



Developing a Monitoring and Feedback System for Wraparound Implementation:

A Survey of NWI Advisors

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National Wraparound Initiative
August 18, 2010

National Wraparound Initiative Monitoring and Feedback System Survey

Results
August 2010

In recent years, attention to fidelity evaluation and monitoring has become a dominant theme in wraparound implementation. The NWI, through the Wraparound Evaluation and Research Team (WERT) at the University of Washington, disseminates a range of wraparound implementation and fidelity tools that are now used by dozens of wraparound sites in the U.S. and Canada. These measures (e.g., the Wraparound Fidelity Index, Team Observation Measure, and Community Supports for Wraparound Inventory) are supported by technologies such as comprehensive training toolkits and online data entry and reporting systems, and are made available to communities in exchange for relatively small annual user fees. (See <http://depts.washington.edu/wrapeval> for more information).

Though we view this as a positive development overall, there are concerns that the focus on fidelity has overshadowed other types of data that also may be important to team-, program-, and system-level decision making.

As a result, the NWI conducted a brief survey of its advisors, to collect feedback on whether it would be beneficial to develop additional wraparound-specific measurement approaches that would help sites collect and use data in other important areas. With the following results, WERT and NWI plan to work with experts nationally to develop - or identify existing - tools and make them available to the field via the platform that is currently used for its fidelity measures. Such a system could be used by sites to (1) efficiently collect data on individual youth and their wraparound teams, (2) feed information back to the teams in the form of brief “dashboard reports,” and (3) track implementation success and outcomes for the program or site overall.

Forty seven NWI advisors provided input via the survey. The report below gives a summary of respondents, followed by the quantitative and qualitative input received from respondents on all 11 primary items on the survey. Each of these 11 items asked respondents to provide their perspectives on a different type of data that could be collected via a Wraparound-Specific Monitoring and Feedback System. The potential data elements that were presented for consideration included the following:

- Strengths
- Needs and Goals
- Progress Toward Meeting Needs and Achieving Goals
- Risk Factors

- Community Outcomes
- Emotional and Behavioral Functioning
- Family and/or Team Member Satisfaction with the Wraparound Process
- Team Member Assessment of Fidelity
- Plan Components/Strategies
- Status of Wraparound Implementation
- Family support and natural supports

In the report that follows, for each of the above potential data elements, we present respondents' ratings of: (1) their agency or initiative's ability to collect and use data of this type, (2) the likelihood the respondent would use a system that collected this type of data, and (3) the overall priority for inclusion of such an item in a wraparound-specific monitoring and feedback system. A summary of the responses is then provided, followed by an Appendix that presents the qualitative feedback provided by respondents for each item as well as in response to the following open-ended questions:

- Please suggest any additional types of data you think would be useful for wraparound initiatives to track and for the NWI to develop data systems.
- Please provide any additional input on this idea of the NWI developing additional data systems for wraparound programs, and/or the topic of how the NWI can support data collection and data use in wraparound implementation.

Respondent Information

How many TOTAL years have you been involved in wraparound (anywhere, in any role)?

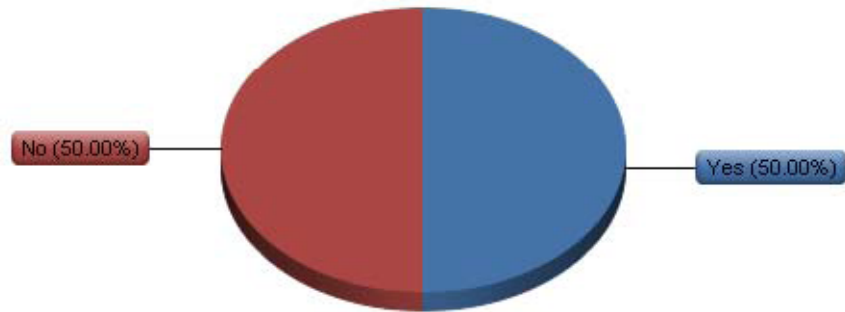
Answer	Response	Percent
Never	0	0%
< 1 year	0	0%
1-2 years	1	2%
2-4 years	2	4%
4-7 years	10	21%
7-10 years	9	19%
10-14 years	11	23%
14 + years	14	30%
Total	47	100%

Select the category that best describes your current primary role related to wraparound (choose one).

Answer	Response	Percent
Facilitator/Care Coordinator	1	2%
Parent/family partner	3	7%
Other provider or supervisor for wrap	6	13%
Family member or natural support	0	0%
Youth	0	0%
Service provider non-wrap	1	2%
Admin or manager at least part time wrap	13	28%
Other staff at least part time wrap	1	2%
Admin or manager w/ another agency	4	9%
Other	17	37%
Total	46	100%

*Other: A majority of respondents (N=17) answered "Other". Some of these included: Researcher, Trainer, Consultant, Evaluator, Youth coordinator etc.

Have you or anyone in your family ever received intensive services from child-and family-serving agencies? (Not limited to wraparound).



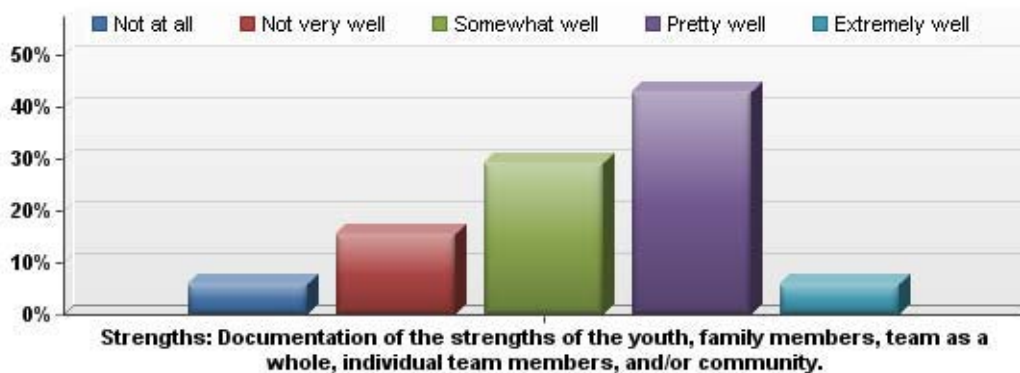
In terms of your ethnic or racial background, which of these best describes you?

Answer		Response	Percent
African American		6	13%
Latino/Hispanic		3	7%
Native American/American Indian		1	2%
Asian American		2	4%
Pacific Islander		0	0%
Caucasian		31	67%
Other		3	7%
Total		46	100%

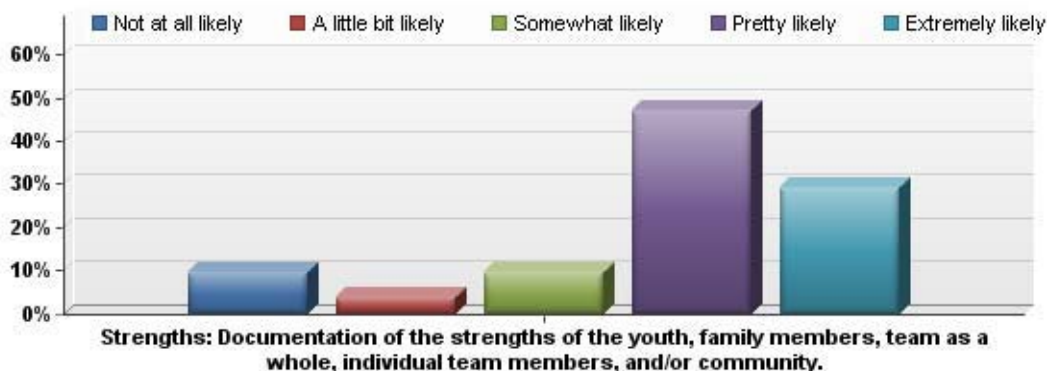
Data Element 1: Strengths

- Documentation of the strengths of the youth, family members, team as a whole, individual team members, and/or community

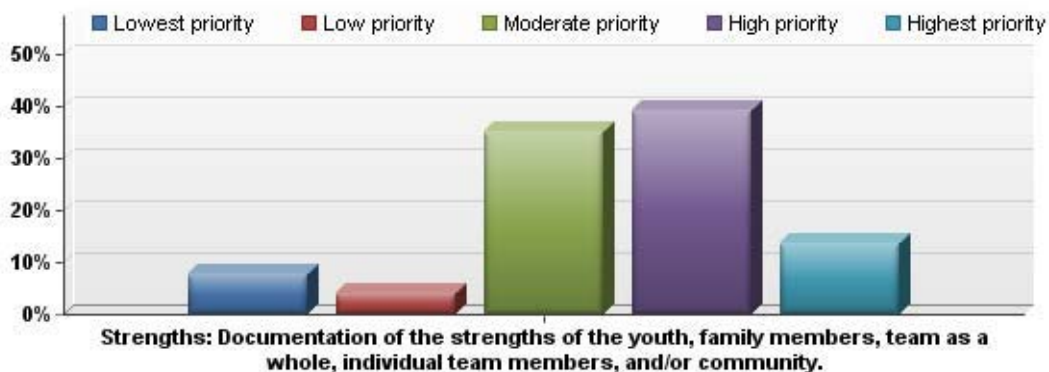
1. How well does your site collect and use these data?



