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Behavioral Health is Essential To Health

Prevention Works





Treatment is Effective



This webinar is hosted by the National Wraparound Initiative, a partner in the National TA Network for Children's Behavioral Health, operated by and coordinated through the University of Maryland.

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How to Be More Outcomes Based in Wraparound Practice

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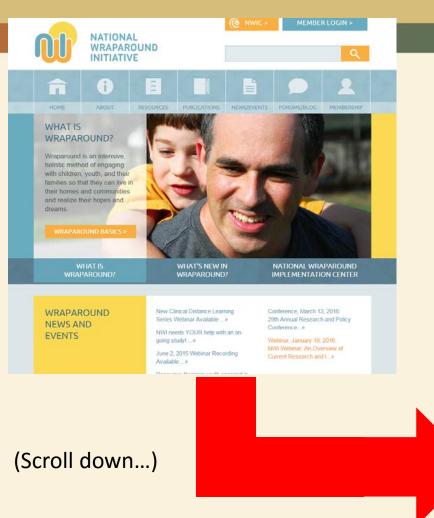








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Objectives

- Increase understanding around the importance of being 'outcomes based' in Wraparound
- Develop insight around what outcomes to overtly measure in Wraparound practice
- Learn how various outcomes can be measured and progress tracked within the team process
- Identify how outcome data can assist the team to adjust the plan when expected outcomes are not being achieved



Poll (choose one)

- Which principle of Wraparound is best correlated with positive outcomes?
 - Natural supports
 - Family Voice and Choice
 - Strengths based
 - Outcomes based
 - Individualized



Trivia Time

What is the component of Wrap that is best correlated with positive outcomes?



<u>**Overt</u>** tracking of progress is the component of Wraparound most correlated with positive outcomes for families!</u>



Why Is Being Outcomes Based So Essential in Wraparound?

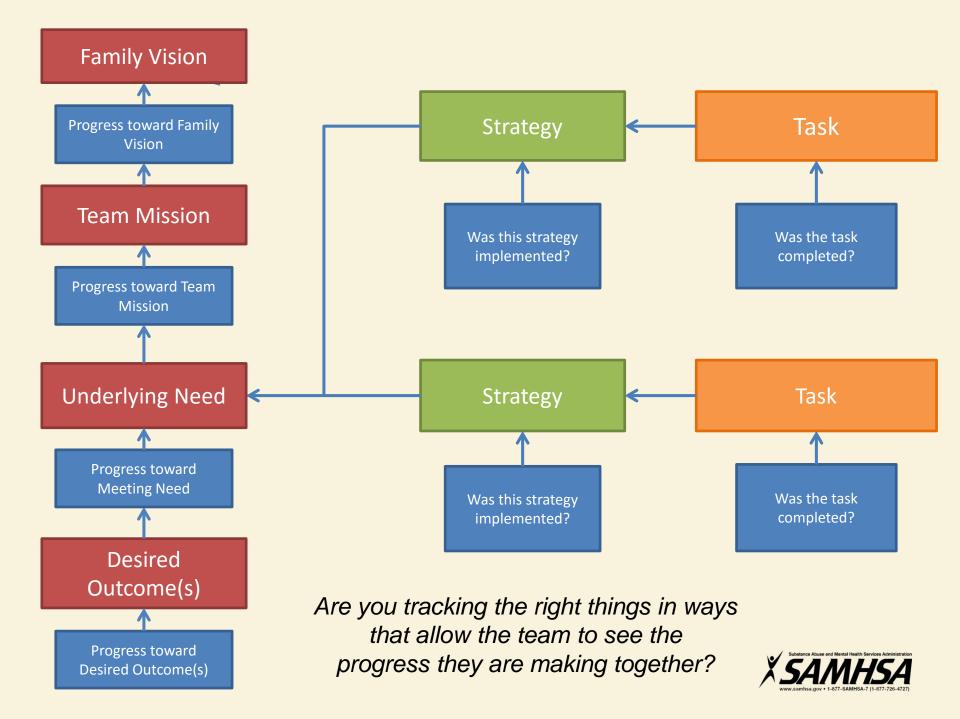
- Lets the team quickly know when the wrong needs have been prioritized or strategies aren't working and need to be adjusted
- Empowering for teams to see the degree of progress being made and that things are changing
- Can help highlight when a youth and family is ready for transition
- Helps the team maintain hope, cohesiveness and efficacy



What to Track

- Are tasks being completed fully and in a timely manner?
- Are the strategies being implemented as planned?
- Is implementing the identified strategies getting us closer to meeting the underlying need?
- As we move closer to meeting the need, are we seeing referral and/or risk behaviors change?
- Is meeting the need getting us closer to the family vision?





