

WIN Georgia Semi-Annual Evaluation Report

Report for the first 6 months of State Fiscal Year 2011
July 1, 2010 – December 31, 2010

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Executive Summary

The report contains findings from the evaluation of WIN Georgia for the first half of the state fiscal year 2011 (July 1-December 31, 2010). The evaluation produced the following noteworthy findings which are detailed in the full report.

Characteristics of Youth Served

- As of July 1 there were 108 youth enrolled in WIN Georgia (78% Non-Waiver; 22% CBAY)
- There were 172 referrals received: DJJ (26%), Core Provider (19%), School (18%), DFCS (12%)
- 117 youth were enrolled (68%)
- Non-white youth, males, and older youth were slightly more likely to be enrolled, although none of these differences was statistically significant
- Of enrolled youth, 72% were male, 78% were White, 83% were on Medicaid, 48% lived with a single mother, and 91% had psychiatric diagnosis.
- During the six months prior to enrollment youth tended to experience a large number of behavior problems (11.9 on average) and utilize multiple services (2.3 on average)

Fidelity to the Wraparound Model

- The average time to a first face-to-face meeting with families was 6.4 days, and to a first CFTM was 19 days
- Time to first CFTM improved in the last two months of the report period
- CFTMs were typically attended by 3 formal supports, 2 natural supports, and were typically not attended by informal supports
- The number of formal supports attending CFTMs increased over the report period
- Caregiver feedback from CFTMs indicated positive views of Wraparound Team functioning, but suggested room for improvement on specific dimensions

Outcomes for Children and Families

- Of 61 discharges, 25% were successful graduations, 25% were due to long-term out of home events, and 21% were due to family moves
- Caregiver reports of youth functioning in a variety of domains increased by approximately 26% over the first seven months of WIN Georgia enrollment
- Incidence of out-of-home events (e.g., PRTF, RYDC, Foster Care) decreased substantially over the course of enrollment, as follows:
 - All youth: Month 1=19% -- Month 6=10%
 - Non-Waiver youth: Month 1=13% -- Month 6=8%
 - CBAY youth: Month 1=38% -- Month 6=15%

Introduction

This report is focused on the Wraparound process implemented by WIN Georgia (Wraparound Initiative Northwest Georgia) in a 15-county region in the northwest corner of the state. The report is focused specifically on the period of operations during the first six months of the current state fiscal year (1HSFY2011; July-December 2010). WIN Georgia is implemented through Lookout Mountain Community Services' (LMCS) Care Management Entity. WIN Georgia uses the High Fidelity Wraparound model¹ for youth with serious emotional disturbances (SED) and their families. High Fidelity Wraparound is characterized by Wraparound Teams, consisting of Wraparound Supervisors, Care Coordinators, and Family Support Partners, that serve as the locus of coordination for the multiple services and resources aligned to serve youth with SED and their families. Wraparound Teams coordinate the integration of these various services and cultivate family self-sufficiency in interacting with various system components. WIN Georgia has served youth and families in a total of 15 counties in northwest Georgia since January 18, 2010. On that date, the existing model of care coordination, KidsNet Intensive Support (KNIS), was refined by the adoption of the High Fidelity Wraparound model. Both WIN Georgia and its predecessor were established in response to the lack of an effective and comprehensive array of services for SED youth, and the resulting over-reliance on deep-end services and out-of-home placements. WIN Georgia seeks to prevent unnecessary out-of-home placements and reduce the need for out-of-home placements overall by increasing youth and family well-being. The central purpose of the evaluation is to measure and guide progress toward these goals.

The identified population for WIN Georgia includes youth with SED who are most at risk of out-of-home placement. Specific enrollment criteria include the presence of a mental health diagnosis, a CAFAS² score of 110 or higher, and imminent risk of out-of-home placement. Within the identified population is a subgroup of youth at highest risk of out-of-home placement, who have CAFAS scores of 140 or greater and qualify for admission into a Psychiatric Residential Treatment Facility, but who have opted for the Community Based Alternatives for Youth (CBAY) program, a Medicaid waiver demonstration program. Youth enrolled in the CBAY program have access to a wider array of services through expanded funding. Additional services available through CBAY include care management, family support and training, customized goods and services, transportation, supported employment, and community transition services, among others. In this report, youth entering WIN Georgia via CBAY are referred to as *CBAY youth*, and all other enrolled youth are referred to as *Non-Waiver youth*.

Data Collection Processes Integrated with Services

Youth enter WIN Georgia through a variety of pathways. Many families begin the process with a referral. *Referral Forms* are made available to partner agencies and individuals in the community via face-to-face visits, the WIN Georgia website, and other community outreach efforts. Once a referral is received, a Wraparound staff member documents each youth's risk behaviors by completing the *Enrollment Criteria* form. This form includes such indicators as CAFAS score, mental health diagnosis, state agency involvement, and specific risk behaviors. Because family choice is of utmost importance in

¹ Bruns, E. J. & Walker, J. S. (Eds.). (2008). *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health. Retrieved December 15, 2009 from <http://www.rtc.pdx.edu/NWI-book>

² Hodges, K. (2000). *Child and Adolescent Functional Assessment Scale* (3rd ed.). Ypsilanti: Eastern Michigan University.

the process, qualifying families are provided information regarding High Fidelity Wraparound and how it differs from conventional services. Families then decide whether they will enroll or not. Families who do not qualify or who choose to not enroll are referred to Local Interagency Planning Teams to be linked with other services.

A second means of enrollment in WIN Georgia is CBAY. CBAY youth enter Wraparound pre-approved by virtue of their CBAY authorization and bypass the enrollment criteria assessment process. A third avenue of entry into WIN Georgia is transition from the previous KNIS initiative. The changes to occur with the implementation of the new Wraparound model in January of 2010 were discussed with each KNIS family, and families then decided whether to continue under the new model or not. If the family agreed to transition to WIN Georgia they became part of the regular WIN Georgia enrollment.

Following enrollment, initial data collection begins in order to inform treatment planning and establish a baseline to chart progress over time. Permission to collect this information is provided by caregivers through completion of a *Unified Release of Information* form. Information such as demographics, family characteristics, presenting problems, and service utilization history are collected by Wraparound staff using the *Wraparound Intake Information* form. Additionally, caregivers' report of youth impairment is measured with the *Columbia Impairment Scale*³. The CIS is completed at enrollment and on a monthly basis throughout enrollment in order to track progress and address the changing needs of the families. Within the first two-weeks of enrollment, a Child and Family Team Meeting (CFTM) is held where the families and partner agencies work together to construct the *Wraparound Action Plan*. This document is the core of the Wraparound model for each family and is updated monthly at each CFTM. It defines the family and youth's strengths, challenges, and their vision of wellness; delineates specific strategies by which the wellness goals for the youth will be accomplished; and tracks the involvement of affiliated behavioral health services and other informal resources that support the family's goals.

