Measuring and Improving Wraparound Practice: A Success Story from Connecticut

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Care Coordination in Connecticut

- 1998: KidCare Legislation
- 2002: Expansion of Service Array
  - Family Advocates
  - Care Coordinators
  - Therapeutic Mentoring
  - EMPS
  - Crisis Stabilization
- 2003-2004: Fiscal Crisis
  - Care Coordination-No program lead
  - Hired Wraparound expert for monthly coaching role
- Addition of Wraparound Consultants
- Creation of the WrapCT Learning Collaborative
  - Intensified coaching efforts
- Improved Data Collection elements using the CFT survey and creation of PSDCRS
Results of the Child and Family Team (CFT) Survey

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- Launched April 2013
- Data collected via online survey
- Survey to be completed after each CFT meeting
- Developed in collaboration: DCF, Coaches, Supervisors, QI
- **Process** indicators, w/ ability to merge in additional case, client, and outcome indicators
- Envision a data-informed Wraparound network: care coordinators, supervisors, and coaches
- Developing benchmarks and the QI process
- Data presented today collected from Apr ’13 to Jan ’14
The CFT Survey

- Sections include:
  - Information about Care Coordinator, Site, Date of CFT, Number CFT
  - Number of People who Attended the CFT, by Role
  - Number of People on the Plan of Care Helping the Family, by Role
  - Location, Duration of CFT Meeting
  - Core Activities of the CFT (parent facilitated; youth attended; written agenda; Plan of Care reviewed; Crisis Plan reviewed; handouts; visuals)
  - Types of Support Provided (financial, housing, emotional, respite, transportation, skills, recreation, other)

- Analyzed monthly, quarterly, annually
- Reported at statewide-level, site-level, by Care Coordinator
- All CFTs completed to date, as well as by month (trending)

Completed CFTs, by Month
(Total CFTs = 1,477)
Attendance at CFTs, by Role, Statewide
N = 9,041 individuals

- Care Coordinator: 15%
- Adult-Family: 22%
- Youth-Family: 9%
- Child-Family: 7%
- Natural-informal: 11%
- Professional: 22%
- Advocate-FAVOR: 3%
- Advocate-Other: 1%
- Comm. Provider: 2%
- Supervisor/coach: 1%

Total CFTs = 1,477
Total Number of People in Attendance = 9,046
Average No. People at a CFT = 6.1
Number of People on the POC, Statewide

Total POCs = 1,477
Total No. of People on POCs = 9,797
Average No. People on a POC = 6.6

Percent Unpaid, In Attendance, by Site
Duration of CFT meetings

Mean Duration of CFT meeting = **65.9 min.** (s.d. = 16.4)

Core CFT Activities Completed, Statewide

- Parent Facilitated: 15.2%
- Youth Attended: 62.6%
- Written Agenda: 91.9%
- POC Reviewed: 83.2%
- Crisis Plan Reviewed: 70.5%
- Handouts Used: 50.0%
- Visuals Used: 23.2%
Youth of Primary Concern Attended, by Site

Types of Support Offered, Statewide

Categories for “Other supports” include: Academic/educational; spiritual/religious; treatment referrals and linkage; safety planning
Data-Informed Supervision and Coaching

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Hypothesis

A strengths-based, empowerment-driven network intervention mobilizing informal supports to engage with families will lead to better outcomes

If you get people in the room and on the plan, family functioning will improve
Coaching Design and Challenges

- Regular visits with site-specific care coordinator/supervisor groups and also with cross-site supervisor groups

- Primary barrier is buying into the model...what helps?
  - Persuasion about values
  - Skill development
  - Holding to a bar

What to coach to? Setting a Bar

1) Values and skills
   - Building a strengths-based, empowerment-focused process
   - Vision-Needs-Benchmarks-Strategies...TOMS

2) Process outcomes
   - Ensuring that informal supports are in the room, on the plan

3) Substantive outcomes
   - Improved functioning (as evidenced by Ohio Scales)
2) Process Outcomes - Hypothesis

Strengths-based wrap process
↓
Informal supports in the room
↓
Informal supports on the plan
↓
Enhanced family functioning

Coaching to the Data

• How the focus helps
  ▪ Balances the focus on values/skills, and the debate that comes with this, by also focusing attention on a measurable, meaningful bar

• Levels of analysis
  ▪ Statewide, sites compared, site specific, care coordinator specific
Using the variables

• Focus on number or percentage of informal supports in the room and on the plan
• Program Improvement Plans
  1-Monthly CFTs
  2-50/50 professional/informal, on to 80/20
  3-Site specific
• Better transition planning...Parent Facilitating
• Better pulse on present functioning...Crisis safety plan reviewed
• Lots of other conversations

Presenter Contact Information

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