

# National Wraparound Implementation Academy Evaluation, Research, and Outcomes Management

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Rockville, MD

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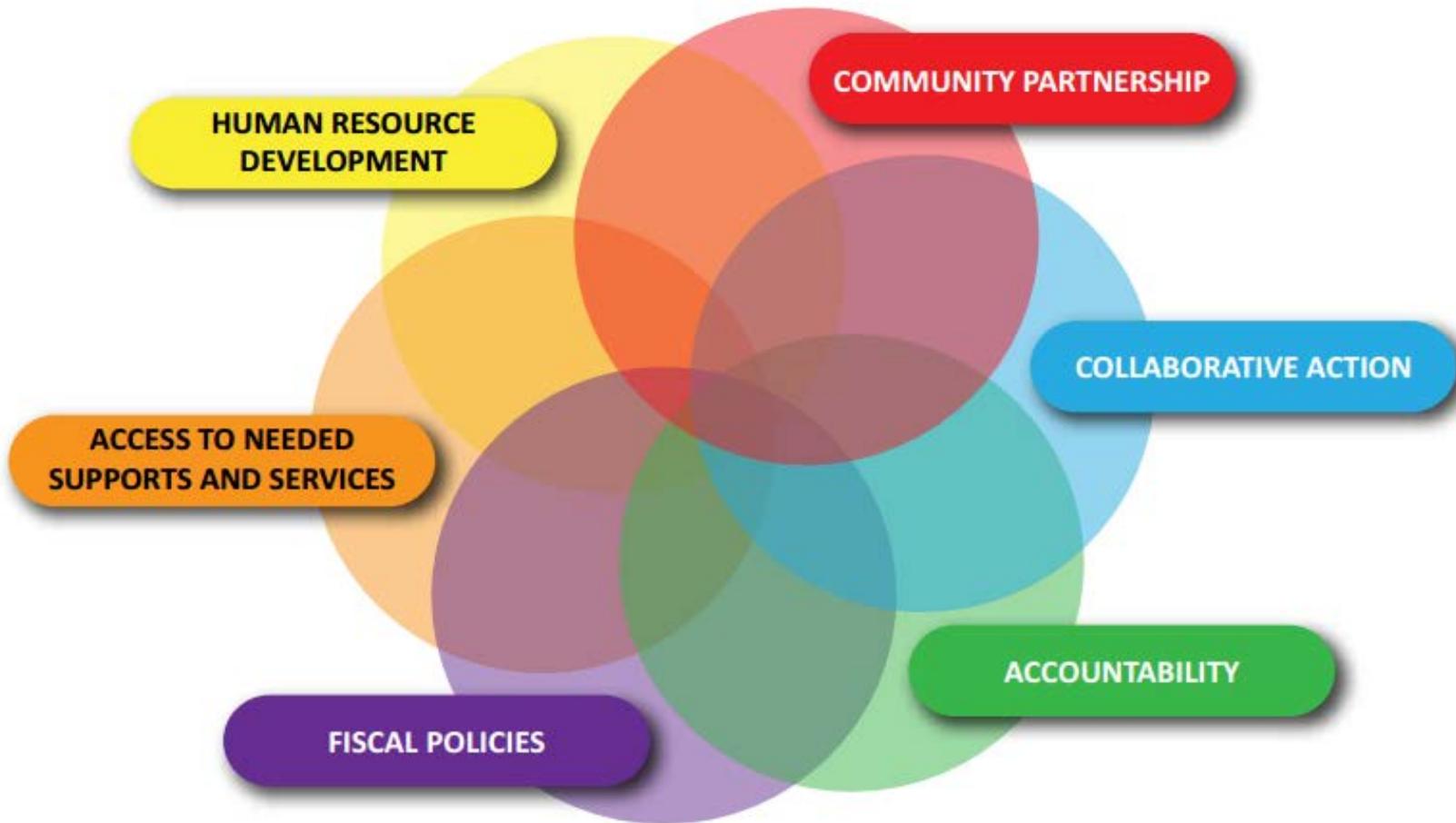
# Wraparound Implementation Guide:



# A Handbook For Administrators And Managers

*By Patricia Miles, Neil Brown, and The National Wraparound Initiative  
Implementation Work Group. Preface by Janet Walker and Eric Bruns.*

# Six “Necessary conditions” for Wraparound success



# Theme 6: Accountability

According to the Community Supports for Wraparound Inventory, when a wraparound initiative is fully supported in the area of accountability, the community has implemented mechanisms to monitor wraparound fidelity, service quality, and outcomes, and to assess the quality and development of the overall wraparound effort.