2. How likely would you be to use a system for collecting this?



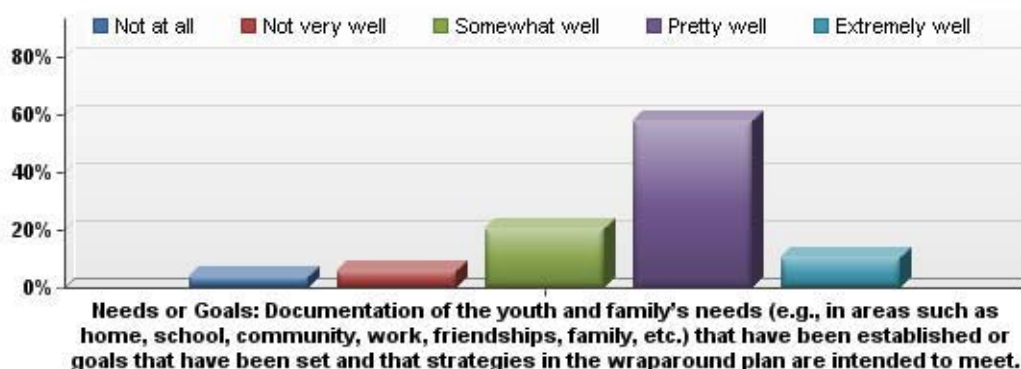
3. How high a priority of NWI/WERT to develop?



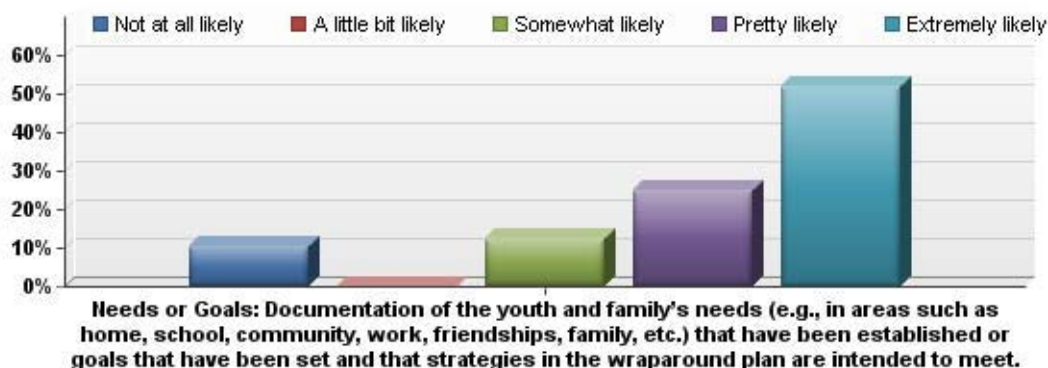
Data Element 2: Needs and Goals

- Documentation of the youth and family's needs that have been established or goals that have been set and those strategies in the wraparound plan are intended to meet.

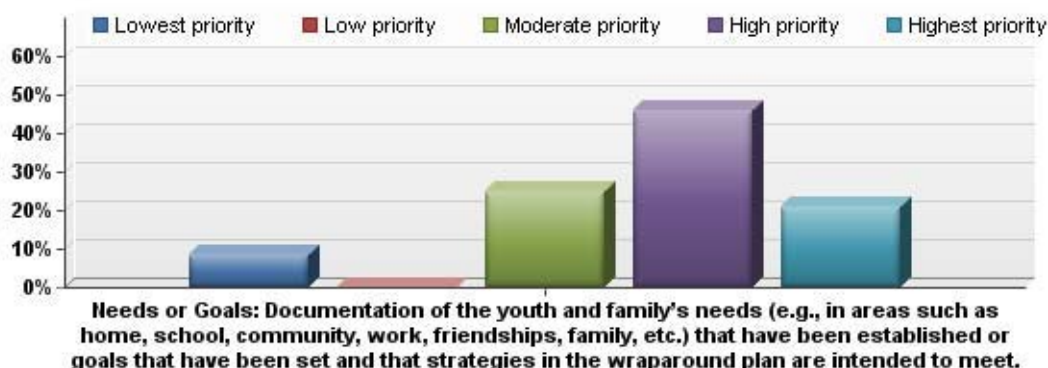
4. How well does your site collect and use these data?



5. How likely would you be to use a system for collecting this?



6. How high a priority of NWI/WERT to develop?



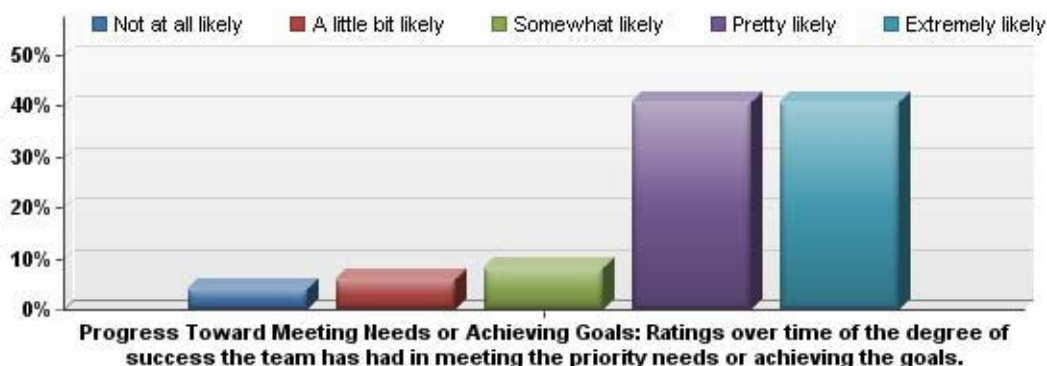
Data Element 3: Progress Toward Meeting Needs and Achieving Goals

- Ratings over time of the degree of success the team has had in meeting the priority needs or achieving goals.

7. How well does your site collect and use these data?



8. How likely would you be to use a system for collecting this?



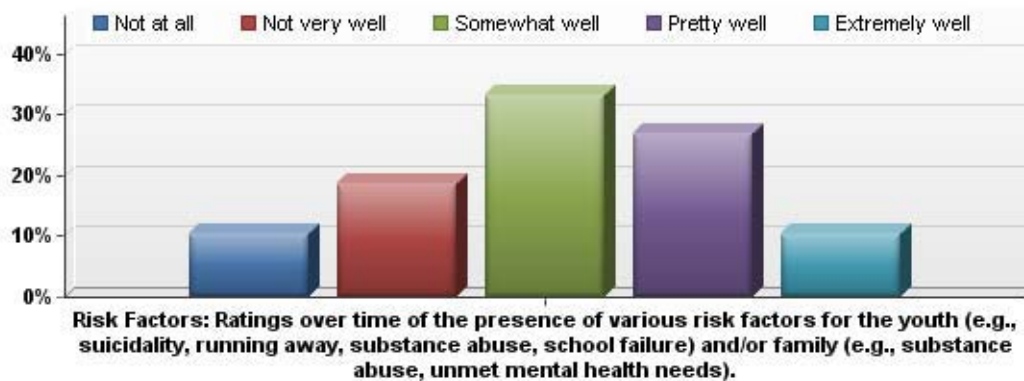
9. How high a priority of NWI/WERT to develop?



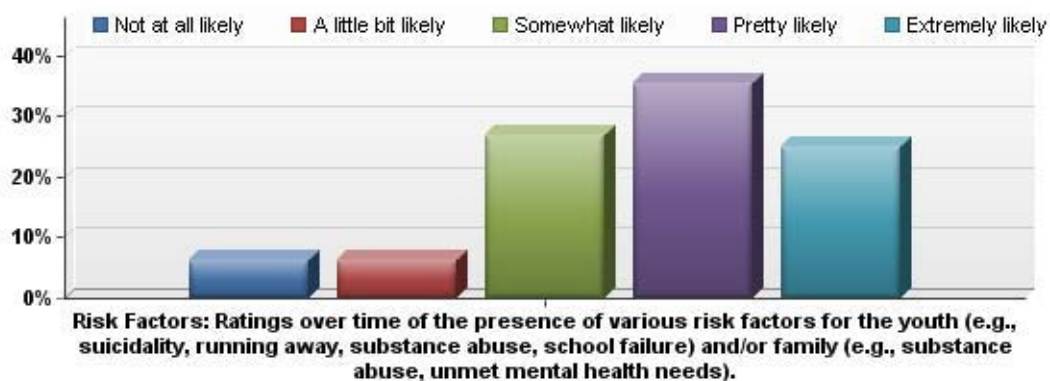
Data Element 4: Risk Factors

- Ratings over time of the presence of various risk factors for the youth and/or family.

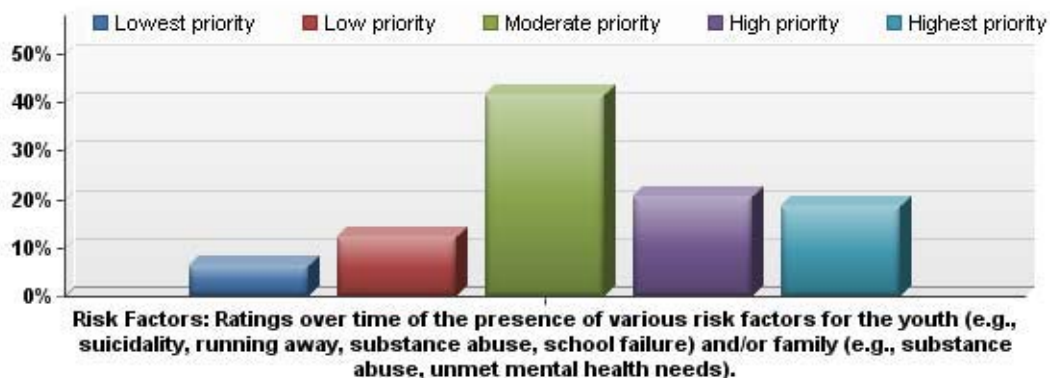
10. How well does your site collect and use these data?