Contacts of Wraparound staff with families are documented on a daily basis using the *Wraparound Note* form. In addition, fidelity to the Wraparound model is measured in order to ensure that the Wraparound model is implemented in a timely fashion, that specific treatment benchmarks are met, that family choice is actively solicited and honored, and that a wide array of community supports are present at CFTMs. These various indicators of fidelity are assessed using reports from Care Coordinators following each CFTM, as well as the confidential responses of caregivers on the *CFTM Feedback Form*. Finally, in order to honor the principles of being family-driven and youth-guided, the perspectives of consumers are solicited through administration of the *Youth Services Survey* (YSS).

The full implementation of all Wraparound forms began on January 18, 2010. Below we report full results from the first half of state fiscal year 2011 (1HSFY2011; July-December 2010).

³ Bird, H. R., Shaffer, D., Fisher, P., Gould, M. S, et al. (1993). *The Columbia Impairment Scale (CIS): Pilot findings on a measure of global impairment for children and adolescents. International Journal of Methods in Psychiatric Research, 3*(3), 167-176.

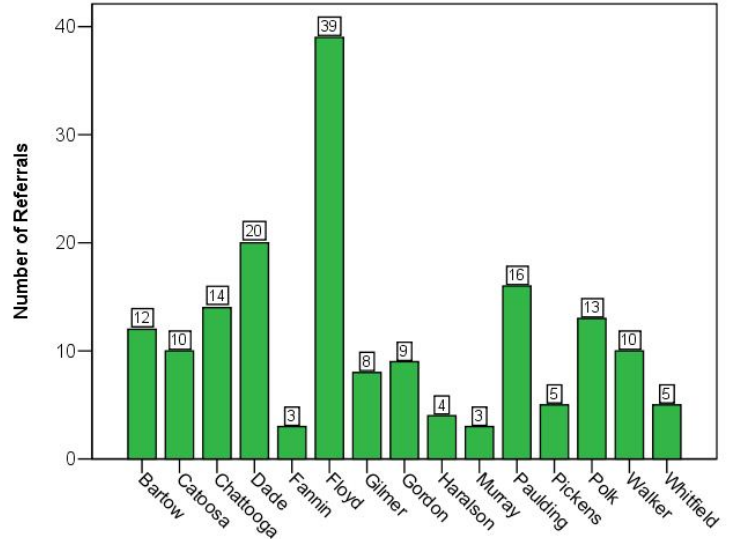
Accessing WIN Georgia Services

As of July 1 2010, 108 youth were enrolled in WIN Georgia (78% Non-Waiver, 22% CBAY). Over the six months from 7/1/10 through 12/31/10 there were 172 new referrals. Referral sources are shown in the table below.

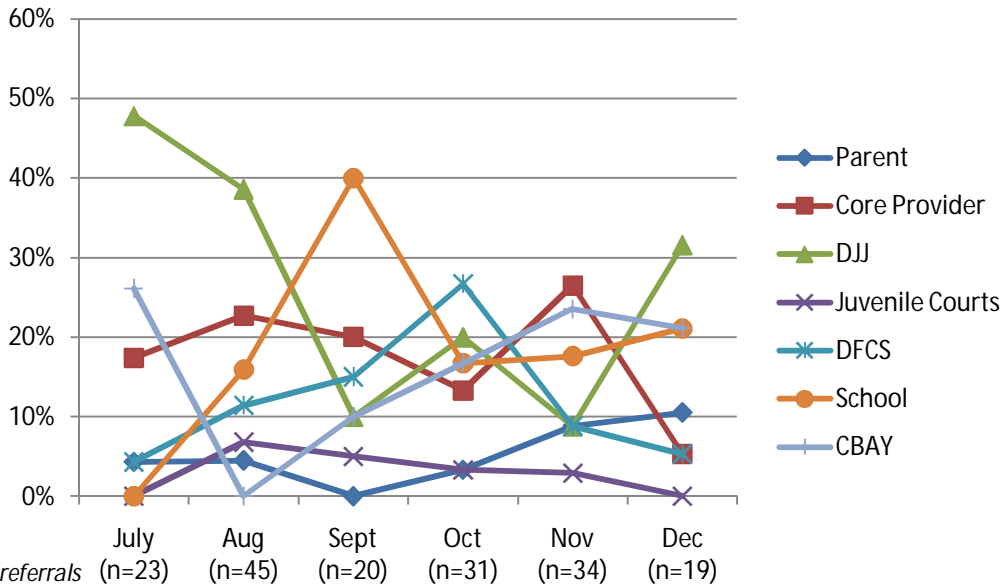
Referral Source	Count	Percent
DJJ	45	26%
Core Provider	32	19%
School	30	18%
CBAY	25	15%
DFCS	21	12%
Parent	9	5%
Juvenile Court	6	4%
Other	2	1%
Unknown	2	--
Total	172	100%

Referrals from DJJ, Core Providers, and Schools were most common. To the right, the number of referrals per county is shown.

Referrals by County



Referrals by Source Over the Past 6 months*



As shown in the figure above there was a decline in the number of referrals during summer and winter holidays (July and Dec). There was also a relatively small number of total referrals in September (n=20). Regarding shifts in referral sources over time, WIN Georgia's ability to achieve early intervention with its target population would be reflected in an increased percentage of referrals coming from parents and schools, and decreased referrals coming from the juvenile justice system. There is some evidence that this shift in entry points for WIN Georgia is beginning to occur. The percentage of referrals from DJJ tended to decline over the past six months, while referrals from parents increased, as a percentage of all referrals. However, the largest number of referrals was from DJJ in July and again in December.

Accessing WIN Georgia Services (cnt'd)

The number of youth referrals resulting in enrollment in WIN Georgia is shown below, as a percentage of total referrals per source.

Enrollment Rates by Referral Source

Referral Source	Referred	Enrolled	Enrollment Rate
DJJ	45	26	58%
Core Provider	32	26	81%
School	30	17	57%
CBAY	25	25	100%
DFCS	21	7	33%
Parent	9	9	100%
Juvenile Courts	6	3	50%
Other	2	2	100%
Unknown	2	2	100%
Total	172	117 ⁴	68% ⁵

Among the most frequent referral sources, youth referred by Core Providers were most likely to be enrolled (81%). It is also notable that 100% of youth referred by parents were enrolled. Overall, 68% of referred youth were enrolled.

