

YOUTH EMPOWERMENT SERVICES PROGRAM EVALUATION

Executive Summary



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Overview of Evaluation and Design

In July 2012, the Department of State Health Services (DSHS) contracted with the Texas Institute for Excellence in Mental Health at the University of Texas at Austin to perform an external evaluation of the Youth Empowerment Services (YES) Waiver. The YES Waiver is a 1915(c) Medicaid waiver targeting children and youth at risk of psychiatric hospitalization and out-of-home placement. A description of the YES Waiver is available on the [DSHS YES Waiver website](http://www.dshs.state.tx.us/mhsa/yes/) (<http://www.dshs.state.tx.us/mhsa/yes/>). The evaluation focuses on the YES Waiver implementation and operation in Bexar County and Travis County from March 2010 to July 2012.

The primary aims of the evaluation were:

- 1) to identify strengths and challenges related to service access, utilization, quality, and outcomes;
- 2) to identify issues that remain a barrier to making the YES Waiver as effective as possible for high-need youth and families;
- 3) to provide recommendations that may impact the structure of the YES Waiver or associated process;
- 4) to identify potential enhancements that could be incorporated into future amendments to the YES waiver; and
- 5) to share “lessons learned” with other communities as the YES Waiver expands.

Both qualitative and quantitative research methodologies were used. The evaluation team collected information and data through a review of existing documentation (e.g., YES Waiver Application, YES Waiver Policies and Procedures Manual), analysis of administrative and encounter data, and a survey of all youth and caregivers who received YES Waiver services within the past year (July 2011 – July 2012) who could be reached by the Local Mental Health Authority (LMHA). Client records were also reviewed on-site with a focus on the wraparound process and the provision of YES Waiver services, utilizing a tool developed by the evaluation team. Interviews of key stakeholders were conducted to gather information and perceptions, including youth and caregivers participating in the YES Waiver, community program administrators, program supervisors and staff, and YES Waiver service providers.

Results from Analysis of Administrative Data

Outreach, Eligibility, and Enrollment

The Inquiry List for families interested in YES waiver services began in February 2010 in Travis County and in April 2010 in Bexar County. In the early stages of implementation, a steady flow of youth were registered on the Inquiry List each quarter, however the numbers began to drop in both counties about one year post-implementation (Q4 FY11). Overall, 52.8% of youth registered on the Inquiry List received an eligibility assessment. The average time from registration on the Inquiry List to the Intake assessment was 93 days (standard deviation or $sd=82.1$). Of those receiving an assessment, 59.3% met eligibility criteria in Bexar County and 59.0% in Travis County.

In May 2012, a clarification in policy occurred that no longer allowed counties to have youth waiting on the Inquiry List for an eligibility assessment. Currently both counties report that eligibility assessments can be scheduled within one week of registration on the Inquiry List. The majority of referrals (56.6%) to the YES Waiver came from internal or external behavioral health providers. Word of mouth and Medicaid representatives (e.g., case managers) were also significant sources of referrals. There were relatively few referrals from other child-serving systems, such as school, juvenile justice and child welfare.

Following the first year of the YES Waiver, enrollment has averaged 32 youth in Bexar County and 24 youth in Travis County. The participant sample included the 103 unique children and youth enrolled in the YES Waiver between March 31, 2010 and July 31, 2012. The participants were 55% male and had an average age

of 13.2 years ($sd=3.1$). Participants were 50.5% Hispanic, 31.3% Caucasian, 14.1% African American, and 4.0% other race/ethnicities. The most common primary diagnosis for youth was Bipolar Disorder (32.0%), followed by Mood Disorder NOS (19.6%), Attention Deficit Hyperactivity Disorder (17.5%), Depressive Disorders (11.3%), and Schizophrenia or Psychotic Disorder NOS (8.2%). Most youth (73.8%) were enrolled in Medicaid prior to involvement in the YES Waiver.

Services to YES Waiver Participants

Youth were enrolled in the YES Waiver for an average of 234.4 days ($sd=129.7$). Youth enrolled in the YES Waiver received both traditional mental health services through the local mental health authority (LMHA) as well as YES Waiver services. As would be expected, intensive case management (wraparound planning) was provided to virtually all youth through the LMHAs. A significant number of youth also received screening or assessment, medication services, counseling, flexible funds, and crisis services. Other traditional mental health services, such as routine case management and rehabilitative skills training, were not commonly utilized.

