

The Whys and Hows of **Wraparound Care Coordination**



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Virginia Wraparound Workshop

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September 12, 2018**



Wrapping Community-Based Mental Health Services Around Children with a Severe Behavioral Disorder: An Evaluation of Project Wraparound

Richard T. Clarke, Ph.D.,^{1,5} Mark Schaefer, B.S.,² John D. Burchard, Ph.D.,³ and Julie W. Welkowitz, B.A.⁴

During the past two decades there has been a significant increase in community-based mental health and educational services for children and youth with serious emotional and behavioral problems and their families. However, in the vast majority of programs there are no reliable longitudinal data on the adjustment of the children that are served. Project Wraparound was a community-based individualized treatment program which served children and youth with severely maladjusted behavior and their families by providing intensive home and school-based services. The purpose of this paper is to provide a longitudinal analysis of client and family adjustment data. Data on client adjustment within the home and characteristics of the home environment were obtained at intervals of 3 months, 6 months, and 1 year. Data on client adjustment in school was obtained at four points over a period of 2 years. The results from 19 cases indicate that substantial change occurred on measures of the home environment and client adjustment in the home with no significant change in adjustment in the school. Implications of the findings are discussed.

KEY WORDS: community-based; mainstreaming; services; children; adjustment.

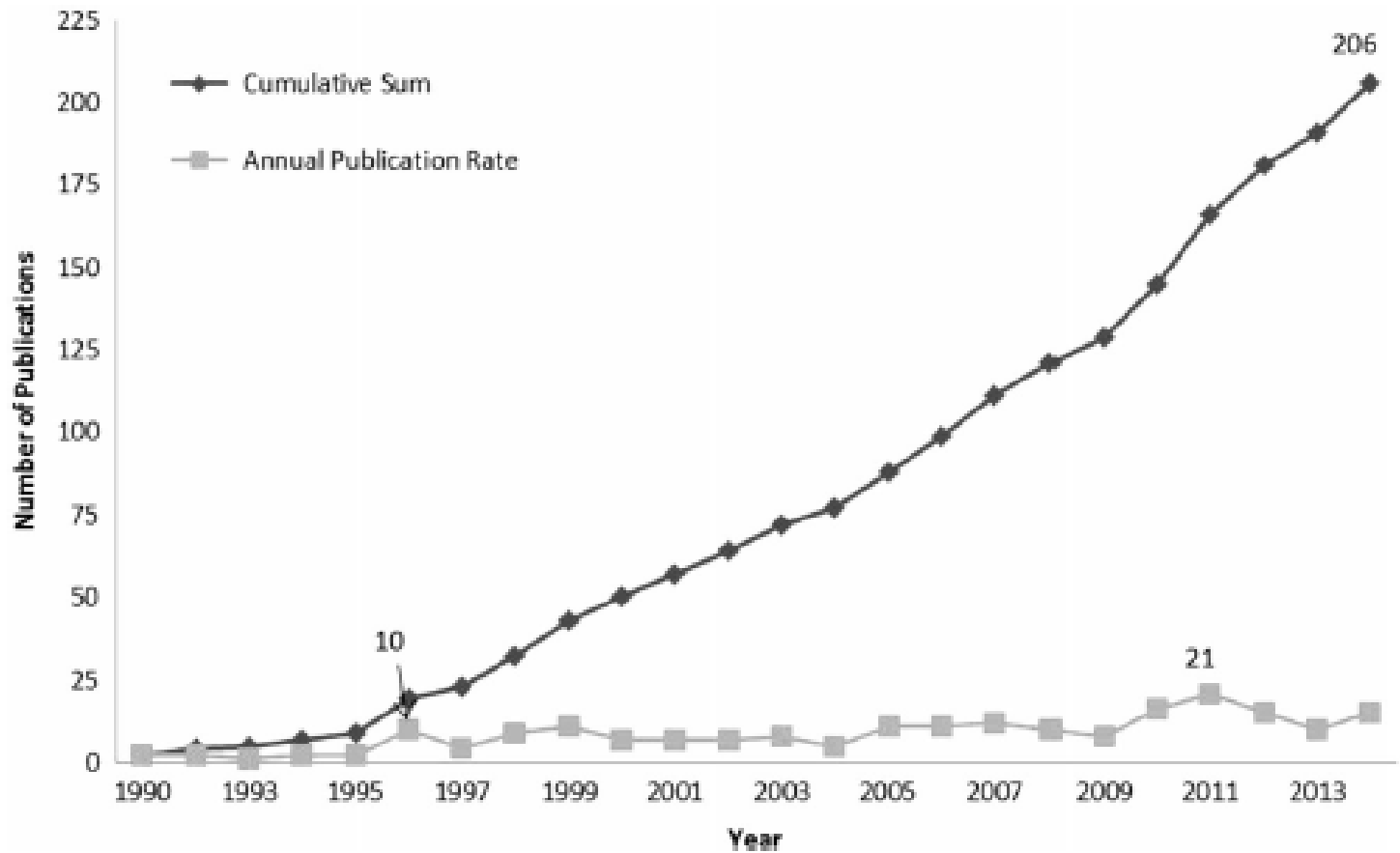


A Comprehensive Review of Wraparound Care Coordination Research, 1986–2014

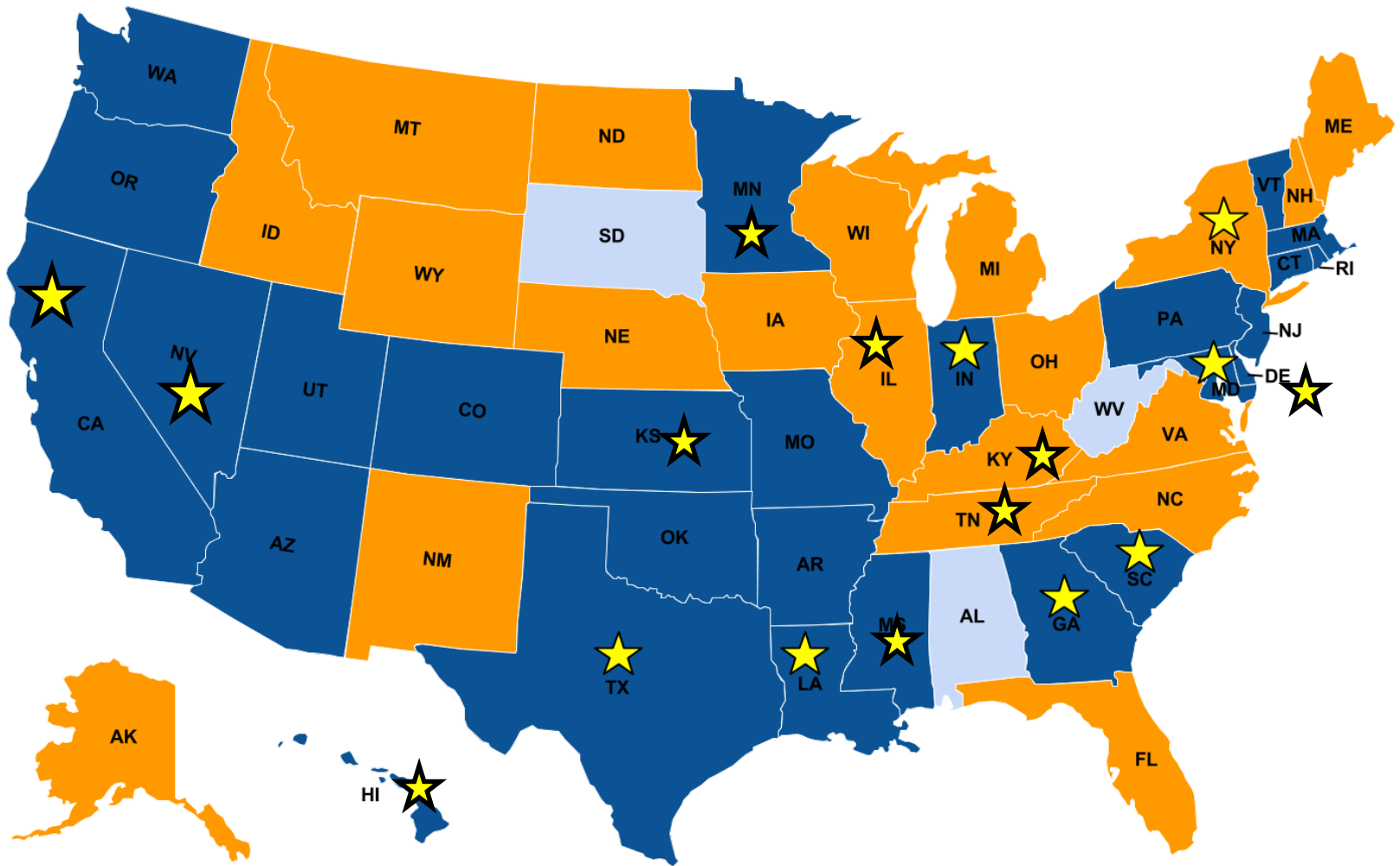
Jennifer Schurer Coldiron ¹ · Eric Jerome Bruns¹ · Henrietta Quick¹



Number of peer-reviewed wraparound publications



Wraparound Implementation in the U.S.



Legend: ★ Workforce support from NWIC ■ Statewide ■ One or more sites or jurisdictions



Out of community utilization and costs

- Inpatient admissions
 - Increased 24% between 2007-2010
 - (Olson et al *JAMA Psych* 2014)
- Medicaid spending on Residential and group care
 - Increased from \$1.5 billion to \$2.5 billion from 2005 to 2011 (Pires, 2017)
- Child welfare
 - 14% (56,188) of all youth in CW custody in RTCs
 - (ACF, 2014)
 - 34% of all youth spend 9 months or more in facilities
 - (Casey Family Programs, 2016)



Main points: The Whys

- Mental health problems are the number one health condition of childhood – and the rates are rising...
- We know what works, but policies, financing, and workforce development rarely support “what works”
- We continue to rely on institutional care more than we need to.
- New approaches are needed for:
 - Organizing systems
 - Funding services
 - Delivering care
- There are many opportunities to build on – including here in Virginia



Main points: The How

- Invest in “real” wraparound
- Build out your evidence based service array
- Invest in authentic peer to peer support
- Re-organize your systems to be supportive of these strategies, and others that work
- Invest in your workforce so they can do them well
- Use data to drive your system and your practice



Acknowledgments

Major Funding Sources:



Acknowledgments



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Advancing Systems ◦ Enhancing the Workforce ◦ Improving Outcomes



Save the dates!

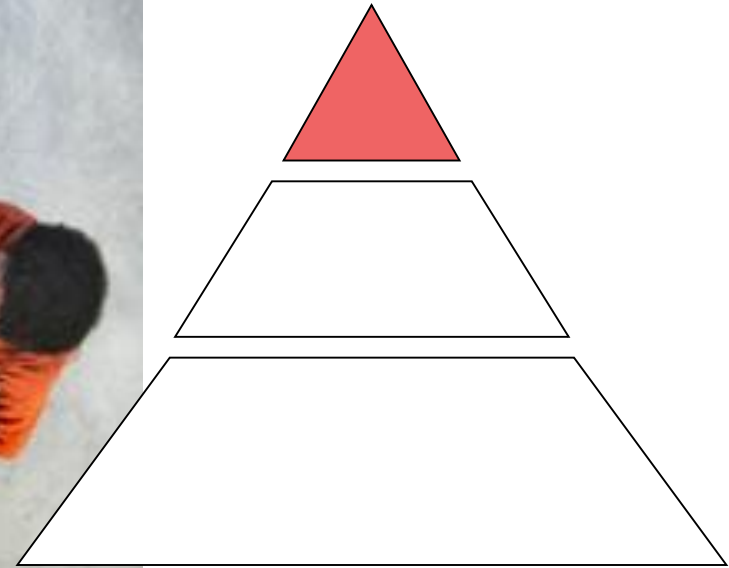
2019 National Wraparound Implementation Academy



September 9-11, 2019

Baltimore, MD Inner Harbor



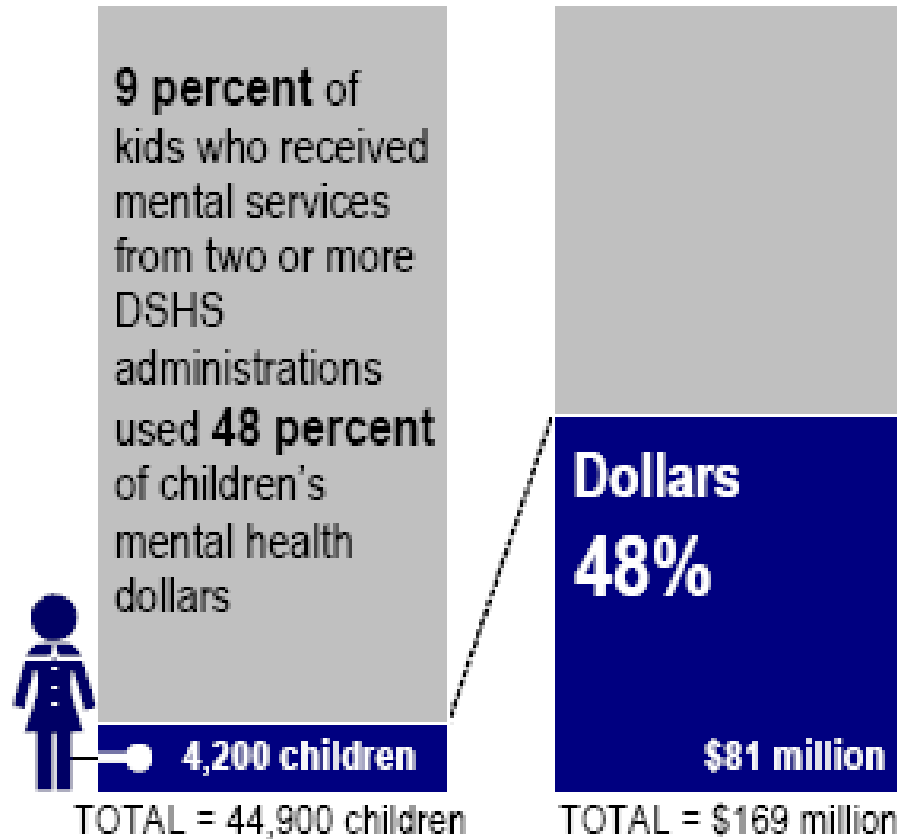


Better use of resources, Better lives for families

WRAPAROUND AND CARE MANAGEMENT FOR YOUTH WITH COMPLEX NEEDS



A small number of youth & families account for a lot of our spending



Source: WA DSHS, 2004



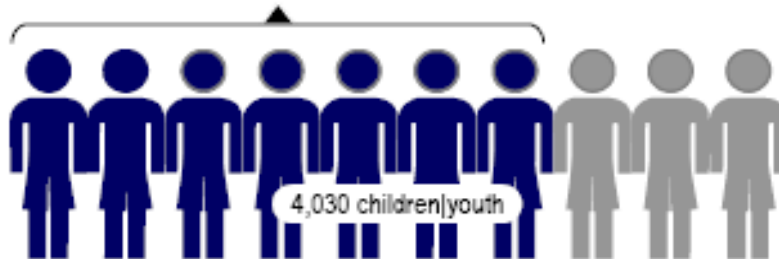
Children served by >1 system are 6 times more likely to be out of home

How many treated or placed away from home at some point in 2003?

Of those using mental health services from one DSHS program, **14 percent**.



