

WRAPAROUND MILWAUKEE QUALITY ASSURANCE/IMPROVEMENT ANNUAL REPORT 2011



**STRIVING
FOR EXCELLENCE**



This Report.....

Demographic Information..... pg. 2

Outcome Indicators

Functioning.....pg. 3

Living Environment.....pg. 4

School.....pg. 4

Youth/Family Satisfaction.....pg. 4

Costs/Services.....pg. 7

Process Indicators

Plan of Care.....pg. 8

Family and Community Based.....pg. 8

Audits/Evaluations/Reports & Util. Review.....pg. 8

Structure Indicators

Child and Family Team Meeting.....pg. 9

Training.....pg. 9

Grievances and Complaints.....pg. 10

Information Technology System.....pg. 10

Wraparound Provider Network.....pg. 11

Centralized Quality Assurance.....pg. 11

Wraparound Youth Council.....pg. 11

Other Accomplishments.....pg. 12

I. New Enrollee Demographics



Wraparound/Reach Enrollments = 643

Wraparound/REACH Disenrollments = 748

Average Daily Census = 836 **Total Youth Served = 1,468**

GENDER (643 youth represented)

Female = 179 (28%)

Male = 464 (72%)

AGE (643 youth represented)

Average age = 14 years old

(WRAP = 15.2, REACH = 12.9)

ETHNICITY (643 youth represented)

African American = 436 (68%)
(74% male – 26% female)

Caucasian = 107 (17%)
(63% male – 37% female)

Hispanic = 61 (9%)
(77% male – 23% female)

Bi-racial = 10 (2%)
(100% male – 0% female)

Asian = 2 (.3%)
(0% male – 100% female)

Native American = 2 (.3%)
(100% male – 0% female)

Other/Unknown = 25 (3%)
(68% male – 32% female)

COURT ORDER (434 youth represented)

64% of youth who were enrolled into Wraparound were on a Delinquency order (N=279)

24% were on a CHIPS order (N=104)

10% were on a JIPS order (N=44)

1% were on a Dual (CHIPS/Delinquent) order (N=7)

NO COURT ORDER (REACH)

33% REACH youth (N=209)

DIAGNOSIS (592 youth represented. Youth may have one or more diagnosis)

ADHD = 344

Conduct Order = 294

Mood Disorder = 280

AODA related = 193

Developmental Disorder = 193

Learning Disorder = 166

Other = 157

Anxiety Disorder = 149

Depressive Disorder = 130

Adjustment Disorder = 46

Thought Disorder = 22

Personality Disorder = 16

Eating Disorder = 3

YOUTH ISSUES (Wraparound Only) (418 youth represented.)

Youth may have one or more issues.)

Adjudicated Sex Offender = 49

Attention Problems = 294

Dev. Disorder/Autism = 94

Drug/Alcohol Abuse = 256

Fire setter = 93

H/O Sexual Misconduct = 210

Hx. of Psychiatric Hosp = 208

Major Affective Illness = 214

Other = 217 (For example: stealing, manipulative behavior, traumatic events/illnesses)

Physical Disability = 124

Previous Physical Abuse = 102

Psychosis = 91

Runaway Behavior = 224

School/Community Concerns = 386

Severe Aggressiveness = 292

Sex Offender (Registered) = 8

Sexual Abuse Victim = 88

Suicidal Behavior = 153

System Involv. – Child Protective Svcs. = 167

System Involv. – Education. = 236

System Involv. – Juv. Jus. = 241

System Involv. – MH. = 221

System Involv. – Social Svcs. = 75

FAMILY ISSUES (Wraparound Only) (419 families represented.)

Family may have one or more issues.)

Abandonment by Parent = 263

Adj. Phys. Abusive Caregiver = 29

Adj. Sexually Abusive Caregiver = 27

Domestic Violence = 153

Felony Conviction = 132

Neglect = 94

Non-adjudicated Abuse = 66

Other = 142 (For example: traumatic events/illnesses/deaths, divorce/separations, adoptions)

Out-of-Home Placement = 295

Parent Dev. Disability = 48

Parental Incarceration = 203

Parental Severe Mental Ill. = 207

Previous Psych. Hosp = 50

Sibling Foster Care = 76

Sibling Institutionalization = 63

Substance Abuse Caregiver = 188

II. Outcome Indicators

Functioning

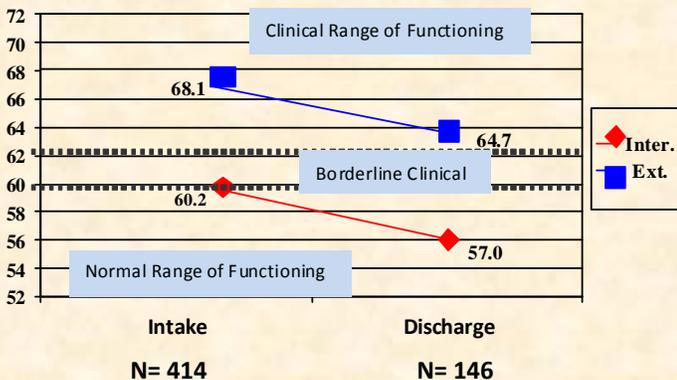
The functioning levels of the youth in Wraparound/REACH are currently being measured by the Child Behavior Checklist (CBCL) and the Youth Self-Report (YSR). The evaluation tools are collected on every enrollee at Intake, 6 months, 1 year, annually thereafter and at disenrollment.

The **CBCL** is filled out by the parent/primary caregiver and provides information about the internal (mood, thought processing) and external (social/interpersonal interactions, community-based behaviors) behavioral issues of a child during the preceding six-month period. It comprises various individual scale scores consisting of symptoms of depression, anxiety, withdrawal, social problems, thought problems and delinquent and aggressive behavior. Raw scores are calculated for each scale and are converted to T-scores based on a normative sample. The results can be utilized by the Child and Family Team to identify areas of need that should be addressed within the Plan of Care.