YES service utilization is summarized in Table 1. Community Living Supports and Family Support Services were widely used by participants. Recreational Therapy, Licensed Nutritional Counseling, Paraprofessional Services and Adaptive Aids and Supports were also commonly provided services. Respite, Music Therapy, and Art Therapy were used by less than one-fifth of participants, while Transitional Services, Minor Home Modifications, and Non-Medical Transportation were never utilized. Although data indicated that Supportive Family-Based Alternatives were not utilized, DSHS program staff report that they have been utilized at least once.

Table 1. Services Provided through the YES Waiver

Services	Total Youth Receiving	Total Events	Total Hours	Total Cost
Community Living Services	81 (82.7%)	1,662	2,299	\$81,150
Family Support Services	66 (67.4%)	1,129	1,497	\$23,803
Professional Services:				
Animal-Assisted Therapy	0 (0%)	0	0	\$0
Nutritional Counseling	26 (26.5%)	372	326	\$18,007
Music Therapy	17 (17.4%)	207	199	\$14,012
Art Therapy	13 (13.3%)	248	232	\$14,796
Recreational Therapy	37 (37.8%)	1,122	1,432	\$97,019
Paraprofessional Services	28 (28.6%)	546	1,560	\$25,852
Respite	8 (8.2%)	76	varies	\$9,206
Adaptive Aids and Supports	22 (22.5%)	64	N/A	\$11,228
Supportive Family-Based Alternatives	0 (0%)	0	0	\$0
Transitional Services	0 (0%)	0	N/A	\$0
Minor Home Modifications	0 (0%)	0	N/A	\$0
Non-Medical Transportation	0 (0%)	0	N/A	\$0

Outcomes in the YES Waiver

Outcomes in the YES Waiver were measured utilizing the Texas Recommended Authorization Guidelines (TRAG), with the primary outcome measurements being the Ohio Problem and Ohio Functioning Scales. Changes in outcomes occurring while the youth was enrolled in the YES Waiver were measured by examining change from the first available assessment (occurring up to two weeks prior to enrollment) and the last available assessment within one year from enrollment. To provide a comparison of YES Waiver outcomes, the outcomes of the same youth in the year prior to enrollment in the YES Waiver were also measured.

Youth enrolled in the YES Waiver demonstrated significant improvements in emotional and behavioral problems as measured by the Ohio Problem Scale and significant improvement in functioning as measured by the Ohio Functioning Scale. The size of the change demonstrated in the Ohio Problem Scale is considered a “medium” effect and the change in the Ohio Functioning Scale is considered a “small” effect. In addition to these primary outcome measures, significant improvement was also seen in ratings of Danger to Self and Danger to Others (both “small” effects). Significant changes were not seen on other TRAG ratings.

The outcomes of the same youth prior to enrollment in the YES Waiver were used as a comparison. A comparison between the outcomes demonstrated prior to and after YES Waiver enrollment is summarized in Table 2. Significantly more improvement was demonstrated in both primary outcome variables – problem severity and functioning – during enrollment in YES than in the year prior to YES participation. Greater improvement in Danger to Self and Danger to Others during YES participation was also found. No differences were found in any other outcome measures prior to and after YES Waiver enrollment.

Table 2. Comparison of Outcomes Prior to and after YES Waiver Enrollment

Note: Significant differences noted in pink.