This section provides information regarding how stakeholders in the wraparound effort take steps to implement mechanisms to monitor wraparound fidelity, quality, and outcomes, the quality and development of the overall wraparound effort on the topics presented here, found online in the *Realizing Wraparound*, in the chapter 5e.

## 1. What are the key factors to consider in implementing accountability wraparound practices?

Communities implementing wraparound for a variety of different reasons and community may be co-

# Imagine driving a car with no dashboard...



...that's what you're doing if you're not routinely collecting and using data about your Wraparound initiative.

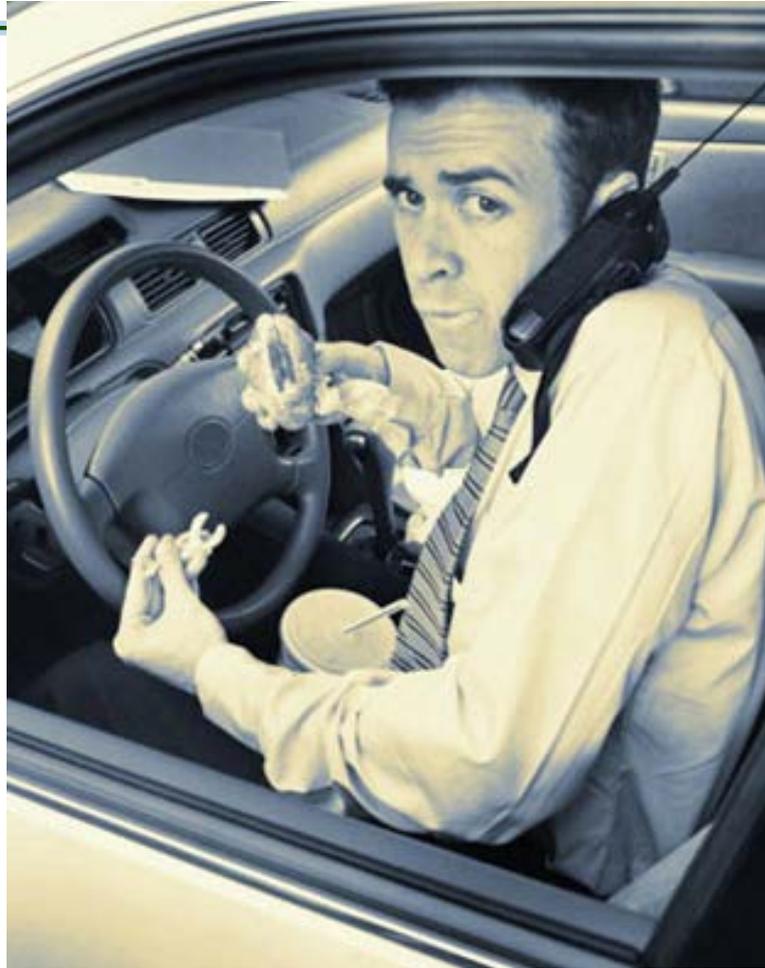
**Decisions are still being made,  
but not with the most accurate and timely information.**