11. How likely would you be to use a system for collecting this?



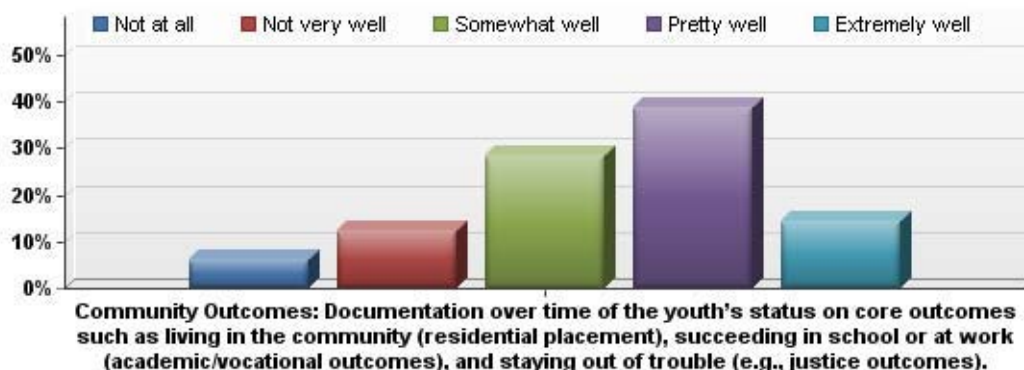
12. How high a priority of NWI/WERT to develop?



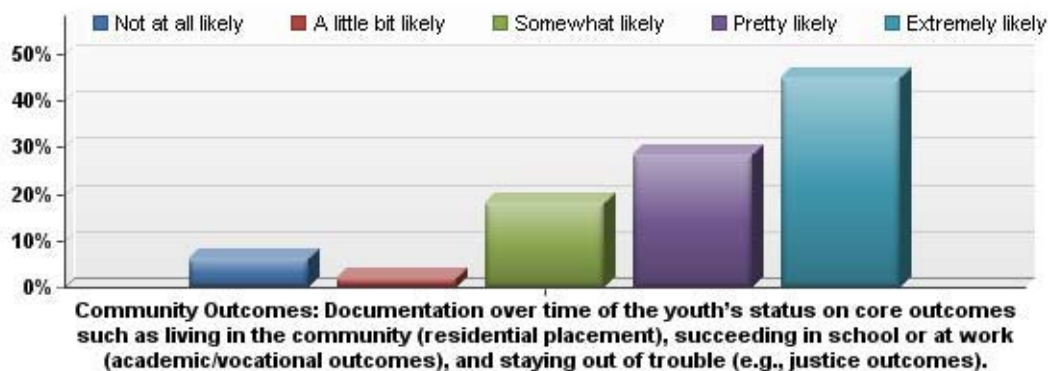
Data Element 5: Community Outcomes

- Documentation over time of the youth's status on core outcomes such as living in the community, succeeding in school or at work, and staying out of trouble.

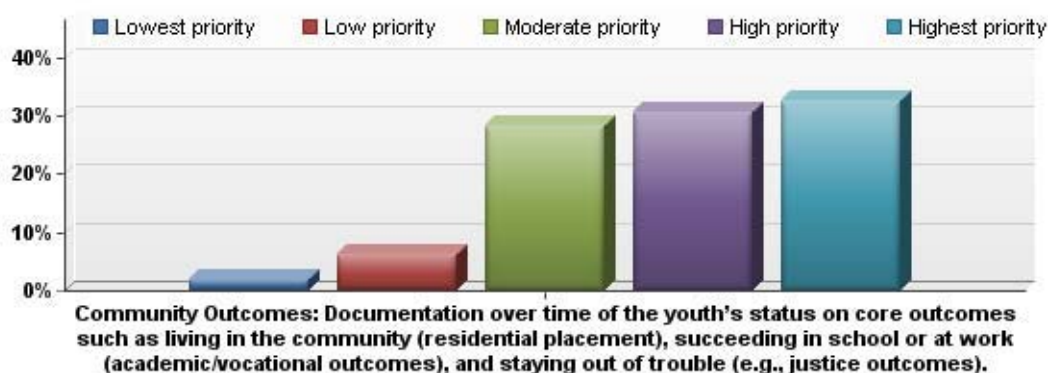
13. How well does your site collect and use these data?



14. How likely would you be to use a system for collecting this?



15. How high a priority of NWI/WERT to develop?



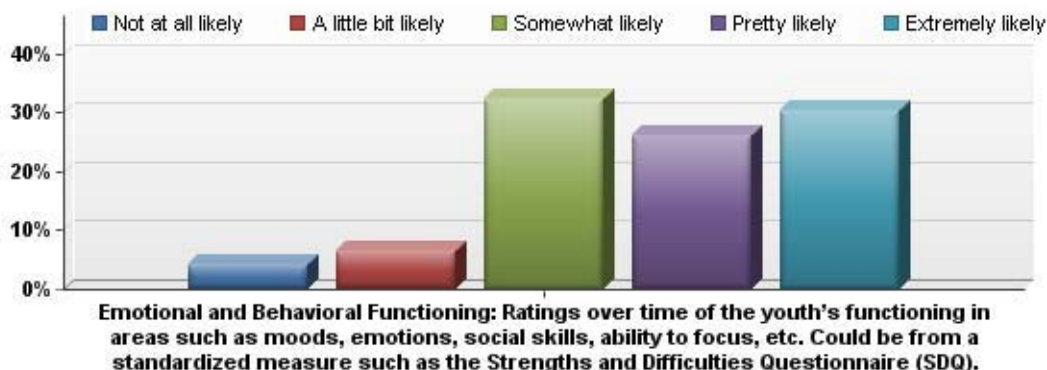
Data Element 6: Emotional and Behavioral Functioning

- Ratings over time of the youth functioning in areas such as moods, emotions, social skills, ability to focus, etc. Could be from a standardized measure such as the SDQ.

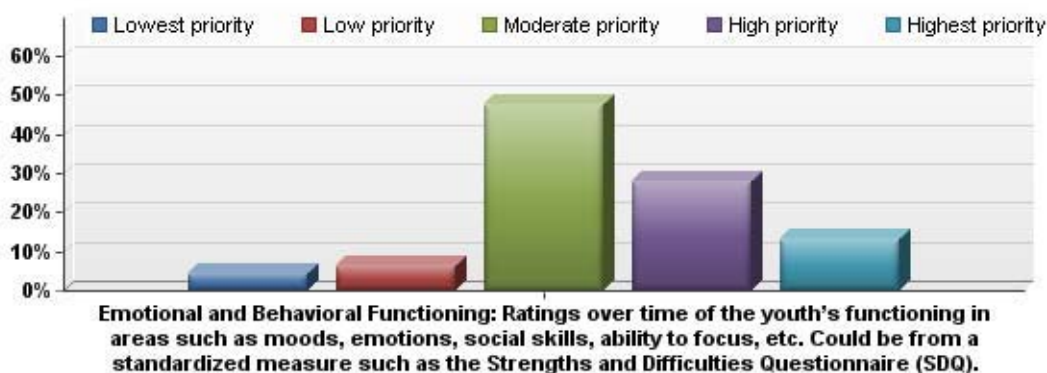
16. How well does your site collect and use these data?



17. How likely would you be to use a system for collecting this?



18. How high a priority of NWI/WERT to develop?



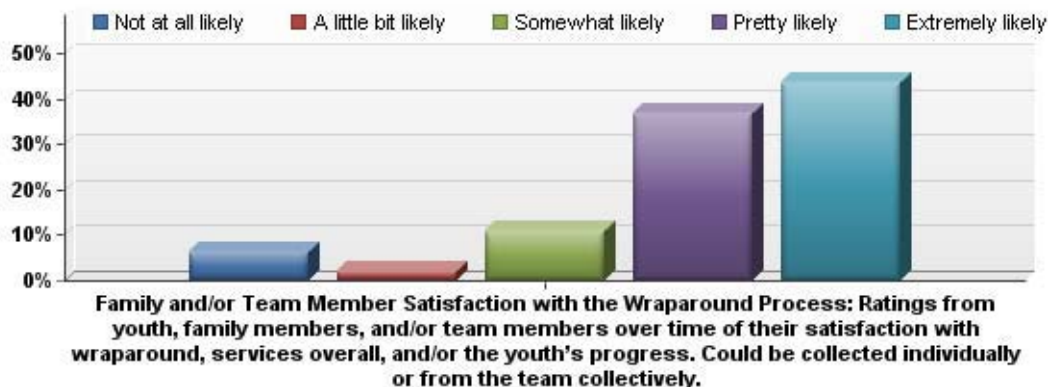
Data Element 7: Family and/or Team Member Satisfaction with the Wraparound Process

- Ratings from youth, family members, and/or team members over time of their satisfaction with wraparound, services overall, and/or the youth's progress. Could be collected individually or from the team collectively.