Outcome Measure	Change Prior to YES M (SD)	Change During YES M (SD)	Significance of Difference	Effect Size
Ohio Problem Scale	-5.45 (2.18)	11.39 (2.12)	$t=3.59; p<.0007$	$d=-5.02$
Ohio Functioning Scale	5.23 (1.83)	-6.97 (1.96)	$t=-3.58; p=.0007$	$d=4.54$
Danger to Self	-0.12 (0.11)	0.42 (0.14)	$t=2.60; p=.0117$	$d=-2.84$
Danger to Others	-0.27 (0.11)	0.48 (0.13)	$t=2.95; p=.0046$	$d=-3.77$
School Problems	-0.16 (0.18)	0.14 (0.18)	$t=.35; p=.73$	$d=-1.20$
Juvenile Justice Involvement	-0.08 (0.12)	0.09 (0.10)	$t=.67; p=.50$	$d=-1.00$
Days of School Missed in Last 90 Days	-0.73 (1.63)	0.06 (1.54)	$t=-2.07; p=.047$	$d=-.342$

State Psychiatric Facility Utilization

Analysis of the utilization of psychiatric hospitals or residential treatment centers was limited to facilities operated by DSHS. This analysis represents only a portion of the possible use of residential care and should not be considered conclusive. Facility use was based on the 365-day period prior to YES Waiver enrollment as well as the 365 days following YES Waiver enrollment. Of the 103 youth in the sample, 16 (15.5%) had been served in a state facility in the year prior to enrollment in the YES Waiver. Seven (6.8%) youth were served in a state facility in the year after YES Waiver enrollment. Youth averaged 7.4 ($sd=32.2$) days in a state facility in

the year prior to YES Waiver enrollment and 4.1 ($sd=22.2$) days in a state facility in the year after YES Waiver enrollment. Although more state facility days occurred prior to YES Waiver enrollment, these differences were not statistically significant ($t=0.97, p=.33$), in part because relatively few youth had stays in state facilities.

Survey Results for Caregiver and Youth Participants

Youth and their caregivers who were served in the YES Waiver during the past year were surveyed using an adaptation of the Recovery Self-Assessment (RSA), which is intended to measure perceptions of a program or agency, focused on the extent to which the program is oriented around the principles of system of care, resilience, and recovery. A total of 21 caregivers responded to the RSA questionnaire. Parent responses across all domains were very high, indicating respondents believed the YES Waiver and service providers to be strength-based, culturally and linguistically competent, and focused on individualized life goals. Respondents also perceived the YES Waiver to be engaging, to foster hope, to provide families choice and voice, and to assist with the development of a sustainable support network. A total of 14 youth, age 10 or older, responded to the RSA survey questionnaire as well. Similar to their caregivers, youth had very positive impressions of the YES Waiver.

In addition to the RSA survey questions, caregivers and youth were asked a subset of questions from the Youth Services Survey for Families (YSS-F) and Youth Services Survey (YSS), a satisfaction questionnaire utilized by the Health and Human Services Commission (HHSC) to assess the quality of public mental health services. Comparisons between mean responses from YES participants and state comparisons from the 2012 HHSC survey are provided in Table 3. YES participant responses to questions related to satisfaction with services are consistently higher than statewide means. Questions related to outcomes for the youth also demonstrate perceptions of better outcomes in the YES Waiver, although differences are small. One question reflecting satisfaction with the family’s life is slightly lower for YES participants than the statewide mean.

Table 3. Youth Services Survey for Families (YSS-F)

Note: Significant differences noted in pink.

Item	YES Mean	Statewide Mean	Significance of Difference
Overall, I am satisfied with the services my child received.	5.00	4.20	$t=3.71; p=.0002$
I participated in my child’s treatment.	4.95	4.36	$t=3.44; p=.0006$
The services my child and/or family received were right for us.	4.86	4.09	$t=3.52; p=.0005$
The location of services was convenient for us.	4.95	4.14	$t=3.90; p=.0001$
Services were available at times that were convenient for us.	5.00	4.10	$t=4.08; p=.0001$
My family got as much help as we needed for my child.	4.84	3.91	$t=3.86; p=.0001$
My child is better at handling daily life.	4.05	3.71	$t=1.33; p=.18$
My child gets along better with family members.	3.85	3.60	$t=0.99; p=.32$
My child gets along better with friends and other people.	3.79	3.63	$t=0.67; p=.50$
My child is doing better in school and/or work.	3.84	3.66	$t=0.72; p=.47$
I am satisfied with our family life right now.	3.42	3.60	$t=0.74; p=.46$

Similar results were found in youth responses to the YSS, although statewide means were not available for the youth version of this measure. Youth in the YES Waiver rated their satisfaction with services very high, with somewhat lower ratings of improvements in personal outcomes. Notably, youth were less confident in their interactions with family members and their ability to cope when things go wrong.