Of those using mental health services from more than one DSHS program, **68 percent**





The Evans Family

With thanks to Jim
Rast and
John VanDenBerg

- Crystal, 34
- Tyler, 36
- David, 14
- Kyle, 12
- Kaia, 12

Major Challenges :

- Crystal has depression and suicide ideation
- Tyler is in recovery from alcoholism and can not keep a job
- David has been arrested multiple times for theft, vandalism, drug and alcohol use and assault
- David is in juvenile detention
- David is two years behind in school
- Tyler was seen using inappropriate discipline and the twins are now in foster care
- The twins are often very aggressive and have been diagnosed with bipolar disorders
- The twins are very disruptive at school and are 2-3 years below grade level





The Evans Family

With thanks to Jim
Rast and
John VanDenBerg

Major Strengths:

- Crystal, 34
 - Tyler, 36
 - David, 14
 - Kyle, 12
 - Kaia, 12
- Tyler and Crystal are determined to reunite their family
 - The family has been connected to the same church for over 30 years
 - Tyler is committed to his recovery from alcoholism
 - Tyler has been attending AA meetings regularly
 - Crystal has been employed at the same restaurant for 8 years
 - Crystal's boss is a support for the family and allows her a flexible schedule to meet needs of her family
 - David is a charming and funny youth who connects easily to adults
 - David can recite all the ways he could get his GED instead of attend school
 - Kyle is athletic and can focus well and make friends when doing sports
 - Kaia uses art and music to soothe herself when upset





26 Helpers and 13 Plans

Helpers:

- School (5)
- Technical School (2)
- Bailey Center (2)
- Child Welfare (1)
- Specialized Foster Care (2)
- Juvenile Justice (1)
- Children's Mental Health (6)
- Adult Mental Health (3)
- Employment Services (2)
- Alcoholics Anonymous (1)
- Housing Department (1)

Plans:

- 2 IEPs (Kyle and Kaia)
- Tech Center Plan
- Bailey Center Plan
- Permanency Plan
- Specialized Foster Care Plan
- Probation Plan
- 3 Children's MH Tx Plans
- 2 Adult MH Tx Plans
- Employment Services
- **35 Treatment Goals or Objectives**





Monthly Appointments for the Evans Family

Child Welfare Worker	1
Probation Officer	2
Crystal's Psychologist	2
Crystal's Psychiatrist	1
Dave's therapist	4
Dave's restitution services	4
Appointments with Probation and School	2
Family Based	4
Twins' Therapists	4
Group Rehabilitation	8
Tyler's anger management	4
Children's Psychiatrist	1
Other misc. meetings:, Housing, Medical	5
TOTAL	42

Also: 16 AA meetings each month, + 20 or more calls from the schools and other providers each month.



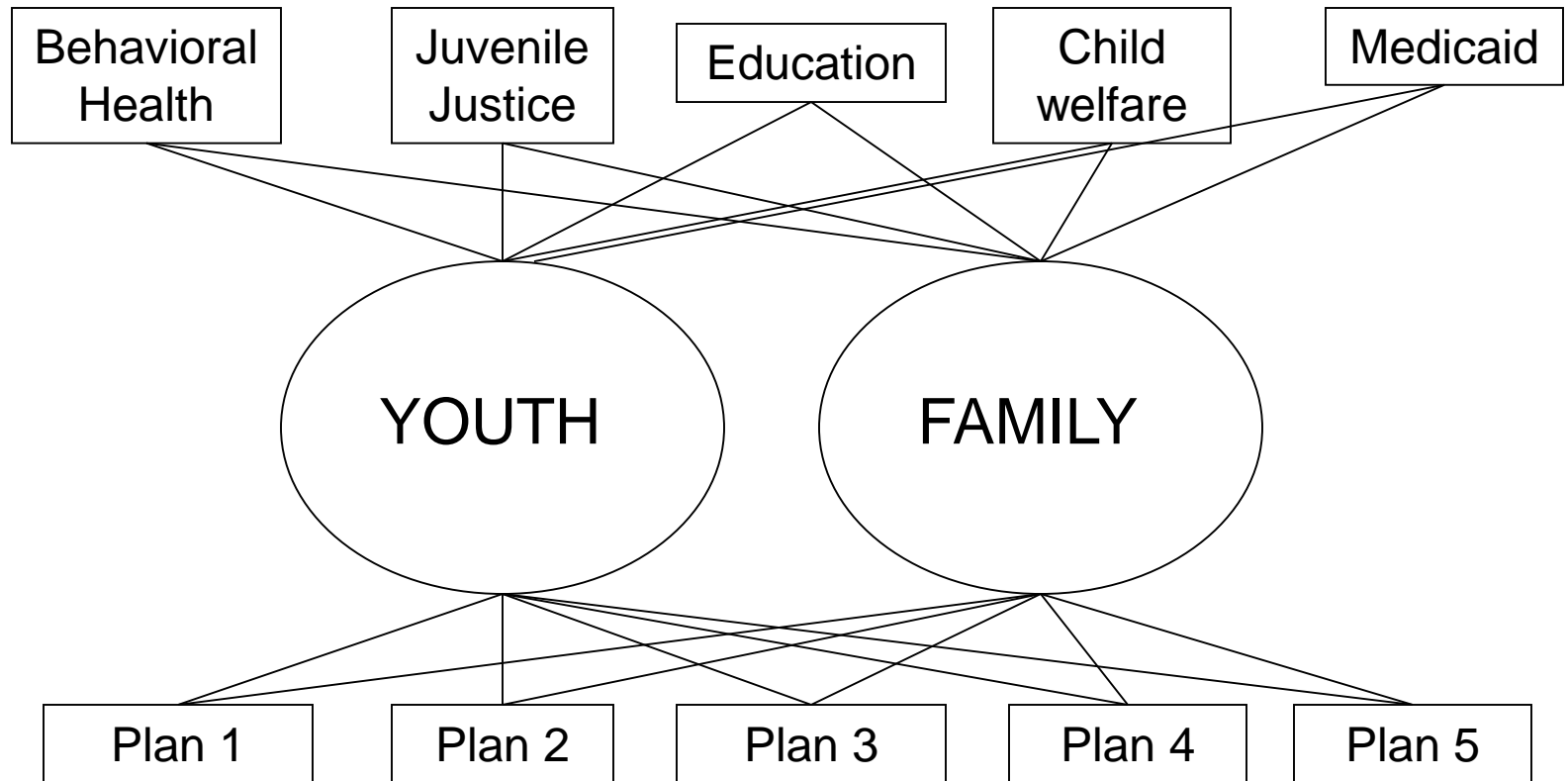


Comments from the Files

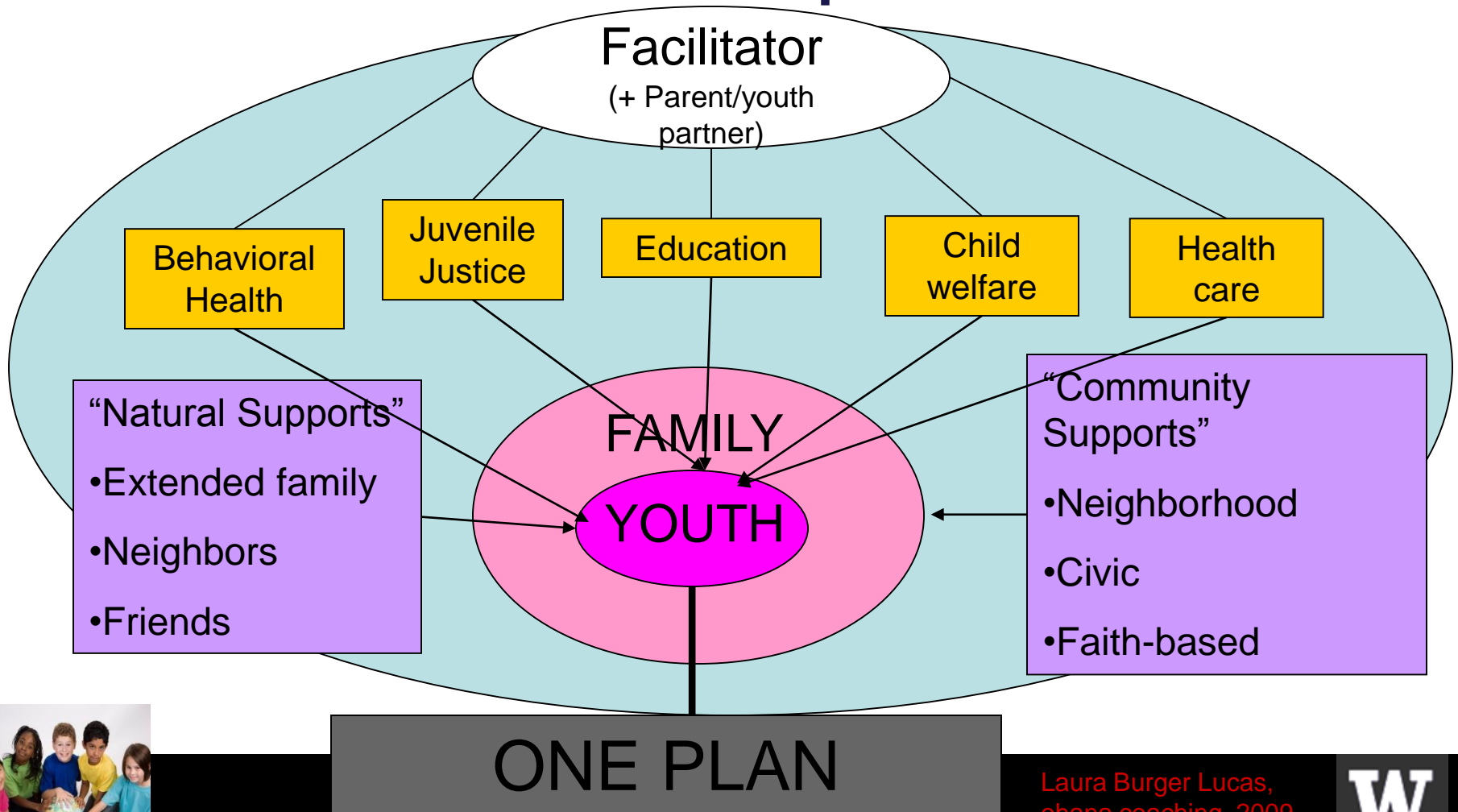
- Parents don't respond to school's calls
- Family is dysfunctional
- Parents are resistant to treatment
- Home is chaotic
- David does not respect authority
- Twins are at risk due to parental attitude
- Mother is non-compliant with her psychiatrist
- She does not take her meds
- Father is unemployable due to attitude
- Numerous missed therapy sessions
- Attendance at family therapy not consistent
- Recommend court ordered group therapy for parents



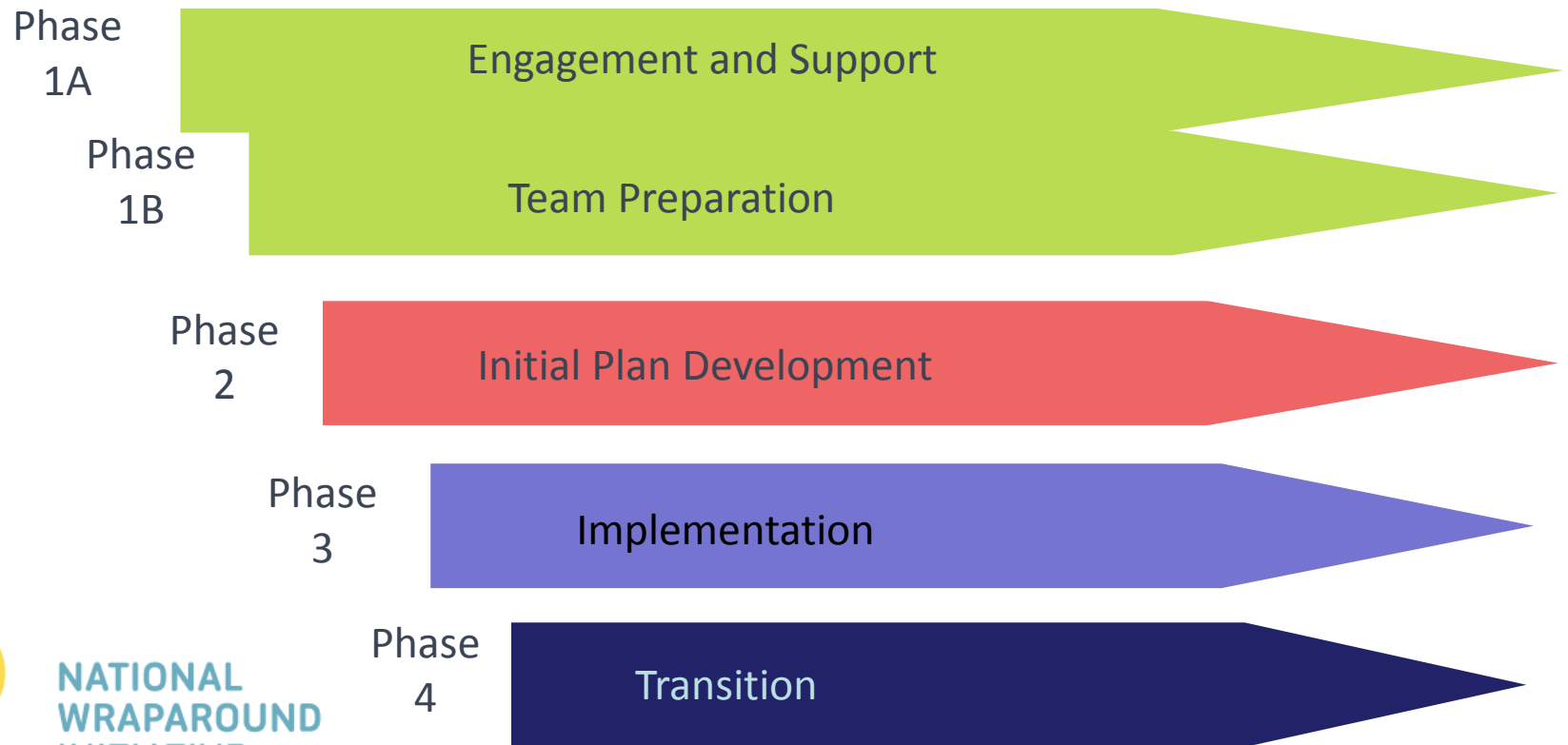
The silo issue: Traditional services rely on professionals and result in multiple plans



In wraparound, a facilitator coordinates the work of system partners and other natural helpers so there is one coordinated plan



The Phases of Wraparound



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Wraparound literature: 30 years and 206 publications

J Child Fam Stud

DOI 10.1007/s10826-016-0639-7

ORIGINAL PAPER

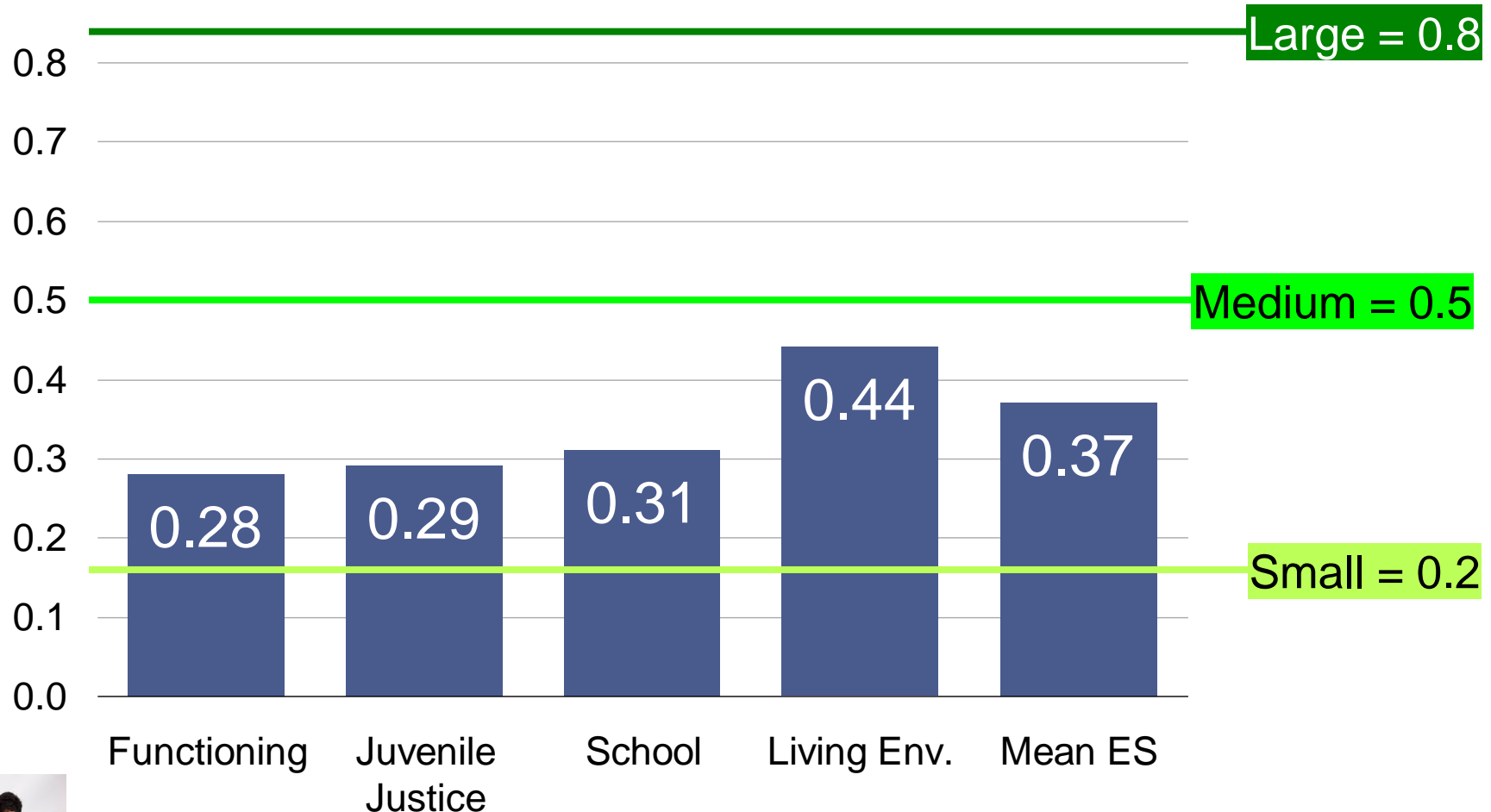
A Comprehensive Review of Wraparound Care Coordination Research, 1986–2014

