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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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National Wraparound Implementation Center (NWIC)

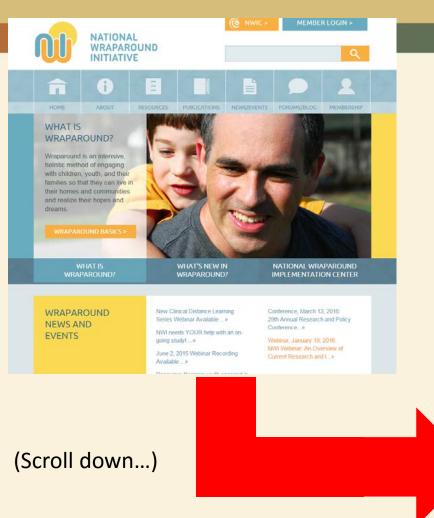








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### **Objectives**

- 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?

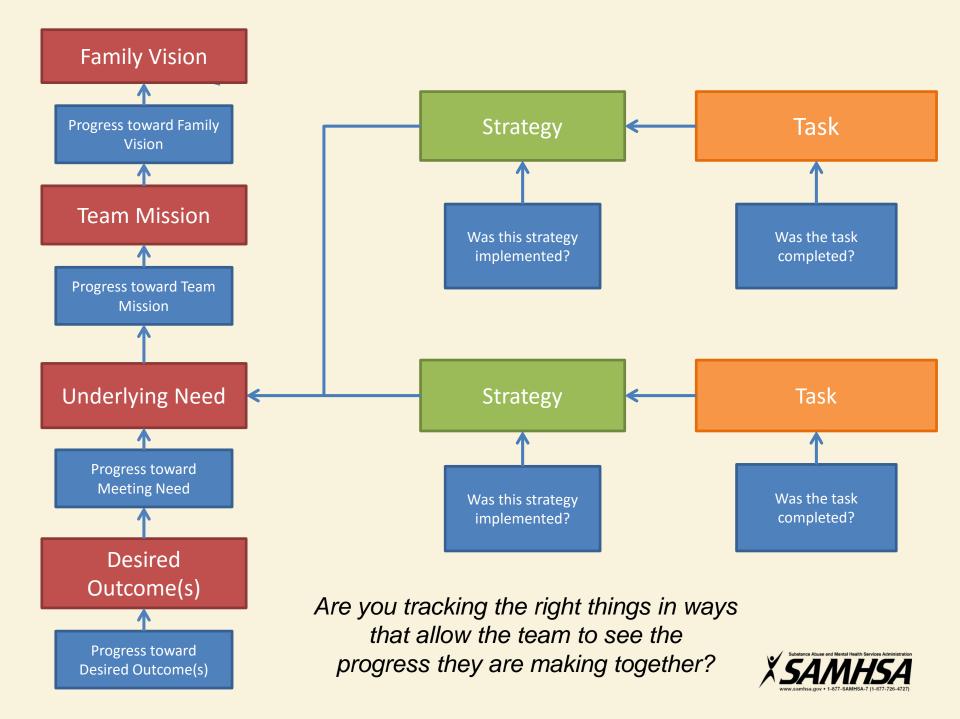
- Lets the team quickly know when the wrong needs have been prioritized or strategies aren't working and need to be adjusted
- Empowering for teams to see the degree of progress being made and that things are changing
- Can help highlight when a youth and family is ready for transition
- Helps the team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

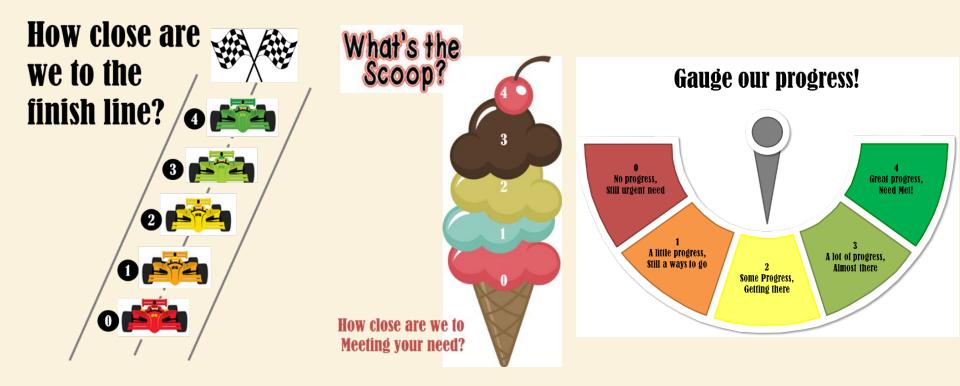
 Is your scale clearly defined (i.e. 0=No Progress/4=Full Progress)?