The **YSR** is similar to the CBCL. It is completed by youth 11 years of age and older.

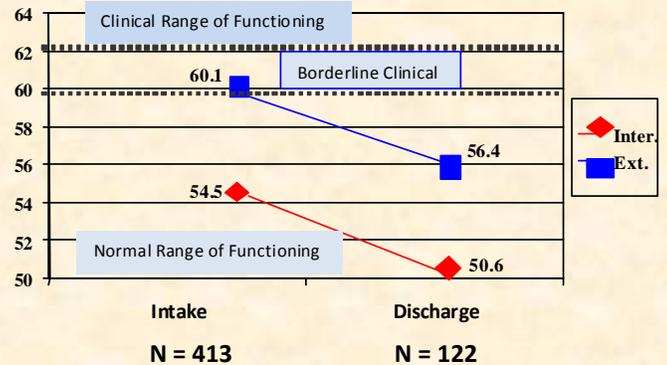
WRAPAROUND

CBCL T-Scores from Intake to Discharge
(Disenrollments from 1/1/11 – 12/31/11)



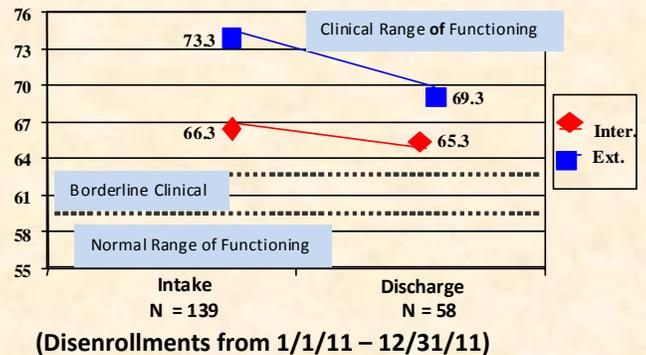
WRAPAROUND

YSR T-Scores from Intake to Discharge
(Disenrollments from 1/1/11 – 12/31/11)



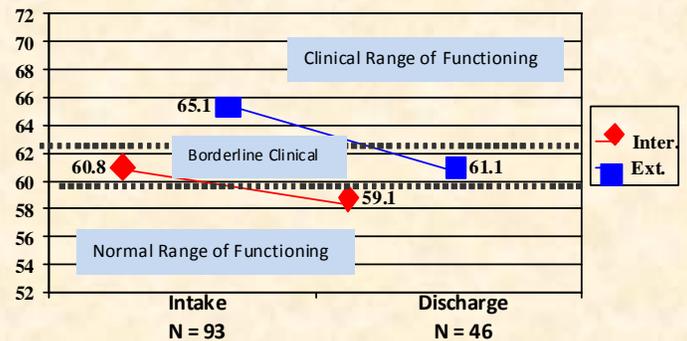
REACH

CBCL T-Scores from Intake to Discharge



REACH

YSR T-Scores from Intake to Discharge
(Disenrollments from 1/1/11 – 12/31/11)



Living Environment



Wraparound youth at enrollment are living in a variety of places. The level of restrictiveness of the placement varies. Wraparound is committed to getting youth into and/or keeping youth in the least restrictive environment possible and in minimizing the number of placement changes that a youth encounters.

Permanency (Wraparound Only)

In defining the data below, permanency is described as:

- 1.) Youth who returned home with their parent(s),
- 2.) Youth who were adopted,
- 3.) Youth who were placed with a relative,
- 4.) Youth placed in subsidized guardianship,
- 5.) Youth placed in sustaining care,
- 6.) Youth in independent living.

For the 423 youth that Wraparound had identifying disenrollment data on, excluding those youth that upon discharge were on runaway status (68 or 16%) or had been placed in the Department of Corrections (13 or 3%), 302 or **71% of those youth achieved permanency.**

Placements for youth who did not achieve permanency were:

14 in Transitional Foster Care, 9 in Group Home Care, 7 in Residential Care, 7 in Respite Care, 2 were in an Inpatient Hospital and 1 in Shelter Care.



School

Wraparound Milwaukee is invested in ensuring that the youth we serve are getting the best education possible, that all educational needs are identified and that attendance improves.

Of the new enrollees for which school data was entered into the Synthesis database during 1/1/11-12/31/11 the following was revealed:

	<u>#WRAP</u>	<u>%WRAP</u>	<u>#REACH</u>	<u>%REACH</u>
K-5 th	16	3%	53	28%
6 th -8 th	80	17%	61	32%
9-12 th	386	80%	78	40%

Youth in Wraparound are attending school approximately 85.5% of the time, while those in REACH are attending school approximately 91% of the time.

Youth and Family



Satisfaction

Youth/Family satisfaction is currently being measured through the surveys that are being administered through the Wraparound QA Department in conjunction with Families United of Milwaukee, Inc. These surveys inquire about the satisfaction level of the family/youth as it relates to the provision of Care Coord. and Provider Network services.

Family/Youth Satisfaction Levels related to Care Coordination Services

Surveys related to the families' satisfaction levels with Care Coordination are distributed at 1-month, 6-months, 1-year/2-year/etc. and at disenrollment. A 5-point ranking scale is utilized with 1 meaning "Strongly Disagree" and 5 meaning "Strongly Agree". An option of "Not Applicable" is also available.