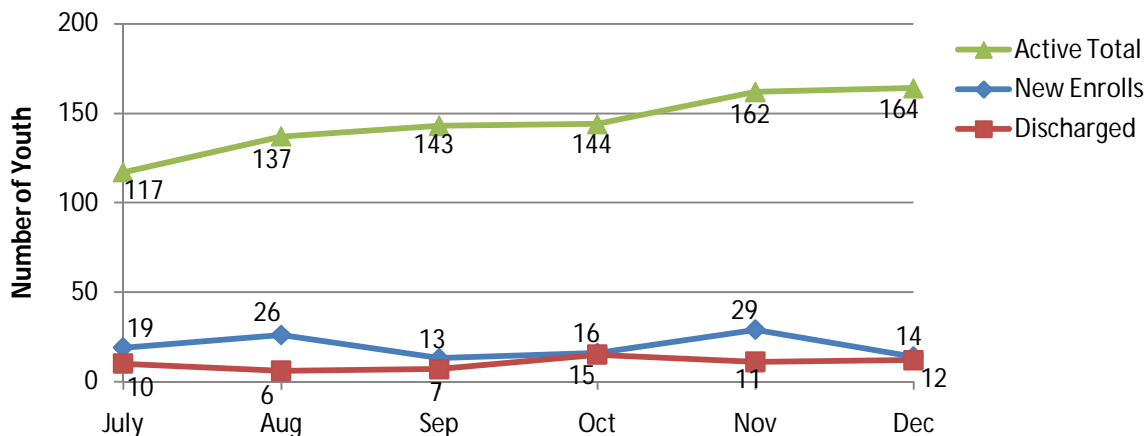
Reasons for Non-Enrollment

Referral Source	Not Enrolled	Parent Refused	Did Not Meet Criteria	Met Criteria, No Space Available			
DJJ	19	5	26%	13	68%	1	6%
DFCS	14	5	36%	9	64%	0	0%
School	13	4	31%	9	69%	0	0%
Core Provider	6	4	67%	2	33%	0	0%
Juvenile Courts	3	1	33%	2	67%	0	0%
Total	55	19	35%	35	63%	1	2%

Of referred youth who were not enrolled, approximately 2 out of 3 (63%) were not enrolled because they did not meet criteria. This percentage was markedly lower among Core Provider referrals, of which the majority of non-enrollments were due to parent refusal (67%).

As of July 1, 2010, the beginning of the current report period, there were 108 youth already enrolled in WIN Georgia. With the addition of 117 new enrollments during the report period, a total of 225 youth were served during the first half of SFY2011. There were 61 discharges during this period, and the active enrollment as of December 31, 2010 was 164 youth (97% of capacity of 170).

Monthly Active Enrollment, New Enrollment and Discharges



⁴ New enrollments included 7 youth who had a previous WIN Georgia enrollment.

⁵ The overall enrollment rate is 63% omitting CBAY youth, who are automatically enrolled upon referral.

Accessing WIN Georgia Services (cnt'd)

Likelihood of Referral Leading to Enrollment by Race/Ethnicity, Gender, and Age of Youth

	Referred	Enrolled	Enrollment Rate
White	96	82	85%
Non-White	26	24	92%
African American	13	13	100%
Hispanic/Latino	9	7	78%
Other	4	4	100%
Male	123	86	70%
Female	49	31	63%
	Enrolled (n=116)	Not Enrolled (n=55)	
Average Age	13.3	14.1	

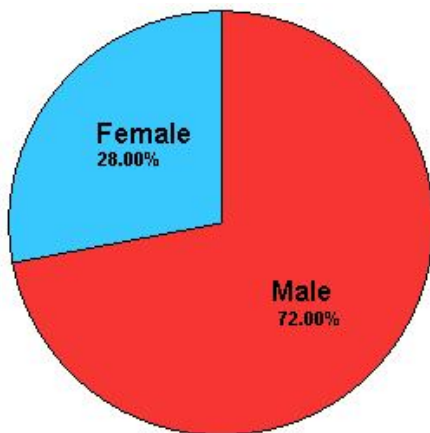
Among the 172 youth referred to WIN Georgia in 1HSFY2011, a slightly higher percentage of non-White youth were enrolled. Males were also slightly more likely to be enrolled. Enrolled youth were also younger than non-enrolled youth.

Differences in enrollment rates by race/ethnicity, gender, and age were tested for statistical significance using independent samples t-tests. Only the age difference approached statistical significance [$t(169)=1.70, p=.09$].

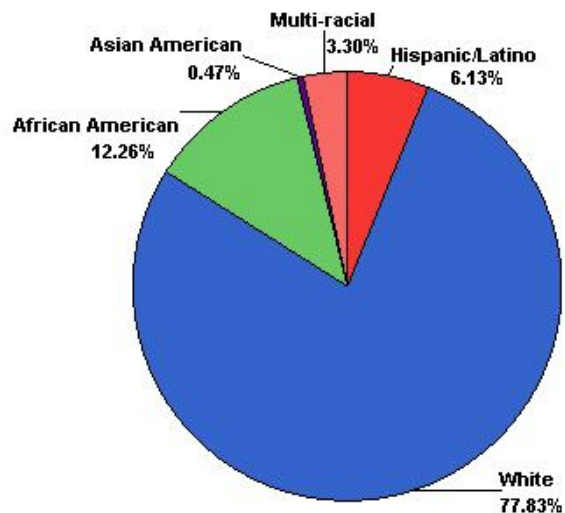
Characteristics of Enrolled Youth

A total of 225 youth were enrolled at some time during the report period. Demographic characteristics for these youth are shown below. All data reported in this section were collected at intake.

Gender (n=225)



Race/Ethnicity (n=212)



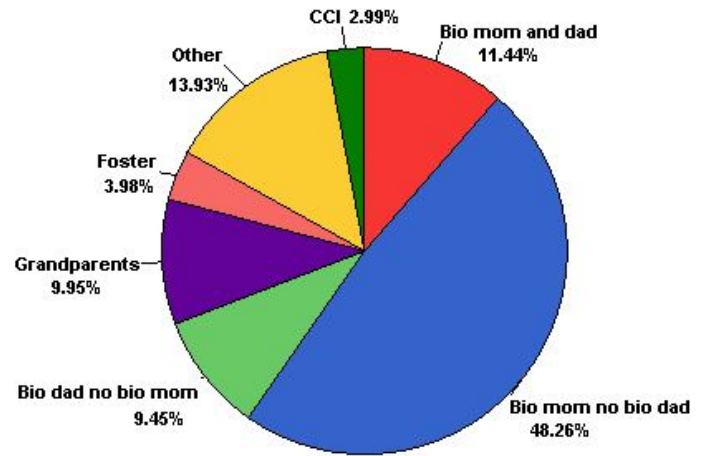
Approximately 3 out of 4 youth were male. In terms of race and ethnicity, 78% of youth were White and the second largest racial group was African American. The percentage of Latino youth is up from 2% at the end of FY2010. The average age of youth served was 13.4 years ($SD=3$ years, Low=5 / High=19).