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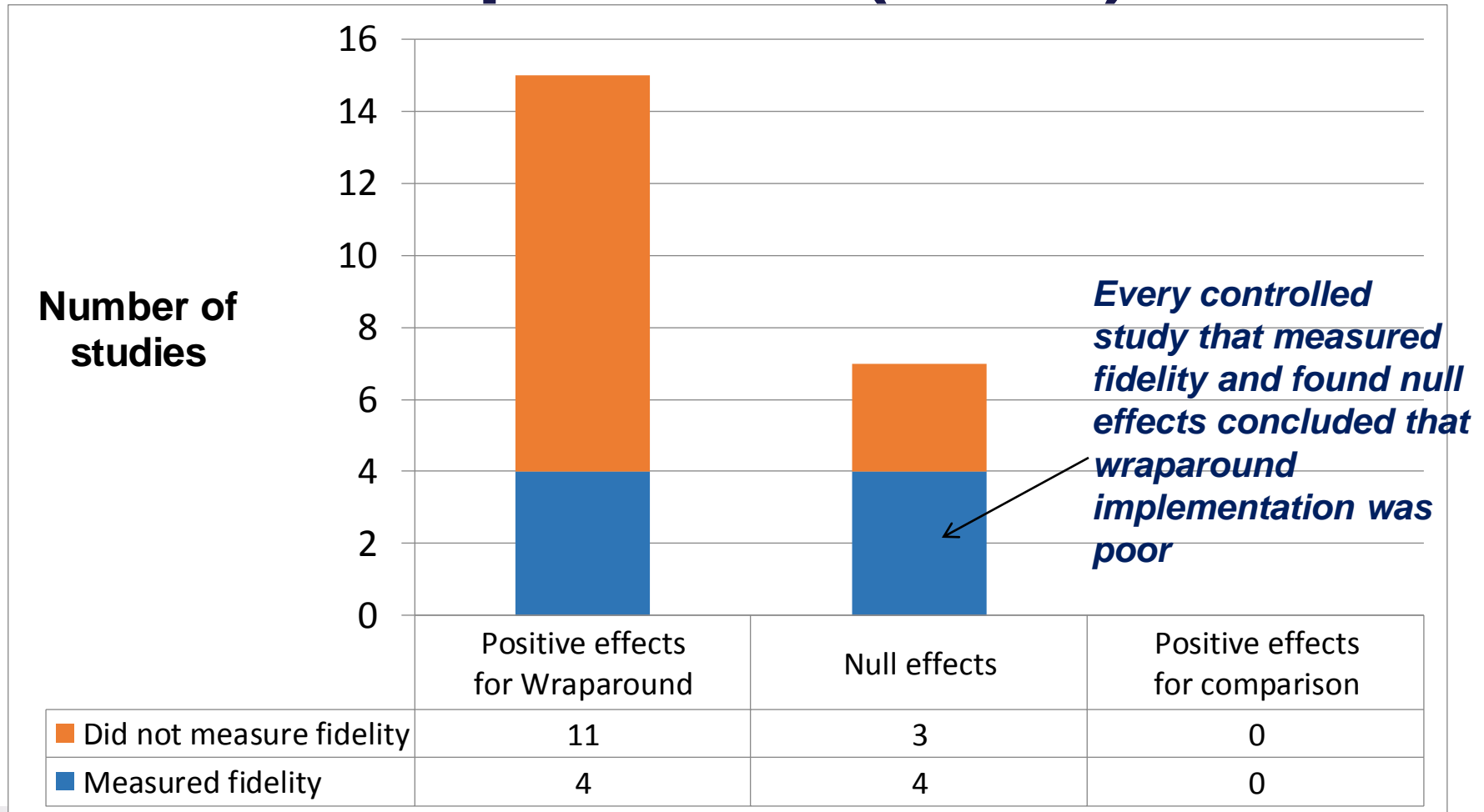


A 2009 meta-analysis found significant, small to medium effects

Effect Sizes for Common Wraparound Outcomes



Controlled outcome studies of wraparound (N=22)



Outcomes of wraparound

(22 controlled, published studies; Coldiron et al., 2017)

- Better functioning and mental health outcomes
- Reduced arrests and recidivism
- Increased rate of case closure for child welfare involved youths
- **Reduced residential placements**
- **Reduced costs**



MA Mental Health Services Program for Youth (Grimes et al., 2011)

- One year pre-/ post-enrollment showed decreases in out-of-home treatment
 - Hospital admissions down 70%
 - Long term residential care down 82%
 - Acute residential down 44%
 - Foster care down 83%
- Versus matched comparison
 - Total Medicaid claims expenses were lower by \$811/month (\$9732/year)
 - Inpatient psychiatry down 74%
 - ER down 32%



New Jersey

- Data from New Jersey Office of of Children's Behavioral Health
 - savings of \$40 million from 2007 to 2010 by reducing the use of acute inpatient services alone
 - residential treatment budget was reduced by 15% during the same time period.
 - length of stay in residential treatment centers decreased by 25%

Guenzel, J. (2012, July). System of care expansion in New Jersey. Presentation at the Georgetown University Training Institutes 2012: Improving Children's Mental Health Care in an Era of Change, Challenge, and Innovation: The Role of the System of Care Approach, Orlando, FL.



Wraparound Maine

(Yoe, Ryan & Bruns, 2011)

Pre-Post Wraparound Average Per Child Per Year Mental Health Expenditures

Service Type	Pre-Wraparound Average Per Child Expenditures	Post-Wraparound Initiation Average Per Child Expenditures	Pre-Post Difference	Percent Change
Targeted Case Management (Wraparound Maine) ¹	\$3,858.02	\$7,664.15	\$3,806.13	↑ 99%
Emergency Room (MH)	\$441.16	\$467.47	\$26.31	↑ 6%
HCT Services	\$7,456.25	\$6,735.99	-\$720.26	↓ 10%
Crisis Intervention & Resolution	\$2,343.48	\$1,637.15	-\$706.33	↓ 30%
Residential (PNMI) Services ²	\$60,293.95	\$43,027.68	-\$17,266.27	↓ 29%
MH Outpatient Treatment (Sec 65)	\$1,406.07	\$1,835.59	\$429.52	↑ 31%
Medication Assessment & Tx	\$810.88	\$779.16	-\$31.72	↓ 4%
Psychiatric Inpatient Tx	\$55,488.75	\$31,667.34	-\$23,821.41	↓ 43%
Outpatient Psychiatric Tx	\$551.19	\$693.23	\$142.04	↑ 26%
Other MH Services	\$786.21	\$968.82	\$182.61	↑ 23%
Child ACT	\$8,712.24	\$6,998.02	-\$1,714.22	↓ 20%
Day Treatment	\$9,544.98	\$7,925.49	-\$1,619.49	↓ 17%
Day Habilitation	\$10,545.00	\$14,639.64	\$4,094.64	↑ 39%
Total Mental Health	\$58,403.91	\$41,873.16	-\$16,530.75	↓ 28%

¹ Targeted Case Management (TCM) expenditures pre-Wraparound initiation reflect use of non-wrap TCM services. Wraparound Maine services are billed through Section 13 Targeted Case Management. The increase in TCM expenditure pre to post reflect the initiation of Wraparound services.

² Residential Treatment Services includes all PNMI Child Care and Crisis Residential facility expenditures.





Effects of Functional Family Parole on Re-Arrest and Employment for Youth in Washington State

EXECUTIVE SUMMARY

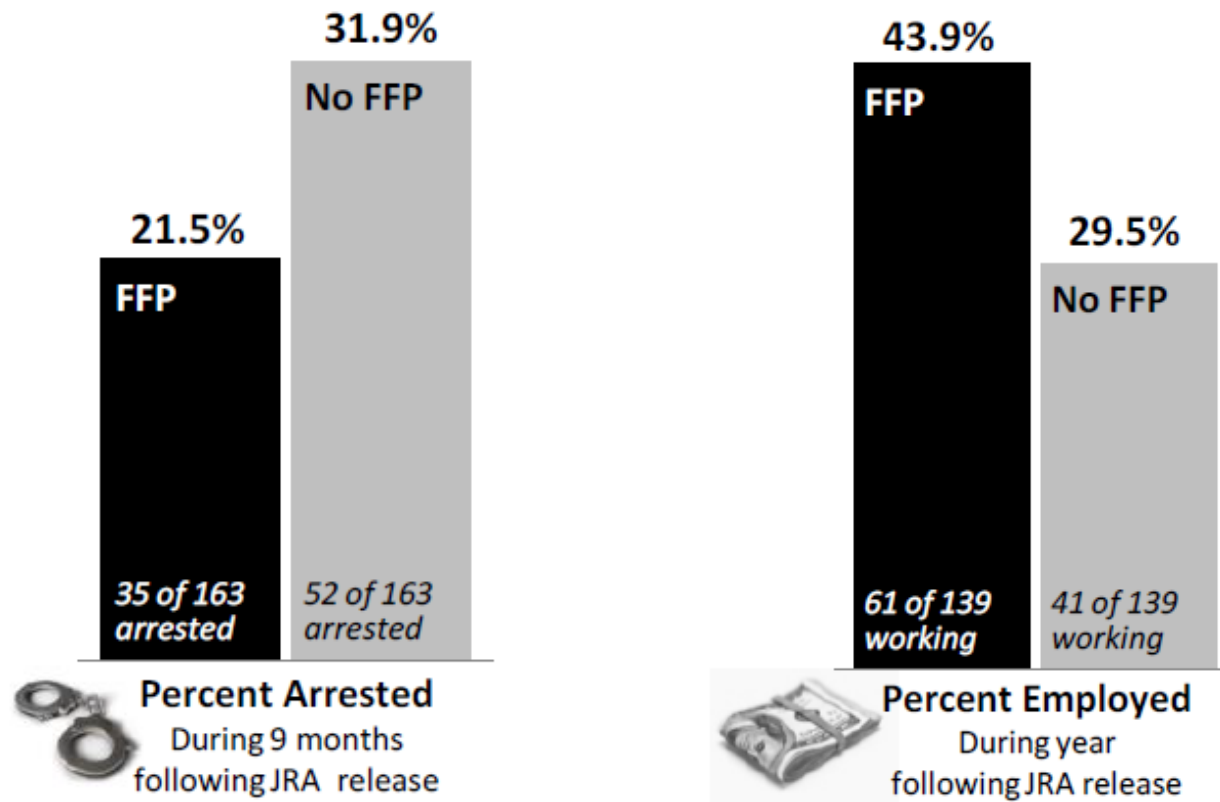
Barbara A. Lucenko, PhD, Lijian He, PhD, David Mancuso, PhD, and Barbara Felver, MES, MPA

In collaboration with Bob Salsbury, Juvenile Rehabilitation Administration

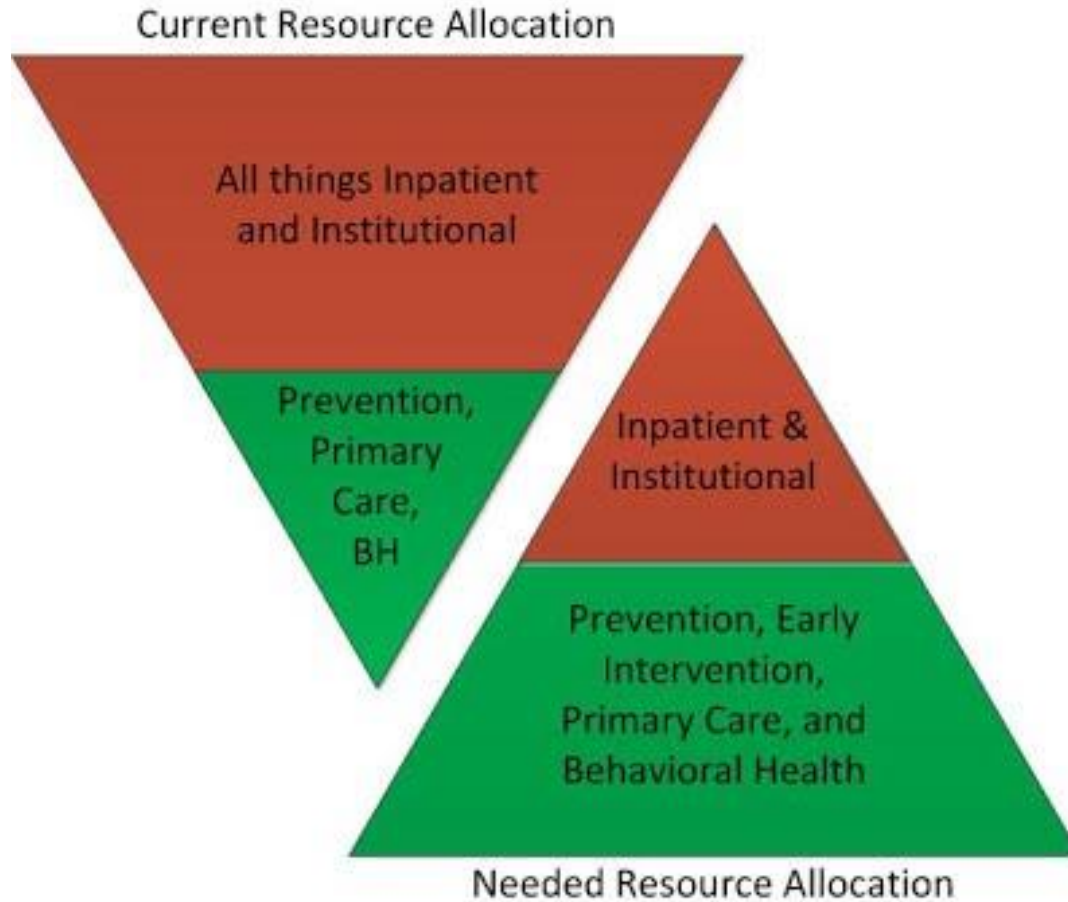
NOTE: See *Technical Appendix* for Methods and Definitions: <http://www.dshs.wa.gov/rda/>.