Poll (choose all that apply)

- For which aspects of Wraparound do you currently measure progress?
 - Family vision
 - Team mission
 - Need met
 - Outcomes/Behavior change
 - Strategy implementation
 - Task accomplishment







How Do We Track Progress in Wraparound?

To measure movement towards *family vision, team mission and need statements* many teams use a scale.

Questions to ask yourself when designing a scale

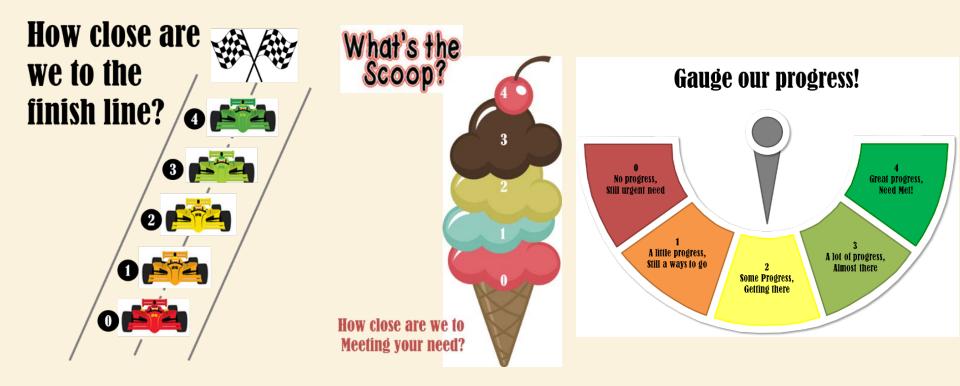
 Is your scale clearly defined (i.e. 0=No Progress/4=Full Progress)?



- Did you establish a baseline rating at the initial child and family team meeting?
- Does everyone understand who will rate each element and why?
 - For example, only the family rates progress towards the Family Vision



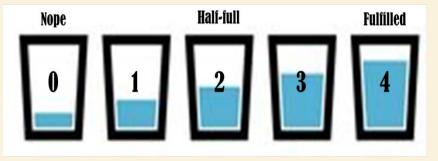
Tracking Should Be Youth and Caregiver Friendly



The way the idea of progress monitoring is introduced to a youth and family makes a difference— think about what's in it for them.

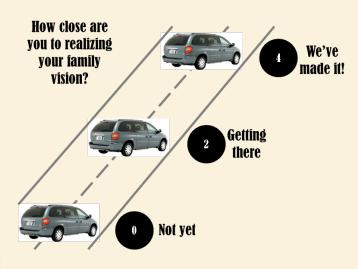


Tracking Should Be Youth and Caregiver Friendly (cont.)

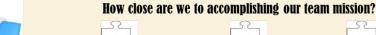


How close are we to meeting your need?

Are we there yet?







Just starting

starting

Working on it



0



XEXM

Are the pieces coming together?

How Do We Track Progress in Wraparound?

Outcome Statements:

- Are developed for each need statement
- Are clearly connected to the referral behaviors and behaviors placing the youth/family at risk
- State the desired direction of change as simply as possible
 - Not connected to an explicit target
- Establish a baseline that can be measured against at each Child and Family Team Meeting (CFTM)
- How and when will it be tracked?





Tracking Should Be Simple and Measurable

- Desired outcome: Increase in positive days at home
 - Baseline: 2 out of 7 good days at home
 - Tracking plan: Each family member will note perceived number in a notebook each Sunday morning
- Desired outcome: **Decrease** in office referrals at school
 - Baseline: **12 referrals** per week.
 - Tracking plan: Care coordinator will check in with school weekly



How Do We Track Progress in Wraparound?