Characteristics of Enrolled Youth (cnt'd)

Insurance and Public Support

	Count	Percent
Medicaid & Peachcare	174	83%
APS Healthcare	52	25%
Peachstate (Cenpatico)	4	2%
Wellcare (Magellan)	67	32%
Amerigroup	23	11%
State Contracted Services	4	2%
Private insurance	23	11%
Self-pay	0	0%
SSDI	13	6%
SSI	36	17%
Childcare Assistance Program	2	1%
TANF	2	1%
Food stamps	85	40%
Section 8 Housing	5	2%

Family Structure (n=201)



The large majority of WIN Georgia youth had Medicaid insurance. Approximately 11% used private insurance. In terms of family structure, nearly half of youth lived in single-mother households. Of the 4% of youth living with foster parents (8 youth) 6 were DFCS foster parents. A total of 17 youth were in state custody (8%). The 'Other' category of family structure includes youth living with older siblings or other relatives primarily.

The large majority of enrolled youth (91%) had a DSM diagnosis. Diagnoses represented among WIN Georgia youth are shown in the table below.

Psychiatric Diagnoses of Enrolled Youth (n=174)

	Count	Percent
Attention Deficit /Hyperactivity Disorder	98	56%
Bipolar Disorder	63	36%
Oppositional Defiant Disorder	58	33%
Major Depressive Disorder	25	14%
Mood Disorder	24	14%
Post Traumatic Stress Disorder	17	10%
Conduct Disorder	15	9%
Adjustment Disorder	11	6%
Substance Abuse (incl. Polysubstance & Cannabis)	10	6%
Generalized Anxiety Disorder	7	4%
Sexual Abuse of a Child	7	4%
Pervasive Development Disorder	6	3%
Autism	4	2%
Disruptive Behavior Disorder	4	2%
Reactive Attachment Disorder	4	2%
Impulsive Control Disorder	4	2%
Schizoaffective	3	2%
Asperger's	2	1%
Psychotic Disorder	2	1%

64% of WIN Georgia youth take psychiatric medication.

Characteristics of Enrolled Youth (cnt'd)

The most common problems leading to referral to WIN Georgia are shown below.

Problems Leading to Referral⁶

	Count	Percent
Physical aggression	155	74%
Hyperactive/Attention-related problems	145	69%
Extreme verbal abuse	134	64%
Persistent noncompliance	131	62%
Depression-related problems	126	60%
Anxiety-related problems	122	58%
Adjustment-related problems (incl. reactions to a significant life stress)	118	56%
At risk or has failed family home placement	67	50%
Property damage	96	46%
Suicidal ideation	69	43%
Police contact	87	41%
Threat to life of others (incl. homicidal ideation, threats, attempts)	76	36%
Theft	62	36%
Sleeping problems	74	35%
Academic problems	71	34%
Excessive crying/Tantrums	62	30%
High risk home environment: Financial strain	58	28%
Running away	57	27%
Self-injury	57	27%
Psychotic behaviors (incl. hallucinations, delusions, strange or odd behaviors)	55	26%
Learning disability	55	26%
Maltreatment (victim of abuse or neglect)	52	25%
Sexual acting out	49	23%
High risk home environment: Maternal depression	48	23%
Separation problems	44	21%
High risk home environment: Maternal mental health (not depression)	41	20%

There is also evidence that youth present with a large number of presenting problems. The average number of presenting problems selected for enrolled youth was 11.9 problems, 75% of youth had 6 or more problems, and 25% of youth had 17 or more problems selected. Accordingly, youth were commonly involved with a variety of services prior to intake (next page).

⁶ Only problems selected for 20% or more of youth are displayed.

Characteristics of Enrolled Youth (cnt'd)

Service Utilization during 6 Months Prior to WIN Georgia Enrollment

	Count	Percent	
Outpatient Mental Health	147	70%	The services most commonly utilized in the six months prior to WIN Georgia were outpatient mental health and school-based services. Approximately one third of youth were on probation. On average, youth utilized 2.3 services in the period prior to enrollment, and 25% utilized four or more.
School-Based Services (e.g, IEP, SST)	105	50%	
Probation (DJJ or Independent Court)	64	30%	
Inpatient Psychiatric Hospitalization	61	29%	
PRTF	44	21%	
Juvenile Detention	37	18%	
Court Services (e.g., BARJ, REACH)	28	13%	
Substance Abuse Treatment	15	7%	
Child Caring Institute (CCI)	7	3%	

At the close date for the report, the active enrollment stood at 164 (76% Non-Waiver; 24% CBAY), shown for each WIN Georgia team below.

Enrollment by WIN Georgia Team

WIN Georgia Team ⁷	Active Enrollment		Youth Served 1HSFY2011	Cumulative Youth Served Since 1/18/2010
	End of December 2010 Non-Waiver	CBAY		
Bartow	8	3	14	20
Catoosa	9	3	14	22
Chattooga	14	0	18	20
Dade	10	2	18	18
Fannin	7	0	8	11
Floyd Team 1	6	3	17	24
Floyd Team 2	7	4	12	12
Gilmer	5	5	12	18
Gordon	7	4	16	19
Haralson	5	1	7	11
Murray	6	0	9	15
Paulding	7	2	18	24
Pickens	5	2	10	11
Polk	8	2	15	25
Walker	8	2	15	20
Whitfield	6	4	13	18
Multi-County Team 3	6	3	9	9
Total	124	40	225	297

⁷ WIN Georgia teams may serve youth residing outside of their county area.

Wraparound Fidelity

To determine the extent to which the Wraparound Model is implemented with fidelity in the day-to-day practices of WIN Georgia's Wraparound Teams, several indicators of fidelity are monitored. At the most basic level, the Wraparound Model specifies that newly enrolled families are to receive a face-to-face (F2F) meeting with WIN Georgia staff within three days of referral, and a first CFTM within 14 days. The table below illustrates the average time to various points in the family engagement process.

