

Wraparound In Nevada For Children and Families Program Accomplishments December 31, 2004

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Introduction

Wraparound In Nevada for Children and Families (WIN) provides intensive clinical case management supporting a comprehensive system of care for children with Severe Emotional Disturbance (SED) who are in the care and/or custody of a public Child Welfare Agency. These behaviorally challenged youth come from families who struggle with complex personal challenges in addition to difficulties keeping their children safe and free from harm. Under the Adoption and Safe Families Act, the Child Welfare system is charged with achieving a permanent placement for youth within one year. This means that children must return to their families, be placed with relatives/guardians, be placed in an adoptive home or enter independent living. Mental health care for these youth is essential to the success of achieving permanent homes.

WIN achieves positive outcomes in unique ways:

- WIN focuses on the strengths of each family member to move them forward to independence and self-sufficiency without life long dependence on mental health professionals. Families become equal participants in their plan of care as they move towards independence.
- WIN uses common sense interventions to help families overcome barriers to caring for children with SED. Helping families address basic needs (e.g. housing and transportation) and reestablishing community support from extended families, friends, and the faith community are two primary ways that WIN empowers families to achieve independence and meet the needs of children with SED.
- WIN ensures that all community members and professionals work together in a seamless way to streamline services, avoid duplication of services, and communicate clearly with families and children.
- WIN ensures that relatives, guardians, and adoptive parents identify needs and find solutions that ensure permanency when a child cannot return home.

The purpose of this document is to depict the practical accomplishments of WIN. Program accomplishments reflect two major types of data. Program participation data indicates how many youth and families were served as well as the characteristics of those served. Outcome data reflects the practical outcomes of the program measured against program goals. A major goal of WIN is to achieve a permanent and stable home at the least restrictive level of care for every youth served.

How many children has project WIN served?

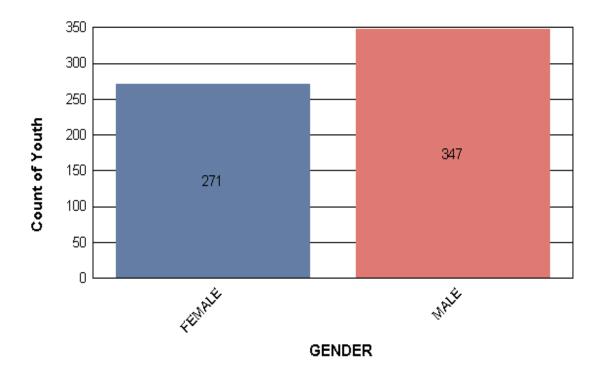
- WIN has served 618 children from its inception to the close of calendar year 2004.
- WIN was serving 412 open cases at the close of calendar year 2004.

Who are the youth served by WIN?

The following data describes the children served through the close of calendar year 2004.

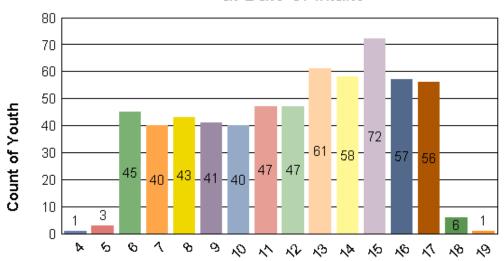
- 56% of the clients served were male and 44% were female.
- 49.7% of the youth served were age 12 and younger and 50.3% of the youth served were age 13 and over.
- 58% of the youth served were White, 24% of the youth served were African American, and 10% of the youth served were Hispanic.
- 60.4% of the youth served resided in Clark County, 26.7% of the youth served resided in Washoe County and 12.9% resided in the Rural Counties.