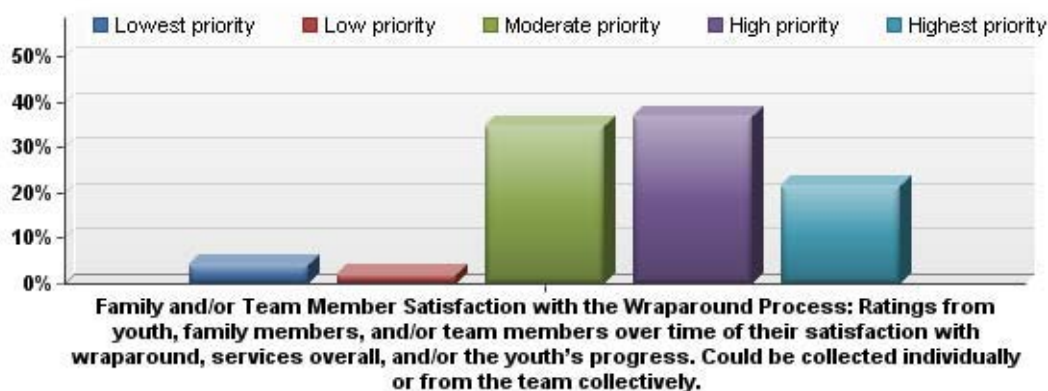
19. How well does your site collect and use these data?



20. How likely would you be to use a system for collecting this?



21. How high a priority of NWI/WERT to develop?



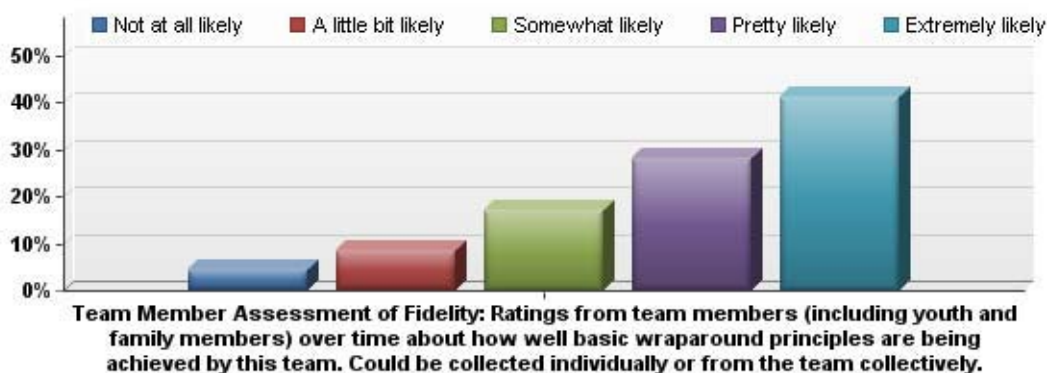
Data Element 8: Team Member Assessment of Fidelity

- Ratings from team members (including youth and family members) over time about how well basic wraparound principles are being achieved by this team.

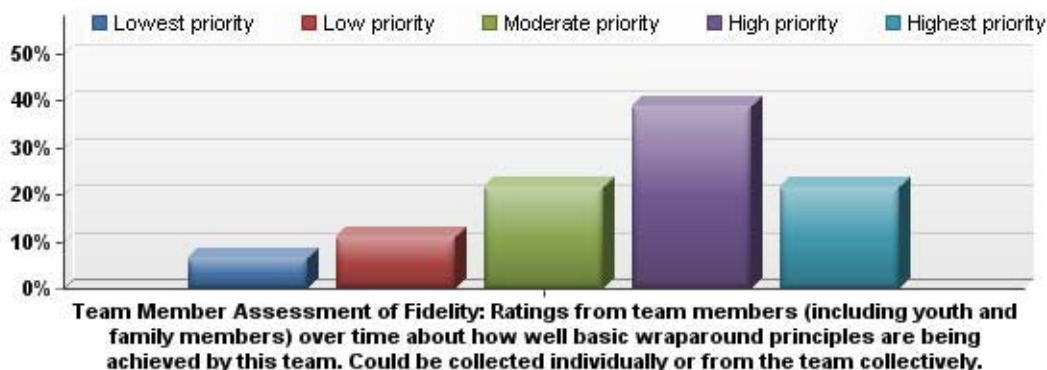
22. How well does your site collect and use these data?



23. How likely would you be to use a system for collecting this?



24. How high a priority of NWI/WERT to develop?



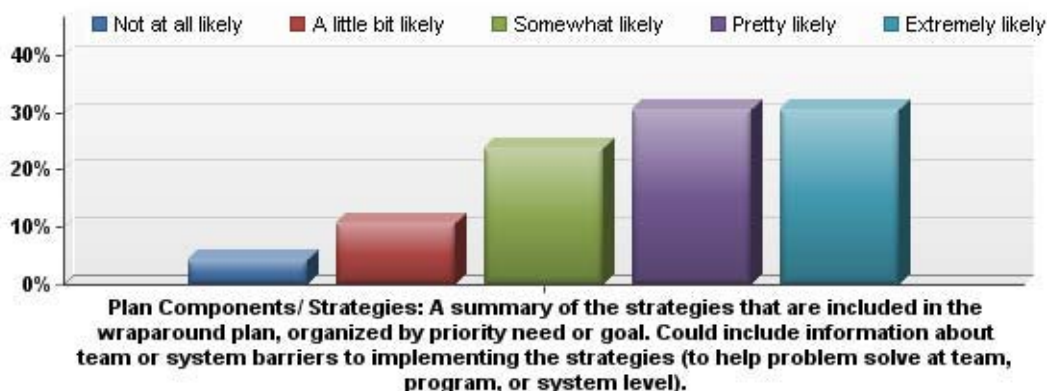
Data Element 9: Plan Components/Strategies

- A summary of the strategies that are included in the wraparound plan, organized by priority need or goal. Could include information about team or system barriers to implementing the strategies.

25. How well does your site collect and use these data?



26. How likely would you be to use a system for collecting this?



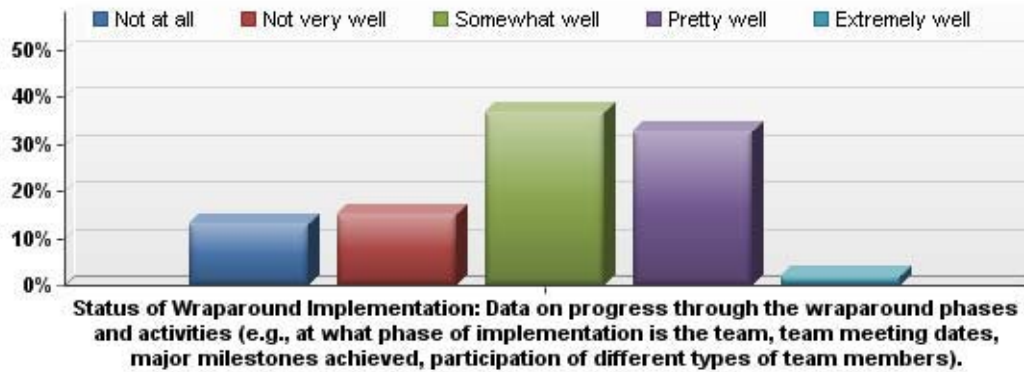
27. How high a priority of NWI/WERT to develop?



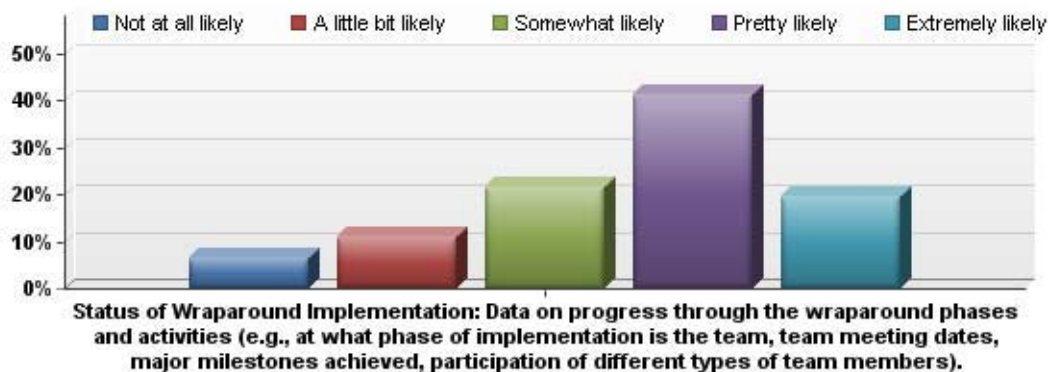
Data Element 10: Status of Wraparound Implementation

- Data on progress through the wraparound phases and activities.

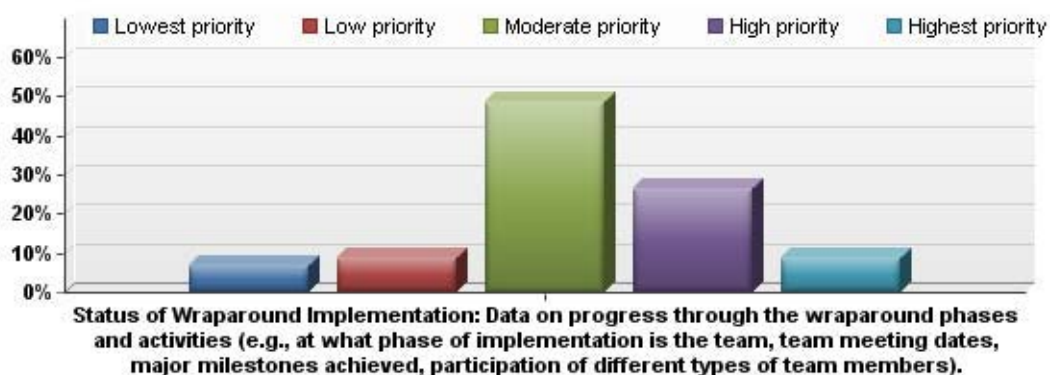
28. How well does your site collect and use these data?



