred specific to engaging and increasing participation of natural and informal supports throughout 2023.
- Clear expectations should be established related to informal/natural supports active participation in Wraparound Team Meetings by Bureau leadership and organizations and staff are held accountable to ensure the composition of the team is balanced and at least 1 informal/natural support is participating on every wraparound team.

NEEDS BASED

Needs in wraparound are defined as "the conditions that cause a behavior or situation to occur or not occur and explain the underlying reasons why behaviors or situations happen." Underlying needs in wraparound. For example, "Matthew needs to feel like he is a permanent part of the family." Well-constructed underlying needs statements often use words such as, "know", "feel", or "understand".

Needs in wraparound are NOT something desired (the youth needs a driver's license), something that is an obligation (the youth needs to attend school), or services (e.g., the youth needs therapy). They are NOT deficit based. They are also not the same as Needs as included in the Child and Adolescent Needs and Strengths measure. though needs as rated via CANS items can be helpful in identifying priorities for the plan of care

Fidelity Items DART

- Needs statements for the youth are included in every plan of care and refer to the underlying reasons why problematic situations or behaviors are occurring. These needs are not simply stated as deficits, problematic behaviors, or service needs.
- Needs statements for family members are included in every plan of care and refer to the underlying reasons why problematic situations or behaviors are occurring. These needs are not simply stated as deficits, problematic behaviors, or service needs.
- No plan of care includes more than three needs statements.
- The strategies in the plans of care are clearly individualized and can be logically expected to meet the youth's and family's needs.
- The plans of care represent a balance between informal (natural and community) and formal strategies, services, and supports.
- There is evidence that the team reviews the status of task completion and/or strategy implementation at every meeting.
- There is evidence that progress toward meeting the youth's and family's needs is explicitly monitored at every meeting.
- There is evidence that the Wraparound Plan of Care is meaningfully updated at each team meeting (i.e., the strategies, outcomes, and/or needs statements are adjusted, as appropriate).

Fidelity Items WFI-EZ

- B2-There are people providing services to this child and family who are not involved in their wraparound team.
- B4-The family's wraparound team came up with creative ideas for its plan that were different from anything that had been tried before.
- B5- With help from its wraparound team, the family chose a small number of the highest priority needs to focus on.
- B6- The wraparound plan includes strategies that address the needs of other family members, in addition to the identified child or youth.
- B7-I am concerned that this family's team does not include the right people to help the child and family.
- B8-At every meeting, the wraparound team reviews progress that has been made toward meeting each of the family's needs.
- B15-Members of the wraparound team sometimes do not do the tasks they are assigned.
- B22-The family gives feedback about how the wraparound process is working for them at each team
- meeting.
- B11-At each team meeting, the wraparound team celebrates at least one success or positive event.

Results

Youth and Family Needs-Overall
N=171

Youth and Family Needs

Aug 2023

Youth's Needs: SAH-86, CSED-78
- SAH-86: Fully Met 21%-18, Partially Met 22%-19, Not Met 57%-49
- CSED-78: Fully Met 17%-13, Partially Met 21%-16, Not Met 62%-49

Family's Needs: SAH-86, CSED-78
- SAH-86: Fully Met 17%-15, Partially Met 12%-10, Not Met 71%-61
- CSED-78: Fully Met 10%-8, Partially Met 14%-11, Not Met 74%-59, NA 2%-1

3 or less needs: SAH-86, CSED-78
- SAH-86: Fully Met 85%-73, Not Met 10%-9, Missing 5%-4
- CSED-78: Fully Met 86%-67, Not Met 8%-6, Missing 6%-5

Legend: Fully Met, Partially Met, Not Met, NA, Missing

Strategies
N=171

Aug 2023

- Strategies are Clear and Individualized: Fully Met 46%-78, Partially Met 23%-40, Not Met 31%-53
- Strategies are Balanced Between Formal and Informal: Fully Met 15%-26, Partially Met 8%-13, Not Met 77%-132
- Strategies Encourage Natural Supports: Fully Met 7%134, Partially Met 4%-6, Not Met 89%-152
- Strategies Encourage a Connection to the Community: Fully Met 6%-11, Partially Met 9%-15, Not Met 85%-145

Legend: Fully Met, Partially Met, Not Met

Strategies

Aug 2023

The wraparound facilitators still have difficulty with the concept of underlying needs. Many are still indicating deficits in behavior or mental health. These should be part of what the strategies address. This also can be seen in other areas such as crisis plan development. Although the quality of strategies, goals, etc. are poor, the DART review team believe the components are in the plan of care but just not in the right place.

Plan Updates
N=171

Aug 2023

Plan Updates

	SAH-86	CSED-78	SAH-86	CSED-78	SAH-86	CSED-78
Not Met	21%-18	41%-32	24%-21	42%-33	48%-41	53%-42
Partially Met	16%-14	15%-12	16%-14	13%-10	28%-24	24%-19
Fully Met	63%-54	44%-34	60%-51	45%-35	24%-21	23%-17
	Progress Strategies and Tasks		Progress Toward Meeting the Need		Plan is Updated at Each Meeting	

Legend: Fully Met, Partially Met, Not Met — Aug 2023
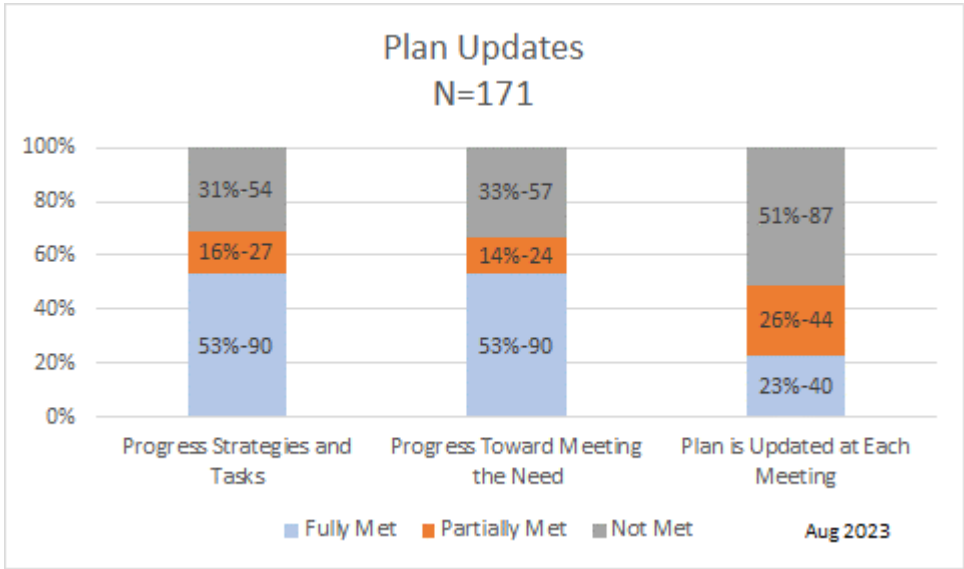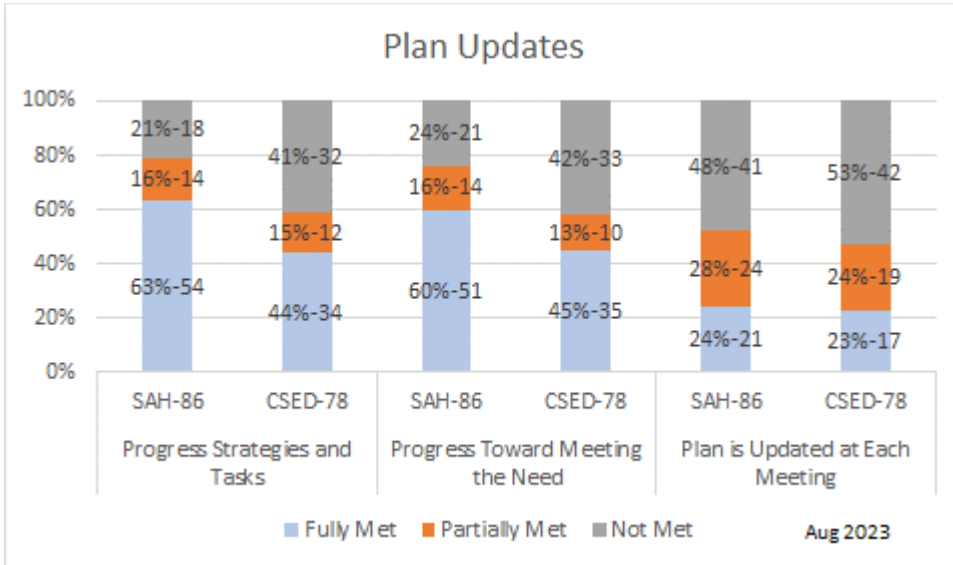
There is a location on the plan of care to indicate progress in the above. Sometimes progress was not documented. When looking at the WFI-EZ results below, the wraparound facilitators believe they are meeting these requirements.

WFI-EZ 2023 Needs

Item	SAH (67)	CSED (62)
B11-At each team meeting, the Wraparound team celebrates at least one success or positive event.	1.2	1.4
B22-The family gives feedback about how the Wraparound process is working for them at each…	1	1.4
B7-I am concerned that this family's team does not include the right people to help the child and family.	1.1	1.1
B6- The wraparound plan includes strategies that address the needs of other family members, in…	1	1.3
B5- With help from its Wraparound team, the family chose a small number of the highest priority needs…	1.5	1.5
B4-The family's wraparound team came up with creative ideas for its plan that were different from…	1	1.4

-2 Strongly Disagree; -1 Disagree; 0 Neutral; 1 Agree; 2 Strongly Agree

WFI-EZ 2023
Needs

SAH (67)   CSED(62)

-2 Strongly Agree; -1 Agree; 0 Neutral; 1 Disgree; 2 Disagree

Recommendations

- It is recommended that NWI terms for needs, strategies, and task be cross-walked with a traditional treatment/service plan found in child serving systems. Quality strategies, etc. may have been documented but located in the wrong area of the plan of care.
- Reinforce that although the family is in the driver's seat, the wraparound facilitator should be the navigator by using their beliefs, and values as a road map.
- TCOM staff to train on how to utilize CANS and other assessment information in the plan of care so that essential elements are included.