Results of Documentation Reviews

Documentation of assessments and family history, wraparound plans, care management and service provider notes were reviewed at each site. Document reviews focused on the extent to which records reflected the wraparound team process and whether service provider documentation reflected services and supports toward the identified goals. The extent to which wraparound principles were evident in the documentation varied. In some instances, wraparound teams were developed and included the youth, caregiver, YES Waiver service providers, and other formal and informal supports. In other cases, there was no evidence of a wraparound team and caregivers and/or providers expressed communication difficulties. Crisis and safety plans were present, but generally lacked prevention strategies and were not clearly developed within the wraparound planning process.

In both communities, the wraparound plans included strengths of the youth, and usually multiple strengths were identified. While plans were structured for the incorporation of strengths into the strategies, this generally did not seem to occur. Many plans included some evidence of individualized goals that went beyond symptom or behavior management. However, strategies generally consisted of the service definition and summary of core activities documented in DSHS fidelity measures. The counties differed in their use of measurable outcomes to document progress. In general, YES Waiver service progress notes were detailed and focused on individualized goals, as well as documenting progress toward goal achievement. Service providers appeared to incorporate youth interests in the strategies, such as assisting with the care of animals or preparing for job searches at locations of interest to the youth. The activities identified under each service seemed congruent with service definitions.

Results of Stakeholder Interviews

A total of 33 interviews were conducted with YES Waiver participants, YES Waiver service providers, community program administrators, supervisors, case managers, intake and eligibility staff, inquiry list coordinators, and contract managers. Stakeholders expressed extensive overall support for the goals of the YES Waiver. Feedback indicated that in general, the YES Waiver has had a positive impact on the mental health systems that serve youth and families in Bexar County and Travis County. Stakeholders consistently indicated that the YES Waiver offered increased flexibility to meet the needs of youth and families. The general feedback received from community program stakeholders around communication with DSHS YES Waiver staff was positive and was noted to have continued to improve over time. Both counties indicated that questions, concerns, and day-to-day issues are responded to by DSHS YES Waiver staff in a timely manner.

When select stakeholders at the community program level were asked what they thought was the biggest contribution of the YES Waiver to the mental health system, three key elements of the YES Waiver design were highlighted – access to Medicaid, wraparound planning, and the availability of nontraditional services and supports. Stakeholders believed that each of these contributed to good outcomes for youth and families, but also identified some barriers related to each. Stakeholders expressed concern about the youth and family's ability to maintain gains when their eligibility for Medicaid ended. They also identified a range of barriers to high fidelity wraparound, such as lack of reimbursement for providers participating on wraparound teams, as well as provider productivity requirements and caseload sizes.

Community program stakeholders were asked what they would like to see changed within the YES Waiver. Responses included enhanced training for wraparound, better reimbursement rates, opportunities to bill for wraparound team meetings, and improvements to local program processes (e.g., service authorization). When

asked about known challenges or barriers, community program stakeholders identified the need for resources to support the numerous administrative duties associated with establishing and managing the YES Waiver, as well as issues with provider rates that are below those offered by other community programs. Both counties expressed the need for more marketing and outreach to referral sources.

Community program stakeholders reported that they felt the eligibility criteria were identifying appropriate youth. However, challenges were identified relating to demographic, clinical, and financial eligibility processes. When asked “*What are the most and least beneficial YES Waiver services?*,” the majority of stakeholders listed Professional Services, particularly Recreational Therapy and Music Therapy, along with Community Living Supports, Family Supports, and Respite. Fewer examples were given for least beneficial services, but responses included Non-Medical Transportation and the various types of Respite. Stakeholders identified specific barriers to the provision of select forms of Respite, Adaptive Aids and Supports, Non-Medical Transportation, and Supportive Family-Based Alternatives. Stakeholders were asked to report any additional services and supports they would like to see included under the YES Waiver service array and they identified marriage counseling, parent coaching, crisis respite, youth social skills group and support groups for parents.