Strategies and Tasks

- Once strategies have been selected, discuss and address any steps toward full implementation of the strategy as well as any barriers
 - What tasks need to be completed? By whom? By when?
- Tasks' due dates and persons responsible should be documented during every CFTM so the status of their completion can be reviewed and discussed at subsequent CFTMs
- All team members should be contacted weekly by the Care Coordinator to ensure follow through and successful implementation of the plan of care
- Teams are encouraged to celebrate positive accomplishments and successes



Example: Tracking Tasks and Strategies

In Progress Strategy 1: John will take Matthew back to his old neighborhood, show him around, and share the stories of how he grew up.

<u>Tasks</u>:

- **Completed on 10/31/16** John will check his work schedule and find a Saturday within the next 3 weeks to take Matthew around his old neighborhood
- **Completed on 11/22/16** Mona will check in when they get back to see how it went
- *In Progress* Matthew will share his favorite story with Mona



Example: Tracking Tasks and Strategies (cont.)

In Progress

Strategy 2: Adam will also work with Matthew individually 1x/week for 16 weeks targeting his depression and the impact of his past trauma experiences on his life now.

<u>Tasks</u>:

- *Completed on 10/11/16* Adam scheduled the next session for next week and will continue to meet with Matthew weekly.
- Happening and Ongoing Adam will track clinical measures and report back to the team around progress
- *Happening and Ongoing* Matthew will meet with Adam weekly and will also report back to the team how things are going.
- Happening and Ongoing Mona will pick Matthew up on Thursday and transport him to sessions

Tracking Options: Simple Data Table

Family vision: To love unconditionally and work hard on the important things. **Need 1**: Matthew needs to know that people can be permanent parts of his life

	Month											
	0	1	2	3	4	5	6	7	8	9	10	11
Progress toward achieving the family vision (rated on a scale of 0-4)	0	0	0	0	1	1	2	2	2	2	3	3
Progress toward achieving the Team Mission (rated on a scale of 0-4)	0	0	0	1	1	1	2	2	3	3	3	4
Progress toward meeting underlying need (rated on a scale of 0-4)	1	1	1	2	2	2	2	3	3	3	3	4
Outcome Statement: Number of positive days at home each week	2	1	2	3	3	4	4	5	5	6	6	6
Outcome Statement: Number of office referrals at school each week	3	3	3	3	3	2	1	1	1	0	1	1

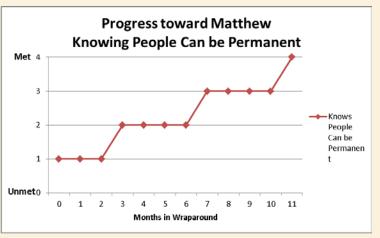


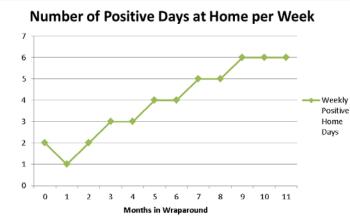
Tracking Options: One Graph Per Each Item Tracked

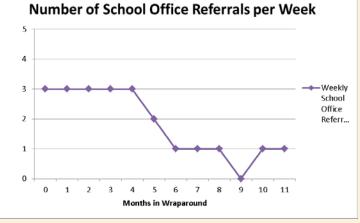
Family vision: To love unconditionally and work hard on the important things.

Need 1: Matthew needs to know that people can be permanent parts of his life.







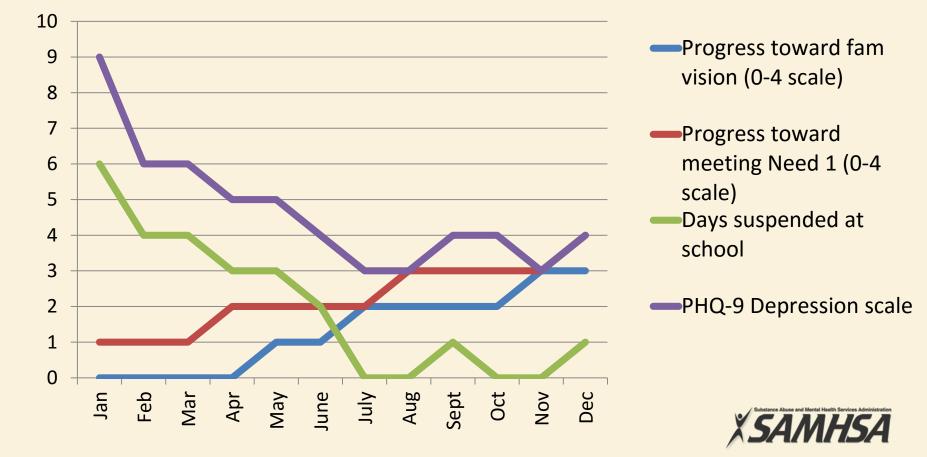




Tracking Options: Chart All Items on One Graph

Family vision: To love unconditionally and work hard on the important things.