OUTCOMES BASED

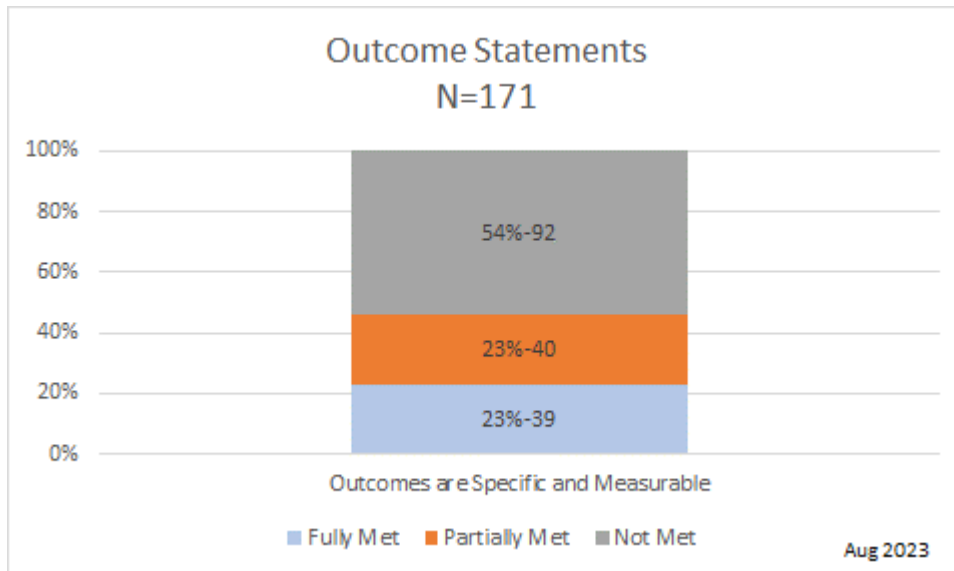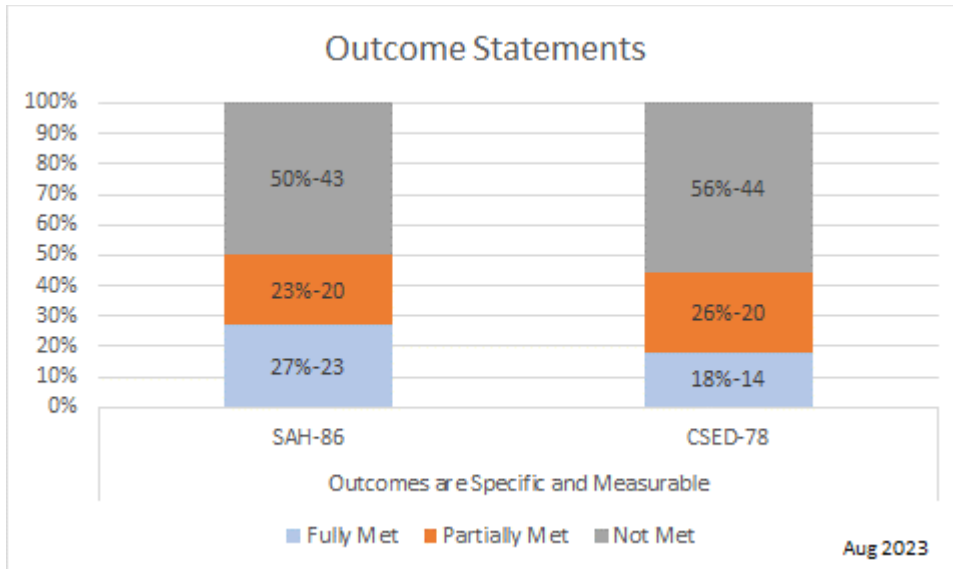|	
	There should be an outcome statement for each prioritized need that is measurable and addresses the reason for the referral.

Fidelity Item DART

- The outcomes outlined in the plans of care are specific and measurable using objective and verifiable measures, not just general or subjective feedback.

Fidelity Item WFI-EZ

No specific items for this domain.

Results

Outcome Statements

Outcomes are Specific and Measurable

Legend: Fully Met, Partially Met, Not Met

Aug 2023

SAH-86: Fully Met 27%-23, Partially Met 23%-20, Not Met 50%-43

CSED-78: Fully Met 18%-14, Partially Met 26%-20, Not Met 56%-44

Outcome statements are developed based on the initial reason for referral and the behaviors that require immediate action. In addition, the outcomes should be measurable and specific to the reason for referral. Some of the records reviewed did include other outcome statements than just the CANS, therefore meeting criteria. Some wraparound facilitators are still using CANS items within the plan to track outcomes. The CANS items can be used to track overall outcomes for the family but should not be used within the plan of care.

Recommendation
- Further training, technical assistance, and coaching to address wraparound staff's understanding of outcome statements in wraparound including how outcomes statements related to the reason for referral should be tracked over time to demonstrate a change in behavior.
- TCOM staff to train on how to utilize CANS and other assessment information in the plan of care so that essential elements are included.

CRISIS/SAFETY PLANNING AND CRISIS RESPONSE

A Crisis or Safety Plan should be developed at the first face-to-face meeting with the family. The plan should include history/reason for referral, safety Issues that are non-negotiable, crisis as defined by the family, crisis triggers, action steps that are in order of least restrictive to more restrictive and resources and techniques to use to alleviate crisis, and list of people and contacts.

Fidelity Items DART
- There is at least one crisis/ safety plan found in the record.
- The crisis/safety plan(s) identifies triggers or behaviors that indicate onset of a crisis or risk situation, especially those triggers or behaviors that precipitated the referral for wraparound or are placing the youth at risk of out-of-home placement or increased residential restrictiveness.
- The crisis/ safety plan(s) identifies specific actions and interventions and assigns specific responsibilities for who will take these actions.

Fidelity Items WFI-EZ
- B20-An effective crisis plan is in place that ensures this family knows what to do in a crisis.

How did the team respond to a crisis? Wraparound fidelity items examine if a crisis occurred while in wraparound, if the plan was updated after the crisis and a Child and Family Team was held after each crisis event.

Fidelity Items DART
- While enrolled in wraparound, how many crises/reportable events (arrest, suicide attempt, hospitalization, removal from home, etc.) has the youth experienced?
- After each crisis/reportable event, the crisis/safety plan was updated within 24 hours.
- After each crisis/reportable event, a Child and Family Team Meeting was held within 72 hours.

Results

Is there a Crisis/Safety Plan Present-Overall
N=171

98%-168

2%-3

Yes No

Aug 2023

Is there a Crisis/Safety Plan Present

2%-2

1%-1

98%-84

99%-77

SAH-86

CSED-78

Yes No

Aug 2023

Crisis/Safety Plan-Overall
N=171

Triggers Present
- Fully Met: 44%-75
- Partially Met: 29%-50
- Not Met: 25%-44
- Missing: 2%-2

Specific Actions and Responsibilities
- Fully Met: 47%-81
- Partially Met: 17%-29
- Not Met: 34%-58
- Missing: 2%-3

Legend: Fully Met, Partially Met, Not Met, NA, Missing

Aug 2023

Crisis/Safety Plan

Triggers Present
- SAH-86: Fully Met 40%-34, Partially Met 28%-24, Not Met 31%-27, Missing 1%-1
- CSED-78: Fully Met 50%-39, Partially Met 31%-24, Not Met 18%-14, Missing 1%-1

Specific Actions and Responsibilities
- SAH-86: Fully Met 47%-40, Partially Met 17%-15, Not Met 35%-30, Missing 1%-1
- CSED-78: Fully Met 52%-40, Partially Met 15%-12, Not Met 32%-25, Missing 1%-1

Legend: Fully Met, Partially Met, Not Met, NA, Missing

Aug 2023

Almost all case records had a crisis plan. The identification of triggers and specification actions and responsibilities varied greatly from case record to case record. Triggers preceding a crisis or the behaviors that indicate onset of a crisis or risk situation should be documented. Triggers should especially address the reason for referral or behaviors that may lead to crisis/safety concern or elevation to a higher level of care and/or out-of-home placement.

Most (64%) of the charts addressed specific actions and the responsibilities for those actions. To receive a rating of fully met, the plan had to take the actions a step further and indicate additional steps if the first step did not work.