Caregivers and youth who were interviewed indicated the most appealing characteristics of the YES Waiver were the comprehensive care, the wraparound model, the service array, the availability of home-based services, and Medicaid assistance. All but one caregiver expressed satisfaction with their treatment team and the plan of care development process. The exception to this was a family that experienced a turnover in service providers due to the provider agency ending their relationship with the YES Waiver due to untenable reimbursement rates. Overall, caregivers reported no challenges in communicating with service providers or scheduling / attending service appointments. Caregivers reported the most beneficial services were Case Management or wraparound, but also highlighted Family Supports and Adaptive Aids and Supports. The three youth interviewed identified Art Therapy, Recreational Therapy, and Case Management as the services that helped them the most. One hundred percent of caregivers and youth interviewed said they would recommend the YES Waiver to other youth and families.

Conclusions and Recommendations

State-Level Program Administration

The YES Waiver has been successfully established in two communities and appropriate policies and procedures have been developed. Stakeholders report that YES Waiver staff at DSHS have been receptive to feedback from the communities about barriers to implementation and program policies have been modified when possible to reduce barriers. Staff at HHSC have adjusted reimbursement rates for YES Waiver services at the request of DSHS and providers. However, given the currently small scale of the program, the quality of the program management could be jeopardized if the program is expanded significantly without additional programmatic support at the state level and/or automation of some programmatic activities.

Recommendations:

1. DSHS should consider automation to support key waiver oversight activities, including transmission of eligibility documentation and plans of care for approval, service encounter submission, and billing.
2. DSHS should further standardize data entry specifications, including formats for data elements and required or optional fields, and document these requirements in the Policies and Procedures Manual.
3. As the YES Waiver expands, DSHS should consider increasing collaboration between relevant internal units, such as Child and Adolescent Services and Quality Management, to ensure policies are aligned and expertise can be shared.
 - a. Quality Management staff should assist with designing processes to monitor quality indicators from existing data sources and on-site reviews.

- b. Collaboration with Child and Adolescent Services should explore issues such as shared provider training opportunities (e.g., family peer-to-peer services, skills development curriculum), consistent policies for family partner/supports certification, consistent guidelines for wraparound provision, and shared terminology across programs.
- 4. DSHS should consider processes to incorporate the YES Waiver into the existing (or revised) Resiliency and Disease Management (RDM) framework. Communities should have clear guidelines for when youth should be served within the YES Waiver and when an intensive service package within RDM should be utilized.
- 5. DSHS should examine strategies to assist communities with network development, especially to the extent that collaboration with other state agencies may be beneficial.
- 6. HHSC should continue to examine ways of streamlining the Medicaid Eligibility process, including making documentation requirements clear and attempting to ensure communities have access to knowledgeable, accessible staff.
- 7. HHSC and DSHS should explore options for maintaining Medicaid eligibility for youth during a step-down period (e.g., one year following YES completion) to ensure adequate access to services and supports to maintain progress and prevent relapse.

Community-Level Program Administration

Both Travis and Bexar Counties have established procedures for implementation of the YES Waiver within their community, including outreach to community stakeholders, maintenance of an inquiry list, eligibility assessments, establishment of provider networks, and processes for accessible documentation. These activities, including day-to-day management of the program, have been incorporated into the duties of existing staff. Although both communities are supportive of the YES Waiver and proud of their accomplishments, both noted that management of the program is a significant strain on financial and staff resources. Each county has structured the program in different ways, and administrative challenges are sometimes unique to each community.

Recommendations:

1. HHSC should explore opportunities to reimburse LMHAs for administrative tasks associated with local operation of the YES Waiver program. In addition, LMHAs are likely to have increased resource needs during the first year of YES Waiver start-up.
2. LMHAs should have an identified YES Waiver administrator to whom case managers, YES Waiver providers, and families and youth can direct issues and concerns that are not resolved adequately through other processes.
3. Travis County should review the internal procedures for authorization of purchases for Adaptive Aids and Supports to identify potential ways to streamline the process.
4. Travis County should review internal processes for service authorization to decrease delays in service initiation or miscommunication regarding the closing of authorizations.
5. Bexar County should monitor the impact of provider productivity standards on wraparound fidelity and service quality, to ensure that fidelity and quality can be maintained with increased provider expectations.