FFP youth far less likely to be arrested and more likely to be employed 12 months later

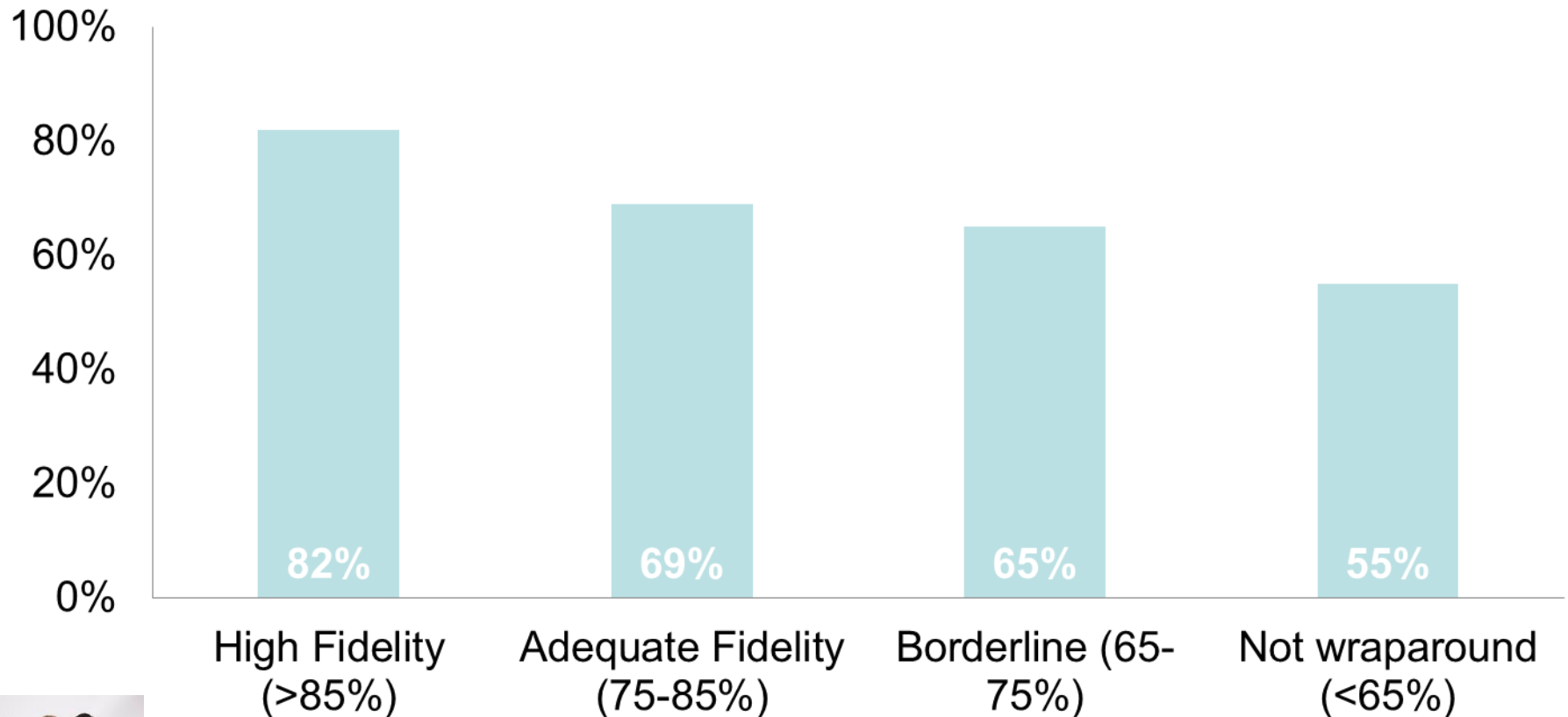


Flipping the triangle



Higher fidelity is associated with better child and youth outcomes

% of Youth Showing Reliable Improvement on the CANS by level of Wraparound fidelity



HFW does not always mean high-fidelity to the model

At a **practice level**, Wraparound teams often do not:

- Engage key individuals in the Wraparound team
- Base planning on a small number of needs statements
- Use family/community strengths
- Incorporate natural supports, such as extended family members and community members
- Use evidence-based clinical strategies to meet needs
- Continuously assess progress, satisfaction, and outcomes

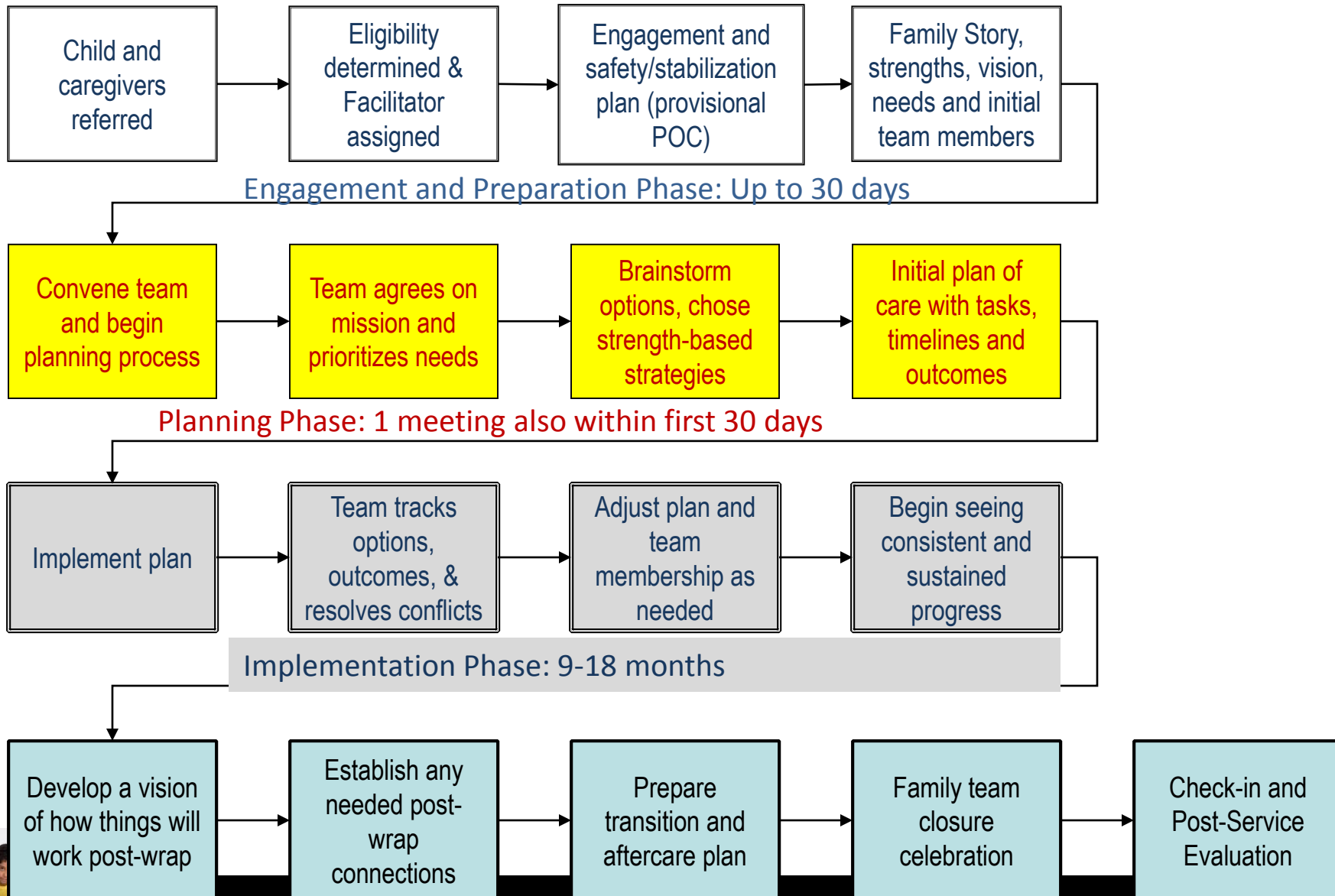


What Does It Mean to

DO WRAPAROUND “RIGHT”?



An Overview of the Wraparound Process



Research-based components of the wraparound process

- Integration of care
 - Multiple systems working together → one coordinated plan
- High-quality teamwork
 - Clear goals, shared mission, blended perspectives, creative brainstorming
- Family / youth engagement
 - Engagement phase with active listening, family story telling
 - Youth/family set priorities
 - Examining and addressing potential barriers
 - Appointment and task reminders/check-ins
- Broad service array to meet needs, including EBP
- Attention to social support (via peers or natural supports)
- Measurement and feedback of progress



Strengths

The things that keep us going



Three kind of strengths

- Descriptive
 - Engages people and starts a story
 - ‘Good sense of humor’
- Contextual
 - Story telling as a learning form
 - ‘she made her dad crack up after surgery’
- Functional
 - Skills which can be applied in a more organized way which are targeted to needs and make sense in the context in which the family is operating
 - ‘she can use jokes to keep friends around’

“Real wrap”: From listing strengths to identifying and leveraging functional strengths



- “David likes basketball”
- “David likes to watch UVA hoops with his uncle”
- “David enjoys being with his uncle; David does well in social situations in which he feels like he can contribute to the conversations; Watching UVA is one activity in which David doesn’t feel anxious or worry.”



Where do we start?

- Review the referral with a lens for strengths
 - Can you reframe challenges into strengths?
 - Can you pull out possible coping strategies?
- Engage with the family
 - Can you create a dialogue around strengths?
- Begin developing the family story
 - Can you develop the story around the areas of strengths: activities, learning & relationships?

Engaging the Team through Strength Discovery



- What is their perspective on the strengths of the family?
- What role do they enjoy playing in their relationship with this family?
- What has worked in the past?
- What makes them hopeful about the future?



Needs:

A cornerstone of Wraparound

The set of conditions that cause a behavior or situation to occur or not occur and explain the underlying reasons why behaviors or situations happen.

Examples:

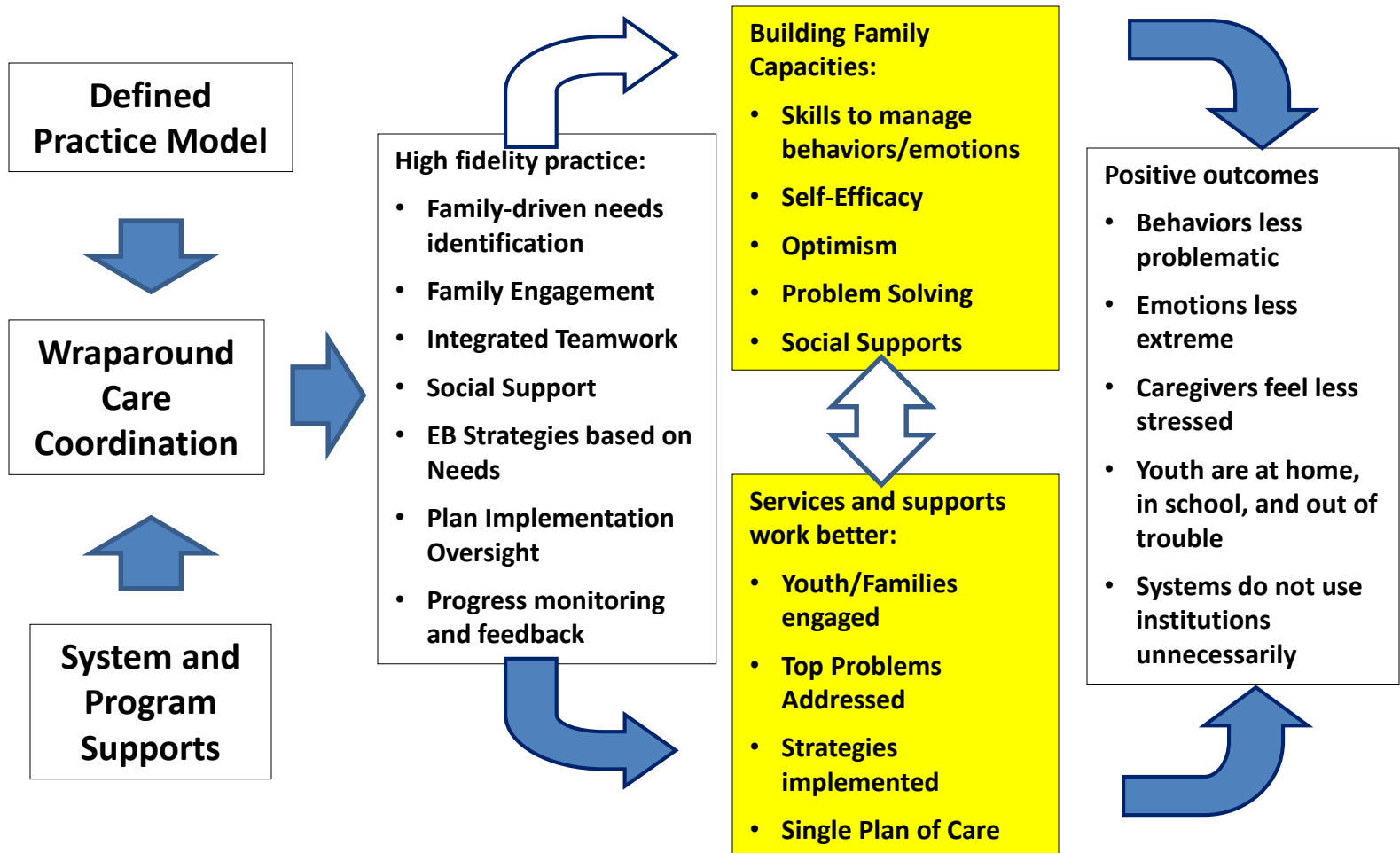
- Ms. Jones needs to feel strong in the decisions she makes as the mother and provider for her family.
- Darrin needs to know he can make positive decisions about his life.
- Kyle needs to feel like there's a reason to get up and go to school in the morning
- Matthew needs to feel like he is a permanent part of the family

Digging deeper: from listing service needs to identifying underlying needs



- “Miguel needs anger management classes.”
- “Miguel needs to learn how to control his anger.”
- “Miguel needs to know that to become the man he wants to be he can be strong and peaceful at the same time.”
 - Gets at the root of the “problem”
 - Opens up many more creative action steps
 - Is in the family’s words
 - Ideally uses the words “know”, “feel” or “understand”

Multiple Proposed Mechanisms of Effect; Two Main Paths to Positive Outcomes



Getting to Better Wraparound Quality and Outcomes

INVEST IN IMPLEMENTATION



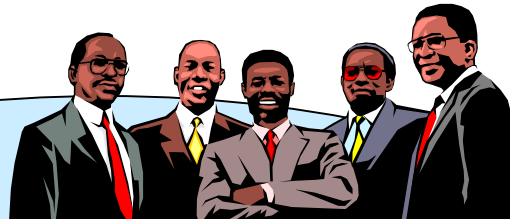
Outcomes depend on implementation

At a **system and program level**, Wraparound initiatives often fail to:

- Build coalitions to oversee wraparound implementation
- Invest in skill development for workers
- Invest in a comprehensive community-based services array
- Ensure services are based on “what works”
- Provide effective data-informed supervision
- Build and use data systems that can provide needed information and quality improvement



Necessary Community and System Supports for Wraparound



Hospitable System *Funding, Policies



Supportive Organizations * Training, supervision, interagency coordination and collaboration

Effective Team * Process + Principles




What can we invest in?