Crisis Response
N=213 Identified Crisis for 75 youth

Crisis Response
SAH=75 Identified Crisis for 32 youth
CSED=125 identified Crisis amd 39 youth
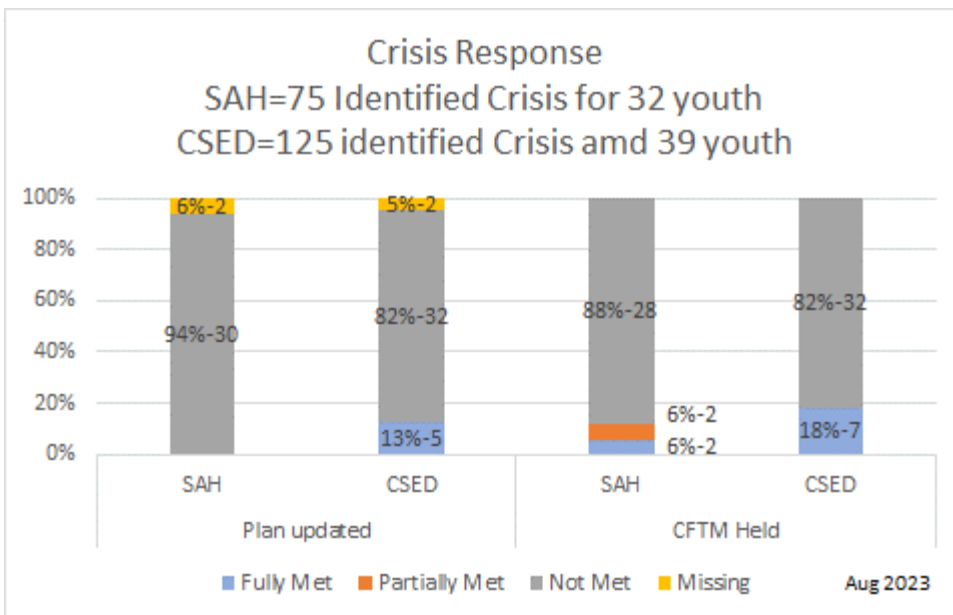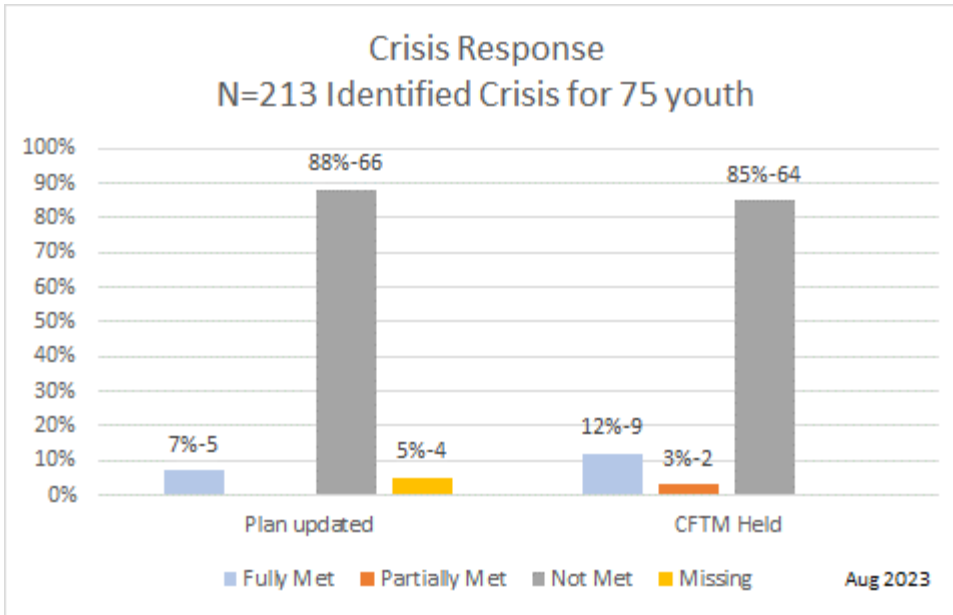
There were seventy-five (75) youth with two-hundred and thirteen (213) incidents resulting in a crisis that required a response. The state definition of what constitutes a crisis or incident is not clear. For the youth reviewed, an arrest, suicide attempt, aggression at school, home or in the community that put others at harm, police contact, and running away were used to define a crisis.

WFI-EZ 2023
Crisis Planning

B20-An effective crisis plan is in place that ensures this family knows what to do in a crisis.

-2 Strongly Disagree; -1 Disagree; 0 Neutral; 1 Agree; 2 Strongly Agree

■ SAH (67)   ■ CSED (62)
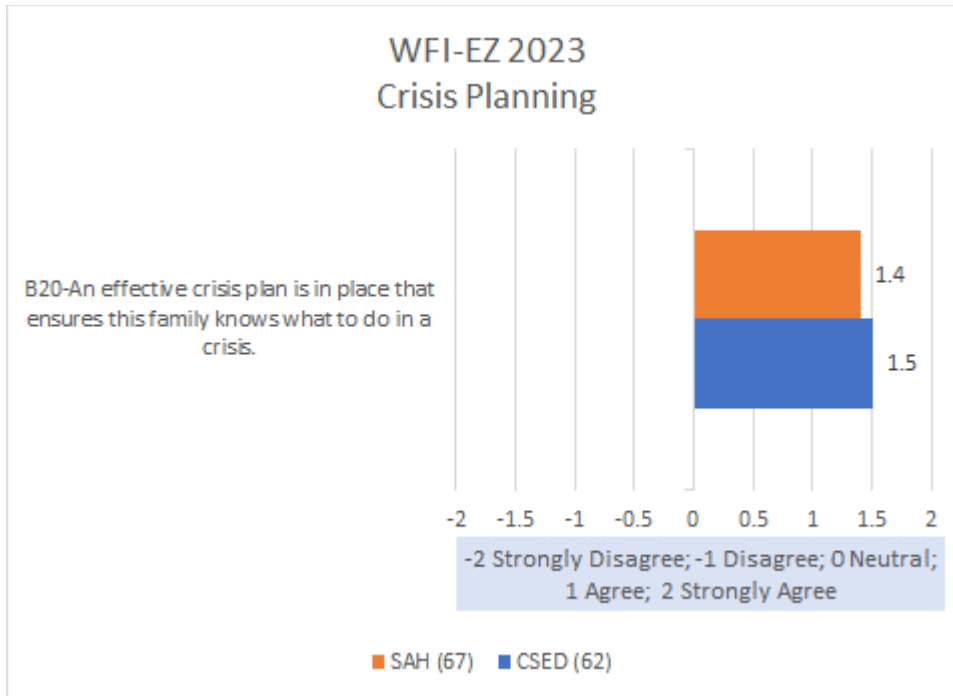
There are crisis plans in the charts, but the quality is not at a hi-fidelity level even though the wraparound facilitator may have met the WFI-EZ standard.

Recommendations

- It is recommended that the Bureaus set clear expectations to indicate what is considered a crisis, time frames for response and team meetings and how to document this in the chart.
- All funding sources utilize the CSED incident reporting section of the plan of care. **See Appendix B.**
- Further training and coaching will continue to address what to do if an identified crisis occurs as well as how to develop effective crisis plans that attend to the reason for referral and other safety concerns. Formal training specific to trauma and safety/crisis planning was provided by NWIC during three Intermediate Wraparound trainings in 2023 and targeted coaching sessions related to these skill sets has occurred with multiple wraparound supervisors. During December 2023, the Marshall University coach candidates also led group coaching sessions on these topics.

TRANSITION PLANNING

Once the youth and family have moved successfully through Phases I-III, then it is time to begin transitioning the family by identifying supports, continued needs for services, and developing a crisis plan for when formal wraparound services end. It also a time for celebration!

Fidelity Items DART
- The Wraparound Plans of care produced during the transition phase identify needs, services, and supports that will continue after formal wraparound ends or when the youth transition to the adult service system.
- There is a post-wraparound crisis management plan.
- A commencement celebration respectful of the youth's and family's traditions/culture is planned and/or is documented.

Fidelity Items WFI-EZ
- B21-The wraparound team and the family have talked about how they will know it is time to transition out of formal wraparound.
- B24-Because of the wraparound process, I am confident that the family will be able to manage future
- problems.
- B25-The family has been connected to community support and services that meet their needs.

Results

Transition Planning-Overall
(N=63 youth were in or had gone through transition phase)

Transition Planning
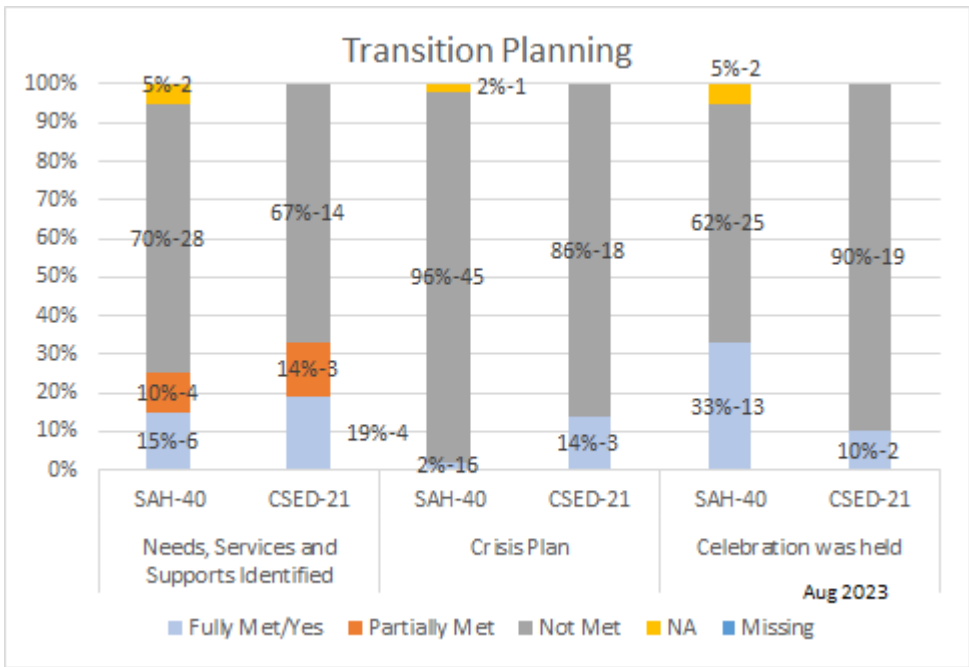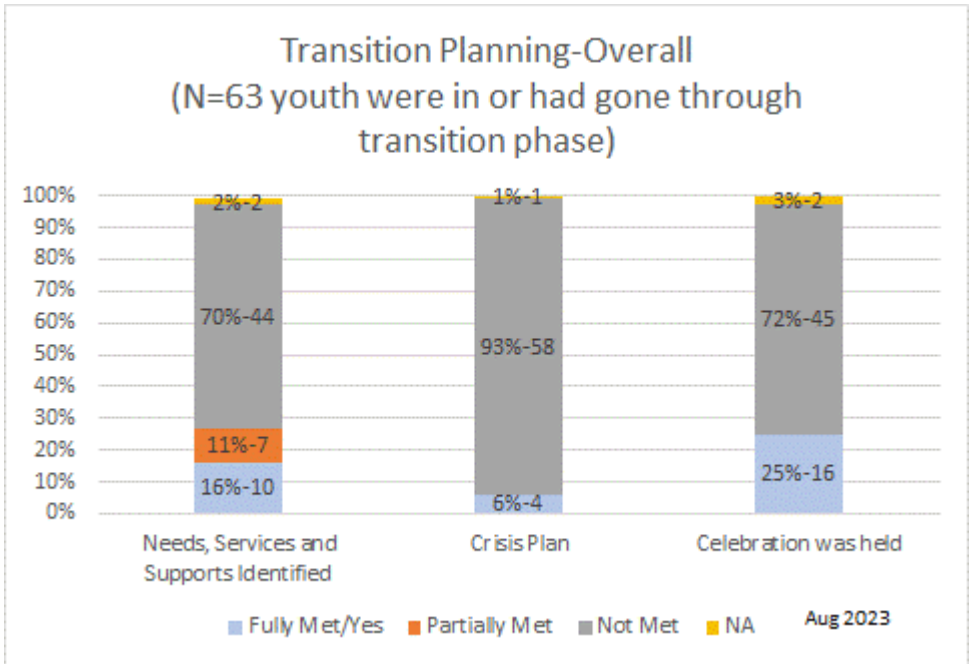
The Transition Plan in the plan of care is NOT what is needed for the Transition Phase of wraparound. The transition phase of wraparound is the final phase before the family leaves the program. It would be similar to the discharge planning section of the plan but with specific requirements being met.