# A good accountability plan can keep you in good working order

- Notices problems and makes adjustments before you're totally out of alignment



# At the same time...

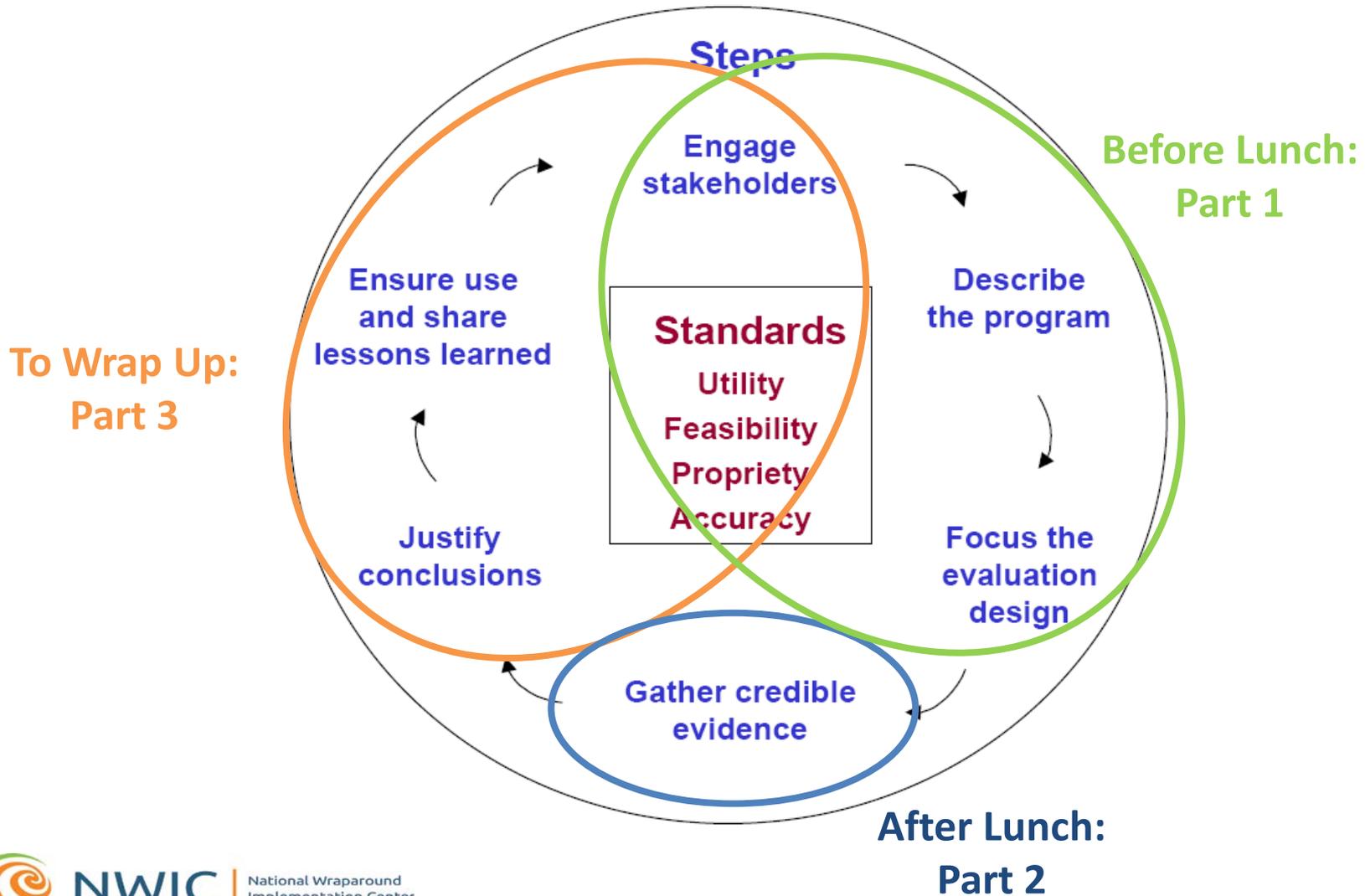


(...We don't want to be this guy...)

# Core Steps to Ensure Accountability of Your Wraparound Initiative

1. Define what you need to know and who will use the information
2. Determine your data source(s)
3. Fill in the blanks:
  - When and how will the data be collected?
  - What is the most appropriate analytic approach?
  - Who will do all this work? With what resources?
4. Establish – and use – a process for oversight, review, and decision-making
5. Use the results and information to **inform action**

# Another way to look at the accountability process



# Let's get to know each other!



- Where are you from?
- What do you do?
- How comfortable are you with data and research?