29. How likely would you be to use a system for collecting this?



30. How high a priority of NWI/WERT to develop?



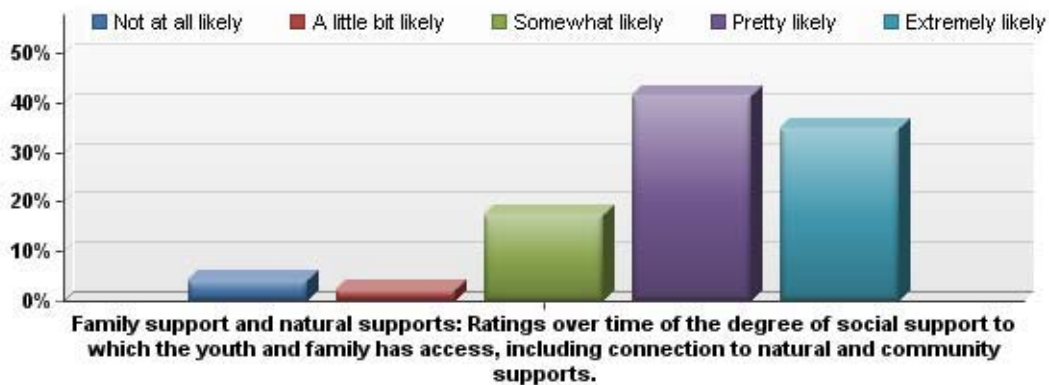
Data Element 11: Family support and natural supports

- Ratings over time of the degree of social support to which the youth and family has access, including connection to natural and community supports.

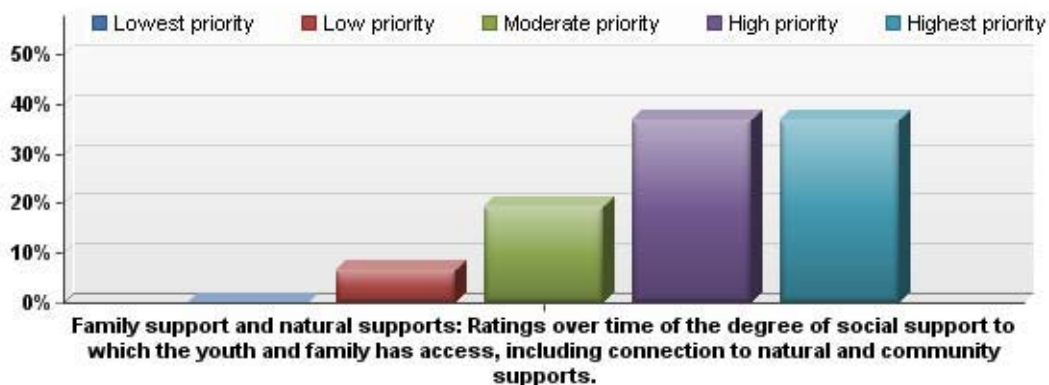
31. How well does your site collect and use these data?



32. How likely would you be to use a system for collecting this?

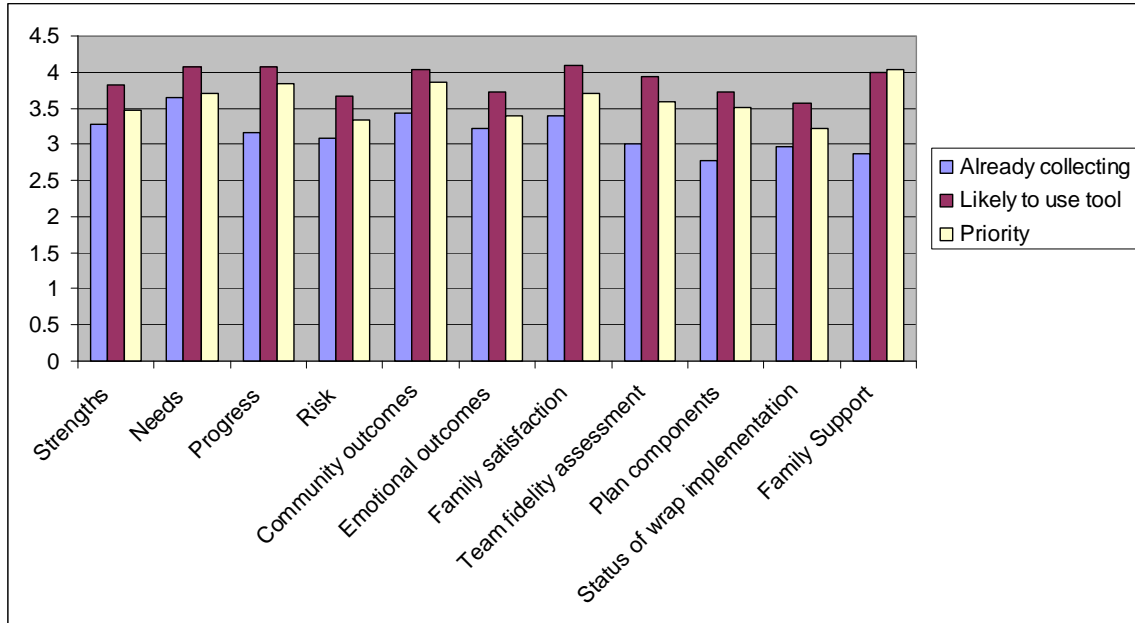


33. How high a priority of NWI/WERT to develop?

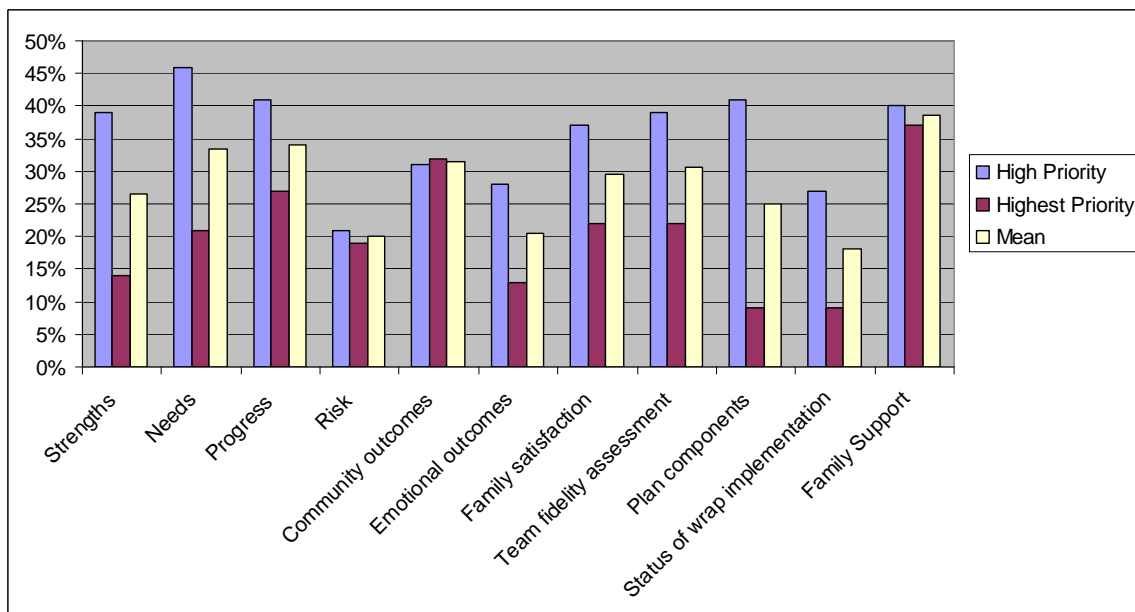


Summary graphs

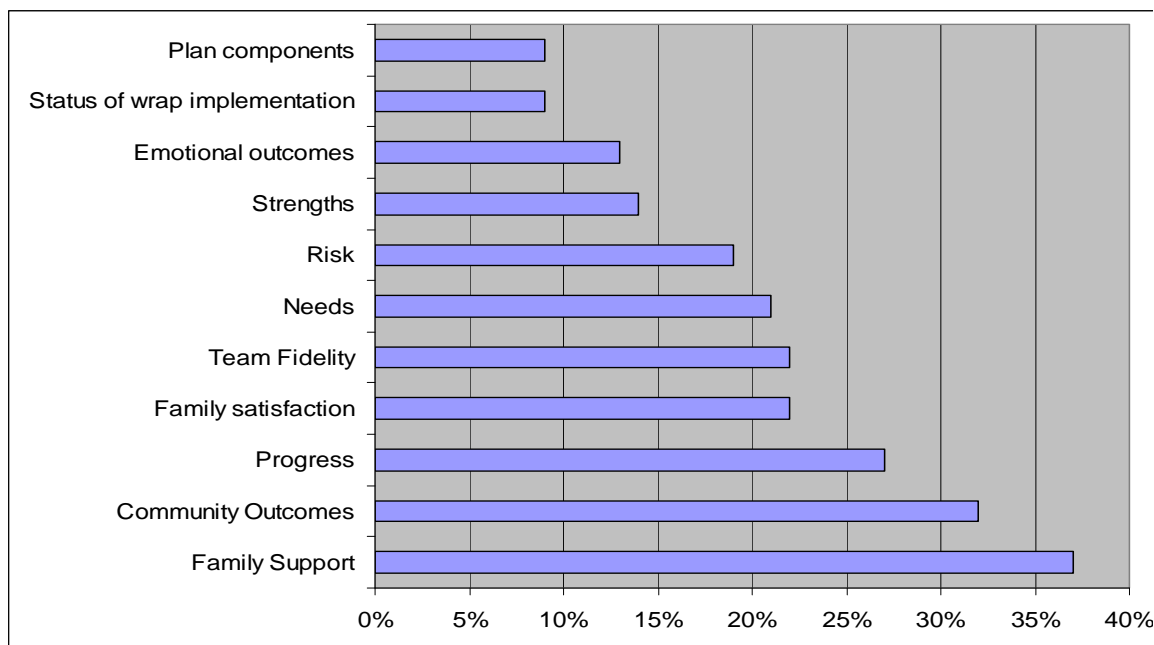
Summary of 11 Data Elements - Mean scores for each item