Transition activities should occur in all cases regardless of age. Documentation within the plan, summary notes and progress notes were used to assess the standards.
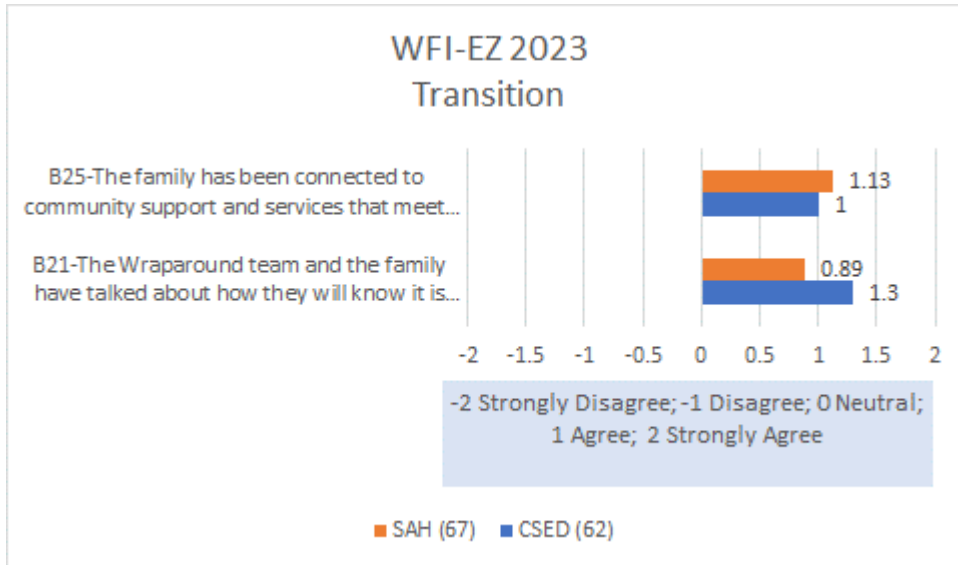
The transition plan in the current plan of care does not address the two WFI-EZ standards above nor do notes always reflect that transition needs have been addressed.

Recommendations

- The plan of care needs revised to address the transition phase of wraparound, not transitional living. Transitional planning is to occur with every youth/family that is in Phase 4. Formal transition planning should begin a minimum of 90 days prior to discharge from wraparound
- WV and the wraparound provider should identify what represents a celebration. This would be individualized based on each youth/family and their unique family culture.

OUTCOMES

In wraparound there are several areas that are reviewed for overall outcomes:
- Adverse events (Hospitalization, out-of-home placements, and arrests)
- School Functioning
- Mental Health
- Interpersonal Functioning

Outcomes Assessed by the DART

In the last six months:
- The youth's living situation has been stable—S/he has not been removed from the home or changed placements. If there was a move, it was to a less restrictive setting.
- The youth has NOT visited the ER and/or been hospitalized for emotional or behavioral difficulties.
- The youth has experienced reduced mental health symptoms.
- The youth has experienced improved interpersonal functioning.
- The youth has regularly (85%+) attended school and/or has been employed. (Not assessed due to limited data)
- The youth has experienced improved school or vocational functioning. (Not assessed due to limited data)
- The youth has NOT been arrested or violated probation/parole.

Outcomes Assessed by the WFI-EZ

- D1-Since starting wraparound, this child or youth has had a new placement in an institution (such as
- detention, psychiatric hospital, treatment center, or group home).
- D2-Since starting wraparound, this child or youth has been treated in an Emergency Room due to a
- mental health problem.
- D3- Since starting wraparound, this child or youth has had a negative contact with police.
- D4-Since starting wraparound, this child or youth has been suspended or expelled from school.

In the past month, the child has experienced:
- D6 Problems that disrupt home life.
- D7 Problems that interfere with success at school.
- D8 Problems that make it difficult to develop or maintain friendships.

- D9 Problems that make it difficult to participate in community activities.

Results

Outcomes as assessed via DART reviews may vary depending on the number of months the youth had been enrolled in wraparound at the time of review and/or whether the youth had transitioned from wraparound. Information was obtained from the CANS, Plan of Care, and progress notes.

*The results should be viewed with caution. The number of youths reviewed, and their funding source may impact the outcomes reported. The youth may not be as intense or have as many needs as would be expected for youth in intensive wraparound services. Youth who are being served through the Bureau of Social Services may be less intense than those served through the Bureau for Behavioral Health or the Bureau of Medical Services.

Outcomes-Overall
(Assessed if in program 6 months or longer
OR exited before 6 months. Cases not applicable are not included
N=161)
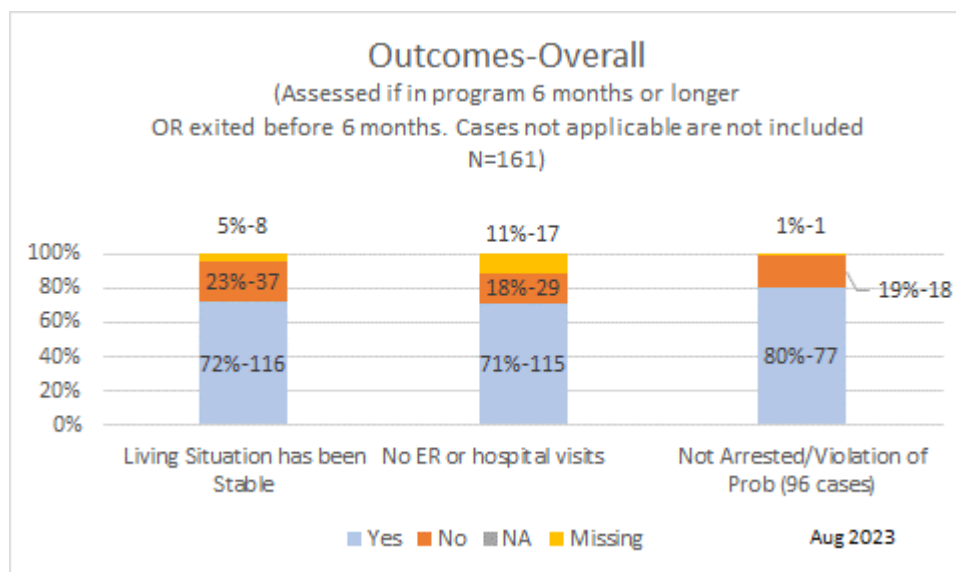
95% of youth had a stable living situation.
89% of the youth did not have to go to an ER for mental health reasons.
99% of youth did not violate probation nor were arrested. This information may be skewed if the youth was not involved with the legal system but was scored "yes". A closer look should be taken.

Outcomes
(Assessed if in program 6 months or longer
OR exited before 6 months. Cases not applicable are not included)

5%-3	5%-4	8%-7	10%-7	9%-7	23%-7
23%-20	23%-16	18%-15	21%-13	16%-12	20%-6
72%-62	72%-51	74%-63	69%-49	75%-57	57%-17
SAH-85	CSED-71	SAH-85	CSED-71	SAH-76	CSED-30

Living Situation has been Stable | No ER or hospital visits | Not Arrested/Violation of Prob (96 cases)

Aug 2023

■ Yes ■ No ■ NA ■ Missing

Outcomes-Overall
(Assessed if in program 6 months or longer
OR exited before 6 months. Cases not applicable are not included)

25%-37	21%-27	46%-64	32%-42
29%-43	25%-9	9%-13	21%-28
19%-28	22%-11		14%-19
27%-39	32%-2	45%-62	33%-43
Reduced Mental Health Symptoms (147 cases)	Improved Interpersonal Functioning (128 cases)	Improved School Attendance (139 Cases)	Improved School Functioning (132 cases)

Aug 2023

■ Fully Met ■ Partially Met ■ Not Met ■ Missing

46% of youth had a reduction in mental health symptoms.

54% of youth had improved interpersonal functioning.
54% of youth had improvement in school attendance and 47% in school behavior.