- Train, coach, supervise, and support your workforce
- Take a true systems approach to organizing and financing care
- Upgrade your service array
- Manage at the organization level
- Drive with data



Training and workforce support, from orientation to innovation

PHASE 1 

Phase 1: Orientation	
Main components	<ul style="list-style-type: none">• Basic history and overview of wraparound• Introduction to skills/competencies• Intensive review of the process
Key features	<ul style="list-style-type: none">• "Tell, show, practice, feedback" process
Ends when...	<ul style="list-style-type: none">• Training completed

Throughout, training, coaching and supervision is provided in a way that is consistent with wraparound 






Training and workforce support, from orientation to innovation


	PHASE 1 Phase 1: Orientation	PHASE 2 Phase 2: Apprenticeship
Main components	<ul style="list-style-type: none"> • Basic history and overview of wraparound • Introduction to skills/competencies • Intensive review of the process 	<ul style="list-style-type: none"> • Observation by the apprentice • Observation of the apprentice
Key features	<ul style="list-style-type: none"> • "Tell, show, practice, feedback" process 	<ul style="list-style-type: none"> • Experienced coaches • Structured process • Use of reliable assessments
Ends when...	<ul style="list-style-type: none"> • Training completed 	<ul style="list-style-type: none"> • Observations completed • Score exceeds threshold • Apprentice passes knowledge test

Throughout, training, coaching and supervision is provided in a way that is consistent with wraparound



Training and workforce support, from orientation to innovation

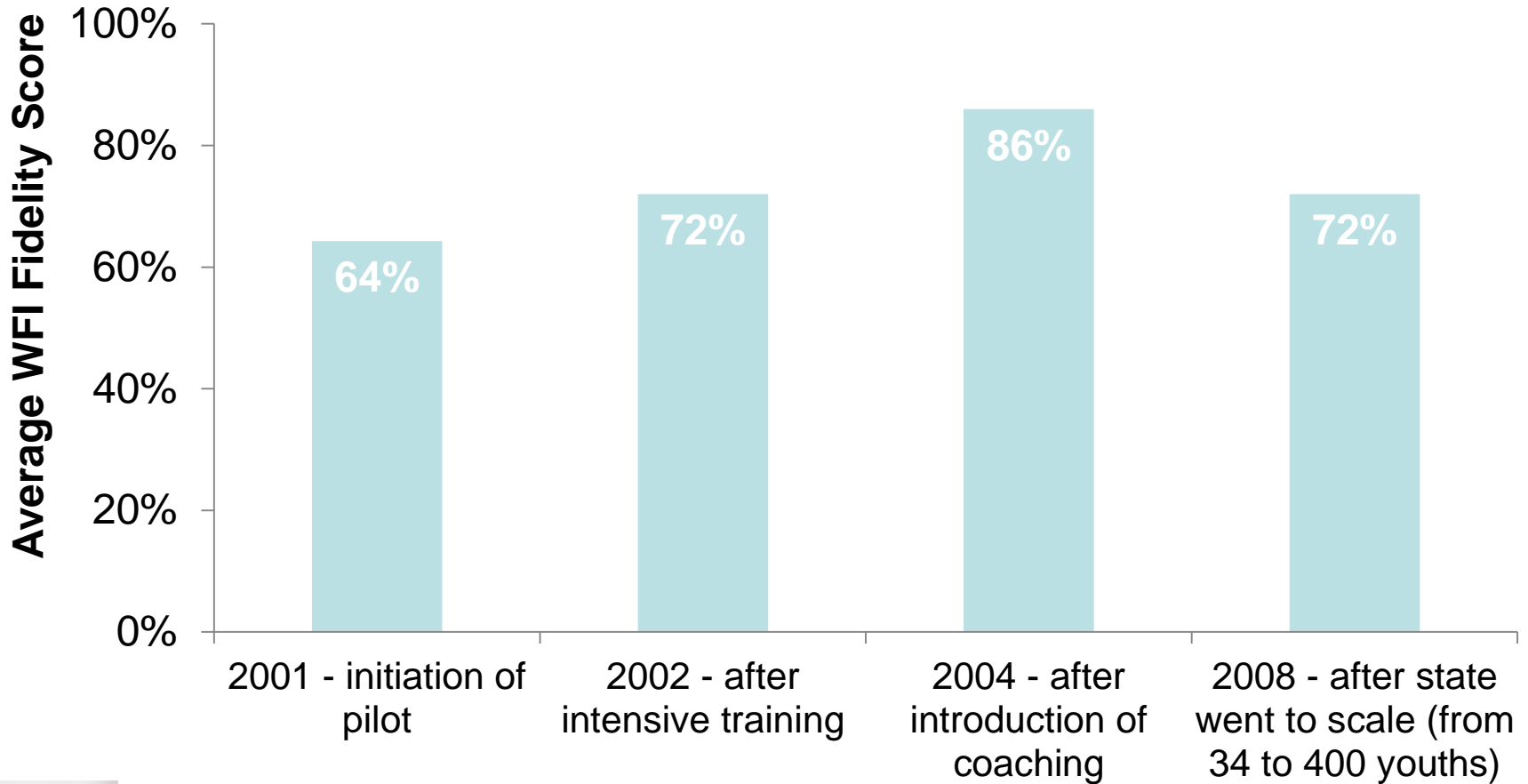
	PHASE 1 	PHASE 2 	PHASE 3 
	Phase 1: Orientation	Phase 2: Apprenticeship	Phase 3: Ongoing coaching and supervision
Main components	<ul style="list-style-type: none"> • Basic history and overview of wraparound • Introduction to skills/competencies • Intensive review of the process 	<ul style="list-style-type: none"> • Observation by the apprentice • Observation of the apprentice 	<ul style="list-style-type: none"> • Ongoing coaching, informed by data • Periodic observation • Document review
Key features	<ul style="list-style-type: none"> • "Tell, show, practice, feedback" process 	<ul style="list-style-type: none"> • Experienced coaches • Structured process • Use of reliable assessments 	<ul style="list-style-type: none"> • Quarterly observations (minimum) • Intensity increased if data indicate challenges • Superior facilitators become innovators
Ends when...	<ul style="list-style-type: none"> • Training completed 	<ul style="list-style-type: none"> • Observations completed • Score exceeds threshold • Apprentice passes knowledge test 	<ul style="list-style-type: none"> • Ongoing

Throughout, training, coaching and supervision is provided in a way that is consistent with wraparound 



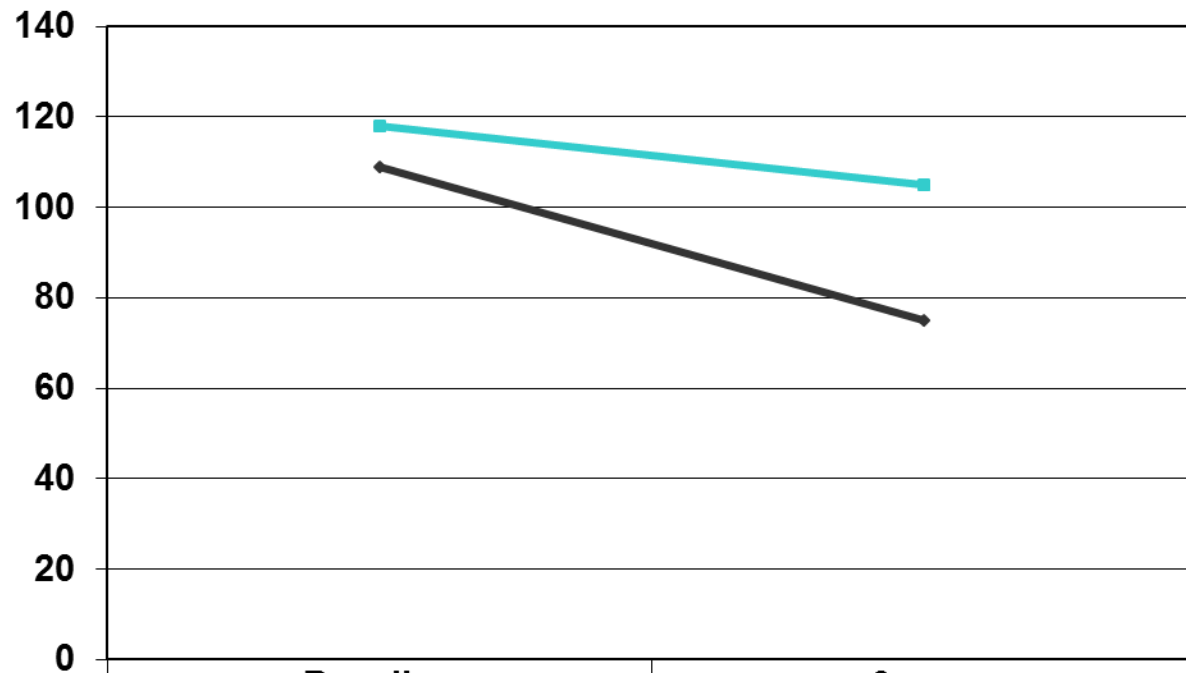
Fidelity and quality goes up and down with workforce development effort

Fidelity Scores at Various Wrap Implementation Stages



Poorer outcomes as system conditions changed

Average functional impairment score from the CAFAS

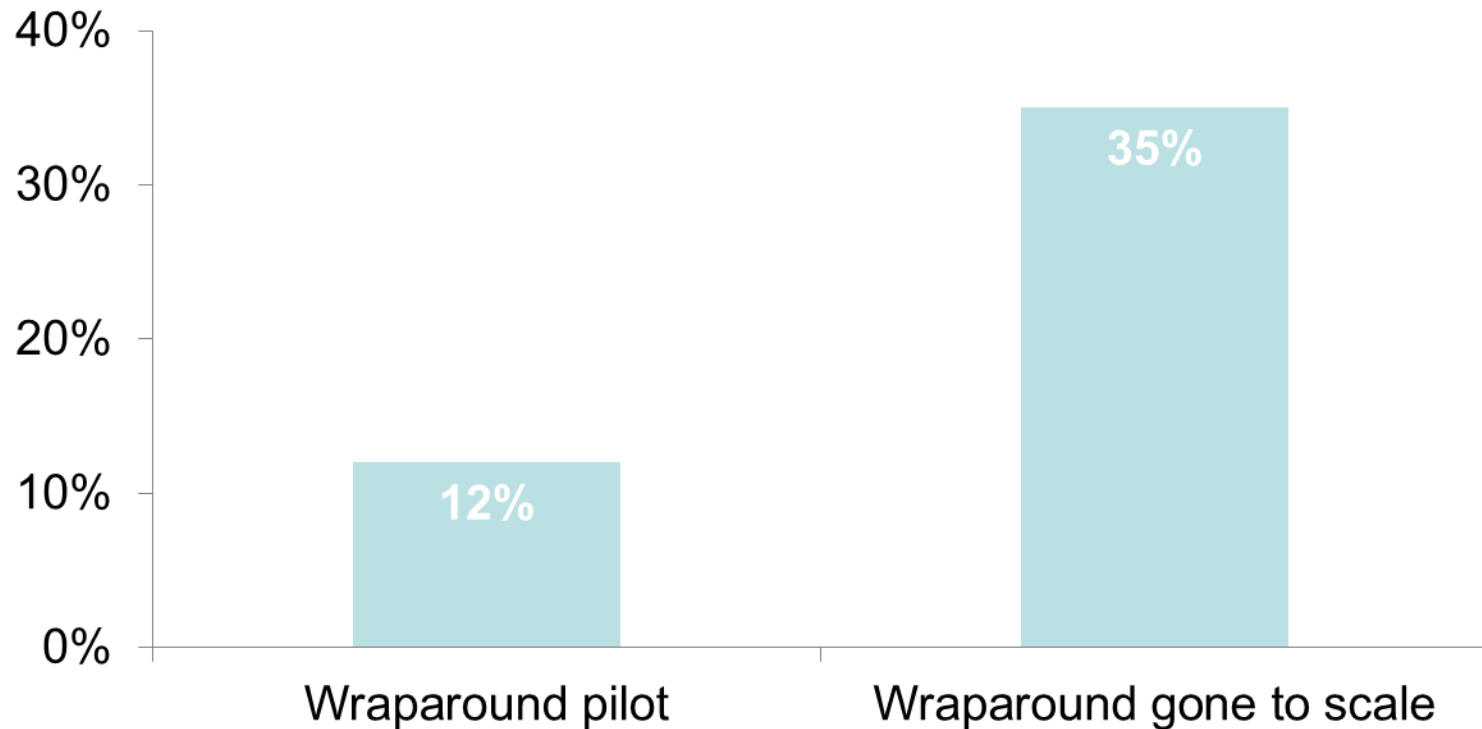


	Baseline	6 mos
—■— Wrap gone to scale (2008)	118	105
—▲— Wrap pilot (2005)	109	75

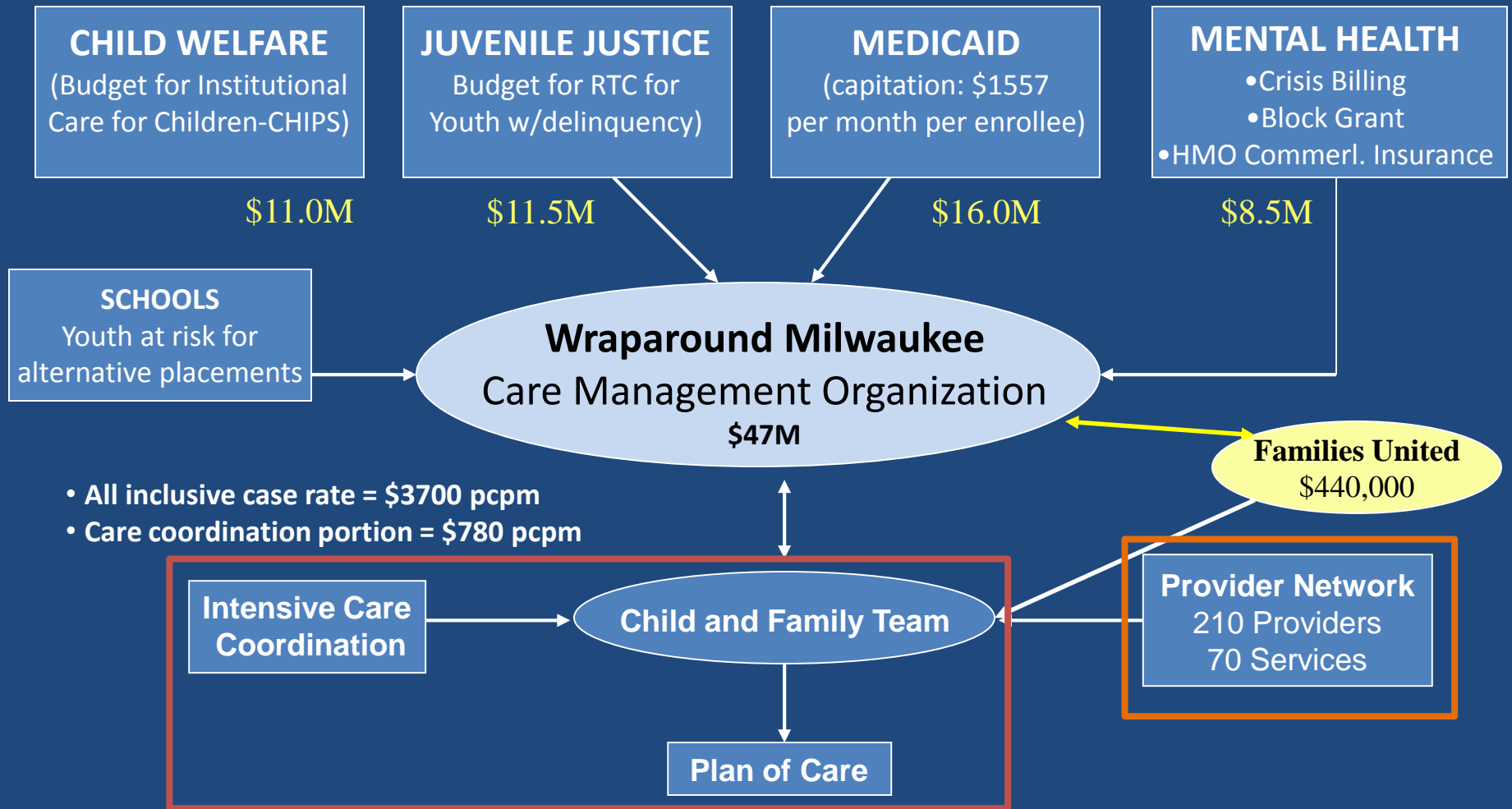


Poorer outcomes as system conditions changed

Percent of youth placed in institutions by Wrap Implementation Stage

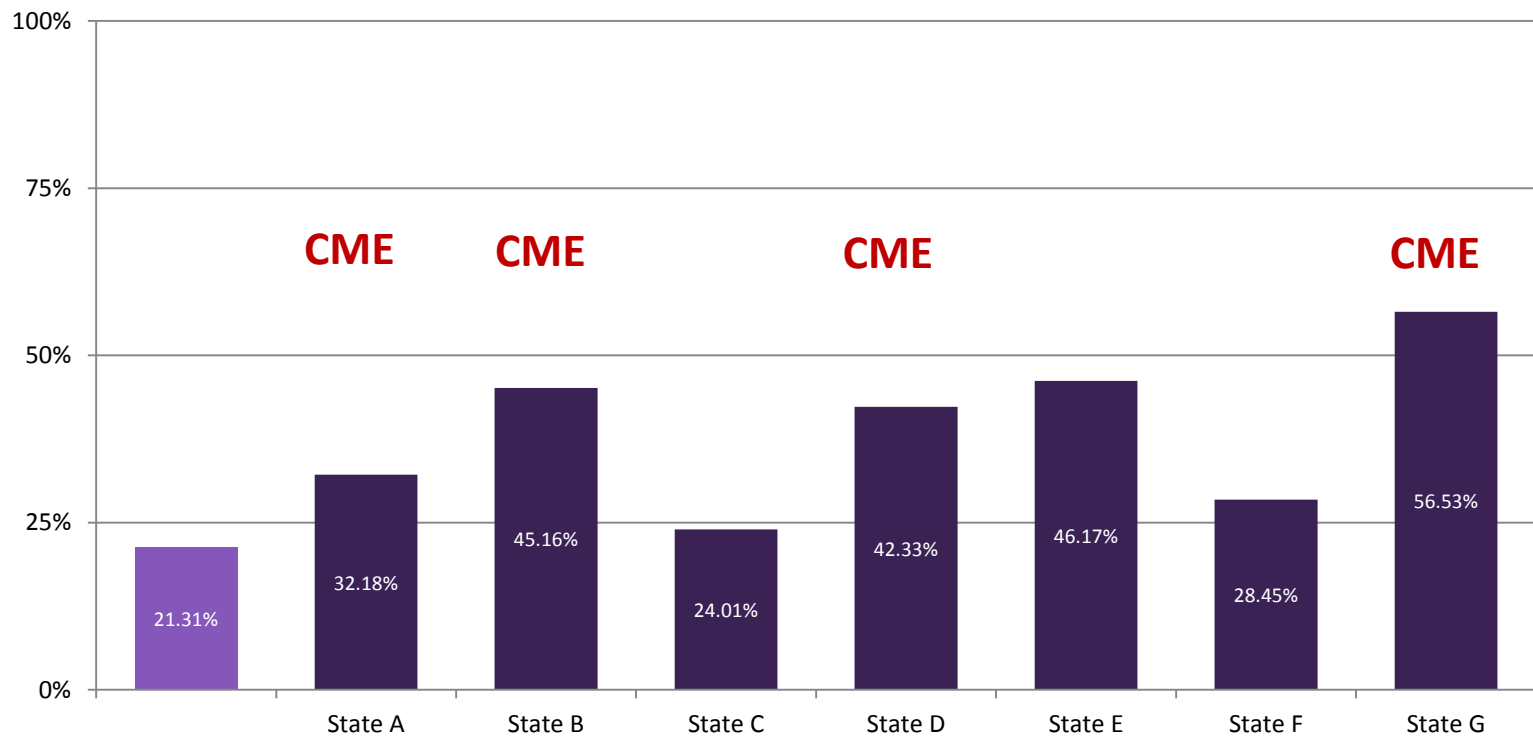


Care Management Entities: A True “System Approach” to Organizing Care



Wraparound fidelity is driven by system features

Total COMET Scores - All States



What are the features of CME states that matter?