Youth and Family Outcomes

Families and youth showed significant improvement in emotional and behavioral problems, as well as youth functioning, during participation in the YES Waiver. These results are significantly better than the outcomes seen in the same youth in the year prior to YES Waiver participation. Youth also showed improvement on ratings of risk for self-harm and risk for harming others through aggressive behavior. Both youth and their caregivers reported being very satisfied with the services and supports they received through the YES Waiver, and caregivers in the YES Waiver generally reported greater satisfaction than caregivers served through

traditional public mental health services. Parents and youth responding to a survey believed the program and service providers to be strength-based, culturally and linguistically competent, and focused on individualized life goals. Youth had fewer state psychiatric facility stays in the year following YES Waiver enrollment and had fewer days in facilities than in the year prior to their enrollment in the YES Waiver, although differences were small.

Recommendations:

1. DSHS should further evaluate the extent to which the YES Waiver has prevented psychiatric hospitalization and residential treatment by incorporating other state datasets (e.g., Medicaid, DFPS, Texas Juvenile Justice Department) as well as examining rates for placement of youth in psychiatric hospitals and residential treatment facilities within the community at large. Results could inform the identification of additional outreach opportunities and/or service gaps.
2. DSHS should further extend the evaluation to a full cost-benefit analysis of the YES Waiver when enough youth have been served to support generalizability.

Outreach, Eligibility and Access to Services

Referral and enrollment has been below expectations over the life of the YES Waiver and has declined in the last 18 months. Referrals traditionally come from internal providers and external provider organizations. Other potential referral sources, such as Children’s Protective Services, juvenile justice departments, schools, hospitals, and Community Resource Coordination Groups are less common. Community administrators acknowledge that they lack the time and financial resources to focus on community outreach as much as might be desired. The amount of time between registration on the inquiry list and the eligibility assessment has been lengthy; however recent policy and staffing changes have resulted in improvements. Timely processing of Medicaid eligibility documentation for those not entering with Medicaid has also been a recent issue. In general, stakeholders believed appropriate youth were accessing the program, but issues remain about operationalizing the eligibility criteria, particularly regarding co-occurring developmental disorders.

Recommendations:

1. Community programs should consider initiating YES Waiver services immediately following the eligibility assessment, presuming eligibility for those awaiting determination. Although some financial risk is associated with initiating services, it was reported that only one denial has occurred in the history of the program.
2. Outreach to ensure appropriate referrals from community organizations should be ongoing and supported by administrative resources if possible. Outreach should include other child-serving agencies (e.g., schools, juvenile justice, and child welfare), local hospitals, and CRCGs.
3. DSHS should continue to work with communities to clarify criteria related to specific aspects of clinical eligibility (e.g., what is intended in Family Resources, Risk of School Behavior, qualifications for inpatient care) in order to improve consistency and ensure that criteria are not too flexible or rigid in targeting youth appropriate for the YES Waiver.
4. DSHS should consider options to allow youth who are currently hospitalized or residing in a residential treatment or Juvenile Detention facility to receive an eligibility assessment prior to discharge/release. Although the YES Waiver requires youth to be residing in a non-institutional setting to be considered “eligible”, this criterion could be satisfied just prior to enrollment rather than prior to the assessment. Additional barriers related to HHSC billing and coordination of care would also need to be addressed, but changes could enhance the role of the YES Waiver in providing needed supports for youth to return to their community.

Wraparound Approach

Stakeholders valued the wraparound planning approach utilized in the YES Waiver and many families reported this was the most beneficial component of the program. Both counties are utilizing wraparound planning with families, but the quality of the approach is variable. Wraparound plans generally identified the strengths of the youth and caregivers and in most cases wraparound teams were developed, incorporating the youth, caregivers, and at least one YES Waiver service provider. In some cases, other formal and informal supports, such as probation officers or babysitters, were also included on the team. Some general weakness to wraparound implementation was found as well, including some occasions of no team meetings, identification of services and providers before the initial team meeting, limited crisis and safety plans, and lack of transition planning. Providers noted some issues with communication and coordination that could have been managed with regular team meetings. Some barriers to high quality wraparound appear to be limited training for facilitators and team members, high case manager caseloads, high provider productivity standards, and inability for professional service providers to be reimbursed for time attending team meetings.