Survey Time Frame	# of Surveys Sent	# of Surveys Received	Return Rate	Average Overall Score
1-Month	714	159	22%	4.79
6mo/yearly	1072	162	15%	4.53
Disenrollment - Family	748	557	74%	4.09
Disenrollment - Youth	748	557	74%	4.0

1-month Care Coordinator Family Survey:

- | | | |
|-----|---|------|
| 1). | My CC has been polite and respectful to me and my family. | 4.97 |
| 2). | Meetings with my care coordinator have been scheduled at times and places that are convenient for me. | 4.85 |
| 3). | I know how to reach my care coordinator when I need to. | 4.79 |
| 4). | My care coordinator returns my calls within 24 hours. | 4.81 |
| 5). | I know how to reach my care coordinator's supervisor. | 4.79 |
| 6). | The contents of the enrollment folder were explained to me. | 4.81 |
| 7). | My care coordinator has talked with me about a Crisis/Safety Plan for my family. | 4.79 |
| 8). | I've been offered choices about the services my family receives. | 4.69 |
| 9). | Overall, I feel satisfied with the services my family is receiving. | 4.69 |

Average Overall Score
4.79

6-mo/yearly Care Coordination Family Survey:

1.)	My Care Coordinator has been polite and respectful to me and my family	4.78
2.)	I am seeing my Care Coordinator as often as I'd like to.	4.53
3.)	My Care Coordinator returns my call within 24 hours.	4.64
4.)	My Care Coordinator follows through with what she/he says she/he is going to do.	4.59
5.)	Meetings with my care coordinator have been scheduled at times and places that are convenient for me.	4.65
6.)	I feel Wraparound has been sensitive to my cultural, ethnic and religious needs.	4.64
7.)	I would be comfortable calling my care coordinator's supervisor if I had any concerns.	4.48
8.)	I've had the opportunity to include people on my team that are important in our family's life.	4.55
9.)	I get a copy of every Plan of Care.	4.63
10.)	I understand my Plan of Care and how it can help me and my family.	4.54
11.)	I have been offered choices about the services my family receives.	4.38
12.)	My team is starting to work to prepare my family for disenrollment from Wraparound.	3.83
13.)	Overall, I feel the care provided to me/my family so far has been helpful.	4.51

**Average
Overall Score
4.53**



Disenrollment Youth Progress Report:

1.)	I'm doing better in school than I did before.	3.96
2.)	I am getting along better with my family than I did before	3.97
3.)	I feel like I'm getting along better with my friends than I did before	3.96
4.)	I feel my behavior has gotten better since I was enrolled in Wraparound.	4.08

**Average
Overall Score
4.0**

Disenrollment Family Progress Report:

1.)	I feel my family has made significant progress in meeting the Family Vision we have been working towards.	4.02
2.)	I feel my child's educational needs have been met	3.63
3.)	Overall, I feel that Wraparound/REACH helped me be better able to handle challenging situations.	4.28
4.)	I feel that I have family, friends and community resources that will be there for me and my family if I need them.	4.18
5.)	If my family does have a crisis, I believe the final Crisis Plan my Team developed will help us.	4.21
6.)	After disenrollment, I will know how to get services and supports that my family may still need.	4.24

**Average
Overall Score
4.09**

Family Satisfaction Levels related to Provider Network Services

Families also receive surveys inquiring about their satisfaction level related to the services they receive through Wraparound Provider Network. Each survey is reflective of the specific service that a specific Network Provider provides to the family. A 5-point ranking scale is utilized with 1 meaning “Strongly Disagree” and 5 meaning “Strongly Agree”. An option of “Not Applicable” is also available. These surveys are distributed to the families during their 4th and 9th month of enrollment.



Provider Survey Outcomes by Service

Referenced below are the overall service satisfaction outcomes per the data that has been collected and entered into Synthesis for 2011. Only those services in which at least 5 surveys have been received are reported on. A 5-point ranking scale is utilized with 1 meaning “Strongly Disagree” and 5 meaning “Strongly Agree”. An option of “Not Applicable” is also available.

Survey Time Frame	# of Surveys Sent	# of Surveys Recv,d	Return Rate	Average Overall Score
4-Month	1594	195	12%	4.28
9-Month	1619	168	10%	4.43

4-month Provider Survey Results:

1.)	Focuses on my family’s strengths	4.25	Average Overall Score 4.28
2.)	Understands our family’s needs and limits.	4.18	
3.)	Is sensitive to our cultural needs	4.28	
4.)	Listens to my family	4.29	
5.)	Follows my family’s Plan of Care	4.29	
6.)	Has knowledge of families/child development	4.27	
7.)	Is respectful to my family	4.44	
8.)	Is available when we need him/her	4.26	

9-month Provider Survey Results:

1.)	Focuses on my family’s strengths	4.38	Average Overall Score 4.43
2.)	Understands our family’s needs and limits.	4.37	
3.)	Is sensitive to our cultural needs	4.44	
4.)	Listens to my family	4.49	
5.)	Follows my family’s Plan of Care	4.47	
6.)	Has knowledge of families/child development	4.44	
7.)	Is respectful to my family	4.58	
8.)	Is available when we need him/her	4.31	

Service Name	# of Surveys Recv’d	Overall Average
AODA Individual/Family Counseling	5	4.16
Crisis Stabilization	116	4.25
Group Counseling and therapy	7	4.0
Group Home Care	39	3.69
In-Home - Lead	56	4.57
Individual/Family Therapy – Office-based	53	4.66
Mentoring	21	4.30
Parent Assistance	9	4.47
Psychiatric Review/Meds – with Therapy	17	4.39
Recreation Programming	6	4.08
Residential Care	89	3.74
Respite – Residential	12	4.11
Transportation	22	4.12
Tutoring	9	4.31

Family Satisfaction Levels related to Out of Home Services

Families also receive surveys inquiring about their satisfaction level related to the services they received through Wraparound Provider Network Out of Home placement agencies, i.e. – residential centers, group homes. A 5-point ranking scale is utilized with 1 meaning “Very Dissatisfied” and 5 meaning “Very Satisfied”. An option of “No Response” is also available. These surveys are administered by a trained Families United of Milwaukee parent representative and are completed upon the youth’s discharge from the out of home facility.