Outcomes
(Assessed if in program 6 months or longer
OR exited before 6 months. Cases not applicable are not included)

WFI-EZ 2023
Functional Outcomes
In the past month, the child or youth has experienced…

D9 Problems that make it difficult to participate in community activities. — SAH 0.53, CSED 1.02
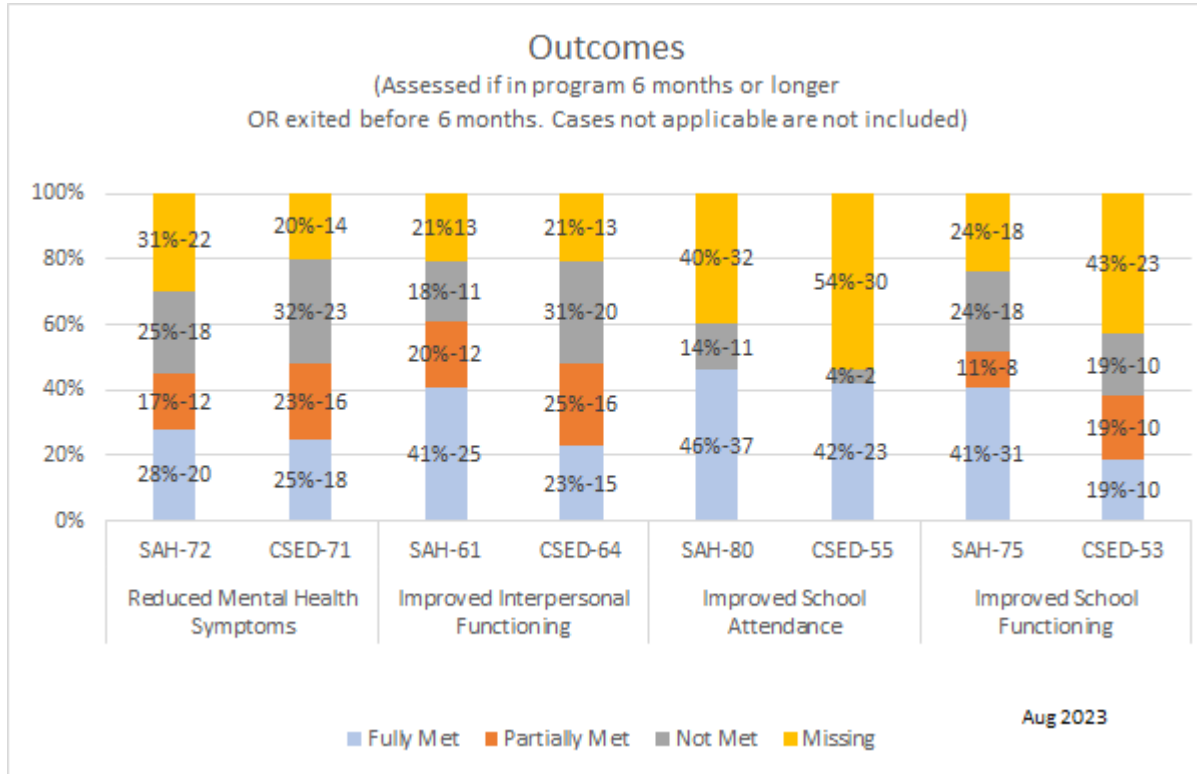D8 Problems that make it difficult to develop or maintain friendships. — SAH 0.65, CSED 0.96
D7 Problems that interfere with success at school — SAH 1.21, CSED 1.11
D6 Problems that disrupt home life. — SAH 0.92, CSED 1.3

SAH (67) CSED (62)

The results should be viewed with caution. At first the information above looks like youth who are in SAH wraparound are less likely to have problems in these areas and may be improving. This probably indicates youth involved in CSED wraparound have more needs than youth in SAH wraparound, except in the area of school success. Many youth are referred to SAH wraparound due to truancy also.

WFI-EZ 2023
School and Community Outcomes
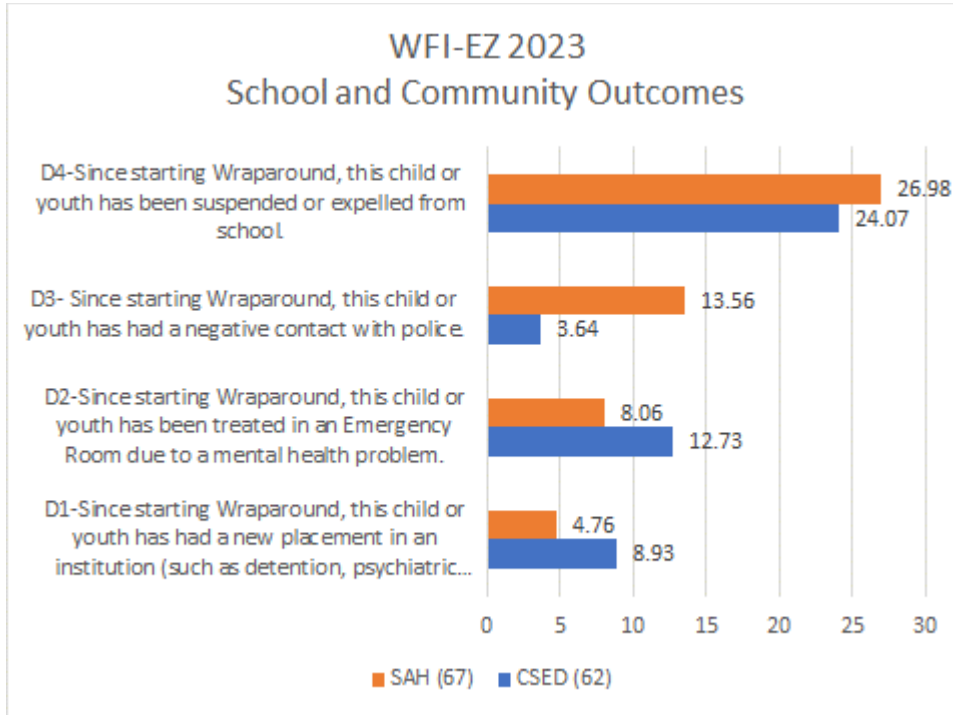
These results address issues from the beginning of wraparound to the time the survey was completed. The results can be interpreted as percentages. So, for example in D4, 26.98% of youth had been suspended or expelled from school during wrap around through SAH wraparound.

There are differences between funding sources, especially in negative contact with police, emergency room visits and placements in an institution.

Recommendations

- Further training should stress the importance of documentation of the outcomes items above on the Plan of Care and on the Child and Adolescent Needs and Strengths Assessment. The TCOM training staff should address these issues in a monthly training session specific to wraparound facilitators.
- Outcome indicators should be completed in the WV CANS System. Documentation must support their answers. Further training is needed and should be provided by the fidelity review team.
- The fidelity review team should systematically review each outcome one at a time and address barriers.

FAMILY SATISFACTION

Family satisfaction is reviewed through the WFI-EZ caregiver form. This section displays information about the caregivers' and/or youths' experiences in the wraparound process, and their perception of progress made as a result of their wraparound care. Data was limited. Items are rated on a 5-point Likert scale (-2 to 2, Strongly Disagree to Strongly Agree). Users also have the option to respond, "don't know" to any item, which renders the item "blank".
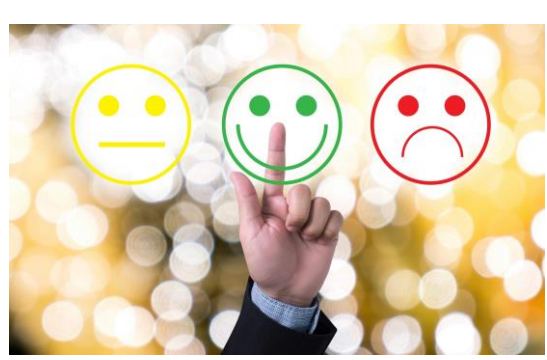
Satisfaction Questions

- C1-I am satisfied with the wraparound process in which my family and I have participated.
- C2-I am satisfied with my youth's progress since starting the wraparound process.
- C3-Since starting wraparound, our family has made progress toward meeting our needs.
- C4-Since starting wraparound, I feel more confident about my ability to care for my youth at home.

Overall Satisfaction — Nov 2023

High Fidelity (93.75-100)
Adequate (87.5-93.74)
Borderline (75-87.49)
Inadequate (0-74.99)

SAH (29 caregivers): 80.19
CSED (18 caregivers): 73.48
BBH (0 caregivers)
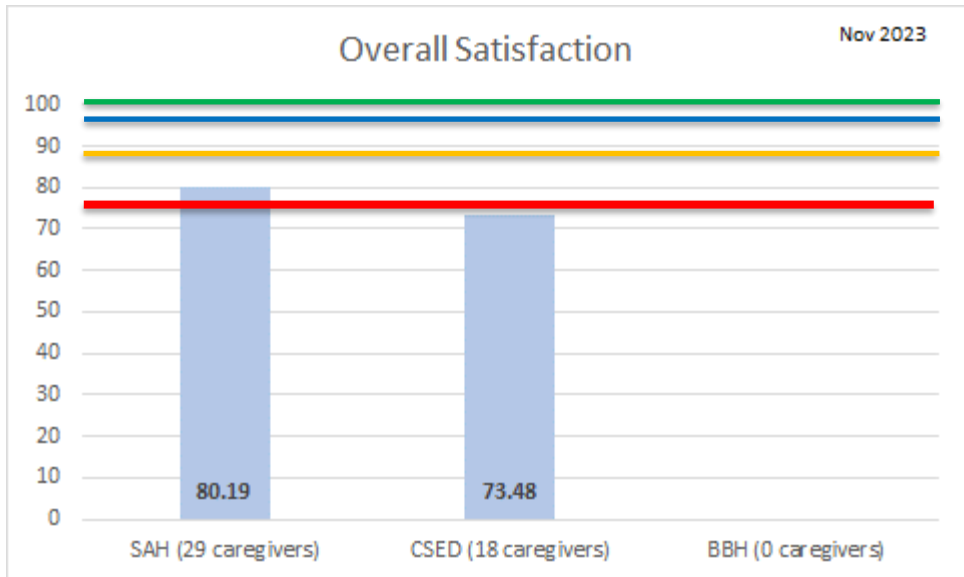
WFI-EZ BENCHMARKS

The benchmarks below have been established for <u>care coordinator's responses only.</u> There were limited caregiver surveys (47 or 24%) returned. The first chart indicates the guidelines established by the Wraparound Evaluation and Research Team (WERT) to indicate level of fidelity.