- Wrap-focus within the organization
 - Workforce, supervision, coaching, HR rules
- Use of case rates – provides flexibility and creativity in plan development
- Responsibility for costs and outcomes
- Develop and access broad array of services
 - Parent and youth peer support
 - Respite
 - Flex funds
 - EBPs



Wraparound Installation at the Organizational Level



Wrap Provider Org Standards Area 1: Competent Staff

Competent Staff Indicators

1A	Stable Workforce
1B	Qualified Personnel
1C	Rigorous Hiring Processes
1D	Effective Training
1E	Initial Apprenticeship
1F	Ongoing Skills-based Coaching
1G	Meaningful Performance Assessments

Wrap Provider Org Standards Area 1: Competent Staff

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1F	Ongoing Skills-based Coaching
1G	Meaningful Performance Assessments

1C: Rigorous Hiring Processes

- The Wraparound provider organization has ***high-quality written job descriptions*** and ***interviewing and hiring protocols*** for each of the relevant positions.
- Job descriptions ***reflect best practices and state of the art knowledge*** about Wraparound skills and expertise, and have ***clear expectations for performance***.
- Interview and selection protocols include ***behavioral questions or direct observation of tasks***, and require a ***writing exercise or sample***.

1F: Ongoing Skills-based Coaching

- Facilitators have at least ***bi-weekly contact with a coach*** or a supervisor who serves as a coach.
- Coaching activities are ***integrated into practice*** and ***aimed at improving the staff's skills*** in working with youth and caregivers.
- Coaching includes ***at least quarterly formal assessment*** of practice in multiple settings via observations, recordings, and/or review of documentation.

Wrap Provider Org Standards Area 2: Effective Leadership

Effective Leadership Indicators

2A High-quality Leadership

2B Transparent Organizational Practices

2C Strong Wraparound Implementation Leadership



2C: Supervisors and the wider organizational leadership *plan for and support the high-quality implementation of Wraparound.*

- They are seen as *reliable thought leaders*, and effectively *address barriers and find solutions* as they come up during Wraparound implementation.

Wrap Provider Org Stds Area 3: Facilitative Organizational Support

Facilitative Organizational Support Indicators

3A Manageable Workloads

3B Adequate Compensation and Resources

3C High Morale and Positive Climate

3D Fiscally Sustainable

3E Routine Oversight of Key Organizational Operations

3A: Manageable Workloads

Facilitators have *manageable caseloads* (e.g., 8-12 families or less, depending on the complexity of their needs).

Supervisors *supervise 6 or fewer facilitators* and/or other individuals.

There is adequate staffing for staff to successfully do their jobs.

3D: Fiscally Sustainable

The Wraparound provider organization has a ***sustainable funding plan for the next 3-5 years.***

Data demonstrating ***costs and cost-effectiveness*** are available and disseminated.

Wrap Provider Org Standards Area 4: Accountability Mechanisms

Utility-focused Accountability Mechanisms Indicators

4A	Effective Data Management
4B	Purposeful Training & Coaching Evaluation
4C	Routine Fidelity Monitoring
4D	Routine Outcomes Monitoring

Wraparound Provider Organization (WPO)

Provisional Certification Specifications & Timeline (Implementation Standards Element)

Category	Pre-Enrollment	6 months	Year One	Year Two
Organization Readiness	<p><u>Leadership:</u> Organization has identified implementation team that includes executive leadership, mid management, supervisors and Care Coordinators (2B & 3E)</p> <p><u>Enrollment:</u> Procedures and policies are in place to manage referrals after initial eligibility (5G)</p> <p>Demonstration of a process to support Medicaid application for eligible referrals (5H, 5F)</p> <p>Services & Supports: Firewalls are established between any internal organizational service provision and care coordination effort (5G)</p> <p><u>Staffing:</u> At least one Wraparound supervisor has been identified (3A)</p> <p>An adequate number of Care Coordinators have been identified (3A)</p>	<p><u>Leadership:</u> Executive leadership, supervisors and Care Coordinators are routinely engaged in discussion around implementation (2B & 3E)</p> <p><u>Enrollment & Engagement:</u> Wraparound is publicized within the catchment area of organization and the organization plans to develop on-going marketing (5G)</p> <p>Youth & families enrolled meet all criteria of medical necessity and complex needs for Wraparound (5A)</p> <p>Youth and families are engaged in Wraparound within 10 days of referral (F1)</p> <p><u>Staffing:</u> Job descriptions for Care Coordinators are in place that are specific to what a Care Coordinator does (1C)</p> <p>Job descriptions for Wraparound Supervisors have been developed that include activities that are specific to that role (1C)</p> <p><u>Onboarding:</u> Workforce development plan has begun to be established that</p>	<p><u>Leadership:</u> Clear and transparent procedures for decision making exist across the organization and leadership routinely involve supervisors and Care Coordinators in building consensus in decision making (2B & 3E)</p> <p>Leadership takes an active role in planning for quality installation of Wraparound by effectively addressing barriers as they come up during Wraparound implementation (2C)</p> <p><u>Enrollment & Engagement</u> Families have reliable access to information about the organization and what it provides (e.g. organization marketing plan) (5G)</p> <p>Initial Wraparound plan developed within 30 days of being referred (F1)</p> <p><u>Staffing:</u> Wraparound Supervisor to Care Coordinator ratio does not exceed 1:7 (3A)</p> <p>Care Coordinator (CC) to Family ratio does not exceed 1:12 (3 A)</p> <p>For organizations with more than 12 families targeted for enrollment, CC have exclusive caseloads (3A)</p>	<p><u>Leadership:</u> An accountable Continuous Quality Improvement (CQI) infrastructure exists between implementation team, quality assurance, and Executive Leadership (e.g. mechanisms to monitor fidelity, service quality & outcomes and to assess the quality and development of Wraparound) is established (3E & 5I)</p> <p>Supervisors and the wider organizational leadership provide well-defined performance goals, while ensuring staff have the tools and flexible policies to meet these expectations (2A)</p> <p>The organization has taken specific steps to translate the Wraparound philosophy into policies, practices and achievements and agency staff are informed of Wraparound principles and practice (5E)</p> <p><u>Fiscal Sustainability:</u> The organization has a sustainable funding plan for the next 3 – 5 years (e.g. data on costs and cost-effectiveness are available and shared) (3D)</p> <p><u>Enrollment & Engagement:</u> Child and family team meetings held regularly (at least every 30 to</p>

Outcome expectations for WPOs

	6 months	Year 1	Year 2
Outcomes	<p><u>Out-of-Home Placement:</u> Fewer than 40% out-of-home placements per year (O6)</p> <p><u>Retention:</u> Less than 25% discharge unsuccessful before 3 months of enrollment, and Less than 30% discharge unsuccessful before 6 months of enrollment (O7)</p> <p><u>Clinical Assessment:</u> CANS = 10% improvement on behavioral and emotional domains (O2 – O5)</p>	<p><u>Out-of-Home Placement:</u> Fewer than 30% out-of-home placements per year (O6)</p> <p><u>Retention:</u> Less than 20% discharge unsuccessful before 3 months of enrollment, and Less than 25% discharge unsuccessful before 6 months of enrollment (O7)</p> <p><u>Clinical Assessment:</u> CANS = 20% improvement on behavioral and emotional domains (O2 – O5)</p> <p><u>Length of Stay:</u> Average length of stay in Wraparound falls within 10 to 18 months</p> <p><u>Recidivism:</u> Fewer than 30% return to Wraparound one year after graduation</p>	<p><u>Out-of-Home Placement:</u> Fewer than 20% out-of-home placement per year (O6)</p> <p><u>Retention:</u> Less than 15% discharge unsuccessful before 3 months of enrollment, and Less than 20% discharge unsuccessful before 6 months of enrollment (O7)</p> <p><u>Clinical Assessment:</u> CANS = 40% improvement on behavioral and emotional domains (O2 – O5)</p> <p><u>Length of Stay:</u> Average length of stay in Wraparound falls within 10 to 18 months</p> <p><u>Recidivism:</u> Fewer than 20% return to Wraparound one year after graduation</p>

DRIVE WITH DATA!

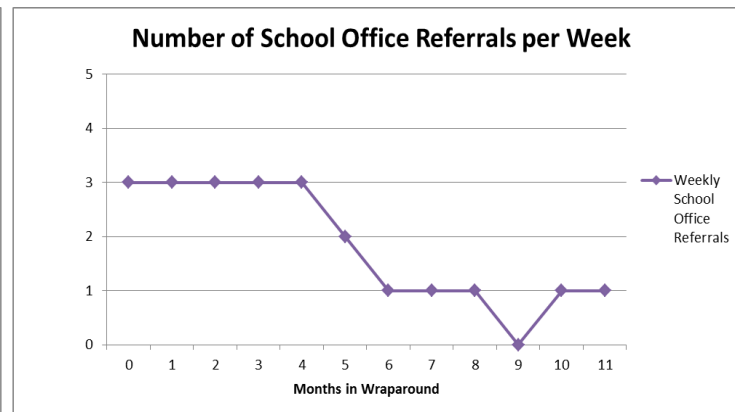
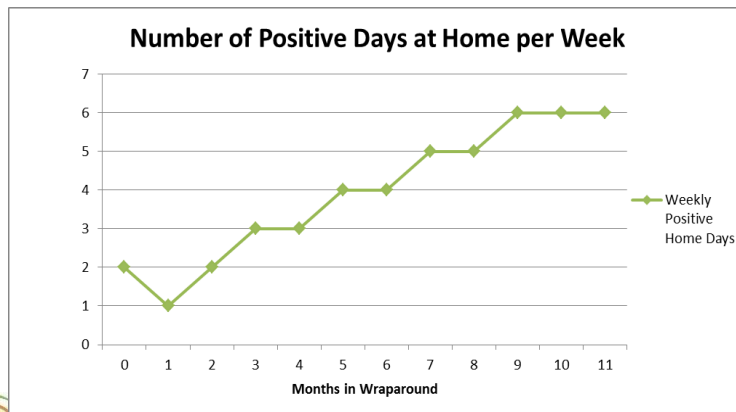
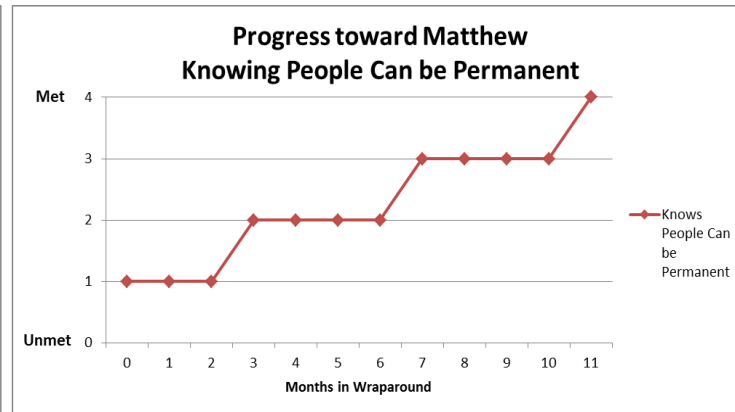
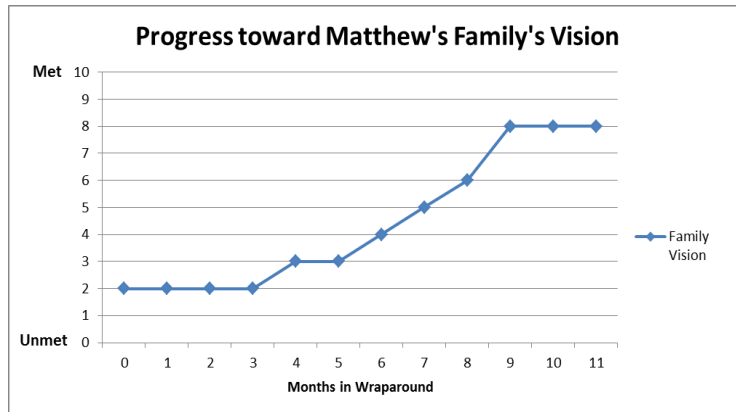
- At the youth and family level
- At the organizational level
- At the system level



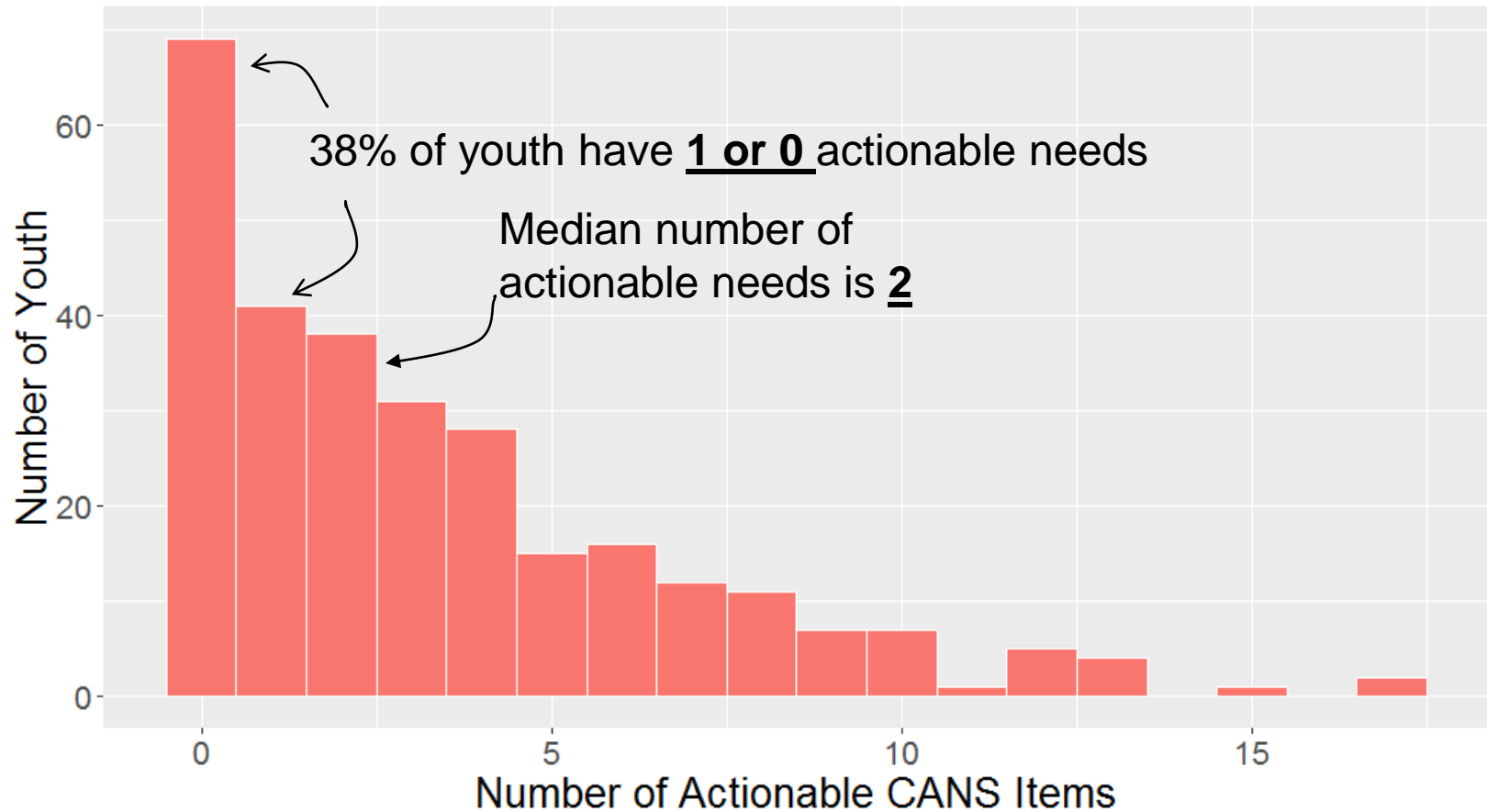
Tracking progress at a youth/family level