Survey Time Frame	# of Surveys administered	Average Overall Score
Upon Discharge from the facility	130	4.0

PROGRAM	APPROXIMATE AVERAGE COST PER MONTH/PER YOUTH
<i>Wraparound Milwaukee</i>	\$3,485
<i>Group Homes</i>	\$5,955
<i>Corrections</i>	\$8,790
<i>Residential Care</i>	\$9,863
<i>Psychiatric Inpt. Hospital</i>	\$38,100

Out of Home Survey Results:

1.)	How satisfied were you with the care that your child received in the facility?	4.18
2.)	How easy was it to stay in contact with your child (phone and travel)?	4.17
3.)	How well did the staff keep you/your child informed through the time your child was in placement?	4.20
4.)	How well do you feel your child has improved during this placement?	3.64
5.)	How well did the staff do in terms of giving you ideas or teaching you new techniques you could use with your child at home?	3.45
6.)	How safe did you feel your child was in the facility?	4.19
7.)	How culturally sensitive do you feel the staff were to the needs of your child?	4.25
8.)	Would you utilize this placement again or recommend it to other families.	4.63

Listed below are the top five service groups utilized per authorizations from January through December 2011 in which the client/family were the primary recipients.

- 1.) **Crisis Stabilization/Supervision** An average of 1,083 or 74% of the youth utilized this service in some capacity
- 2.) **In-Home Therapy (Lead-Medicaid)** An average of 754 or 51% of the youth/families utilized this service in some capacity.
- 3.) **Individual/Family Therapy – Office-Based** An average of 535 or 36% of the youth/families utilized this service in some capacity.
- 4.) **Transportation** An average of 533 or 36% of the youth/families utilized this type of service in some capacity.
- 5.) **Residential Care** An average of 361 or 25% of the youth utilized this service in some capacity.

Costs/Services

The cost of providing services for the youth in Wraparound/REACH is less than the cost of care in alternative children's mental health systems and other systems of care.



The overall total number of youth serviced in some capacity from 1/1/11 – 12/31/11 was 1,468.

The **average overall cost per month/ per enrollee** was **\$3,485.00**.

This represents a combination of both Wraparound and REACH youths' monthly service costs.

Listed below are several program cost comparisons as it relates to the provision of services. Please note that the monthly cost for Wraparound type services may also include providing care to other family members in addition to the identified enrollee.

Although not considered a specific service per se, it is important to note:

Six-hundred and thirteen (613) or 42% of the youth/families utilized Discretionary Funds in some capacity. **Discretionary funds are flex monies that are often utilized to assist the family in meeting a need that may not be connected to a specific provider-related network service.**

The majority of Discretionary Fund requests (excluding Miscellaneous funds) are for assistance/support with Rent/Security Deposits (18%), monetary incentives (13%) and clothing (11%).

The **five most costly service areas** (excluding Care Coordination) for 2011 (though not necessarily the most utilized) are:

1. Residential Care at 33.5% of the total paid
2. Group Home Care at 11.4% of the total paid
3. Crisis Services at 10.4% of the total paid
4. Foster Care at 8.6% of the total paid
5. In - Home Therapy at 4.6% of the total paid

III. Process Indicators

Plan of Care

The Plan of Care (POC) is a family and needs-driven document utilizing the strengths of the child/family. The POC is comprehensive and is the driving force behind the services provided. The initial POC meeting is expected to occur within the first 30 days after enrollment. Subsequent POC meetings should be held at least every 60 - 90 days.



Wraparound uses a ranking system in which the family scores each identified “need” on the Plan of Care.

A 1-5 ranking scale is utilized. Starting with 1 meaning minimal progress was made in that needs area to 5 meaning that the need has been successfully met.

From January – December 2011

Average overall “Need Ranking” score at discharge was 3.69 (on a scale of 1-5). This is an increase of .4 compared to 2010.

The established threshold of desired performance is a 3.75.

Family and Community-Based Service Delivery & Collaboration

Services and support are provided in the youth’s natural environment, including home, school and community. Collaboration within the Child and Family Team, meaning the network of formal and informal supports, must be evident.

Care Coordinators are currently coding identified community-based supports/resources on the Plan of Care Strengths Discovery List. These resources are considered to be “informal/natural” supports, i.e. - are individuals on the Team that are volunteers (unpaid supports), family members, neighbors, clergy affiliations, etc. These supports must be actively utilized, i.e. – be within the “strategy” related to a “need”, to be calculated within the data.

Wraparound strives for at least 50% of the active members on any Team to be informal/community resources.

From 1/1/11 – 12/31/11, an average of **50.4% of the Team members** were informal/community supports.

Audits/Evaluations/Reports & Utilization Review

Wraparound uses auditing processes, surveys, evaluation data and other



reported outcomes, as an ongoing means of monitoring the quality of care being provided to youth and families.

Audits

No Care Coordination audits were conducted during 2011 as the tools used to evaluate the agencies (Chart Audit, Plan of Care Audit, Progress Note Audit) were being reviewed and revised. Audits will resume again in 2012.

Audits/reviews of Wraparound Provider Network Agencies continued to be conducted in 2011. The Department of Health and Human Services – Contract Administration, in collaboration with Wraparound Milwaukee, Children’s Court Network and the Wlser Choice Network conducted **six (6) agency reviews**. Comprehensive outcome reports on the review results are compiled by Contract Administration staff. Any corrective action measures/disallowances were then implemented until the agency evidenced satisfactory compliance.