Completion of Initial Family Engagement Process for New Enrollments⁸

	New enrolls	First Attempt to Contact	First Phone Contact	First F2F Contact				First CFTM			
				Avg Days	w/i 3 days		Data missing	Avg Days	w/i 14 days		Data missing
					Count	Percent			Count	Percent	
Bartow	4	2.5	2.5	11.1	0	0%	0	18.8	1	33%	1
Catoosa	6	0.7	0.7	4.8	2	33%	0	17.2	2	33%	0
Chattooga	13	0.3	0.6	1.0	11	85%	0	12.0	7	58%	1
Dade	9	5.6	5.6	8.5	5	56%	0	22.5	3	33%	0
Fannin	2	8.8	8.8	8.8	0	0%	0	22.8	0	0%	0
Floyd 1	7	2.4	2.4	5.5	3	43%	0	13.7	2	50%	3
Floyd 2	11	2.1	2.1	4.0	4	44%	2	14.9	3	33%	2
Gilmer	7	4.9	4.9	9.2	3	60%	2	--	0	--	7
Gordon	7	5.4	5.4	8.8	2	29%	0	15.6	4	57%	0
Haralson	2	0.0	0.0	5.0	1	50%	0	11.5	2	100%	0
Murray	2	3.5	3.5	10.5	0	0%	0	27.0	0	0%	1
Paulding	12	0.9	1.2	2.4	10	83%	0	16.4	4	44%	3
Pickens	4	5.4	5.4	6.0	2	50%	0	31.4	0	0%	1
Polk	9	1.7	2.1	7.0	4	44%	0	27.3	1	14%	2
Walker	5	3.9	3.9	10.3	1	20%	0	22.9	2	50%	1
Whitfield	5	5.6	5.6	14.4	0	0%	0	33.3	0	0%	1
Multi-County Team 3	9	2.8	2.8	7.9	1	13%	1	16.8	1	25%	5
Total	114	2.8	2.9	6.4	49	45%	5	18.9	32	37%	28

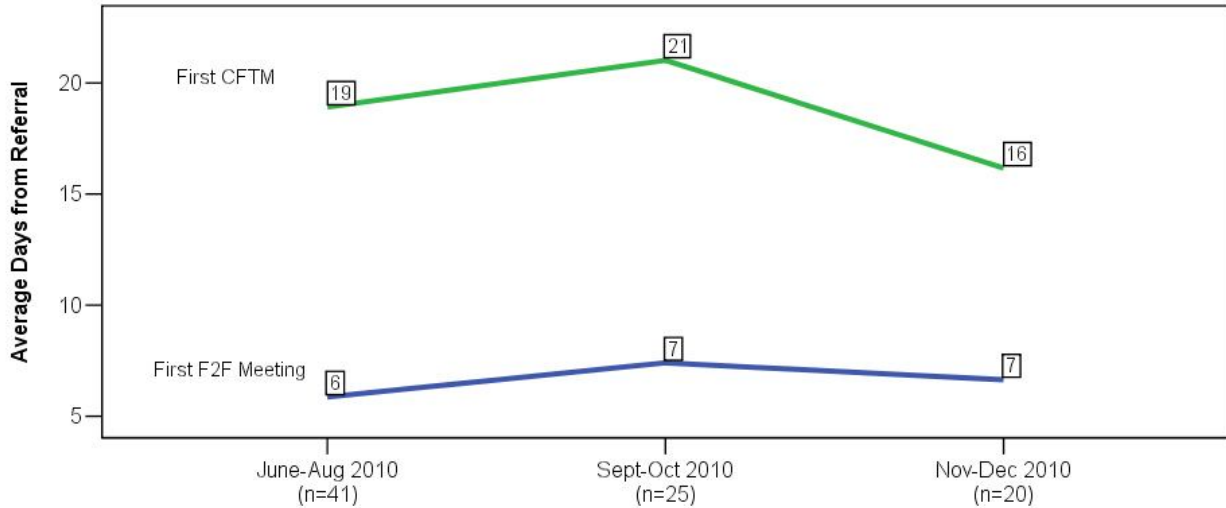
Note that because the sample size for each county is small, the averages are particularly prone to influence by outliers, or extremely high values. The percentages meeting the benchmark are not.

⁸ Only new enrollments at least 14 days prior to the close date of the report are displayed. First attempt to contact is based on the earliest contact of any type. First phone contact based on earliest phone or F2F contact.

Wraparound Fidelity (cnt'd)

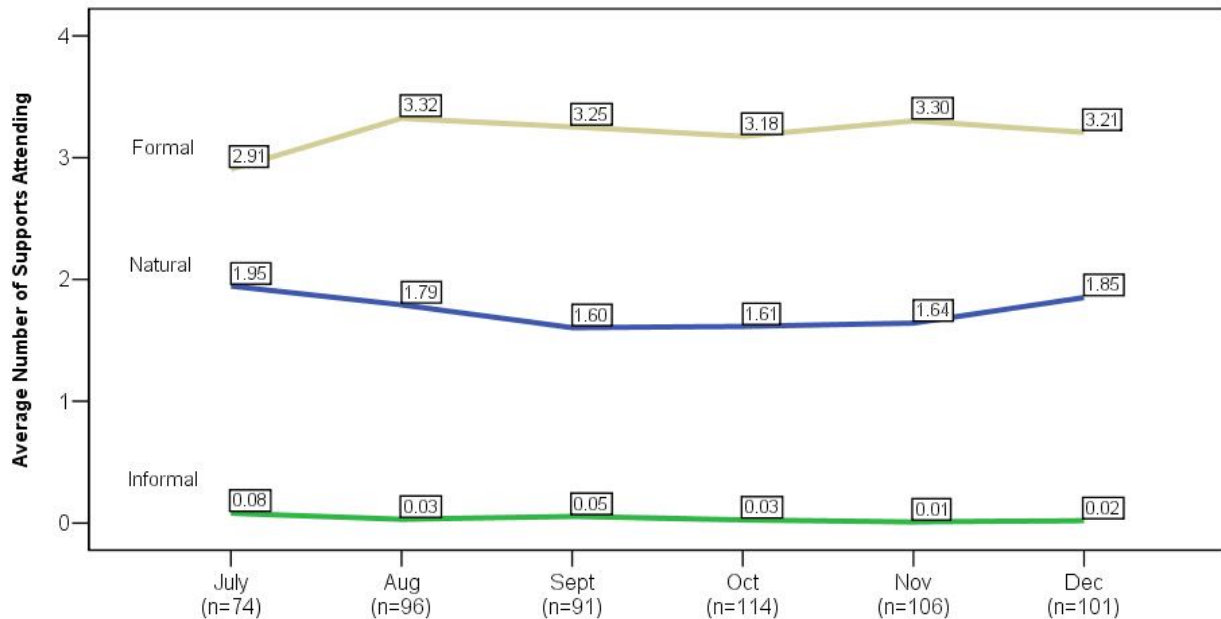
Examination of time to first F2F meeting and first CFTM over the past six months, shown in the figure below, indicated that the average time to CFTM declined in the most recent two months. Time to first F2F on the other hand was relatively stable, occurring approximately seven days from referral, on average.

Time to First F2F and First CFTM⁹



There were a total of 645 CFTMs held for WIN Georgia youth from July through December 2010. As the figure below illustrates, the typical CFTM is attended by 3 formal supports (e.g., WIN Georgia staff, teacher, probation officer) and 2 natural supports (e.g., family, friend, neighbor). Informal supports (e.g., pastor, mentor, coach) were usually not in attendance. Attendance by formal supports increased over the past six months, while attendance by natural supports and informal supports decreased slightly.

Types of Supports Attending CFTM



⁹ Months were grouped due to small sample size.

Wraparound Fidelity (cnt'd)

The following fidelity items are completed by Care Coordinators after each CFTM.