Part 1

# FOCUSING YOUR ACTIVITIES AROUND YOUR INFORMATION NEEDS



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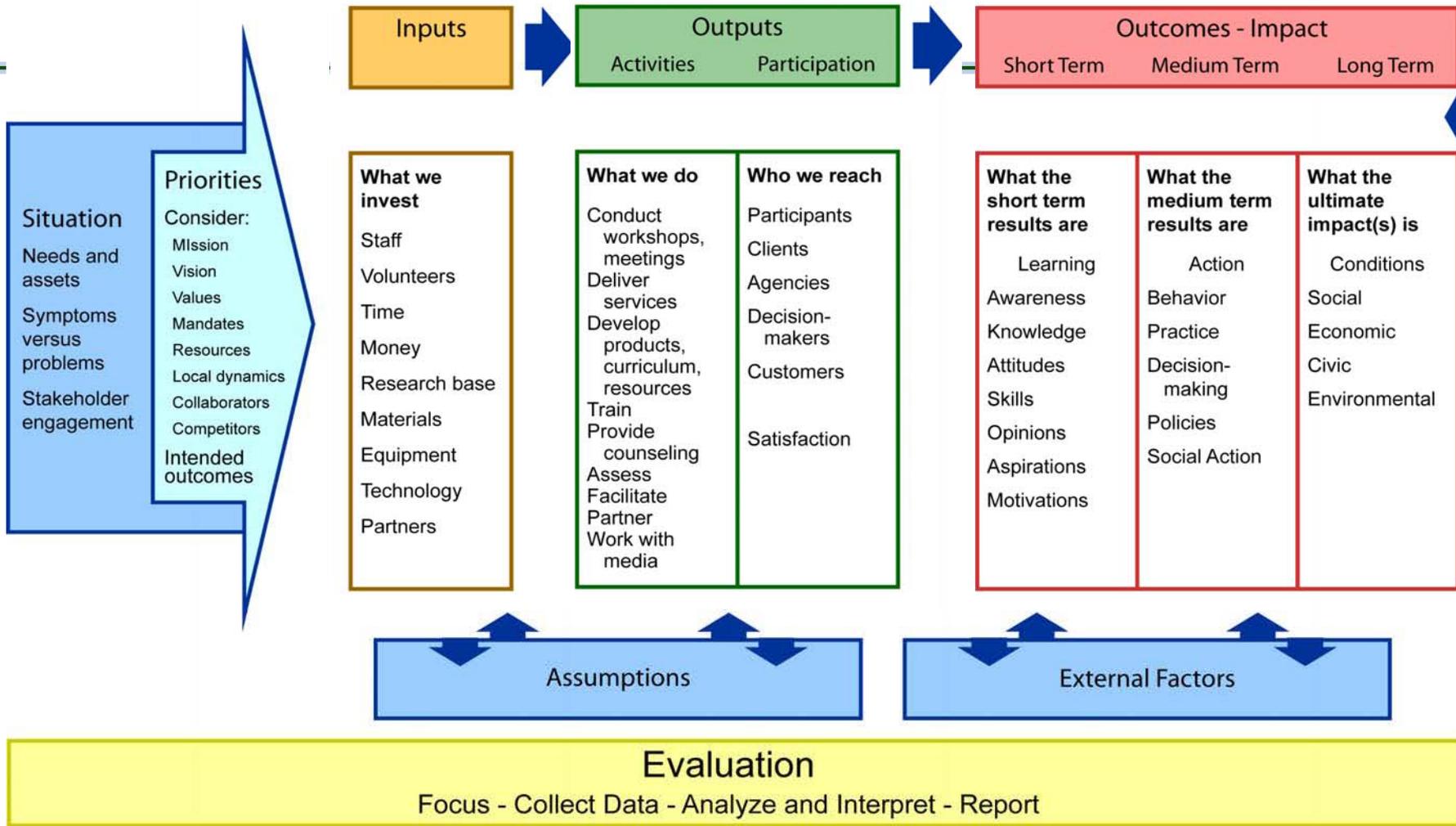
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# Part 1: Focusing your activities around your information needs