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

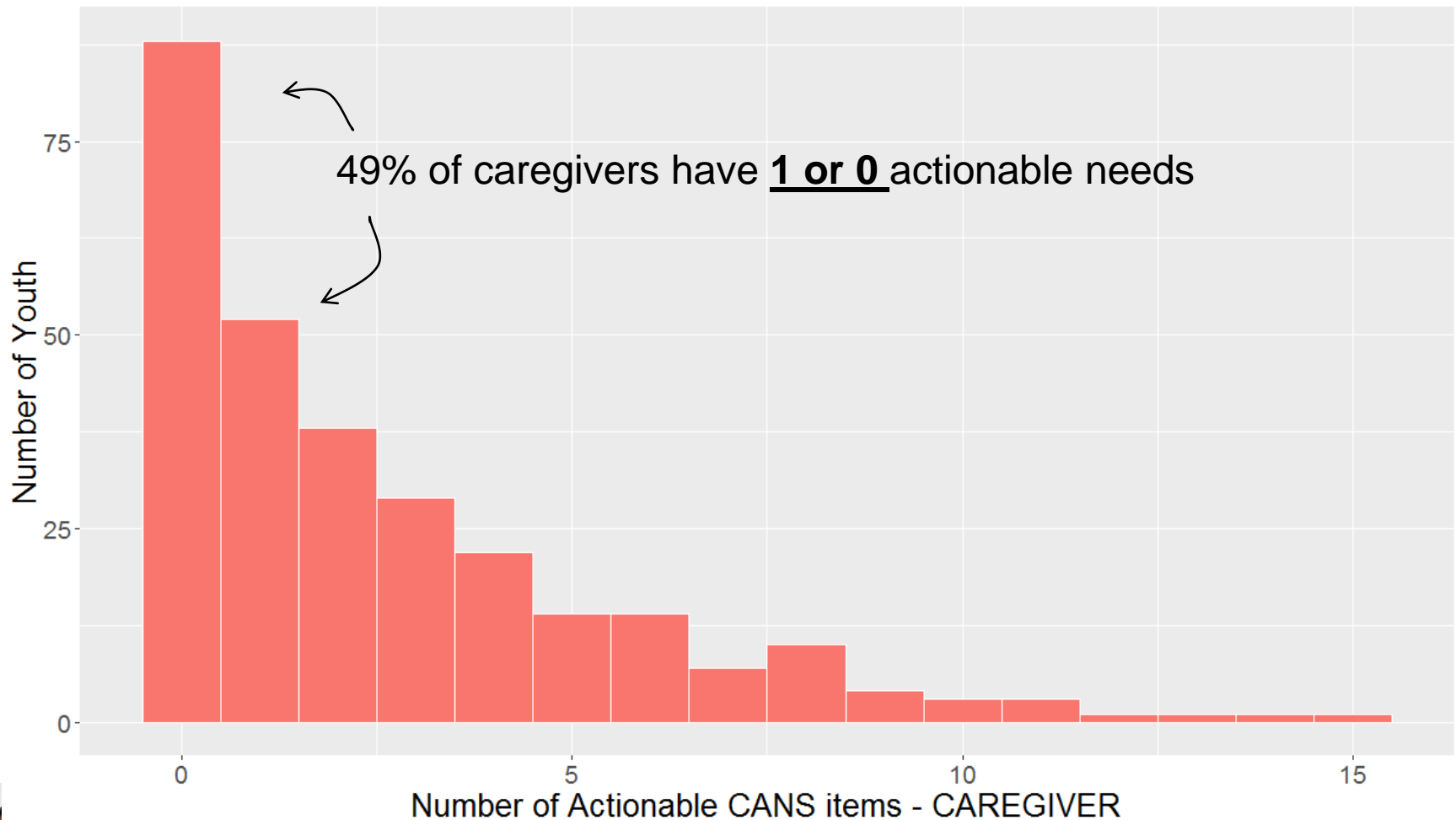
Need 1: Matthew needs to know that people can be permanent parts of his life.



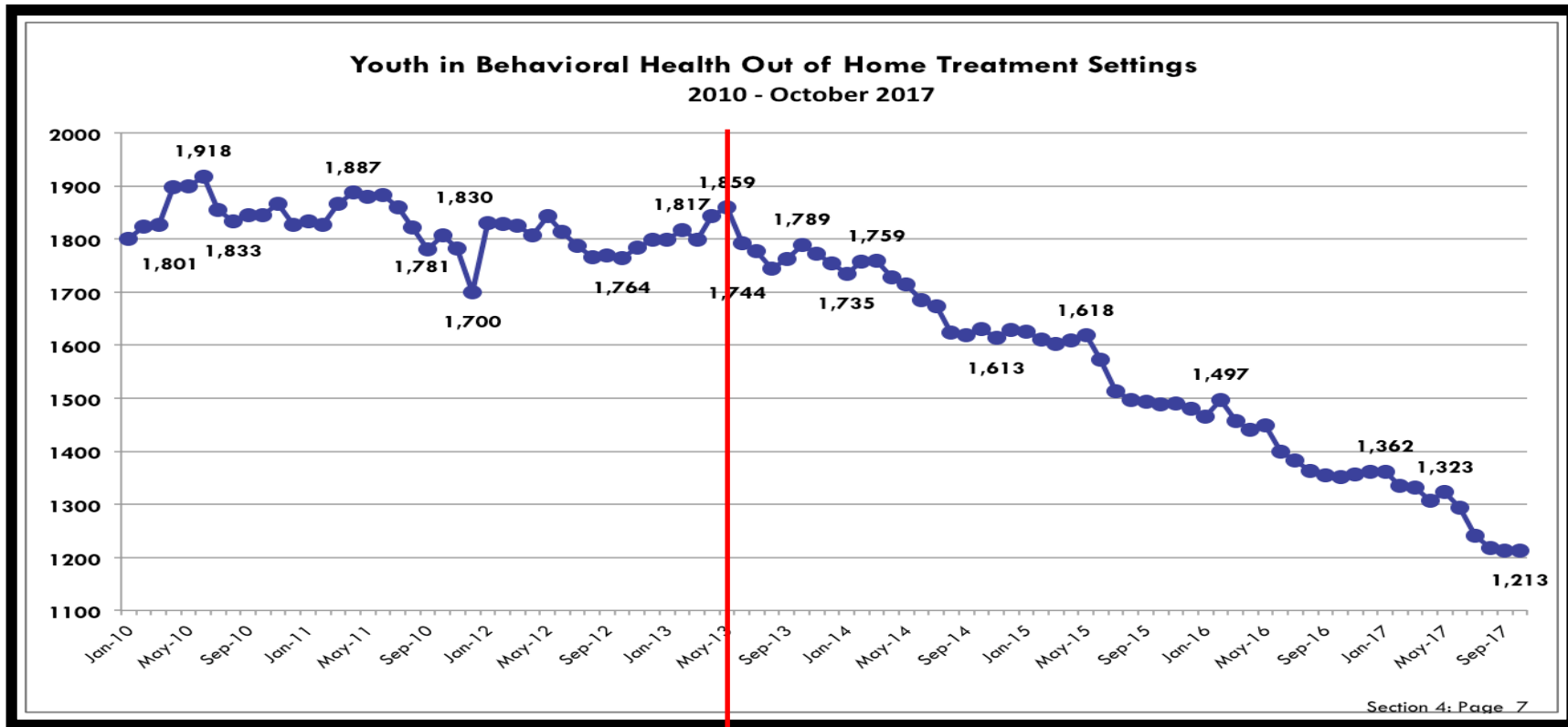
Assessing “fit” of wrap to family needs at a state level



“State X”: Caregivers had few needs, according to the CANS



Tracking out of home placement rates statewide as systems change efforts roll out

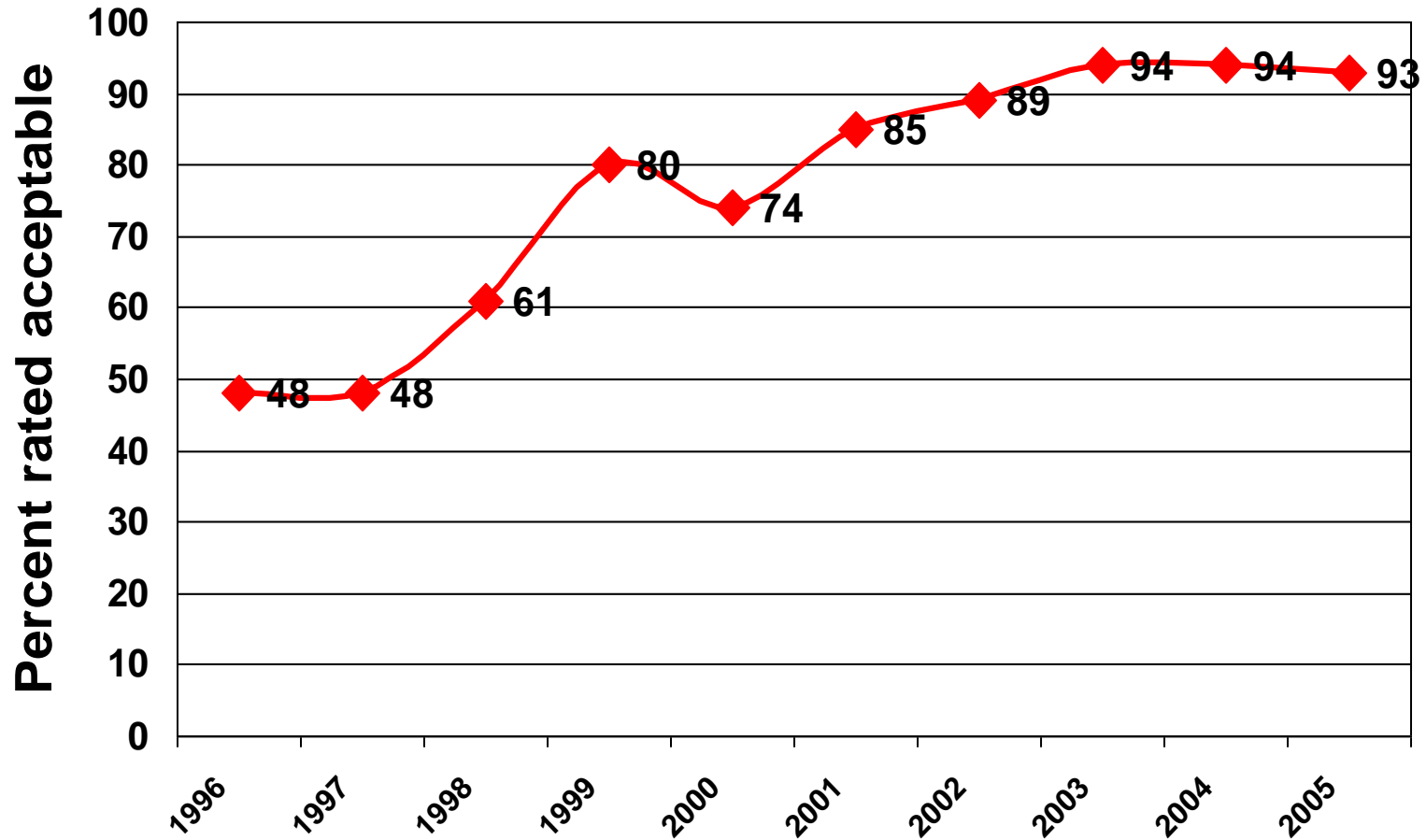


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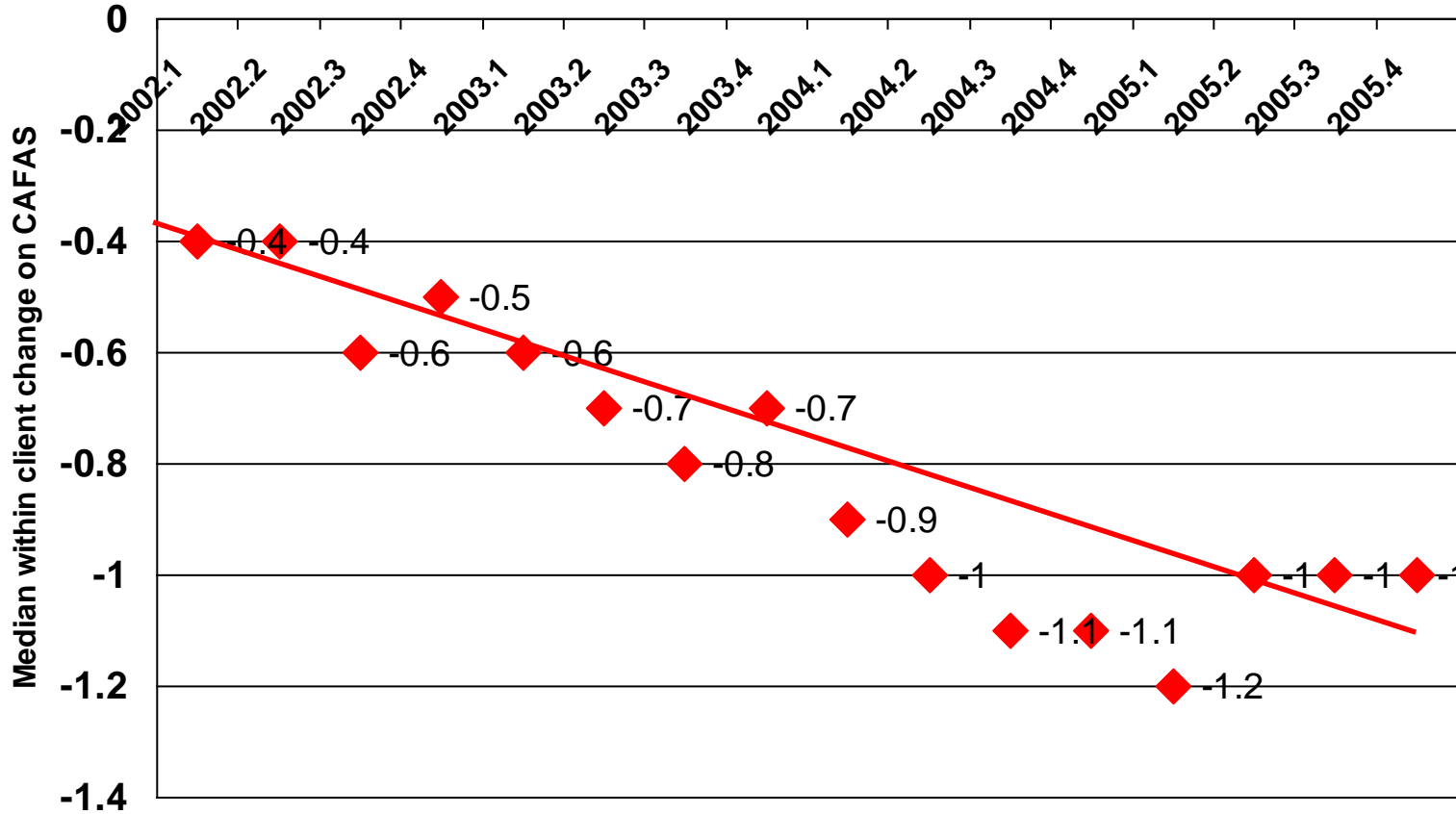
Out of Home Placement Rates in NJ only went down after investing in a consistent care coordination model statewide