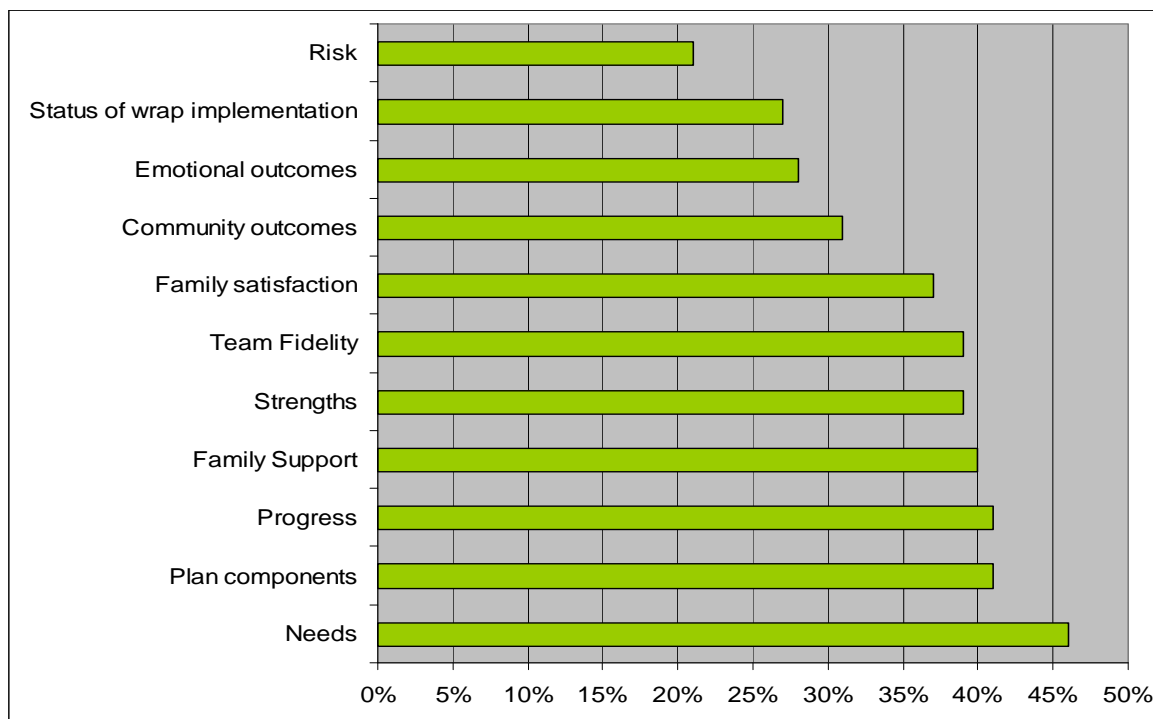
Item Summary: Percent of Respondents who rated each data element as a "High" or "Highest" priority for inclusion in a Monitoring and Feedback System



Summary of Data Elements by Percent of respondents who rated it as "Highest Priority" for inclusion in a Monitoring and Feedback System



Summary of Data Elements by Percent of respondents who rated it as a "High Priority" for inclusion in a Monitoring and Feedback System



APPENDIX A

QUALITATIVE FEEDBACK

Section 1 Data Element Feedback

Data Element 1

Simple clear report that could be used as an ongoing reminder/guide of strengths to focus on.
Not just blanketed youth involvement pieces but ones that focus on the many subcultures. Homeless, LGBTQ and such.
Using a genogram is important to use with the family, giving a picture of at least three generations, natural people in their life, possible resources and others who support the family, and where the needs may be supported in the community. This also allows other service providers to better understand and support the family.
Would be nice for whatever is developed to be Facilitator user friendly so that the Facilitators could just put into database rather than passing onto someone else to do.
This form would need to be user friendly, computer based and printable if necessary so that it could be incorporated in to the existing documentation system.
CANS
The problem with collecting data about whether the teams are documenting strengths accurately and well is that we are still divided on what good strengths assessment should look like. I advocate identifying strengths as coping strategies that have been used in the past to deal with challenging situation. But many people focus on interests and preferences. I don't think it makes as much difference whether there is a list of preferences, as that the team is coming to understand how the youth and family deal with big stressors - and that's much harder to evaluate on a large scale basis.
Before we develop tools we need to understand how strengths and what strengths are being identified. There should first be an exploratory study to evaluate the current status of this important element. Of particular interest would be the extent to which desires, hopes, aspirations are being identified vs. actual things that people do well with others (behavior). Also of interest, how are strengths actually the basis of an intervention?
A guide or reference should be made available to help identify strengths (creatively) in addition to typical.
Use of functional strengths (talents and skills that can be tied to the plan of care). Integration and utilization of strengths in the planning process, connection of strengths to strategies in the plan of care.
Techniques to assess "Functional Strengths"
Effectiveness of services on building up strengths and esteem
Functional strengths that strategies can be built upon. For example, for a youth without a family, it would be good to collect data on people he/she feels close to for possible forever connection.
Development of a measure that ranks the usage of strengths in individual family plan elements might be helpful to reinforce and rate the notion of strengths based practice. Seems to be a key element and one that few have explored how to track and rate. It is a bit subjective I guess but we should be able to get through defining what that would mean and look like.
Data should be used to inform the team on how well strengths are being incorporated into the plan and used by the team members.
Functional strengths.
Could consider Lerner's work and the 5 Cs: "The 5 C's are competence—not just academic but social, vocational and health competence. Confidence. Then character, that it's fundamentally important to do what's right. Connection, or working collaboratively with parents, peers, siblings, teachers, coaches. Finally, caring, a sense of compassion or social justice." Read more: http://www.smithsonianmag.com/science-nature/10025141.html#ixzz0qOD61Ls7
Everyone must use the information from the SNCD AND continue updating this information as a living document and user friendly sense of accomplishment and value.
This is also an element that shouldn't be monitored just by client feedback to questions like, the team pays attention to our strengths.
Strengths are identified through the SNCD but there is no aggregated reports or data base to store them.

Families and youth tend to take their strengths for granted. Practitioners tend to seek the cause of the issue rather than seeing the strengths of the youth, caregiver, supports
I would not like to see strengths categorized and for wraparound to become a "bean" counting activity. Strengths are highly individualized and as equally individualized are the ways we call one thing strength and another thing a preference. Is it a strength to "like" playing games or is it a strength to be good at a game; if you are "good" is it you consider yourself good or you are better than most others?
Presence or absence of a list of strengths is not as useful as the meaningfulness of the strengths in the context of the planning process.
Strengths and Culture need to go hand in hand
Directions should specify that strengths are documented that are likely to be incorporated into strategies in the individualized support plan for the child/youth and/or family.

Data Element 2

Report that helps family and other team members see how everything ties together, how proposed actions will lead to achievement of goals
Using the Success Stories monthly are a great way for families and others to "see" the movement forward, even in the smallest steps and accomplishments. Also this helps power, competence, belonging, and usefulness of the whole team.
If this is developed, I could see that it would be good to have this database be able to print out a completed family plan. That way it would be more useful and facilitator friendly by cutting down their time and duplicative effort. I could see eventually that all Wrap providers would be also documenting the same way, which could be easier for states to track the types of goals and strategies used. I would be interested in helping develop if the NWI wants to do.
We do collect data regarding this information but to have more specific would be the best.
CANS
As with strengths, different systems have different definitions for needs. And some systems may actually track a number of different factors under the heading "needs." For example, I focus on the big needs as our hypotheses about the driving forces behind challenging behaviors or difficult family situations - our guess about the reason why these things are happening - so that we can decide how best to respond to them. But there are also more basic needs, like a place to live, or enough to eat that aren't hypotheses but simple observations.
You can view our evaluation report sample at www.abc-pa.org Maybe you could adopt this format yourselves. I really answers all of the questions posed by funding agencies (Medicaid) and has resulted in the creation of extremely thorough and effective treatment plans.
Meaningful and respectful relationships with friends, family, providers and community are essential.
The presence or absence of a needs statement is not as meaningful to outcomes as needs that are addressing the underlying condition that brought them to Wraparound in the first place. Those needs are connected back to the vision and team mission. Needs naturally flow to the development of the care plan. A good set of needs statements are the cornerstone of creating an effective Wraparound plan.
The importance of having a family vision or mission should be stressed. This often falls by the way side as providers fall back into a clinical model.
Clarification that needs are not "services".
Rather than whole sale data, it seems we need a tool or process to identify the effectiveness of needs statements. There is a huge range of definition about this and it is an element of the model that shapes the real content of help for families in very important ways.
Need some way for needs to be measured in terms of how well the need is being met by the team and/or strategy.
Anything that would help teams comes up with goals and objectives that are based on actual needs (e.g., housing, relationships, self-regulation) rather than "needing" specific services (e.g., "needs counseling" or "needs respite"). In addition, very important to have *measurable* goals and objectives.
Agency has an electronic record for documenting this kind of information

We do not have any way to collect this wonderful data, other than treatment plans and updates.
We can ask clients if they feel like their needs are being heard and addressed, but as with strengths, their idea of what the needs are may be different from what we are looking for.
Language is important... when in the presence of youth and families, we should refer to them by name rather than "the mom" or "the client" which demonstrates respect
Emphasize the necessity to strategies about the needs by building on the strengths.
Got to figure out how to define effective needs in a wraparound framework before we can measure anything. I am pretty sure there is not a high degree of consensus about what this would look like
Needs that are documented should be directly related to the family vision or youth/vision, and/or to improvement in the functioning of the child/youth and/or family.