**What do you need to know to make decisions?**

**Who will use the information?**

1. What are potential areas for examination?
2. Why are you asking?
3. What are you trying to accomplish?



# How does Wraparound work?

## Wraparound Principles:

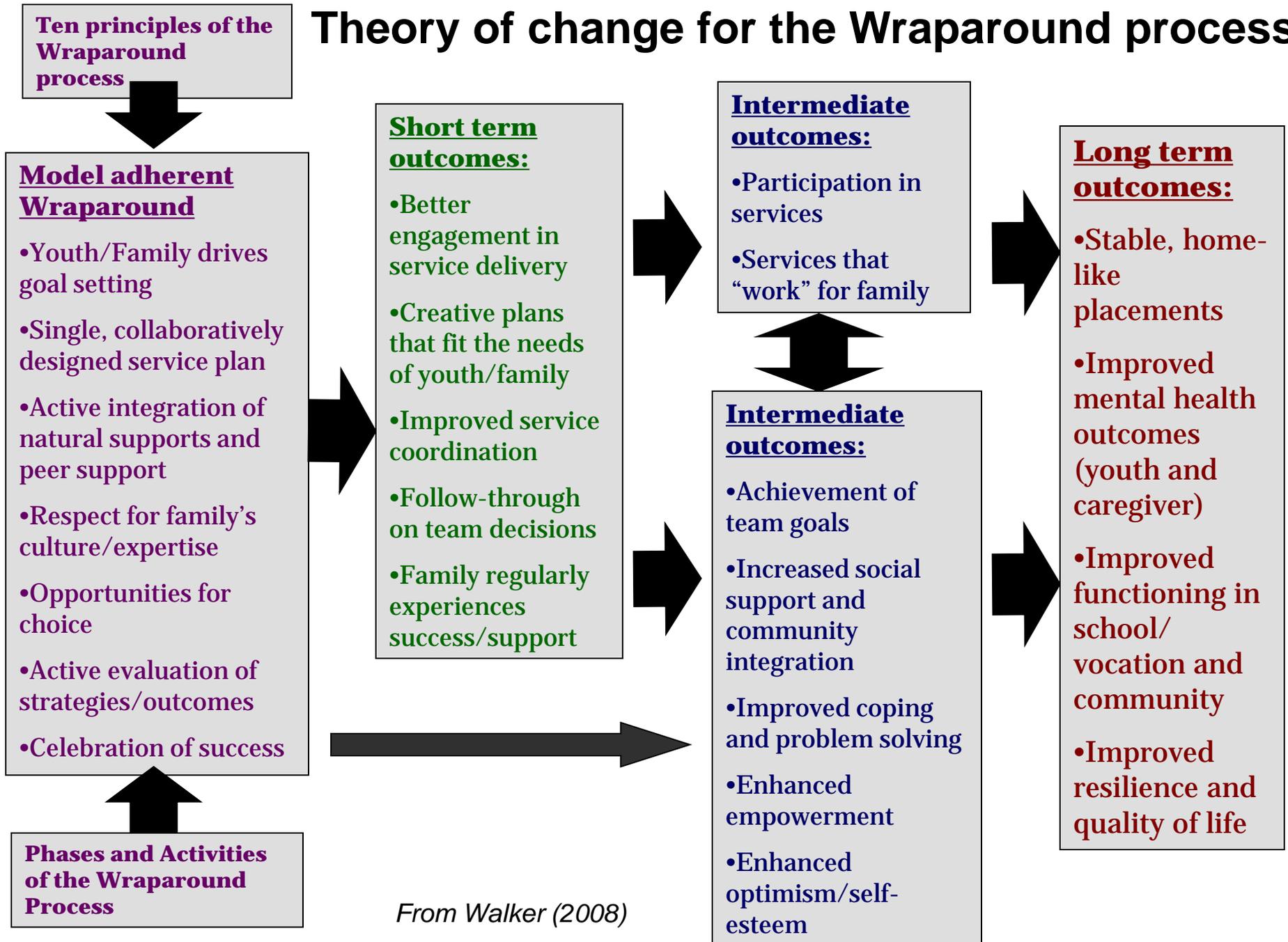
- Family voice and choice
- Team-based
- Culturally competent
- Natural supports
- Collaboration
- Community-based
- Individualized
- Strengths based
- Persistence
- Outcome-based



Positive Outcomes!



# Theory of change for the Wraparound process



# Many contextual factors to consider, depending on your needs



# There are so many potential data points, you have to focus and prioritize



# Part 1: Focusing your activities around your information needs

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## **What do you need to know and who will use the information?**

1. What are potential areas for exploration?
2. Why are you asking?
3. What are you trying to accomplish?

# What to measure?

## Use a Utilization-Focused Approach

- Wealth of potential accountability/evaluation/research questions
- +
- Presence of finite resources
- =
- Goals of the activities should be established early ... and
- Activities that will be of most use should be prioritized

# Questions to ask in deciding “*What to measure?*”

## HOW WILL THE DATA BE USED:

- What decisions, if any, is the data expected to influence?
  - Clearly distinguish summative from formative decisions
- When will the decisions be made?
- By whom?
- When, then, must the data be presented to be timely and influential?

# Questions to ask in deciding “*What to measure?*”

## WHAT ELSE WILL GO INTO THE DECISION MAKING?:

- What is at stake in the decisions? For whom?  
What controversies surround the decisions?
- What’s the history and context of the decision-making process?
- What other factors (values, personalities, politics, promises already made) will affect the decision-making?
- To what extent have the outcomes of decisions already been determined?

Pages 7 & 8 in Booklet

# **EXERCISE 1: WHO NEEDS TO KNOW WHAT? WHY? WHEN?**



# EXERCISE 1: Why do you want/need to collect or use data?

- What decisions, if any, are the data expected to influence?
- When will the decisions be made? By whom?
- When, must the data be presented to be timely and influential?
- What other factors will influence decision making?
  - Have the decisions already been made?