A **Crisis Stabilization/Supervision Services Audit** was conducted in the summer of 2011. A total of nine (9) agencies were reviewed. Ten percent (10%), or at minimum, 5 providers files, along with 10%, or at minimum, 5 client files, were reviewed. The service time under review generally fell between 1/1/11 – 2/28/11. Compliance score ranges were as follows:

Crisis Indicators	Compliance Range	Overall Average
Agency/Provider	94% - 100%	97.9%
Client Quality	55% - 99%	85.9%

Reports

Performance Improvement Project

Wraparound Milwaukee must engage in one Performance Improvement Project per year as mandated through our Medicaid Contract with the State of Wisconsin. The project must focus on a clinical or administrative issue that the program wants to further explore in an effort to engage in a quality improvement endeavor. The 2011 project focused on increasing our knowledge about the Child and Adolescent Needs and Strengths (Cans) evaluation tool.

Study Question:

Does the administration of the Child and Adolescent Needs and Strengths (CANS) evaluation tool provide additional descriptive information about the youth in Wraparound Milwaukee, supplementing the information gathered through the administration of the Achenbach Measures (CBCL & YSR)?

The greatest understanding emerging from this study is that the structure and design of the CANS has possible value for the functioning of the Family Team and its facilitator. The CANS systematically encompasses a scope of functional dimensions of

youth and families that can provide an organized platform for discussion. Thus, a future study may compare Family Teams that have been administered the CANS using it to inform the work of the team to a group of Family Teams that have not been administered the CANS and in so doing are not using the CANS to inform their work. This study would require a control of a number of variables, including degree of behavioral needs which could be monitored through the use of the CBCL & YSR, composition of the family team and the amount of experience of the care coordinator.

2011 Utilization Review

Service Group	Average Total Paid Per Child/Per Month	# of youth served	% of youth served
AODA Services	\$6.75	160	10.9%
Care Coordination	\$755.62	1,463	100%
Child Care/Rec.	\$8.19	73	5.0%
Crisis Services	\$363.85	1,092	74.6%
Day Treatment	\$13.18	26	1.8%
Discretionary/Flex Funding	\$13.88	613	41.9%
Fam/Parent Support Services	\$15.23	171	11.7%
Foster Care	\$301.44	195	13.3%
Group Home	\$396.79	283	19.3%
Independent Living	\$30.89	31	2.1%
In-Home Therapy	\$159.13	767	52.4%
Inpatient Hosp.	\$69.25	158	10.8%
Life Skills	\$19.76	214	14.6%
Med. Mngmt./Nursing	\$20.13	338	23.1%
Outpatient Therapies	\$74.07	681	46.5%
Psychological Assess.	\$4.41	100	6.8%
Residential Treatment	\$1,165.98	368	25.2%
Respite	\$11.17	75	5.1%
Transportation	\$36.95	688	47.0%
Youth Support Services	\$18.69	267	18.3%
TOTAL	\$3,485.38	1,463	

IV. Structure Indicators

Wraparound Milwaukee, as a system of care, utilizes a diversified administrative team, which assesses Provider services, provides training in Wraparound philosophy, and establishes policies and procedures. A structured intake process is utilized with reference to enrolling families into the program. A Care Coordinator is assigned to work with every family. The Care Coordinator organizes and coordinates care for the youth and family. Each family has a Child and Family Team that meets regularly. The Team develops and implements the Plan of Care.

Child and Family Team Meeting



A Child and Family Team (CFT) Meeting is expected to be held once a month to discuss the status of the Plan of Care and the child/family. The CFT meeting must be documented in the Care Coordinator's Progress Notes and coded as such.

Per Progress Notes dated 1/1/11–12/31/11, the compliance score as it relates to holding a monthly Child and Family Team Meeting for Wraparound youth was **91.4%** (a 3.3% increase from the previous 6-month time period).

The established threshold for compliance is 85%.

Training

Care Coordinators receive 50+ hours of initial certification training in a curriculum developed by Wraparound Milwaukee. Care Coordinators are expected to complete the training within the first six months of employment. The Training Team consists of a diverse group of individuals from different disciplines. Parents/Caregivers are also training facilitators. Ongoing mandatory and non-mandatory meetings, inservices, conferences, re-certification training, etc. are also offered throughout the year for provider staff and/or families.



Two **New Care Coordinator Trainings** were held during 2011. In the spring session approximately 25 new Care Coordinators participated in the training in addition to two (2) Wraparound Administrative staffs and four (4) Families United of Milwaukee parent/youth facilitators.

Similarly, in the fall session approximately 25 new Care Coordinators participated in the training in addition to five (5) Families United of Milwaukee parent/youth facilitators.

One **Care Coordinator Re-certification Training** was held in October 2011. Re-certification Training provides the opportunity for our Care Coordinators that have been with the program for 1+ years to attend training that has been specifically designed to address a Wraparound –related topic of importance. This year the training focused on “Getting Back to the Basics,” meaning revisiting the Wraparound philosophy and process and use of community and informal supports.

Several inservices/workshops took place, providing continuing educational opportunities for Wraparound –related staff.

These consisted of:

- Administrative Panel Discussion
- Domestic Violence Inservice
- Overview of Social security Inservice
- Overview of Behavioral Health Division Programs
- W2-Eligibility and Assessment Inservice
- Keys to the Future – Transition Planning Inservice
- Crafting Needs and Setting Benchmarks Workshop
- Gang Awareness Inservice
- Resources through the Public Library Inservice
- Child Protection Center Orientation Inservice

Grievances/Complaints/Violations

Wraparound Milwaukee, as a system of care, has a formal grievance procedure and a complaint investigative and reporting process. Complaints can be generated by any party within the Wraparound system of care. Grievances are primarily generated by family members/enrollees.