- 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



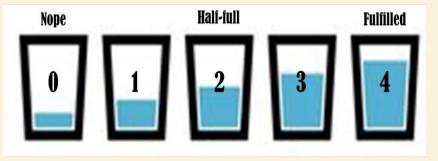
# Tracking Should Be Youth and Caregiver Friendly



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.

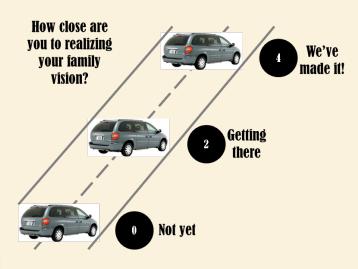


# Tracking Should Be Youth and Caregiver Friendly (cont.)

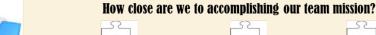


How close are we to meeting your need?

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

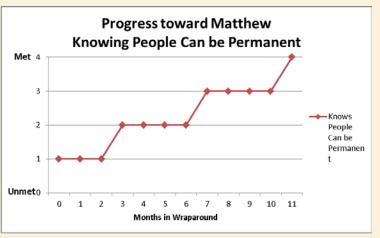


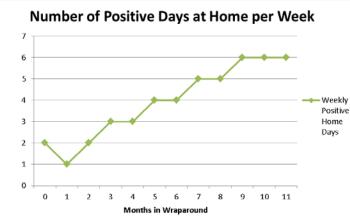
## Tracking Options: One Graph Per Each Item Tracked

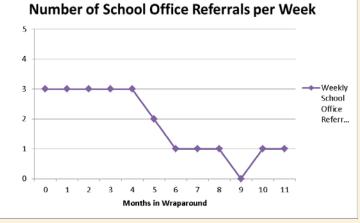
**Family vision**: To love unconditionally and work hard on the important things.

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







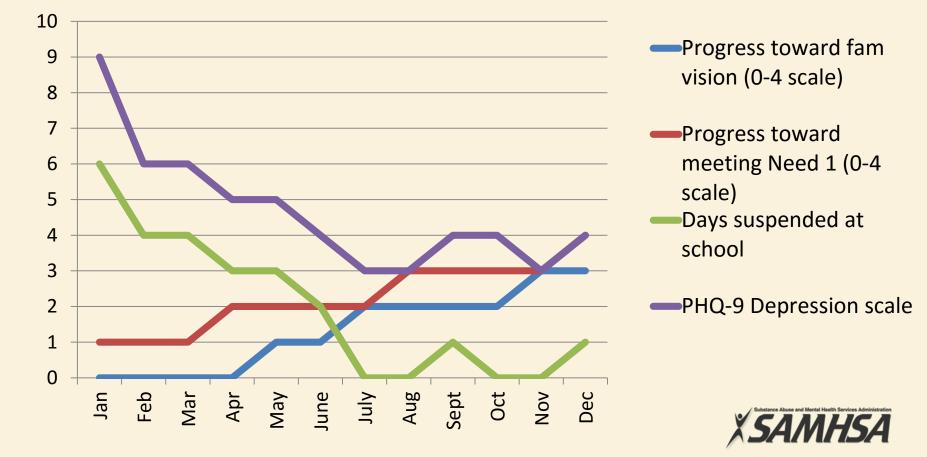




# Tracking Options: Chart All Items on One Graph

**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



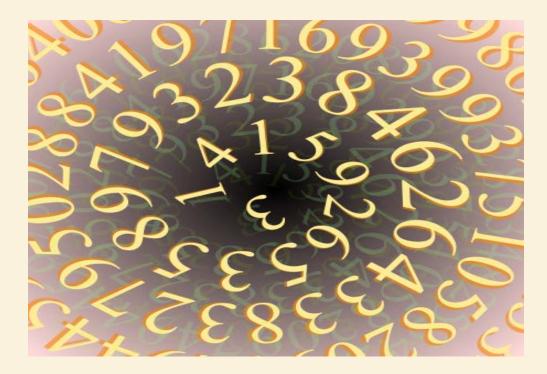
### Poll (choose one)

- 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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