# Typical Information Needs (somewhat in order of difficulty)

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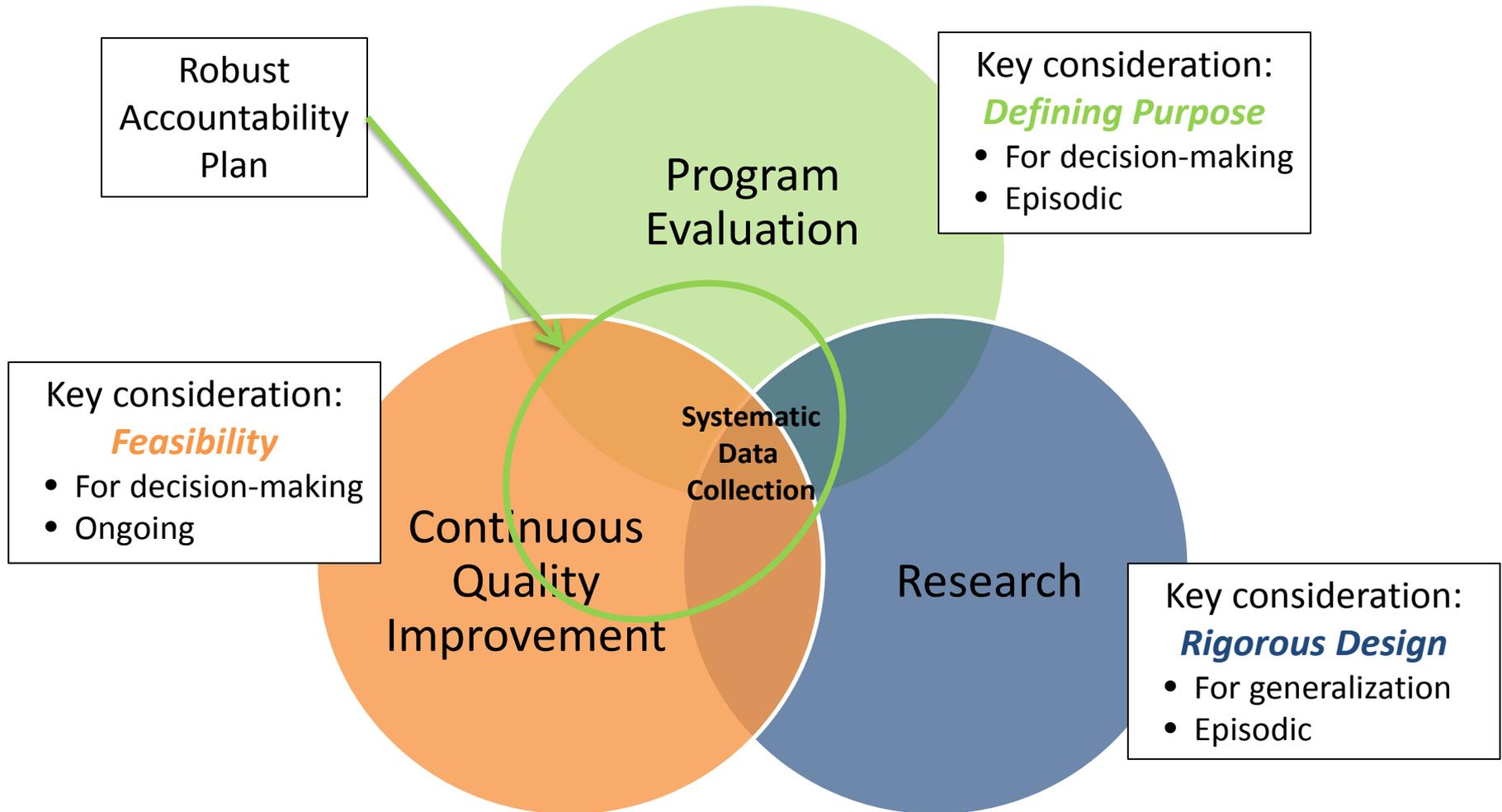
- Who are we serving?
- What are they receiving?
- How is the environment supporting good services and outcomes?
- What is the impact of our services?