Zero (0) grievances were filed in 2011. Wraparound Milwaukee identifies a grievance as the action a recipient may choose to pursue if they are not happy with the outcome of a filed complaint

Complaints/Violations that were logged during the time frame of 1/1/11 – 12/31/11 consisted of:

24 written
+ 11 verbal
35 total

# of 2006 complaints 14 out of 984 served or 1.4%	# of 2007 complaints 12 out of 1,018 served or 1.1%	# of 2008 complaints 17 out of 1,238 served or 1.3%
# of 2009 complaints 24 out of 1,353 served or 1.7%	# of 2010 complaints 21 out of 1,486 served or 1.4%	# of 2011 complaints/violations 35 out of 1,468 or 2.3%

***NOTE: Exposure of confidential patient information (HIPAA) is considered a violation and not a complaint**

Complaints/Violations were generated from the following sources:

- Sixteen (16) from Care Coordinators/Care Coordination Supervisors
- Fourteen (14) from Wraparound Administration
- Five (5) from a Parent/Guardian/Youth

Complaints/Violations were filed against:

Twenty-eight (28) against Service Providers

- 9 related to HIPAA violations
- 7 related to client safety issues
- 5 related to poor service delivery
- 3 related to lack of professionalism
- 3 related to failure to implement Wraparound philosophy/practices
- 1 related to poor billing practices

Two (2) against Care Coordinators – HIPAA violations
Five (5) against Wraparound Milwaukee – four HIPAA violations and one complaint related to lack of professionalism

Outcomes

- Twenty-three (23) complaints/violations were substantiated
- One (1) complaint was partially substantiated
- Six (6) were unsubstantiated
- Five (5) were identified as having an “Other” outcome

Information Technology System

Wraparound Milwaukee, as a system of care, has an Information Technology System (IT) - Synthesis. Reports are generated reflecting a variety of data including utilization review. These reports are analyzed for variances from desired practice both as a system and by individual client if necessary. Summary information for these reports is developed and forwarded to the QA/QI Department and the Wraparound Management Team for review. Reports are distributed to stakeholders as appropriate.



During this time period the following Synthesis enhancements occurred:

- 1) Work on re-writing the Plan of Care continued, with the goal of implementation in March of 2012.

- 2) Programming was completed to allow entry of CANS evaluation tool data into the Synthesis software.
- 3) Screens were developed to allow Finance Staff to calculate foster care rates based on the Uniform Foster Care Rate changes made in July of 2011.
- 4) Entry of Consent for Release of Information was enhanced. Staff are now scanning and uploading the actual signed release into Synthesis.
- 5) A scheduling calendar for the Wraparound and REACH Medication Clinics was developed.

Wraparound Provider Network

The Wraparound Provider Network (WPN) is a diverse group of individuals/agencies that provide mental health and support services for the children and families in

Wraparound, REACH, Family Intervention and Support Services (FISS) and the O'YEAH programs.



In 2011, the **Network contained on average, 175 Provider Agencies**. Approximately seventy-seven (77) different types of services were offered.

The total number of agencies (may be duplicated) that provide services within the **various service categories** consisted of:

- AODA Services = 27
- Child Care/Recreation = 10
- Crisis-related Services = 34
- Day Treatment = 8
- Family/Parent Support Services = 17
- Foster Care = 27
- Group Homes = 41
- Independent Living Placements = 5
- In-Home Therapy Services = 47
- Life Skills services = 18
- Outpatient Therapies = 74
- Psychological Assessment = 17
- Residential Assessment = 14
- Respite Services = 20
- Transportation = 12
- Youth Support Services = 19

One New Provider Orientation took place during this time frame in which six new vendors attended.

There were **fifty –nine (59) Out of Network Requests** that were submitted during 2011. Requests were primarily submitted for services such as medication reviews, competency restoration, individual therapy and group home care. **Six (6) of the 59 requests were denied** primarily due to the agency not being accepting of Wraparound's payment structure, the requested provider not meeting Wraparound's credentialing requirements, or the service not being eligible for an out of network request.

Centralized Quality

Assurance Committee

Wraparound Milwaukee actively participates in the

County-wide quality assurance

initiative. Centralization promotes and improves communication between all County Divisions and Departments with regards to the standardization of quality assurance issues/processes/procedures and practices.



During 2011 the QA Committees' efforts focused on the following:

- Continued to strategize collaboratively and collectively as issues arose within one or more programs/networks
- Conducted Provider Network audits/reviews and discussed outcomes/next steps of those audits/reviews.
- Revised the protocol for review disallowances
- Discussed the issue/future of sole providers in the Network
- Discussed and set up guidelines for those network providers being identified as Indirect Staff
- Discussed revisions that needed to be integrated into the 2012 Fee-For-Service Agreement.
- Planned and held the annual County Fee-for-Service Agreement Meeting at the Zoofari Conference Center
- Began to address audit/review plans for 2012 utilizing the Risk Assessment Tool

Wraparound Milwaukee Youth Council

The Wraparound Milwaukee Youth Council is a group of Wraparound youth who have come together in an effort to support, guide and encourage each other and to build healthy community relations.



In 2011, the Wraparound Milwaukee Youth Council held planning and leadership meetings every other week. During the meetings, youth had the opportunity to plan events, engage in a variety of activities, and share ideas. The Council organized/held several events which included:

- Activity to a water park
- Attended a Halloween Haunted House
- Went to Stonefire Pizza Company
- Organized and held a Community Service Day
- Co-sponsored the annual Family Picnic at Lincoln Park in which over 400 hundred youth and families attended

- Planned the annual Talent Show with over 20 performers, an art auction, concessions, etc.