Data Element 3

Report that helps family and other team members see how everything ties together, how proposed actions will lead to achievement of goals
Again, we use celebrations every time there are changes that are positive or that the family has recognized that the change is not working, going to another brainstorming and choice of trying something different.
This should also be part of the printed out family plan if the database goes that way.
There should be four ratings here: the first is whether we are doing what we said we would do? This shows that the team is doing more than sitting around and dissecting the problem, but is developing action plans and putting them into effect. The second is progress, during the implementation phase is the team tracking the impact of the action plan and adjusting things accordingly? The third is output, are the actions producing the intended direct results? The fourth is outcomes, are the larger changes that were hoped for occurring as a result of the direct achievements?
We developed a system of weekly data collection from parents that informs the treatment process and enables frequent data-based tweaking of treatment plans so that the goals, objectives and intervention modalities are updated as often as necessary.
If the intervention strategy is well designed it should be measurable. The issue is the design of the strategies
Currently, successes in meeting family needs are done on individual cases. The results are not aggregated to form a conclusion or correlation to the process. This would be good if the data base will provide a way to systematically collect these data points.
Having a team level measure of how well we are meeting goals of Wraparound would be helpful feedback for that individual team. On a more macro level, across a state or region we would want broader quantitative indicators would be helpful for assessing fidelity and statewide or region wide outcomes.
It is so important for teams to communicate in between team meetings and celebrate even small accomplishments.
Rating of needs met...., aggregated, Goal attainment scaling as a tool for this kind of rating.
Goal Attainment Scaling comes to mind...
We should be focusing our attention on implementation, improvement, output and outcomes. I'm concerned that all the emphasis on process has drawn attention away from what we are trying to accomplish. Also good process without good services may make us feel like we are doing a good job when there aren't any results to go along with the effort.
The county MH agency is dedicated to meet the goals although there are limited opportunities to include outside resources. IE: caseloads of more than 40 greatly impairs the ability to truly coordinate community supports
This will explain training needs for professionals and how families are integrated in the process
It really fits into #2 as well.... they are all linked to some degree.
These measures must be as objective (observable and measurable) as possible.

Data Element 4

Currently use CAFAS which does not address all these elements
This information is given by word or paper trail, not necessarily in a data sheet.
Suicides/mortalities are a factor we have as data report.
We should track both risk and protective factors, especially in wrap programs that are serving youth in the juvenile justice system and families in the child welfare system.
This is part of the Life Domain Bio-Psycho-Social evaluation format that we use.
Framing risk factors as the underlying conditions and then connected to the meaningful needs statements and are integrated into the plan of care and are based on the family story. From an evaluation standpoint, it is important to know at baseline and other points the level of risk and pre-existing conditions that our target population that comes to Wraparound with. Overtime it would tell us why certain types of people stay in Wraparound longer than others.
I am especially interested in how we track unmet mental health needs in a systematic way. There is often a tension between mental health and wrap planning.
Most county systems track this information so risk factors are tracked and monitored for the most part already.
While these factors are important, often risk factors are the sole priority and we forget to do true Wraparound.
Risk factors = unmet needs
Not sure why a system outside of their own would collect this data. Since this data is so important and the need to have it is so immediate, each system should already have something in place to monitor.
Agency has an electronic record for documenting this kind of information
The tricky thing is combining both subjective and objective measures of protective and risk factors. Teams should track risk and risk reduction through the team process. Some juvenile justice and child welfare systems already have validated measures of risk and protective factors that teams may wish to incorporate into their process.
Once again, we need a strong statement regarding caseloads and the ability to appropriately implement the Wrap Around Process and address Medicaid direct time affecting the process
Would protective factors be considered the same as strengths? If not, would it be helpful to consider gathering information on protective factors as well as risk factors?
I have not seen this type of "rating" in any case records that I have reviewed, but do feel it would be very useful.
Our state uses the BERS-2 and ISA Progress review which adequately covers this data element for children ISA eligible and for the new WA demonstration projects

Data Element 5

This is fairly simple to track and document
Many times we forget this is a process and the ebbs and flows may also cause big changes in the life of the family. Our staff must keep this in their mind during services and support the growth of the family.
The questions always are whether the youth is at home, in school and out of trouble. In the response to question 4 I pointed out that what we don't pay enough attention to is the degree to which what we are doing as a team is helping to achieve these outcomes. Also in your list you only include youth-focused community outcomes. Don't forget that there are some family measures as well. This is important for program learning and improvement.
This is part of the DPW Life-Domain Bio-Psycho-Social evaluation format (LDBSP) that we use. We do these evaluations at least once annually for children with Autism spectrum disorders, and at 4 month intervals for children with all other diagnoses (we work with children from birth to age 21) under the EPSDT mandate of Medicaid.
Connection to meaningful community activities
There already are tool for evaluating this
Level of care (where the youth resides), Length of stay is residential treatments, and return home categories would be important to us.

Most county systems track this information and are monitored for the most part already.
EXTREMELY important to measure the "at home, in school, and out of trouble", yet difficult to do presently. An easy way to collect these must be established to measure incremental improvements in these core areas.
Develop a process that lets communities frame their own global outcomes as this model and process get applied to different populations in different settings by people who are seeking different community level outcomes. Once we reach beyond kids at home or in community settings it gets hard to define what a given community is concerned about or invested in.
It would be good for sites to have a way to measure against others based on similar demographics and approach as to how these correlate.
Like strengths this is something often skipped in typical intakes and follow-ups.
More interested in this since agency record does not do this
I would like out community outcome measures to be the same as the ones that are applied to other programs, as long as it is pretty close to apples to apples.
I keep going back to caseloads which is a direct reflection of nationwide budget cuts
Broad ones are easy , home, school attendance, arrests, personal, family, and community safety... beyond that I think it gets to be needing to be individualized by community
Our work is with the early childhood population so the outcomes could be adjusted for that group.
Our state uses the BERS-2 and ISA Progress review which adequately covers this data element for children ISA eligible and for the new WA demonstration projects

Data Element 6

Need data that would add to the body of evidence that may lead to diagnosis
Everyone just about has to use some measure as part of their funding - CAFAS, CBCL, YANSI, YSLI, etc. It would be mean to make them use another one as well.
See response to #5. We use the Brown ADHD scale, Devereux Scales of Mental Disorders, Conners, or BASC-2 for most cases and have recently begun using the BRIEF.
There are plenty of tools already available
To collect data reflecting the over all functioning of the family
These results should improve if there is high fidelity to Wraparound.
Global tools seem to be best for this they allow comparison across population and settings
I distrust these tools because the questions on them all seem so lame.
We are using the updated CAFAS assessment tool which is significantly improved but does not capture issues such as moods or ability to focus
Any data would need to be easily translated into terms that the whole team can understand and use.

Data Element 7

I think the biggest need right now is training parent partners in how to collect satisfaction information objectively. There is another measure that is related to satisfaction that we should track and that is retention. Some families have to stay in wraparound to some extent because of court orders, but even then there is some drop out. Research shows that retention is highly correlated with positive outcomes, and that experiential activities contribute to retention. The team process, done right, should be an experiential activity for youth and families, so we should see some correlations between retention and good wraparound. I'm still not sure whether the fidelity scales measure good wraparound in the sense of active engagement, as opposed to making teams jump through hoops, but we could also reverse engineer if we looked at the places that had the highest retention, especially with voluntary clients, figure out what they are doing, and do more of it, and also see how they are scoring on the fidelity and outcome measures.