Care Coordinator Reported Fidelity Items

	'Yes'	Percent
Did all team members present ideas during CFTM?	442	97%
Did all team members receive a copy of the action plan?	365	81%
Did the team review assigned tasks for each team member?	436	97%
Is there a transition plan in place?	184	44%
Any of the following revised: Family vision, strengths list, crisis plan, safety plan?	212	53%
Were family/youth's strengths considered in determining services and supports?	400	96%

Care Coordinators indicated that most CFTMs involve active participation by all attendees, that the team regularly reviews tasks assigned to each member, and that youth and family strengths are often incorporated into the Wraparound Action Plan. Wraparound Action Plans were distributed to team members after approximately 4 out of 5 CFTMs. Elements such as family vision and crisis plan were revised at approximately half of CFTMs, and a smaller percentage of families had a transition plan in place (44%). To complement the Care Coordinator reported fidelity indicators above, the following fidelity items are completed by caregivers regarding their most recent CFTM.

Caregiver Reported Fidelity Items¹⁰

	'Yes'	Percent	
Did you choose the CFTM location?	408	95%	The large majority of caregivers reported having a choice in determining location, timing, and attendance for their CFTMs.
Did you provide dates/times for the CFTM?	410	96%	
Did you create the CFTM participant list?	398	93%	

Caregiver Feedback on CFTMs (1=Strongly Disagree / 4 = Strongly Agree)¹¹

	Count	Mean
Today's meeting was attended by everyone who I wanted to be here.	45	3.1
The people in today's meeting worked together effectively.	45	3.4
Today's meeting was organized.	44	3.4
My child has a say on the Child and Family Team.	44	3.3
Everyone who attended this meeting made a contribution to the plan for my child.	45	3.4
It's easier to find the services my child needs since we've been with WIN Georgia.	45	3.3
All members of the CFT clearly understand their role on the team.	45	3.4
Services for my child are more coordinated because of these CFT meetings.	45	3.3
The team is creative in planning services for my child.	45	3.4
Our Child and Family Team addresses the needs of my family as a whole.	44	3.3

As shown above, although caregiver responses to the CFTM feedback form were generally towards the high end of the 4-point scale, small variations between the items suggest room for improvement. Caregivers gave the lowest ratings to CFTM meetings having everyone they wanted in attendance. They also gave marginally lower ratings to services being more coordinated, being easier to navigate, addressing the needs of the family as a whole, and youth having a say on the Child and Family Team.

¹⁰ Fidelity results are based on all Wraparound Action Plans and Columbia Impairment Scales completed during the report period.

¹¹ The CFTM Feedback form was introduced in December, so the sample size is smaller.

Caregiver Reported Youth Functioning

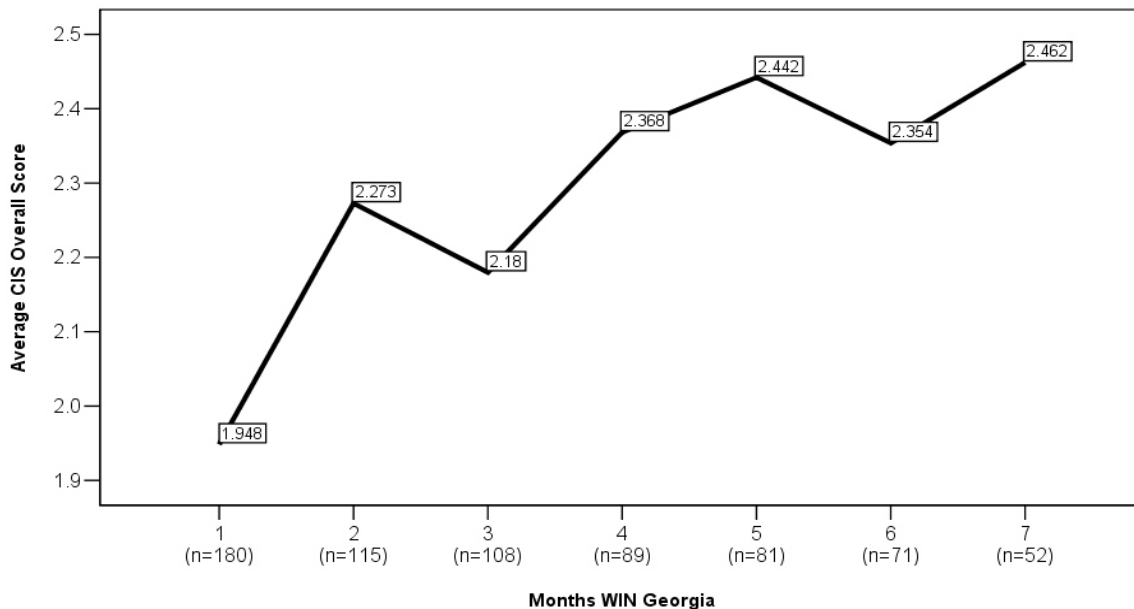
The Columbia Impairment Scale (CIS) is comprised of 13 items assessing caregivers' perspectives on their child's functioning on a 5-point response scale ranging from 0 (No problem) to 4 (A very big problem). Items from the Columbia Impairment Scale are shown below:

In general, how much of a problem do you think your child has with:

- Getting into trouble?
- Getting along with his/her mother or his/her female caregiver?
- Getting along with his/her other or his/her male caregiver?
- Feeling unhappy or sad?
- With his/her behavior at school (or job)?
- With having fun?
- Getting along with adults other than you or his/her father/mother?
- With feeling nervous or worried?
- Getting along with his/her brother(s)/sister(s)?
- Getting along with other kids his/her age?
- Getting involved in activities like sports or hobbies?
- With his/her schoolwork?
- With his/her behavior at home?

The 13 CIS items were combined into an overall scale, and the average overall score is shown over the course of enrollment in the figure below.