WFI-WZ Care Coordinator Benchmark Scores						
Category	Overall Fidelity	Effective Teamwork	Natural Community Support	Needs Based	Outcomes Based	Strength Family Driven
High Fidelity	75+	70+	70+	80+	75+	85+
Adequate	70 - 74	65 - 69	65 - 69	75 - 79	70 - 74	80 - 84
Borderline	65 - 69	60 - 64	60 - 64	70 - 74	65 - 69	70 - 79
Inadequate	< 64	< 59	< 59	< 69	< 64	< 69

The chart below indicates the level of fidelity for all funding sources in WV.

Care Coordinator Benchmark Scores for WV Wraparound (All Funding Sources)						
Category	Overall Fidelity	Effective Teamwork	Natural Community Support	Needs Based	Outcomes Based	Strength Family Driven
High Fidelity	75+	70+	70+	80+	74.7	85+
Adequate	71.34	65.44	65 - 69	75 - 79	70 - 74	81.05
Borderline	65 - 69	60 - 64	62.4	73.24	65 - 69	70 - 79
Inadequate	< 64	< 59	< 59	< 69	< 64	< 69

Results cannot be interpreted due to limited surveys for BBH. Most youth are being served through CSED or Safe at Home.

The chart below indicates the level of fidelity for **CSED** families in WV.

Care Coordinator Benchmark Scores for WV Wraparound (CSED-62 Surveys)						
Category	Overall Fidelity	Effective Teamwork	Natural Community Support	Needs Based	Outcomes Based	Strength Family Driven
High Fidelity	75+	70+	70+	80+	75.56	85+
Adequate	73.41	68.89	65.43	75 - 79	70 - 74	83.33
Borderline	65 - 69	60 - 64	60-64	73.53	65 - 69	70 - 79
Inadequate	< 64	< 59	< 59	< 69	< 64	< 69

The chart below indicates the level of fidelity for **SAH** families in WV.

Care Coordinator Benchmark Scores for WV Wraparound (SAH-67 Surveys)						
Category	Overall Fidelity	Effective Teamwork	Natural Community Support	Needs Based	Outcomes Based	Strength Family Driven
High Fidelity	75+	70+	70+	80+	75.3	85+
Adequate	70-74	65-69	65-69	75 - 79	70 - 74	80-84
Borderline	69.33	60.99	60.22	72.68	65 - 69	77.68
Inadequate	< 64	< 59	< 59	< 69	< 64	< 69

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) ASSESSMENT

	The Child and Adolescent Needs and Strengths (CANS) Assessment is a Transformational Collaborative Outcomes Management (TCOM) Tool. WV has been using the CANS for over 10 years. The Wrap Facilitators were previously trained to use the CANS in the identification of needs and strengths and to use the CANS ratings to track outcomes. NWIC believes in using the CANS as an assessment only tool and not one for planning, therefore WV will use the CANS to inform families and facilitators of possible needs to address and to track overall outcomes outside of the plan as discussed in the previous section under outcomes.

Certification of Wrap Facilitators

CANS Certification of Wraparound Facilitators
N=115

- Certified (98) — 85%
- Expired (11) — 10%
- Deactivated (6) — 5%
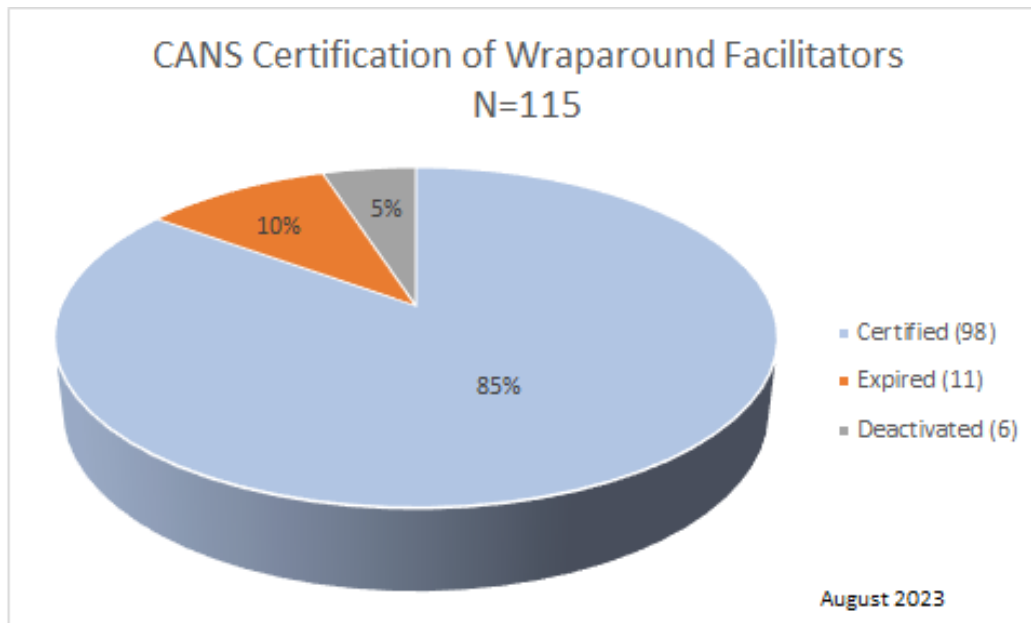
August 2023

Certification in the CANS is a state requirement and not part of the DART or WFI-EZ. Of the 218 CANS in the sample, 24 facilitators could not be reviewed for certification because their names were not found in the data extraction (August 2023), they are no longer in these positions, or they are no longer employed by the agency.

Of the remaining 194 CANS reviewed, 115 wraparound facilitators were reviewed for certification. Most of the wraparound facilitators, 98 (85%) of Wrap Facilitators were certified in the CANS; 11 (10%) had expired CANS certification; 6 (5%) had their Praed accounts deactivated (this may be due to a certification expired for over 3 months, name change, change in position or a new employee who is yet to be certified). Anyone using the TCOM tool (including the CANS) must be certified.

Key	
Yes	They are CANS Certified as of 12/1/2023.
No	They are registered on the Praed Site and have not completed CANS certification.
Expired	Their CANS certification is expired as of 12/1/2023.
Deactivated	Their account has been deactivated on the Praed Site. They require assistance in being reactivated before they can login to recertify in TCOM tools.
Please Note:	The list of employees is from 8/2023. Even though they may be on the list, they may no longer be in that position and/or with that agency.

Recommendations

The Fidelity Coordinator will continue to monitor certifications and send out CANS certification statuses monthly to providers, although facilitators are already alerted through the Praed Foundation.

CANS Review

The areas of the initial CANS reviewed were as follows:
- Were the CANS completed within 30 days from the wrap facilitator assignment/acceptance?
- Were the CANS updated every 90 days?
- Are all items on the CANS rated?
- Are there 2's and/or 3's rated on the CANS?
- Are there justifications for "2" and "3" ratings on the CANS?
- Are justifications unique and understandable?
- Are all needs identified on the plan of care rated a 2 or 3 on the CANS?

Timeliness of CANS
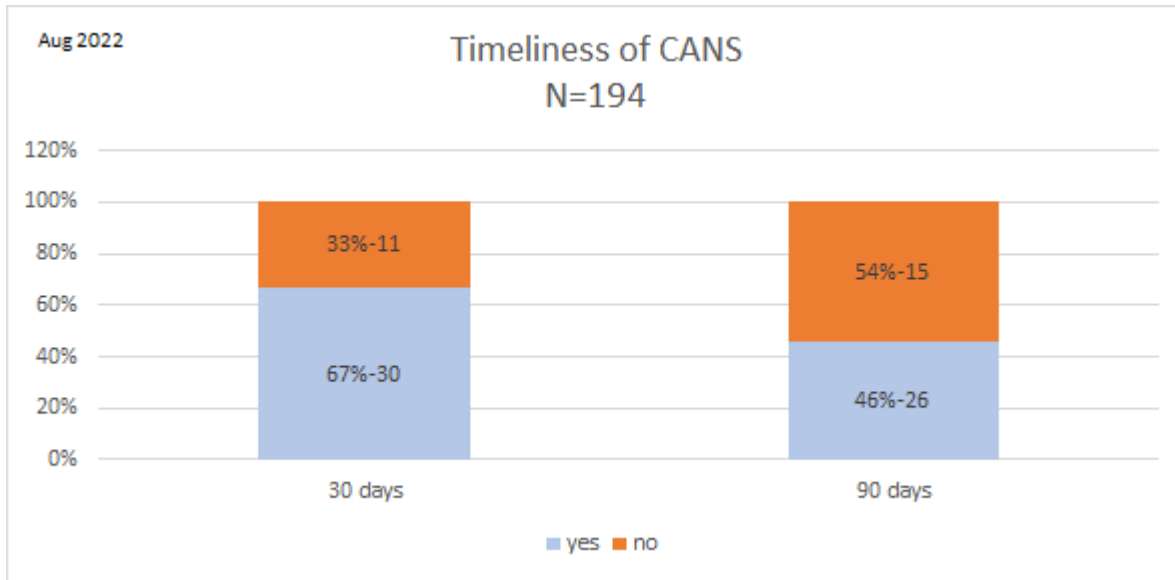
Wraparound facilitators completed 130 (67%) CANS, while 64 (33%) did not within 30 days. The wraparound facilitators are to update the CANS every 90 days, 89 (46%) did update the CANS every 90 days, while 105 (54%) did not. Wraparound facilitators need to improve on Timeliness at 30 days and 90 days. Barriers and recommendations for improvement are in the recommendations. Some of the timeliness could be due to the service put on hold (child in a hospital or residential care), a change in the wraparound facilitator within the agency or a change in the wraparound facilitator because there was a change in the agency. These changes that may not be avoidable do affect the youth and families in the program.

Recommendations

Barriers to improve timeliness could improve with Continuous Quality Improvement along with advanced training in engagement.