Other activities included arts and crafts, open mic nights, bowling and going to the movies

In addition when able, a Youth Council representative participates in Family Orientations, explaining to newly enrolled families the positive impact that Youth Council can have should their child become involved.

V. Other Accomplishments



Positive Recognition Announcements

A total of sixty-eight (68) Families/Service Providers/System Collaborators and/or Care Coordinators were recognized in 2011 through the **Positive Recognition Announcement**. The Positive Recognition Announcement is a format that enables anyone involved in the Wraparound system of care to recognize the hard work, dedication, perseverance, etc., of another. Those recognized are identified in the monthly Wraparound Newsletter.



Some great things our families have said about Care Coordinators/Teams!

“Our Team has helped us rebuild trust, participate in family activities again, and has helped my son get his life back”

“D. has done a wonderful job in helping to find the right people. With her help our son has been correctly diagnosed and treated for his disability. She is a great asset!”

“A. and the entire Team have done an outstanding job in assisting my whole family. I am very grateful for this program! We are seeing positive results.”

“L. is the best worker I have ever had. She is helpful, understanding and helps me feel that there is always a way out. She is great!”

Research Activity



Recidivism Research on Wraparound Juvenile Justice Youth

This research is completed every 6 months. The study explored the following 4 areas:

- 1.) The overall recidivism during enrollment
 - 2.) The re-offending pattern across time in Wraparound
 - 3.) A discrete look at the high risk populations
 - 4.) Recidivism of juveniles post enrollment.
- There were a total of 669 new youth enrolled during this time period (10/1/09 – 2/11/11) of which 503 were males and 166 were females.
 - 15.2% (102) of youth out of the total population of 669 exhibited new, referred offenses after enrollment in Wraparound. The balance of youth (567) has not reoffended.
 - Re-offending Pattern: The analysis reveals a general trend of decreased recidivism between the first and 15 month of participation in Wraparound. Although there is some leveling off across time, youth who re-offend do so at significantly higher rates earlier in the program, and the number that recidivate decreases as the youth becomes more engaged in the program.
 - High Risk and High Risk Juvenile Sex Offenders (JSO) were compared to the re-offenders that were not designated high risk. The data reveals that the high risk groups recidivated significantly less than the Non-high Risk youth ($p < .0001$).
 - There was a total of 88 youth that had entered the program between October 1, 2009 and February 11, 2011 and were disenrolled during this period of time. Five re-offended after disenrollment with an average of 3 months from disenrollment to re-offense.
 - In general, this data supports the assertion that Wraparound Milwaukee is a cost-effective approach to reducing youth crime and the harmful impact it has on the community, participants’ families, and the participants themselves. This hypothesis is further supported by the consistency of data across time from the initial study completed in September 2010 to this study completed in February 2011.

Professional Foster Care Program

The following child and program outcome indicators are being used to evaluate the professional foster care program:

- Achievement of permanency plan
- Improved school attendance
- Academic progress
- Clinical changes in a girl’s overall functioning based on Child Behavior Checklist (CBCL)
- Reduction in the number of days and frequency of runaway episodes. (Runaway behavior defined very

strictly as any time that the youth is unaccounted for)

- The cost of the Professional Foster Care Program versus the cost of Residential Treatment or group home placement.

The results:

1. Including data from the entire population of girls that have been in the program from its inception, the permanency rate achieved is 61% (11 out of 18 girls), meeting the target goal of 60%.
2. The school data for the entire group of 18 girls was analyzed. The results indicated that for the entire population, 44% (8/18 girls) increased their attendance in school and 27% (5/18 girls) exhibited no change in school attendance from pre-enrollment through disenrollment from the program. Eleven percent (2/18 girls) decreased attendance from pre to post program involvement. Finally, 17% (3/18) of the girls experienced wide fluctuations in school attendance.
3. Acquiring comparative data on academic achievement is very difficult as these girls have a long history of moving from place to place. For the most part their schooling has been scattered and inconsistent. However, for 7 out of the 18 girls (39%), report cards revealed good progress while in the program. Two girls made honor roll.
4. Twenty five percent (4/16 girls) revealed some positive change in their respective clinical profiles. But the overwhelming majority (75%, 12/16) revealed essentially no change during the period of time in the PFC program. Noted however was that although there were little changes that brought the girls out of the clinical range on either external or internal scales, there appeared to be a slight “softening” of the clinical factors where both the foster care mother on the CBCL (Child Behavior Checklist) and the youth on the YSR (Youth Self-Report) agreed that the severity of behaviors was less.
5. Results from the “running away” indicator revealed that in general the runaway patterns did not decrease and in some cases increased slightly. Although there does not appear to be significant change, data does reveal that the chronicity and severity levels appeared more contained with the group that achieved permanency.
6. The average cost for group home and residential treatment, including care coordination costs, are \$7,017 and \$11,407 per month respectively. **The average cost for youth in the pilot professional foster care program has been \$6,022/month.**

Consultation

Dr. Kozel, Dr. Herrmann and Dr. McClymonds— Wraparound affiliated psychiatrists, continue to conduct “**Child Psychiatry Consultation**”

sessions. These are over-lunch work sessions in which the doctors provide medication information and psychiatric consultation for the Care Coordinators. Each of the eight Care



Coordination agencies attends **two sessions per year**. **Four “Parent Consultation” sessions** were also offered.

Family Orientations

Eight (8) Family Orientations were held

members attended the orientations. In addition, on average, five (5) Families



United of Milwaukee representatives

assisted with each orientation providing support and guidance.