Caregiver Reported Youth Functioning on the Columbia Impairment Scale¹²



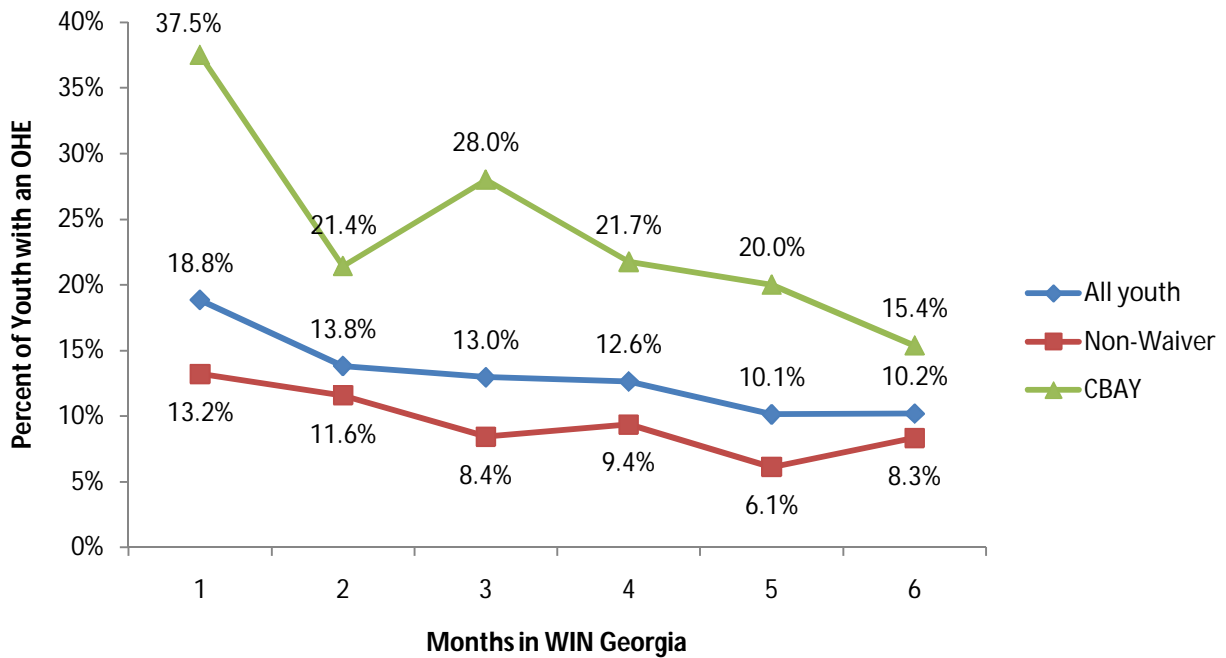
As shown above, caregiver reported youth functioning increase markedly following enrollment in WIN Georgia.

¹² Original responses to the CIS, representing degree of impairment, were reverse-coded to represent degree of functioning. All data for youth served during 1HSFY2011 shown, omitting data beyond Month 7 due to small sample size.

Out-of-Home Events

Out-of-home events (OHE) are recorded in Wraparound Action Plans (Part B) which are completed monthly after each CFTM. OHEs include crisis stabilization programs (CSP), inpatient psychiatric hospitalization, psychiatric residential treatment facilities (PRTF), regional youth detention centers (RYDC), short-term programs (STP), out-of-community commitment, child caring institutes (CCI), and foster care. The percentage of youth with any of these OHEs over the first six months of WIN Georgia enrollment is shown below¹³.

Incidence of Out-of-Home Placements over the Course of Wraparound Enrollment¹⁴



As shown above, the incidence of OHEs decreased from just under 19% of youth to approximately 10% after 6 months of enrollment in WIN Georgia, a 46% reduction in initial incidence of OHEs. The decrease was larger for CBAY youth as a percentage of initial incidence – OHEs for Non-Waiver youth decreased by 37% compared to an even more substantial 59% decrease for CBAY youth. The incidence of specific types of OHEs is shown in the table below.

¹³ Data from Wraparound Action Plans (Part B) included for all youth served during 1HSFY2011. Only data through Month 6 are displayed due to small sample size in later months.

¹⁴ CBAY (n₁=32, n₂=28, n₃=25, n₄=23, n₅=20, n₆=13)
 Non-Waiver (n₁=106, n₂=95, n₃=83, n₄=64, n₅=49, n₆=36)
 Total (n₁=138, n₂=123, n₃=108, n₄=87, n₅=69, n₆=49)

Out-of-Home Events (cnt'd)

Number of OHEs in Each Month of WIN Georgia Enrollment¹⁵

Type of Placement		Month of Enrollment											
		One		Two		Three		Four		Five		Six	
CSP	Non-Waiver	2	1.9%	3	3.2%	0	--	0	--	1	2.0%	0	--
	CBAY	1	3.1%	1	3.6%	5	20.0%	1	4.3%	1	5.0%	1	7.7%
Inpatient Hospitalization	Non-Waiver	3	2.8%	2	2.1%	4	4.8%	0	--	1	2.0%	2	5.6%
	CBAY	2	6.3%	1	3.6%	1	4.0%	1	4.3%	0	--	0	--
PRTF	Non-Waiver	1	.9%	2	2.1%	0	--	1	1.6%	0	--	1	2.8%
	CBAY	8	25.0%	3	10.7%	1	4.0%	0	--	3	15.0%	1	7.7%
RYDC	Non-Waiver	4	3.8%	4	4.2%	2	2.4%	4	6.3%	2	4.1%	0	--
	CBAY	1	3.1%	1	3.6%	1	4.0%	2	8.7%	1	5.0%	0	--
STP	Non-Waiver	1	.9%	1	1.1%	1	1.2%	1	1.6%	1	2.0%	0	--
	CBAY	0	--	0	--	1	4.0%	1	4.3%	0	--	0	--
Committed Out-of-Community	Non-Waiver	2	1.9%	1	1.1%	1	1.2%	2	3.1%	1	2.0%	0	--
	CBAY	0	--	0	--	1	4.0%	2	8.7%	1	5.0%	1	7.7%
CCI	Non-Waiver	1	.9%	3	3.2%	2	2.4%	0	--	0	--	1	2.8%
	CBAY	0	--	0	--	1	4.0%	1	4.3%	0	--	0	--
Foster Care ¹⁶	Non-Waiver	3	2.8%	2	2.1%	0	--	0	--	0	--	0	--
	CBAY	3	9.4%	1	3.6%	2	8.0%	2	8.7%	1	5.0%	0	--

Note. Percentages of youth of each type (CBAY/Non-Waiver) with WrAP records at each month.

Overall, PRTF placements were the most common type of OHEs, and the majority of those occurred among CBAY youth. Foster Care was also among the more common OHEs and tended to be used more CBAY youth as well. DJJ OHEs were generally low but tended to rise slightly in later months.