# Part 1: Focusing your activities around your information needs

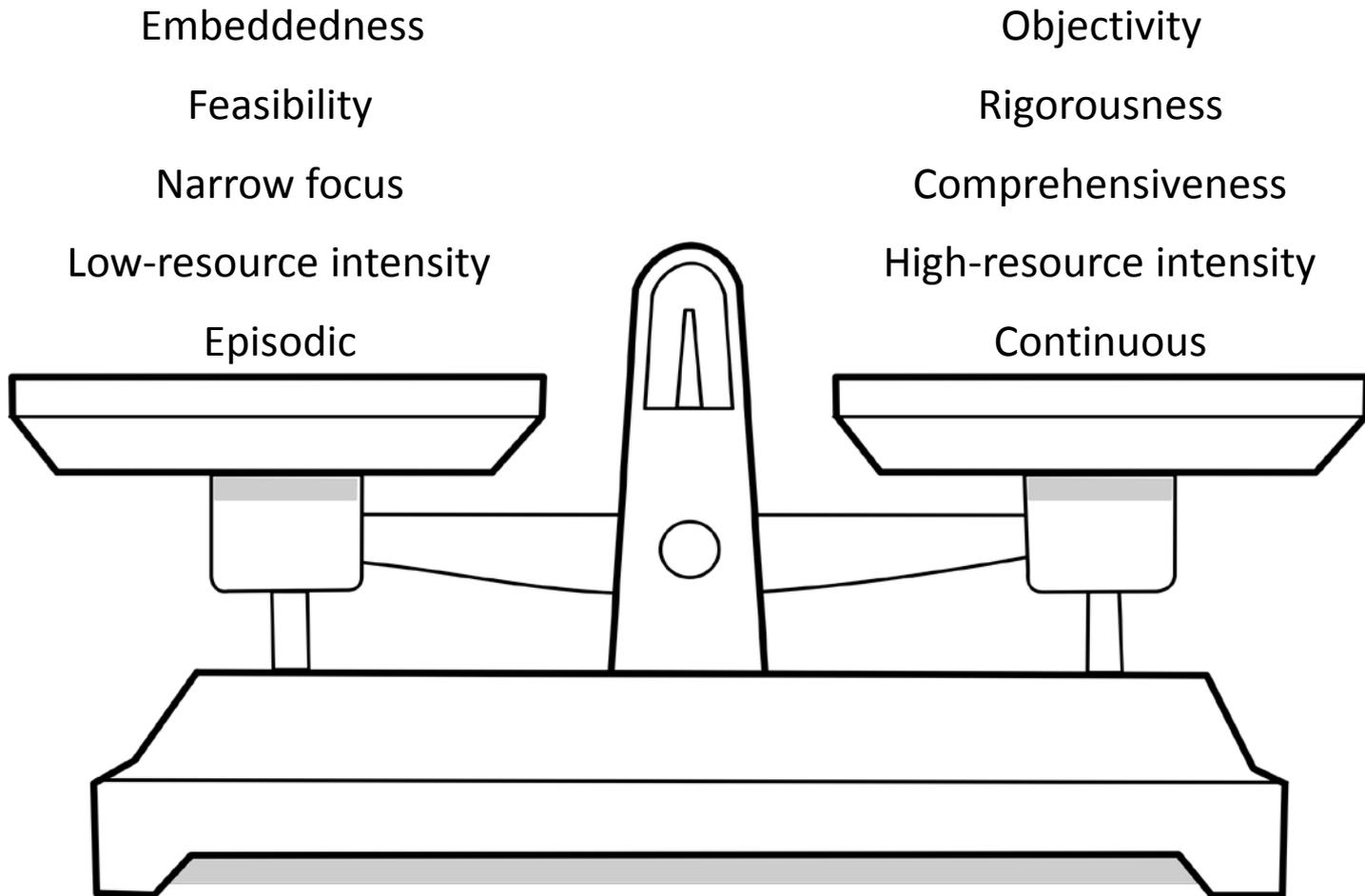
## **What do you need to know and who will use the information?**

1. What are potential areas for exploration?
2. Why are you asking?
3. What are you trying to accomplish?

# Evaluation, research, and CQI all rely on systematic data collection



# Keep in mind the many tradeoffs inherent in designing evaluations



# Principles to guide CQI and evaluation activities

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- Focus on the stakeholders' or initiative's needs and goals
- Make the data collection process feasible
- Be aware of the political context
- Strive for rigor and accuracy

# Any Questions?



# LUNCH!



Part 2

# TRANSLATING YOUR QUESTIONS AND NEEDS INTO DATA



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# Part 2: Translating your questions and needs into data

## How should you choose what to collect and how to collect it?

1. What data will you collect?
2. From whom will you collect data?
3. How often will you collect data?
4. Who will collect data?