The orientations are **sponsored by Families United of Milwaukee, Inc. in partnership with Wraparound Milwaukee.**

The orientations focus on defining Wraparound and Families United roles and what they can offer the families as well as the role of the Care Coordinator. In addition, Child and Family Team composition, the Youth Council, service provision, system partner collaboration, crisis services, paperwork/evaluation requirements and the disenrollment process are discussed. All new families entering the Wraparound system of care are invited and encouraged to attend.

Families United of Milwaukee staff continue to call families in an effort to encourage attendance at the Family Orientations.

Visits from other Sites/Programs, Technical Assistance, Presentations

July 2011 – Wraparound presented a **workshop** entitled, “**Developing and Sustaining Collaboration Across Child Serving Systems and Agencies**” at the



Systems of Care Meetings in Chicago, Illinois. The meeting was sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) – Comprehensive Mental Health Program.

July 2011 - Wraparound Milwaukee will be the **host learning center for new and continuing Wraparound –based Federal Grant Sites**. The Technical Assistance Partnership (TAP), the technical assistance agency for the Center for Mental Health Services (CMHS) – Comprehensive Children’s Mental Health Program, will be utilizing Wraparound Milwaukee as a host training center for new and continuing grant sites through the fall of 2011. System of Care programs receiving federal funding can chose to visit Wraparound Milwaukee for visits of up to 2.5 days or have a Wraparound Milwaukee team provide the TA at the grant site.

September 2011 – Wraparound Milwaukee served as a **host site** on September 12-13, 2011, for one of the **International Mental Health Leadership Exchange programs**. The Exchange was an opportunity for mental health leaders in the United States, Canada, England, Ireland, Scotland, New Zealand and Australia to choose to visit a mental health program in the

country hosting the annual IIMHL Conference. In 2011 that Conference was held in San Francisco on September 14-16.

Wraparound Milwaukee had six visiting mental health leaders:

- Erica Lee – Executive Manager of Child & Youth Mental Health Services in Brisbane, Queensland, Australia.
- Peter Jenkins – Clinical Director of Eastern Health Child & Youth Mental Health Services in Victoria, Australia.
- Titia Sprague – Assistance Director for Clinical Policy & Service Development, Mental Health – Kids in Sydney, New South Wales, Australia.
- Paul Ingle – Chief Executive for Pathways Health, Ltd. in Manuku City, New Zealand.
- Oliver Massey – Associate Professor, Director Policy Division, University of South Florida, Tampa Florida
- Eddie Bartnik – Commission of Mental health for Western Australia, Perth, Australia

October 2011 - On October 14th 10 individuals from **Scott County, Quad City, Iowa** visited **Wraparound Milwaukee**. A general overview of our program along with specifics related to Care Coordination, developing effective Plans or Care, working with system partners, IT and Quality Assurance /Evaluation and family advocacy were discussed.

October 2011 – Wraparound Milwaukee, the Georgetown University National Technical Assistance Center for Children’s Mental Health and the Johnson Foundation collaborated to host a three-day conference, October 3-5, 2011, at the Wingspread Conference Center, to pilot and evaluate Wraparound Milwaukee’s **innovative new curriculum** for the development and operation of effective systems of care for children with serious emotional needs and their families.

Attending the training were seven State teams from Virginia, Washington, Illinois, New Hampshire, Colorado, Michigan and Wisconsin, and nine international folks attended from three countries – Australia, New Zealand and England.

A product of the three-day conference was the development of a Wraparound notebook and curriculum with supporting materials on the ten modules we believed were critical to building and sustaining effective systems of care for youth with behavioral and mental health needs and their families, to include: administrative structure, innovative financing, collaboration across child serving systems, family partnerships, individualized care, array of services, provider network, quality assurance and quality improvement/evaluation and mobile crisis services.

November 2011 – On November 2nd – 3rd, Wraparound hosted a **site visit** for three State Delegations from **Georgia, Maryland and Wyoming**, who were part of a Medicaid initiative to develop Case Management models similar to Wraparound Milwaukee. Forty-two (42) individuals attended. The visit was coordinated by the Center for Health Care Strategies who provides technical assistance for these States.

Mobile Urgent Treatment Team (MUTT)



In 2011, MUTT saw over 4000 youth in the community at large, and handled a great number of other calls over the phone. MUTT worked with a range of community partners and school systems providing training and other support. MUTT participated in a number of local resource fairs through Milwaukee Public Schools and other school systems. MUTT offered trainings at the annual crisis conference, Wisconsin Medical College, and local law enforcement agencies.

MUTT continues to support Wraparound –affiliated crisis stabilization agencies, group homes, and treatment foster care providers through review of documentation, supervision, and training of staff.

High Risk Consultation



It is the policy of Wraparound Milwaukee that all youth who have a substantiated history of sexual aggression (adjudicated or non-adjudicated) or other behavior possibly requiring specialized treatment and safety planning, be reviewed within the **High Risk Review** process. The aim is to promote best practice approaches and utilization of community resources to effectively prevent harm and promote healthy relationships.

Care Coordinators must attend the mandatory High Risk Review as scheduled and indicated in the Referral Packet. This individual review occurs within the first two (2) weeks following enrollment. Agency-based High Risk Reviews also occur on a monthly basis. Stephen Gilbertson, M.S., Wisconsin Licensed Psychologist, Wraparound Milwaukee Clinical Coordinator, conducts the consultation sessions.

Wraparound remains committed to providing quality care to the youth and families that we serve. It is the responsibility of Wraparound and all its affiliated partners to be actively involved in the process of continuous quality improvement.



Thank you to all the individuals who contributed to this report in some way. Your time is greatly appreciated!

Respectfully Submitted,

***Pamela Erdman MS, OTR
Wraparound Milwaukee Quality Assurance Director***