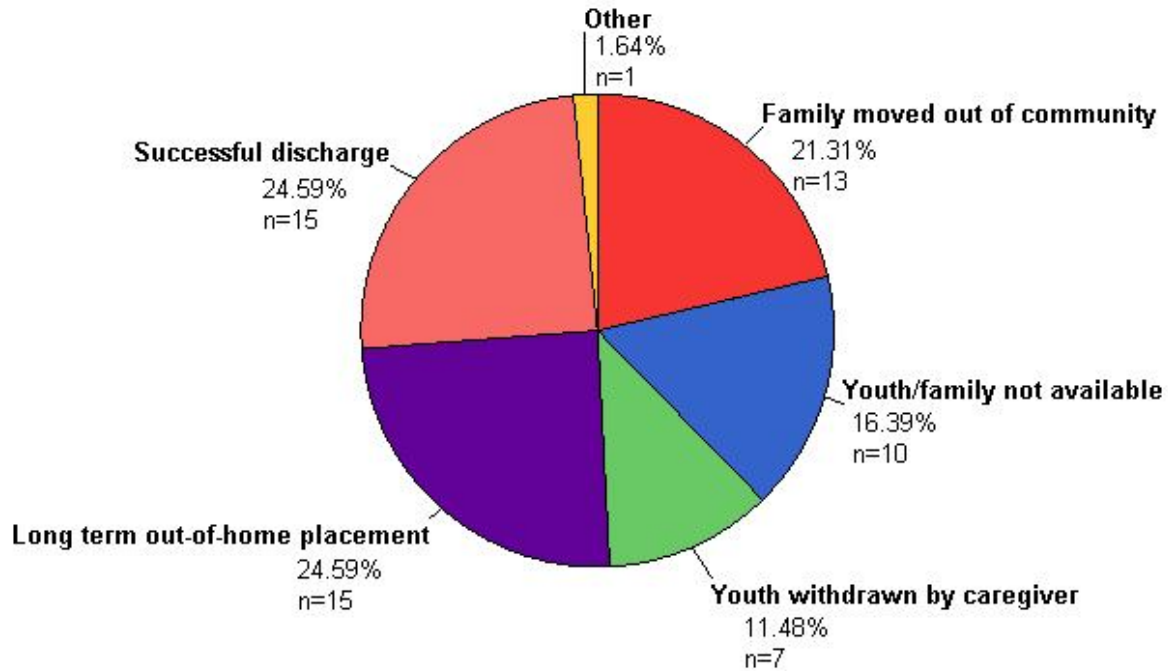
¹⁵CBAY (n₁=32, n₂=28, n₃=25, n₄=23, n₅=20, n₆=13); Non-Waiver (n₁=106, n₂=95, n₃=83, n₄=64, n₅=49, n₆=36); Total (n₁=138, n₂=123, n₃=108, n₄=87, n₅=69, n₆=49)

¹⁶Data on Foster Care are based on new foster placements during WIN Georgia enrollment, and do not count foster placements continuing in consecutive months as incidence.

Wraparound Discharges

A total of 61 of the 225 youth served during the report period were discharged during the period (27%). Discharges constitute the complete discontinuation of Wraparound services, and do not include youth transitioning from Non-Waiver status to CBAY status or vice versa. Of the 61 Wraparound discharges, 52 were Non-Waiver youth (85%) and 9 were CBAY youth (15%).

Reasons for Discharge



The two most common reasons for discharge were successful graduation and long term out-of-home placement (e.g., PRTF or YDC). Comparing reasons for discharge among CBAY (n=9) and Non-Waiver youth (n=52), CBAY youth were more likely to be discharged due to long term out-of-home placement (44% CBAY; 21% Non-Waiver), and less likely to be successfully discharged (11% CBAY; 27% Non-Waiver).

Length of Stay

Discharges	n	Mean	SD	Low	High
All	61	5.2 months	3.3 months	6 days	13 months
Non-Waiver	52	4.9 months	2.9 months	6 days	11.3 months
CBAY	9	6.9 months	4.6 months	55 days	13 months

The average length of stay among Non-Waiver youth was just under 5 months, and for CBAY youth was approximately 7 months.

Conclusions

Results from the evaluation of WIN Georgia services during the first half of state fiscal year 2011 indicate a variety of encouraging and informative findings. The report period began with a current enrollment of 108 youth. A total of 172 referrals were received during the report period, and 68% of these were enrolled. A total of 61 youth were discharged, of which 25% were successful graduations. As of December 31 the active enrollment stood at 164, 6 youth short of capacity. Enrolled youth were typically male (72%), the largest racial group was White (78%), 12% were African American, and a small but growing percentage of youth indicated Latino/a ethnicity. The average age was just over 13 years, the youngest youth was 5, and the oldest was 19. The large majority of youth were on Medicaid (83%), and approximately 1 in 2 youth were cared for by a single mother.

Nearly all WIN Georgia youth had a psychiatric diagnosis, with the most common being ADD/ADHD (56%), bipolar (36%), and oppositional defiant (33%) disorders. Approximately 2 out of 3 youth were taking psychiatric medication (64%). Intake information indicated a wide variety of problems leading to referral including physical aggression (74%), extreme verbal abuse (64%), suicidal ideation (43%), and threat to life of others (36%). Youth tended to present with a large number of problems— just under 12 on average. WIN Georgia youth were commonly engaged with multiple child-serving agencies prior to enrollment (2.3 on average) with the largest numbers receiving outpatient mental health services (70%), school-based services (e.g., IEP, SST; 50%), probation (30%), or inpatient psychiatric hospitalization (29%). These figures indicate a high level of disorder among enrolled youth.

Regarding the quality of implementation of the Wraparound model on day-to-day basis, indicators of fidelity included an average time to a first face-to-face meeting with newly enrolled families of approximately 6 days, and an average time to the first CFTM of approximately 19 days. The average time to first CFTM reflected improvement over the last two months of the report period, dropping to 16 days which is beginning to approach the 14 day benchmark specified by the High Fidelity Wraparound model. CFTMs were typically attended by approximately 3 formal supports and 2 natural supports, and were typically not attended by informal supports. Attendance over the past six months reflected increases in the number of formal supports attending CFTMs, but attendance by natural and informal supports was fairly stable. Caregiver feedback on CFTMs indicated that families often hold positive views of their teams and the meetings, but there were relatively lower ratings on the view that meetings are attended by everyone families want there, that families' needs are addressed as a whole, that services are easier to find after involvement with WIN Georgia, and that their child has a say on the CFTM. Wraparound Teams can continue to seek improvement in these areas, as well as all of the areas addressed by the CFTM Feedback form, as these have been identified by both families and staff as important aspects of family participation in the Wraparound process.

There was also evidence that the well-being of youth improves as a result of involvement with WIN Georgia. Caregiver reported youth functioning increased markedly over the first seven months of enrollment, improving approximately 26% from initial levels. These results directly reflect a more positive view of youth functioning in a variety of domains, including getting along with caregivers, staying out of trouble, completing school work, and being involved in extracurricular activities. Furthermore, perhaps the most important indicator of effectiveness of Wraparound services is the prevention of out-of-home events such as incarceration or residential treatment (OHEs). Results indicated that the incidence of OHEs decreased substantially over the first six months of enrollment in WIN Georgia. Among all youth, just under 20% experienced an OHE during the first month of enrollment, which was reduced to approximately 10% at Month 6—a 46% reduction in initial incidence. This improvement was particularly large among CBAY youth, of whom 38% experienced an OHE in Month 1, declining to 15% by Month 6, a 59% reduction. Overall, these findings reflect quite positively on the impact of WIN Georgia services on enrolled youth and families.