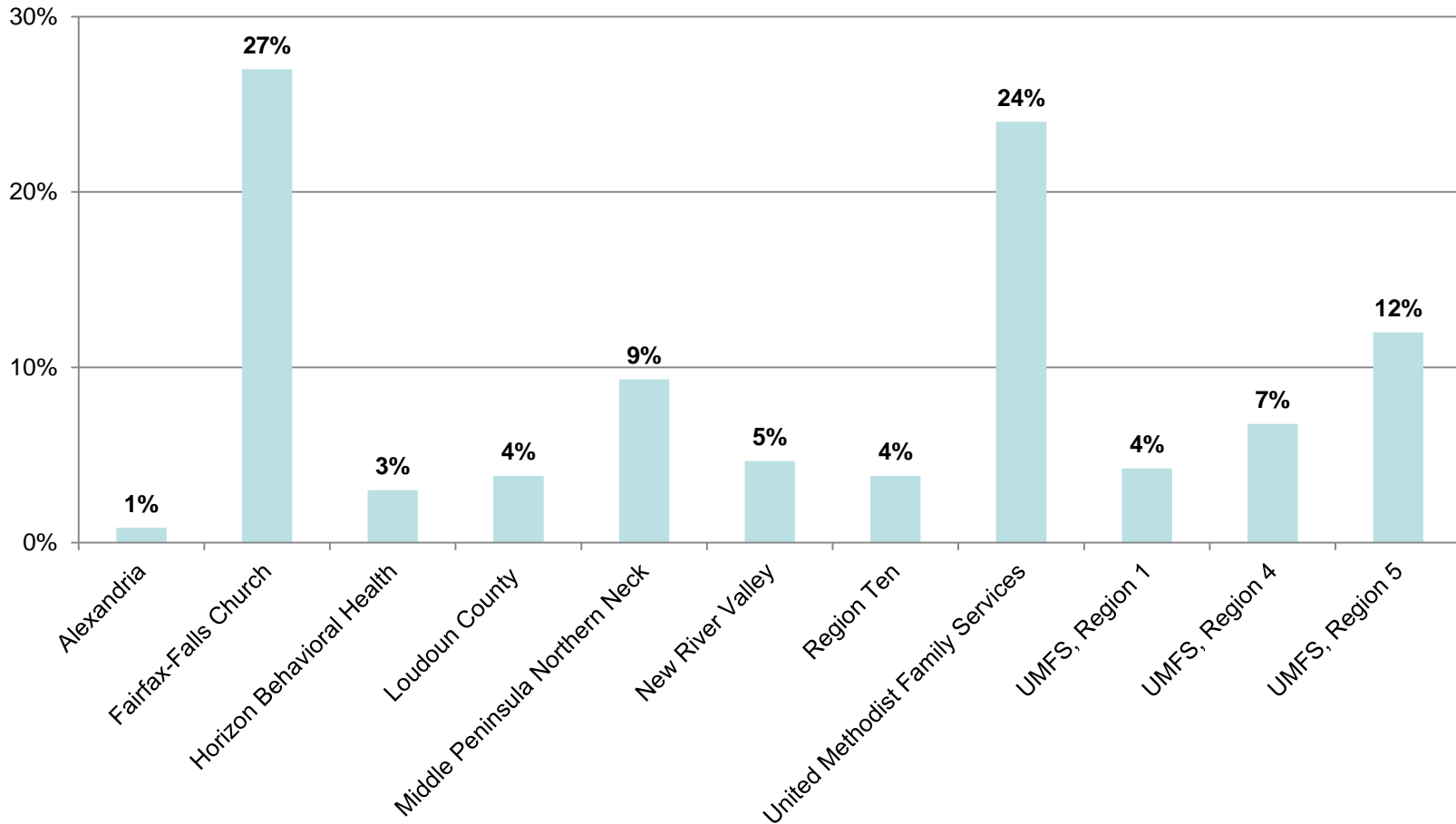
Percent of case reviews that “passed” review statewide



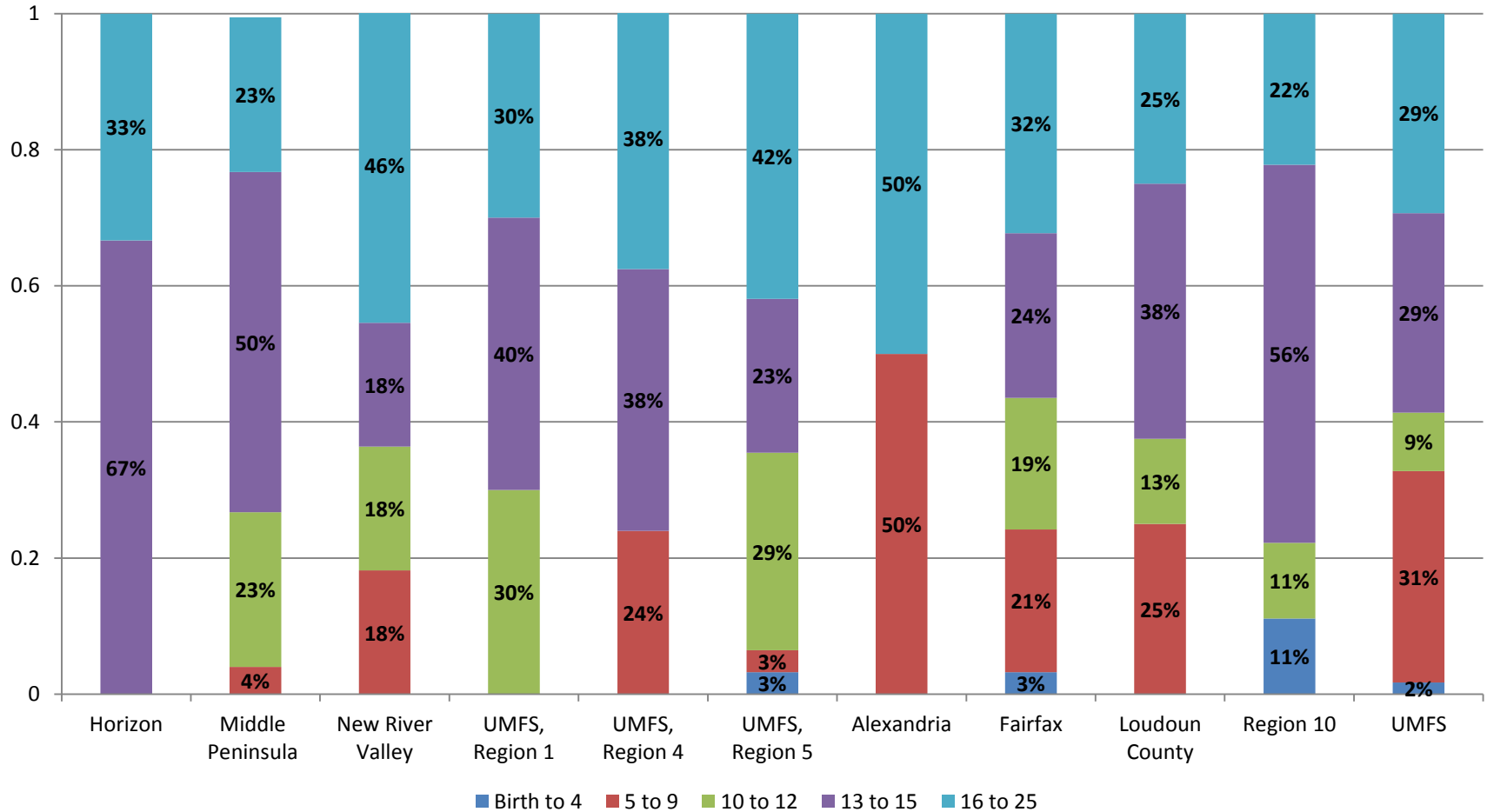
Tracking improvement in child functioning statewide



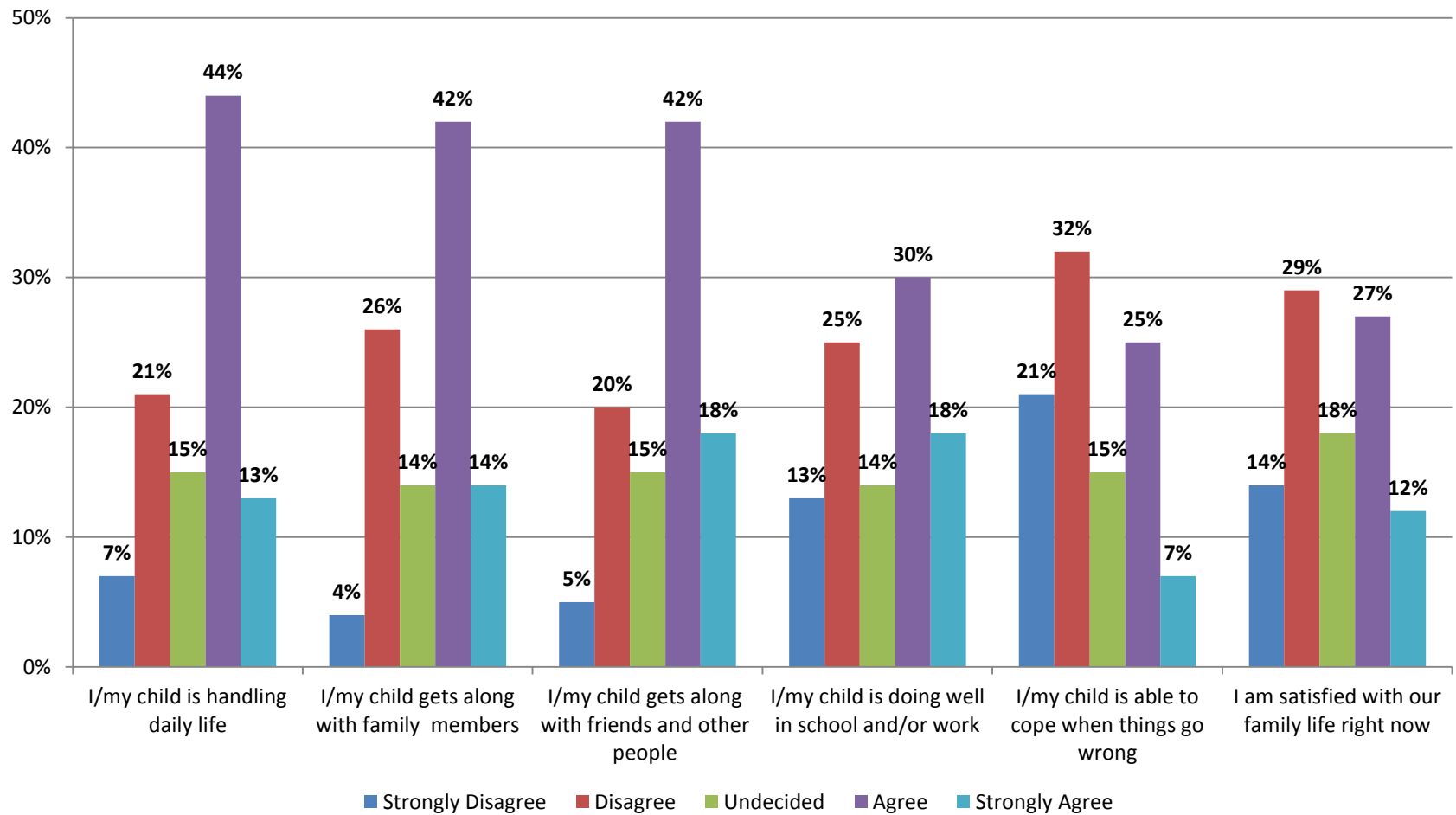
- Virginia: Percent of youth/families enrolled in SOC (n=266)



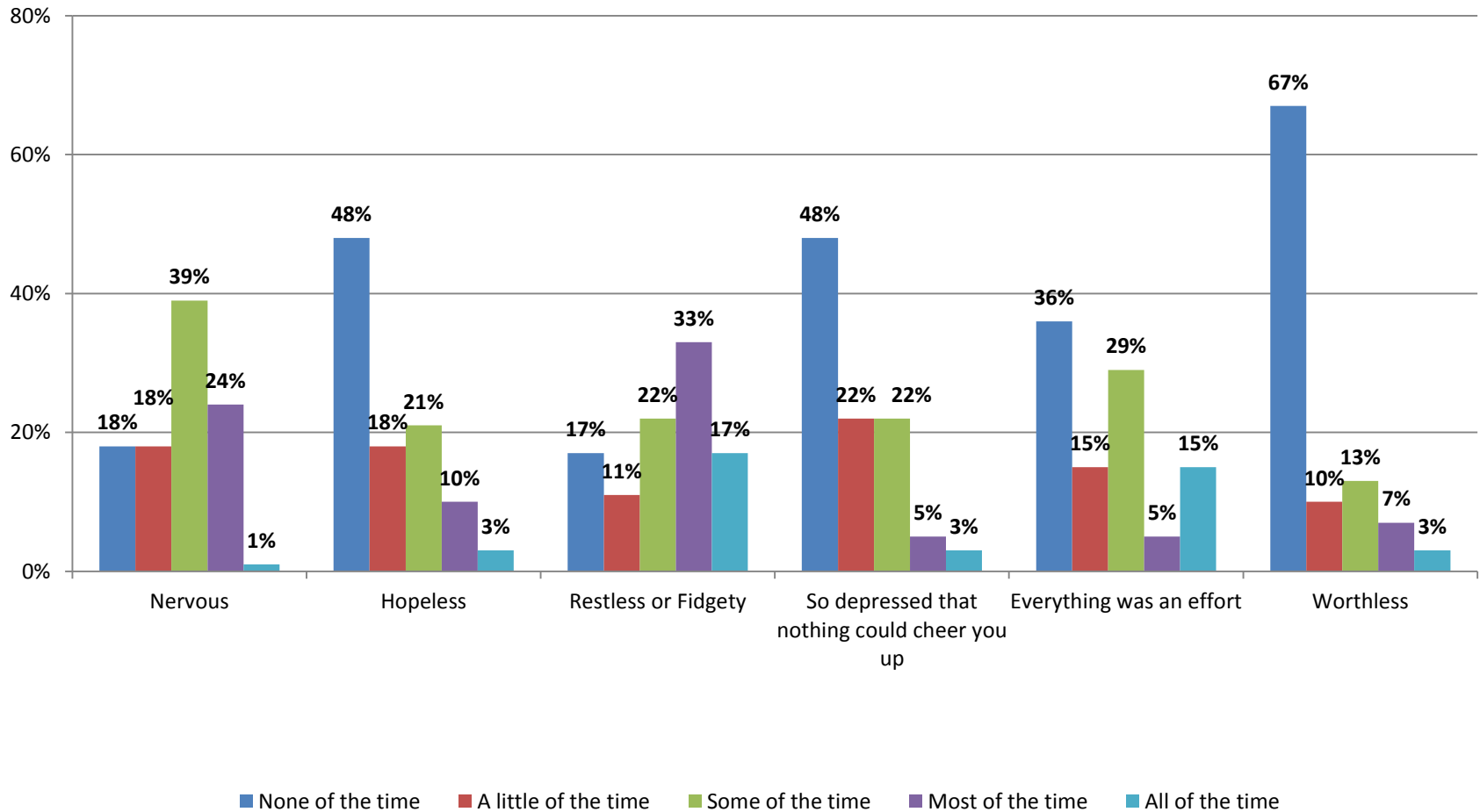
VA SOC: Number of youth served by Age Group



VA SOC: Potential areas of need



VA SOC: Potential areas of need for EBP



Main points: The How

- Invest in “real” wraparound
 - At the community and state level
- Build out your evidence based service array
- Invest in authentic peer to peer support
- Re-organize your systems to be supportive of these strategies, and others that work
- Invest in your workforce so they can do them well
- Use data to drive your system and your practice