Recommendations:

1. DSHS should examine opportunities to align YES Waiver policies and procedures with the National Wraparound Initiative recently adopted by DSHS through RDM. Areas of focus should include training requirements for facilitators, content of provisional plan and wraparound plans, the frequency of plan review, team member participation, caseload sizes, and quality monitoring processes.
2. DSHS should consider ensuring YES Waiver wraparound facilitators (i.e., case managers) receive additional training and coaching to improve the consistency and quality of wraparound implementation.
3. DSHS should consider providing additional training or guidance, perhaps through web-based training program, to YES Waiver service providers on the core principles and values underlying the wraparound approach and expectations for team members.
4. DSHS and/or LMHAs should identify approaches to regularly assess and monitor wraparound fidelity utilizing a valid fidelity measure, such as the Wraparound Fidelity Index or the Team Observation of Measure.
5. LMHAs should ensure that wraparound facilitators have access to information about all contracted providers so that key information can be shared with families when identifying potential service providers.
6. LMHAs should ensure that wraparound teams are linking family members and youth with appropriate community supports, such as family support groups.
7. DSHS should review options to allow LMHAs to utilize qualified external contractors for wraparound facilitation so that capacity can be expanded and be appropriately flexible for fluctuations in enrollment.

YES Waiver Services

In addition to intensive case management (wraparound), a variety of YES Waiver services were utilized by participants. Community Living Supports and Family Support Services were the most frequently utilized and well-liked by caregivers and youth. Recreational Therapy, Licensed Nutritional Counseling, Paraprofessional Services and Adaptive Aids and Supports were also commonly provided services. Several other services, including Respite, Non-Medical Transportation, and Supportive Family-Based Alternatives were rarely or never used. Stakeholders reported that a lack of qualified and willing providers, low reimbursement rates, and restrictive service definitions or provider qualifications were barriers to the use of some of these services.

Recommendations:

1. HHSC should continue to explore the adequacy of provider rates. In addition to provider qualifications, rate reviews should incorporate an understanding of the additional expectations of providers within the wraparound model (i.e., phone contacts, home- or community-based provision of services, participation in monthly team meetings, participation in team meetings following crises, etc.).
2. DSHS should consider revising YES Waiver services that aren't being utilized to their fullest extent, including:
 - a. Adding a Respite category to allow youth to receive respite in a provider's home (other than a relative), with certification of the respite home and provider conducted by the LMHA; and
 - b. Exploring the possibility of revising the Camp Respite category so that accreditation by the American Camping Association is not required, but retaining required licensure status through DSHS.
3. Consider the addition of the following new services which could be beneficial for youth with serious emotional disturbances:
 - a. Behavior analyst (with appropriate certification);
 - b. Youth peer support; and
 - c. Youth social skills group.
4. DSHS may need to provide additional clarification to community program stakeholders and YES Waiver providers on the following issues:
 - a. Clarify that CLS is inclusive of parent management skills and can be provided without the youth present;
 - b. Clarify if Non-Medical Transportation can be used to support transportation by the parent if financial hardship is documented and other options are unavailable;
 - c. Clarify allowable purchases for Adaptive Aids and Supports and appropriate justification; and
 - d. Clarify differences in service definitions between Paraprofessional Services and Community Living Supports.
5. HHSC and DSHS should consider providing program development funds and technical assistance to communities to build a provider network for Supportive Family-Based Alternatives. Although stakeholders perceived this service to be potentially very beneficial, a lack of qualified providers and the complexities of cross-agency collaboration have been barriers to its development.
6. DSHS and LMHAs should consider establishing provider profiles of all contracted YES Waiver service providers to allow both case managers and families and youth opportunities to learn about the qualifications of available providers and their service approach. Provider profiles could be available online through the DSHS website or maintained locally by the LMHA (e.g., a provider book).

Note

The Evaluation Team would like to thank the youth, caregivers/parents, program administrators, and service providers who contributed to this evaluation report. All participants were highly invested in the success of the YES Waiver and giving of their time to ensure the program meets the needs of youth and their families.