CANS Items and Justifications

CANS Items and Justifications
N=194
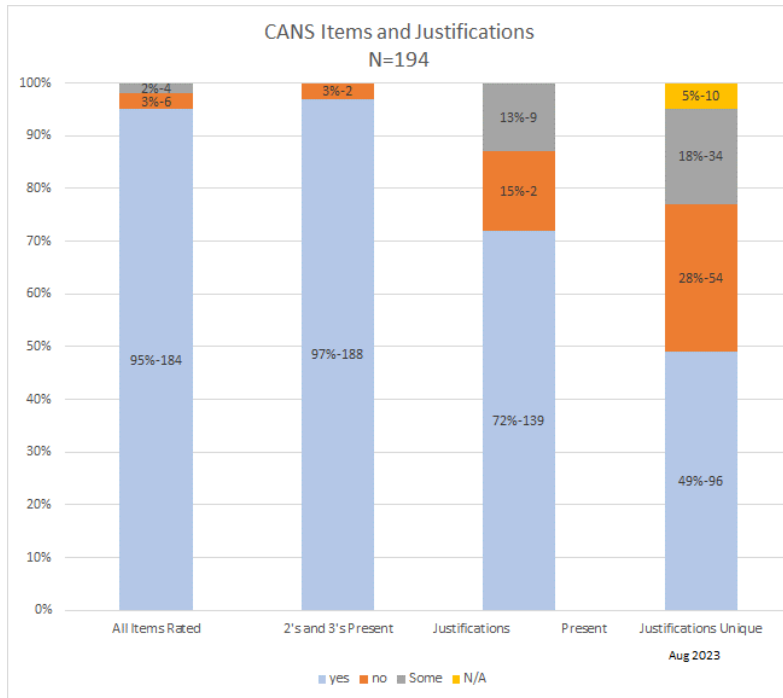
In the majority (95%) of cases, all items on the CANS were rated. Also, most cases (97%) included CANS that had 2 or 3 ratings. In nearly one-third (72%) had justifications for the CANS items and in nearly half, the Justification were unique and understandable.

Rating all items is important. A rating of "0" could mean the youth has no needs or the need is unknown at the time the CANS was completed. A rating of "1" is important because this item has rated higher or could have been based on the youth's history. A rating of a "2" or "3" indicates that these items should be on the Case Plan. Justifications should be unique to the youth because they tell the youth's specific story.

The rating of a "2" or "3" indicates that these items should be on the Case Plan.

They should be short but not just one word or use the manual's description verbatim. In 96 CANS (49%), the justifications for these items were unique. In another 34 CANS (28%) wraparound facilitators documented unique justifications on some of the items. Providing unique and concise justification on the CANS is provided by the MU TCOM Advanced trainers during the monthly MU CANS training. wraparound facilitators need to ensure the needs of the caregivers are rated. There was also some masking (rating a child on how they are doing in out-of-home care, instead of rating

the child if the intervention were removed) that had low ratings. Anytime a service is going to be recommended and on the Case Plan, the rating should be a "2" or a "3".

In 10 (5%) CANS neither 2's or 3's was rated. For these cases, having no 2's or 3's indicates that the youth did not need formal services and did not meet criteria for wraparound. Some of these cases are identified as being court-ordered.

Recommendations

The Marshall University TCOM Team will create a training video to discuss the importance of justifications and will give examples on how to make justifications unique. Marshall University has a video on both rating the CANS and masking on their website: https://www.marshall.edu/coefr/tcom/

CANS and the Wrap Plan
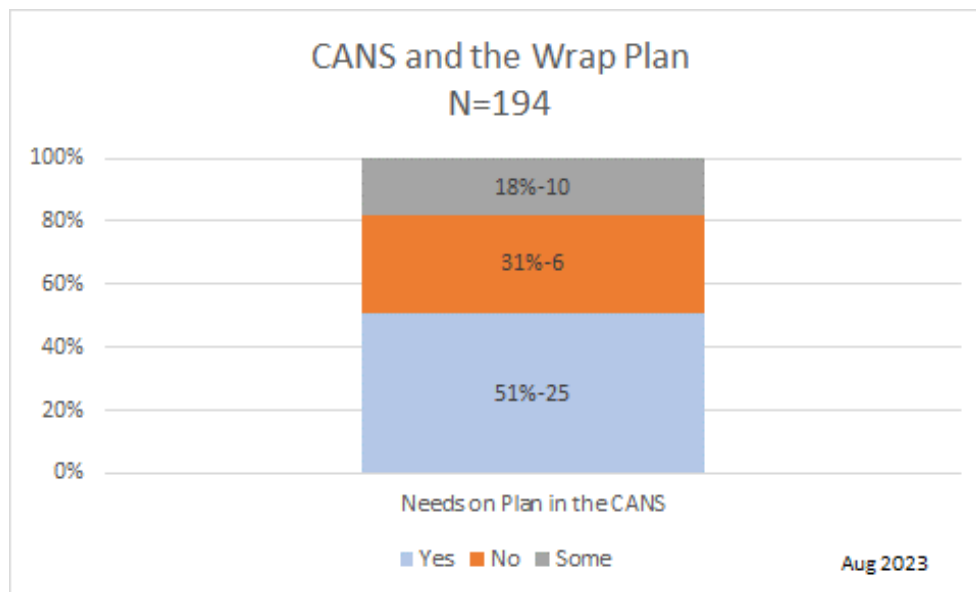
In just over half (51%) of the Wraparound Plans of Care, if a need was expressed in the Wraparound plan, it had also been indicated on the initial CANS. There were 34 (18%) that found some of the needs were expressed in the Wraparound Plan and indicated on the initial CANS.

Recommendations

Marshall will also develop training on the importance of accuracy on the CANS and making sure all needs are documented. Accuracy can affect outcomes and system data reviews.

Appendix A

WEST VIRGINIA STATEWIDE CANS
INITIAL TIMEFRAMES

Child Name:	Status: Case Closed	FACTS Client ID:
FACTS Case ID:	Referral County: Not Set	Current County: Taylor
Current Region: 3	Assigned DHHR Caseworker: CANS System	Assigned LCA: BURLINGTON
Assigned LCA WF:	RPM Approval Date: 02/20/2019	90 Days from Referral: 05/21/2019

Timestamp: Mar 6 2019 11:13AM

Saved by: CANS System

Assigned Local Coordinating Agency: BURLINGTON

Assigned Wraparound Facilitator:

Assignment Accepted:

Assignment Received Date:

> **If transferred, date:**

> **If transferred, reason:**

Was the first contact made within 72 hours of referral?

> **First Contact Date:**

> **First Contact Reason (if late):**

Was the first home visit/joining meeting held within 5 days of referral?

> **First Contact Date:**

> **First Contact Reason (if late):**

Was the initial Crisis Safety Plan created within 14 days of referral?

> **First Contact Date:**

> **First Contact Reason (if late):**

Was the initial Wraparound Plan created within 30 days of referral?

> **First Contact Date:**

> **First Contact Reason (if late):**

This is the current version of this form and it has been finalized

Appendix B

MEETING MINUTES
Who attended this meeting? Did any team members attend by phone, and why?
Summary of what was discussed during this meeting *(describe specific details including, but not limited to, person- centered items, current events, concerns, anticipated/upcoming changes, unmet needs, input/recommendations, etc.)*
The facilitator conducted a SLE POC meeting for XXX on 3.21.23, opening the meeting at 3:30 pm. XXX, In-Home Therapist from Home Base was introduced. The team discussed the addition of XXX to the team. Units were discussed for XXX to begin services for therapy. Dates and times will be arranged between XXX and XXX for these services to begin. The facilitator closed the meeting at 3:47 pm.
Review of Services *(list each service authorized and include total number of units authorized, how many units used to date, and how many units remain for the remainder of the service year)*
XXX is virtual every 2 weeks. **T1016HA, Wraparound Facilitation,** • **384 units authorized in a year** • **110 units used to this date** • **274 units remain for the service year** **H0004-HA, In-Home Support** • **384 units authorized in a year;** • **8 units used to this date;** • **376 units remain for this service year.** **H0004-H0-HA, In-Home Family Therapy** • **768 units authorized in a year;** • **0 units used to this date;** • **768 units remain for this service year.**
Incident Reports *(List any incidents which have occurred since the last Plan of Care - Child and Family Team (POC- CFT) meeting; include any trends identified and measures that are being taken to address trends. Ensure that corresponding incident reports are on file and that each incident has been entered into MCO's Incident Management System)*
None

Meeting Minutes Completed By	**XXX, BA/BS**

Appendix C

Score Comparison of DART and WFI-EZ Fidelity Items, Outcomes, and CANS

Fidelity Item	% Meeting Full Compliance 2022	% Meeting Full compliance 2023	SAH 2023	CSED 2023
Timely Engagement				
First contact with the family following referral or care coordinator assignment within 3 days from assignment.	57%	45%	60%	27%
First face-to-face contact between care coordinator, youth, and family (if involved) within 10 days from assignment.	73%	58%	72%	44%
First Crisis/Risk Management/Safety Plan completed within 10 days from assignment.	54%	49%	60%	35%
First Family Story/Strengths, Needs, and Culture Discovery Completed within 20 days from the first face-to-face.	0%	11%	10%	13%
First Child and Family Team (CFT) meeting within 30 days from first face-to-face contact. *A meeting including caregivers, youth and at least one formal and one informal support.*	73%	44%	35%	54%
First Plan of Care (POC) completed within 35 days from the first face-to-face contact.	38%	69%	76%	60%
No more than 35 days between team meetings	38%	33%	61%	5%
(WFI-EZ-A2) The family has a written plan of care that describes strategies, action steps, and who is responsible.	NA	NA	100%	100%
(WFI-EZ-A3) The team meets regularly (at least every 30-45 days)	NA	NA	94%	93%
Meeting Attendance				
At least one caregiver or close family member attended every Child and Family Team Meeting.	81%	77%	71%	83%
The youth attended every Child and Family Team Meeting, if the youth is age 11 or older.	68%	65%	78%	53%