Staff viewing the "clients" as youth and families with names
Already implement the WFI on an annual basis which does a great job collecting the data elements mentioned

Data Element 8

We need to do a better job of this and would appreciate tools
Have the WFI for this. Does take a lot of staff time though.
I rate this low priority because of the emphasis on "high fidelity wraparound" as a marketing strategy over the past few years. Facilitating teams well is important, but getting good outcomes is more important."
We use the WFI 4 to collect this information periodically, but since we have standardized its elements as routine procedures, we only need to use the WFI 4 intermittently to make sure that staff continue to maintain high fidelity to the wraparound principles
We would have to establish a mechanism insure the youth and families were informed of the wraparound principles
Data that would be more useful would be collected overtime within the team process and would be a team based assessment tool. Needs to be observed in the team. A twofold measurement process, one would be within the team in real time and then we would also want to develop a measure for an interviewee or respondent who is not an expert in Wraparound could accurately report team actions consistent with the model and that would equal to fidelity. A tool that goes beyond principles and is based on key elements and activities that equate to high quality and fidelity of practice.
Are we really engaging families, do they trust their teams, do they believe we will never give up until they reach their family vision?
Aggregate team membership figures, adherence to strength based plans, quantifying forms of help beyond formal services all seem like interesting takes on the fidelity piece that move from where you value based to is there evidence that the value was successfully implemented in practice with the family and the team
We are doing the WFI
Noted as lowest priority because of the existence of WFI. We have just begun implementing WFI and look forward to the data it will offer.
I think this area really would benefit from intensive item analysis and reduction to a few key variables. There should be no more than 10 or 12, if that many, that go to process.
I have seen documents from three SAMHSA sites that do not have the principles included in their Family Guides
While #7 is more child and family outcome oriented, this seems to be more a process outcome that can help to improve team performance. Needs both data from the team and data from observations.
Already implement the WFI on an annual basis which does a great job collecting the data elements mentioned

Data Element 9

It can be a challenge to see progress, better tools are needed to help recognize even small improvements that can serve as encouragement to keep going
I think this is a low priority for NWI because the plans look so different from one site to another that aggregation is going to be hard. This isn't MST. Also I think that plan element tracking goes more to QA/QI activities within a system than to multi-site evaluation. If everyone used Synthesis or one of the other electronic data management systems, it might be interesting to take a look - but that's not going to happen.
This information is part of the LDBPS evaluation and is also included in the treatment plan that we develop for each child who receives Behavioral Health Rehabilitation Services (BHRS) that we deliver via the EPSDT mandate of Medicaid. These services can be delivered in all 50

states, and I'd be happy to show people how that can be done. It's tremendously effective when it's done right, too.
Focus & design of interventions is a serious concern that has not been well examined or addressed. There is a relationship between how we assess and the design of interventions. They tend to NOT be systematic nor step-by-step. In part this is a product of how we assess. Also strengths are seldom actively the basis for change
It is not so much about a listing of strategies but if the strategies are a best fit within the planning process/underlying needs and identified strengths of the family and youth. We need some kind of measure how well the strategies fit the needs.
I think this would be critical from a coaching perspective but would need to know more about it to determine likelihood to use a system to collect it.
Yes, include system barriers if there are accompanying strategies to get through
What is the blend of formal services, created interventions, and supportive connections in plans and across plans as a tool for assessing the diversity of help offered/arranged with a family
Definitely should flow logically from broad Goals to Objectives to Strategies to link everything back to the "big needs"
Just been asked by gov't funder to provide such a data set on youth in residential that are involved in Wraparound. Constructing a spread sheet with goals, met/unmet, barriers and explanations.
What I do think would be useful is a good workshop/on-line training, about how to do QA/QI with a multi-dimensional intervention like wraparound. There are enough folks doing this function in larger systems that it is probably time to start bringing them together.

Data Element 10

Could also be part of the family plan document if one could be printed out from the database.
Again, this is an important piece of information to have locally, but I don't think that any national system could be applied equally in multiple sites. I would love each system to have a real-time read out that would show graphically how many families are enrolled and where each family is by the 4 stages. This can be done on paper for small implementations, but when there are hundreds of enrolled families and a legion of care coordinators working out of different agencies, this comes in really handy. Programs can deliver this information, but most wrap implementations still aren't using a wraparound specific electronic case management system.
Since we have systematized the delivery of BHRS within the context of the wraparound principles for every child who receives BHRS, we are always on target with the implementation of behavioral treatment services in accordance with high-fidelity wraparound. We meet in a group with treatment providers, families and community support persons (invited at the request of family members) at least Quarterly to review these elements and overall progress in treatment. Most families are more concerned with the delivery of treatment and its fidelity, and do not require the presence of community support people at these meetings (since they're involved in the treatment delivery process by our BHRS providers).
This should be "wraparound intervention"... Implementation is related to organizational change. Stages and phases are dependent upon the composition of the team, & its assessment & intervention
Currently use a monthly data timeline report that we ask all facilitators and parent partners to complete. It summarizes their activities with youth/families and tracks progress through the phases/activities. Decent efficiency measure. Challenge is getting practitioners to submit in a timely way.
We need this "big picture" tracking tool
If the big three wraparound data management systems weren't in such big competition with one another, it might be worthwhile to get the computer folks together and see what they can come up with. Maybe politely leaving them out and getting the providers who are using generic or homebrewed systems together to have a workshop on tweaking your legacy systems to get the most process information out would be fun.

Data Element 11

This is an area that is both important (we are still working to prove that increasing social support through wraparound is associated with positive outcomes) and tied to a larger field of research. There are a number of tools that youth and families can use to describe their level of social support. Some, like those developed by Ham McCubbin and his wife when they were at the Univ. of Wisconsin have been adapted to be culturally competent for various populations. Currently what is usually measured is anecdotal or comparative information. For example, Synthesis will tell you what percentage of a family's plan of care consists of natural and informal supports - which is good. But it doesn't describe the level of support as experienced by the family. A plan element may be natural or informal, but that doesn't mean it is doing the family any good, only that we don't have to pay for it.
We created a Child & Adolescent Service System Program (CASSP) checklist that is used in each Quarterly meeting with the treatment Team so that community supports are identified and included to the extent desired by the family in all treatment plans.
We would first have to teach/instruct/insure the CFT's on how to identify, include and connect to natural and community supports
This is an opportunity to break apart the concept of family support into care giver peer to peer and youth peer to peer support.
Critical measurement as this is what will support the family when formal supports end!
Team membership snapshots that could be aggregated to individual staff and program levels, tracing team membership change over time looking for a shift to greater involvement of family and natural supports
This is an area of huge need
This is probably where we are struggling the most. Teams severely lack natural supports. Could really use a way to measure and thus support teams to build more support for youth/family.
A big reason families are in Wrap is that they don't have natural supports or positive natural supports
This is something that can be sampled consistently across many systems and implementation models. We need to find out whether wraparound does in fact increase social support, and whether this increased social support is related to positive outcomes.
Taking courses without required internship or practicum doesn't insure quality or fidelity. I am very concerned about the transference from the USF courses and practice
We track this as an outcome goal already in our annual QIP

Section 2 - Open Ended Feedback

"Please provide feedback to suggest any additional types of data you think would be useful for wraparound initiatives to track and for the NWI to develop data systems."

Information shared by system of care with family members and consumers, resources that are current for the communities, what is working and could be better in services or other connections, better communication and use of the four phases of the wrap connecting family and consumers to the drivers seat, practicing and using skills to support themselves instead of services "doing for them".
I think it might be useful to look at the range of child and family situations that are being supported using a wraparound approach and how the approach is being modified or adapted for specific types of implementations. (I also think it may be time to clear up the boundaries of what wraparound is, so that we can make more meaningful distinctions between when it is being used and when other family-centered, collaborative models are being in place - not for purposes of competition, but to reduce confusion and ambiguity in the data stream. At its heart, wraparound is a simple tool: convening a circle of support with a family in which one or more members have special needs that are likely to persist over time, and with the family and the circle developing and implementing a multi-domain plan of care specifically designed to produce measurable and sustained changes that make life easier for the family and for the family member with special needs. We need to be able to compare and contrast wraparound

with similar models such as Medical Home and person-centered planning.
I really think you will find a good deal of interest at www.abc-pa.org / / I'll be presenting information on our model of BHRS-Wraparound services at the Training Institutes in July in Washington, and hope to see you there.
Interested in some ability to aggregate information and look at more system level outcomes...to what extent have organizations, agencies, systems moved their practices in alignment with the values and principles that underlie wraparound.
Please track those that are in leadership roles to help insure and maintain fidelity. Including the number of children and families they are actually in contact with. Availability of continuing educational opportunities that promote fidelity to these principles
For youth who are guardians of the state, it is crucial to know what their permanence status is and for their team to advocate for permanent relationships for the youth.
More conclusive data needed to demonstrate that following the principles of Wraparound leads to good outcomes for youth and families.
It is important to capture family members' opinions who are not custodial caregivers but are serving on the wrap team as supports. These opinions should have their category apart from other natural supports as those people have a different perspective than say a Little League coach or Sunday school teacher.
NWI could survey programs by state to see who is using the existing fidelity outcome measurement tools and state track outcomes
Curious about ways to track "dollars" spent, care days "saved", etc. Ultimately, this is what is being asked to prove the worth of the effort.

"Please provide any additional input on this idea of the NWI developing additional data systems for wraparound programs, and/or the topic of how the NWI can support the data collection and data use in wraparound implementation."

This is very much needed. Pre and post and periodic CAFAS scores do not give a complete picture
The system you have developed the WFI-4 was not able to be used for our Wraparound program due to the constraints of how and when the children came in to the program and where we received them in the process. We also are a 12 month program which does al+++
The challenge in developing marketable data systems for wide usage is that any new system has to fit in with what they are already using to be useful. And everyone is using different systems. Maybe what we could do is start with a survey of how programs are managing data and then brainstorm a way of creating plug ins that would work with at least a goodly number of the existing electronic systems.
Work with the statewide family networks
I think this is a great idea; however, it would be important for sites to be able to have the data in real time and to be able to request various reports in an ad-hoc fashion. It would be important as well to ensure that the various data systems could be easily linked, such as outcomes with fidelity.
Appreciate all your support and look forward to our continued association.