Count of WIN Youth by Gender



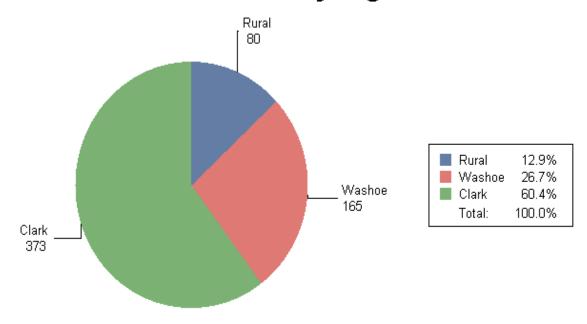
Count of WIN Youth by Age

at Date of Intake

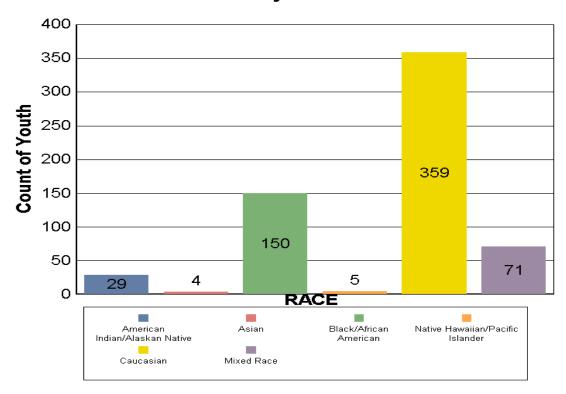


AGE

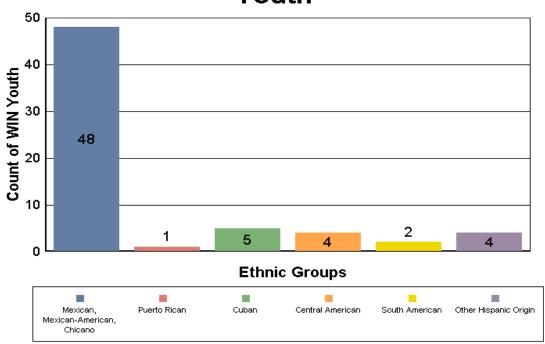
Count of WIN Youth by Region



Count of WIN Youth by Race



Breakdown of WIN Hispanic Youth

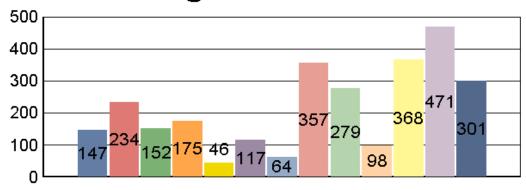


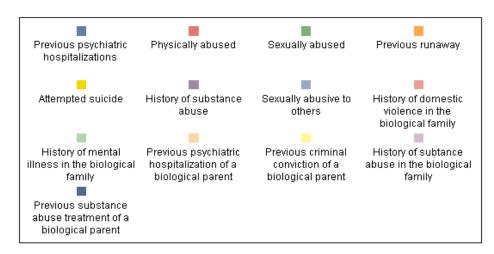
What types of challenges and risk factors are experienced by WIN youth?

Risk Factors:

Each youth in WIN is in the care and/or custody of a Child Welfare agency and is vulnerable to a variety of risk factors common to youth who experience abuse and neglect. These risk factors invariably affect the youth in daily interactions and relationships with their families, caregivers and community. In an effort to provide the most comprehensive service to youth and their families, the risk factors are identified at intake. Youth will often have more than one risk factor identified, which is reflected in the graph below. Therefore, the number of identified risk factors exceeds the actual number of youth served. The following graph illustrates the risk factors for all youth served by WIN statewide.

Risk Factors of Youth in WIN Program Statewide





The most common risk factor for the youth served by WIN is history of substance abuse in the biological family, followed by previous criminal conviction of a biological parent and history of domestic violence in the biological family. These three risk factors are the top three in every region of the state.

Does WIN help children achieve permanent placements in the community?

The bulleted information below reflects the outcome of youth served by WIN with regard to achieving a permanent placement. Permanency is most often established as youth return to homes in the community to live with their birth families, relatives, adoptive parents or guardians. In addition, some youth are established in independent living in preparation for transition to young adulthood. The following data is based on 216 youth who were discharged from WIN as of 1/31/05.

• 68.5% of the youth discharged from WIN achieved permanent living arrangements.

The breakdown of the types of permanency achieved by these discharged youth is as follows.

- 43.1% of the youth discharged from WIN were returned to their family homes.
- 25.4% of youth discharged from WIN were placed with guardians, relatives, and adoptive homes or were established in independent living.

The statewide data suggests that more than two out of three youth have achieved permanency at the point of discharge. This data indicates an impressive life impact for 148 of the 216 children.

How long does it take WIN clients to achieve permanent placement?

The data on time to achieve permanency was calculated on youth discharged from WIN. Data from 138 of the 148 youth was available to answer this question. On average, WIN resulted in placement in their permanent home within 7 months of beginning treatment in the program.

• The discharged youth that achieved permanent placements did so in an average of 218 days.

Does WIN bring stability to youth placements?

All youth served by WIN meet criteria for Severe Emotional Disturbance. The presence of these emotional/behavioral problems lead some children to change placements (living arrangements) multiple times while in the child welfare system.

The following bullets depict how WIN reduces the number of such placements. The data is gathered from the 316 youth (with complete data sets) both currently opened and discharged, who had been involved with WIN for at least 6 months as of 1/31/05. The comparison was made between the numbers of placements six months prior to involvement in WIN and the number of placements during the first six months of WIN treatment.

- The average number of different placements a child experienced was reduced from 2.83 to 1.98, which represents a statistically significant difference.
- WIN youth showed, on average, a 30% reduction in disruptions in placements.

Does WIN assist children in moving to clinically appropriate and less restrictive levels of care?

Many youth referred to WIN find themselves living in specialized treatment settings (higher levels of care). These settings are part of a continuum of levels of care that vary as to the level of restrictiveness. A goal of WIN treatment is to facilitate youth moving to a less restrictive level of care when clinically indicated. The data from 267 youth (as of 1/31/05) who began WIN treatment in a higher level of care were examined to determine the impact of 6 months of WIN treatment on movements to lower levels of care.

• 36.7% or 98 out of 267 children moved to a lower level of care within 6 months of WIN involvement.

Summary

In summary, WIN has served over six hundred children from its inception. The children and adolescents served come from diverse racial/ethnic backgrounds and are challenged by multiple risk factors. The data indicates that WIN has a strong impact on helping children achieve a permanent home in a relatively short period of time. For many children, changes in placement are reduced and moves to less restrictive levels of care are realized.