Fidelity Item	% Meeting Full Compliance 2022	% Meeting Full compliance 2023	SAH 2023	CSED 2023
All key representatives from school, child welfare, and juvenile justice agencies who seem integral to the plan of care attended nearly every Child and Family Team Meeting.	5%	6%	1%	13%
All other service providers who seem integral to the plan of care attended nearly every Child and Family Team Meeting.	11%	30%	3%	14%
All peer partners (e.g., family advocates, family support partners, youth support partners, etc.) who are working with the youth and family attended nearly every Child and Family Team Meeting.	8%	10%	3%	17%
At least one natural support (e.g., extended family, friends, and community supports) for the family attended every Child and Family Team Meeting.	5%	3%	5%	0%
(WFI-EZ-A1) The family is part of a wraparound team and the team includes more members than just the family and one professional.	NA	NA	63%	95%
(WFI-EZ-B1) The family had a major role in choosing the people on their wraparound team.	NA	NA	100%	100%
(WFI-EZ-A4) The Wraparound team's decisions are based on input from the family.	NA	NA	100%	100%
(WFI-EZ-B17) I sometimes feel like members of this Wraparound team do not understand or respect the family.	NA	NA	1.2	1.4
Driven by Strengths and Family				
An inventory of the youth's strengths is present, and at least two strategies included in the plans of care are clearly linked to his/her identified strengths.	11%	13%	12%	14%
An inventory of the family's and/or family members' strengths is present, and at least two strategies included in the plans of care are clearly linked to his/her identified strengths.	8%	10%	6%	14%
An inventory of the team's and/or team members' strengths is present, and at least two strategies included in the plans of care are clearly linked to their identified strengths.	8%	9%	7%	10%

Fidelity Item	% Meeting Full Compliance 2022	% Meeting Full compliance 2023	SAH 2023	CSED 2023
An inventory of strengths (for whomever it is present) is updated at least quarterly.	2%	7%	6%	8%
Detailed and specific examples of the youth's and family's culture, values, and beliefs are provided, especially as they relate to the reasons the family enrolled in Wraparound.	0%	14%	12%	18%
There is a clearly articulated, positively worded, long-range vision for the ENTIRE family (not only the youth or only the caregiver). (If the youth is transition-age and does not have family members on the team, the vision can be only about the youth.)	19%	36%	33%	41%
(WFI-EZ-B3) At the beginning of the Wraparound process, the family described their vision of a better future, and this statement was shared with the team.	NA	NA	1.6	1.4
(WFI-EZ-B-14) The Wraparound plan included strategies that were linked to things the family likes to do.	NA	NA	1.02	1.3
Natural and Community Supports				
At least one natural support (e.g., extended family, friends, and community supports) for the family attended every Child and Family Team Meeting.	5%	3%	5%	4%
Documentation identifies the youth's and family's natural, or community supports and explains how they might be part of the team or involved in implementing the plan of care.	11%	7%	7%	5%
If natural supports are not consistently attending Child and Family Team Meetings, then there is evidence of ongoing and persistent efforts to identify and engage them.	5%	3%	1%	1%
(WFI-EZ-B9) Through Wraparound, the family has increased the support it gets from friends and family.	NA	NA	.6	.8
(WFI-EZ-B10) Through Wraparound, the family has built strong relationships with people they can count on.	NA	NA	.8	1.1
(WFI-EZ-B12) The Wraparound team does not include any natural supports such as friends, neighbors, or family members	NA	NA	-.1	.2

Fidelity Item	% Meeting Full Compliance 2022	% Meeting Full compliance 2023	SAH 2023	CSED 2023
(WFI-EZ-B13) Through Wraparound, this family was linked to new community resources that were critical to meeting their needs.	NA	NA	.8	1.1
(WFI-EZ-B16) The Wraparound team includes people who are not paid to be there (e.g., friends, family, faith).	NA	NA	-.2	.5
(WFI-EZ-B18) The Wraparound plan includes strategies that do not involve professional services, and are things the family can do itself or with help from friends, family, and community.	NA	NA	1	1
Needs Based				
Needs statements for the youth are included in every plan of care and refer to the underlying reasons why problematic situations or behaviors are occurring. These needs are not simply stated as deficits, problematic behaviors, or service needs.	11%	19%	21%	17%
Needs statements for family members are included in every plan of care and refer to the underlying reasons why problematic situations or behaviors are occurring. These needs are not simply stated as deficits, problematic behaviors, or service needs.	2%	14%	17%	10%
No plan of care includes more than three needs statements.	59%	86%	85%	86%
The strategies in the plans of care are clearly individualized and can be logically expected to meet the youth's and family's needs.	32%	46%	41%	51%
The plans of care represent a balance between informal (natural and community) and formal strategies, services, and supports.	22%	15%	16%	14%
There is evidence that the team reviews the status of task completion and/or strategy implementation at every meeting.	49%	53%	63%	44%
There is evidence that progress toward meeting the youth's and family's needs is explicitly monitored at every meeting.	38%	53%	60%	45%

Fidelity Item	% Meeting Full Compliance 2022	% Meeting Full compliance 2023	SAH 2023	CSED 2023
There is evidence that the Wraparound plan of care is meaningfully updated at each team meeting (i.e., the strategies, outcomes, and/or needs statements are adjusted, as appropriate).	24%	23%	24%	23%
(WFI-EZ-B2) There are people providing services to this child and family who are not involved in their Wraparound team.	NA	NA	-.5	.2
(WFI-EZ-B4) The family's wraparound team came up with creative ideas for its plan that were different from anything that had been tried before.	NA	NA	1	1.4
(WFI-EZ-B5) With help from its Wraparound team, the family chose a small number of the highest priority needs to focus on.	NA	NA	1.5	1.5
(WFI-EZ-B6) The wraparound plan includes strategies that address the needs of other family members, in addition to the identified child or youth.	NA	NA	1	1.3
(WFI-EZ-B7) I am concerned that this family's team does not include the right people to help the child and family.	NA	NA	1.1	1.1
(WFI-EZ-B8) At every meeting, the Wraparound team reviews progress that has been made toward meeting each of the family's needs.	NA	NA	1.3	1.5
(WFI-EZ-B15) Members of the Wraparound team sometimes do not do the tasks they are assigned	NA	NA	.2	.4
(WFI-EZ-B22) The family gives feedback about how the Wraparound process is working for them at each team meeting.	NA	NA	1.2	1.4
Outcomes Based				
The outcomes outlined in the plans of care are specific and measurable using objective and verifiable measures, not just general or subjective feedback.	22%	23%	27%	18%
Crisis/Safety Planning and Crisis Response				
There is at least one crisis/ safety plan found in the record.	86%	98%	98%	99%

Fidelity Item	% Meeting Full Compliance 2022	% Meeting Full compliance 2023	SAH 2023	CSED 2023
The crisis/safety plan(s) identifies triggers or behaviors that indicate onset of a crisis or risk situation, especially those triggers or behaviors that precipitated the referral for Wraparound or are placing the youth at risk of out-of-home placement or increased residential restrictiveness.	41%	44%	40%	50%
The crisis/ safety plan(s) identifies specific actions and interventions and assigns specific responsibilities for who will take these actions.	50%	47%	47%	52%
After each crisis/reportable event, the crisis/safety plan was updated within 24 hours.	0%	7%	0%	13%
After each crisis/reportable event, a Child and Family Team Meeting was held within 72 hours.	0%	12z%	6%	18%
(WFI-EZ-B20) An effective crisis plan is in place that ensures this family knows what to do in a crisis.	NA	NA	1.4	1.5
Transition Phase				
The Wraparound plans of care produced during the transition phase identify needs, services, and supports that will continue after formal Wraparound ends or when the youth transition to the adult service system.	20%	16%	15%	19%
There is a post-Wraparound crisis management plan.	20%	6%	2%	14%
A commencement celebration respectful of the youth's and family's traditions/culture is planned and/or is documented.	20%	25%	33%	10%
(WFI-EZ-B21) The Wraparound team and the family have talked about how they will know it is time to transition out of formal Wraparound.	NA	NA	.89	1.3
(WFI-EZ-B25) The family has been connected to community support and services that meet their needs.	NA	NA	1.13	1
Outcomes				
The youth's living situation has been stable—S/he has not been removed from the home or changed placements. If there was a move, it was to a less restrictive setting.	100%	72%	72%	72%
The youth has NOT visited the ER and/or been hospitalized for emotional or behavioral difficulties.	85%	71%	74%	64%

Fidelity Item	% Meeting Full Compliance 2022	% Meeting Full compliance 2023	SAH 2023	CSED 2023
The youth has experienced reduced mental health symptoms.	11%	27%	28%	25%
The youth has experienced improved interpersonal functioning.	9%	32%	41%	23%
The youth has regularly (85%+) attended school and/or has been employed. (Not assessed due to limited data)	NA	45%	46%	42%
The youth has experienced improved school or vocational functioning. (Not assessed due to limited data)	NA	33%	41%	19%
The youth has NOT been arrested or violated probation/parole.	57%	80%	75%	57%
(WFI-EZ-D1) Since starting Wraparound, this child or youth has had a new placement in an institution (such as detention, psychiatric hospital, treatment center, or group home).	NA	NA	4.76%	8.93%
(WFI-EZ-D2) Since starting Wraparound, this child or youth has been treated in an Emergency Room due to a mental health problem.	NA	NA	8.06%	12.73%
(WFI-EZ-D3) Since starting Wraparound, this child or youth has had a negative contact with police.	NA	NA	13.56%	3.64%
(WFI-EZ-D4) Since starting Wraparound, this child or youth has been suspended or expelled from school.	NA	NA	26.98%	24.7%
(WFI-EZ-D6) Problems that disrupt home life.	NA	NA	.92	1.3
(WFI-EZ-D7) Problems that interfere with success at school.	NA	NA	1.21	1.22
(WFI-EZ-D8) Problems that make it difficult to develop or maintain friendships.	NA	NA	.65	.96
(WFI-EZ-D9) Problems that make it difficult to participate in community activities.	NA	NA	.53	1.02