Need 1: Matthew needs to know that people can be permanent parts of his life.



What Do You Do When Progress Is Not Occurring in Wraparound?

Adjust the Plan!!!

- Use the data to determine what is and isn't working in the Plan of Care

Explore why progress is not occurring

- Are we really working toward the family's defined vision for a better future?
- Are we planning around the most relevant need statements?
- Are strengths connected to strategies and task assignments?
- Are both formal and informal team members involved in plan development and implementation?
- Have we addressed barriers to task completion?
- Based on this discussion make adjustments to the Plan of Care as appropriate
 - Engage in *barrier busting*
 - Brainstorm and select new strategies to meet the need and assign new tasks
 - Are we tracking the right things



Does Your Plan of Care Template Support Being Outcomes Based?

- Where can you document what we just practiced?
 - Ratings on how close we are to achieving the family vision & team mission
 - Data on progress toward meeting needs
 - Outcomes with detailed measurement plans
 - Strategy tracking
 - Task assignment and completion status
- Does anything need to be changed or added to your documentation?



A Structured Agenda Can Help You Stay on Track

- 1. Family's rating of progress toward achieving their vision
- 2. Celebrate new accomplishments and successes
- 3. Monitor progress toward meeting needs and achieving outcomes—use information to prioritize which needs to review first
- 4. Adjust Plan of Care, as needed
- 5. Review game plan for between now and the next meeting
- 6. If a crisis has occurred since last CFTM, review and modify the crisis/safety plan
- 7. Note any important upcoming dates or events
- 8. Schedule next meeting



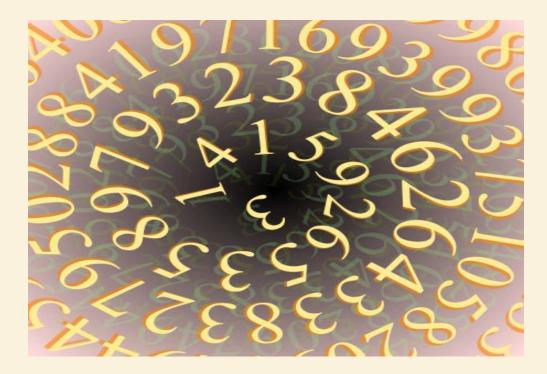
Poll (choose one)

- How different is what was just described from what you currently do?
 - Not at all different
 - Somewhat different
 - Very different
 - Extremely different



Conclusion

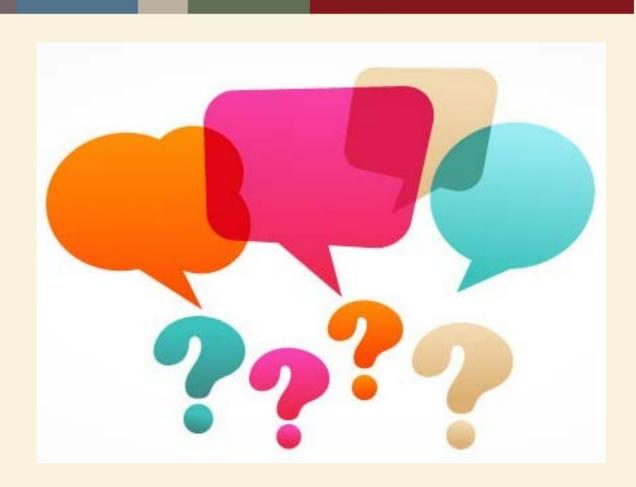
Numbers have an important story to tell. They rely on you to give them a clear and convincing voice.



-Stephen Few



Any Questions?







THANK YOU!!

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Resources

Today's slides and resources will be available from: http://nwi.pdx.edu/previous-nwi-webinars/

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