# Think about how data fits into your logic model

## Population characteristics

*What do youth and families look like when they come to us?*



### Inputs:

Families enter services

### Inputs:

Organizational and System Context



### Activities:

Services/ supports delivered



### Outputs:

Outcomes experienced by families



## Outcomes data

*What happens to youth and families as a result of working with us?*

## Organization and system characteristics

*What skills do our staff bring to the table? What is the context in which we work like?*



## Fidelity (and related) data

*What do services look like for the families we work with?*



# Population characteristics

## Population characteristics

*What do youth and families look like when they come to us?*

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Families enter services

### Inputs:

Organizational and System Context

### Activities:

Wraparound services delivered

### Outputs:

Outcomes experienced by families

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## Fidelity (and related) data

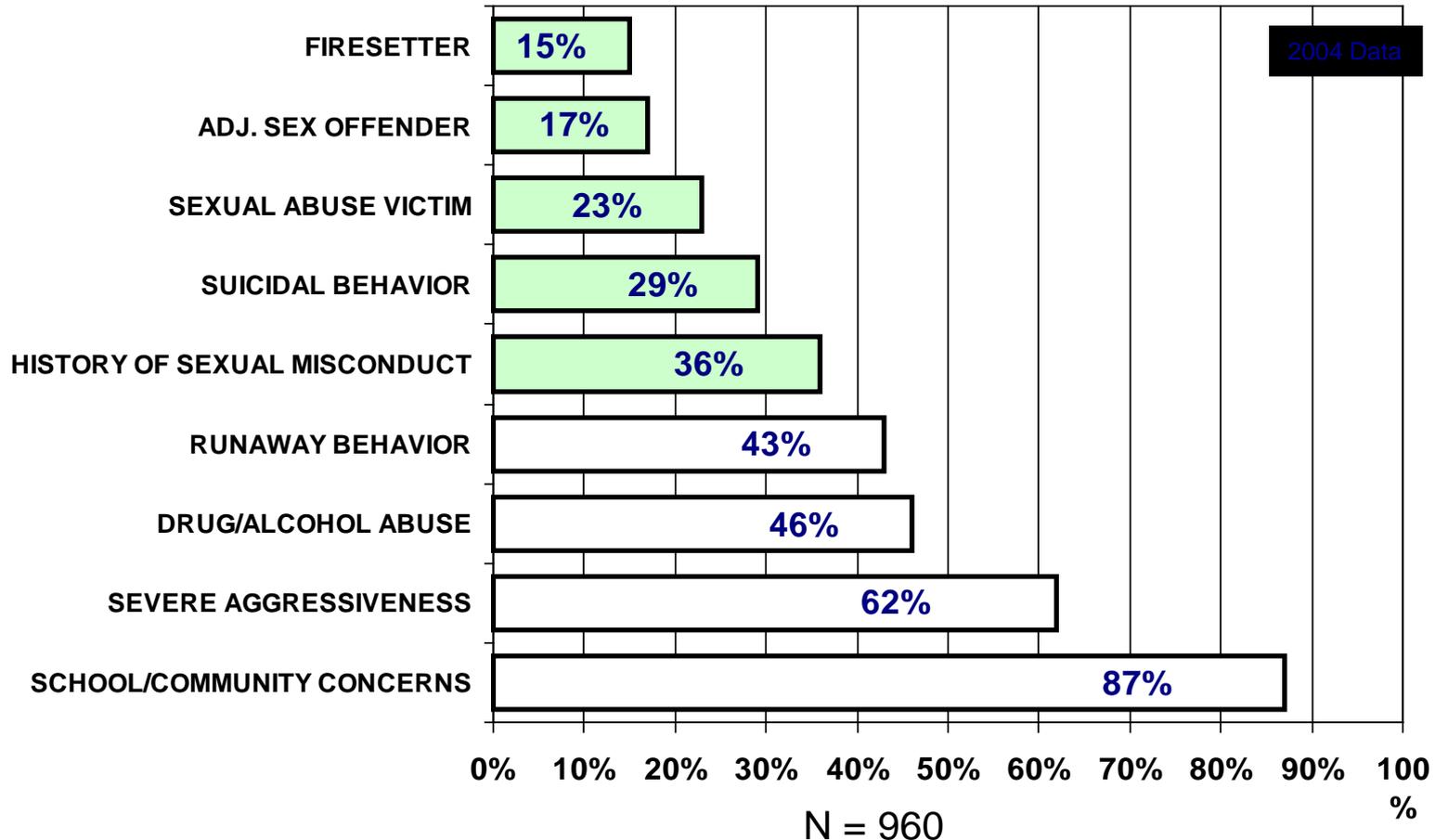
*What do services look like for the families we work with?*

# Providers collect a lot of information about youth and families

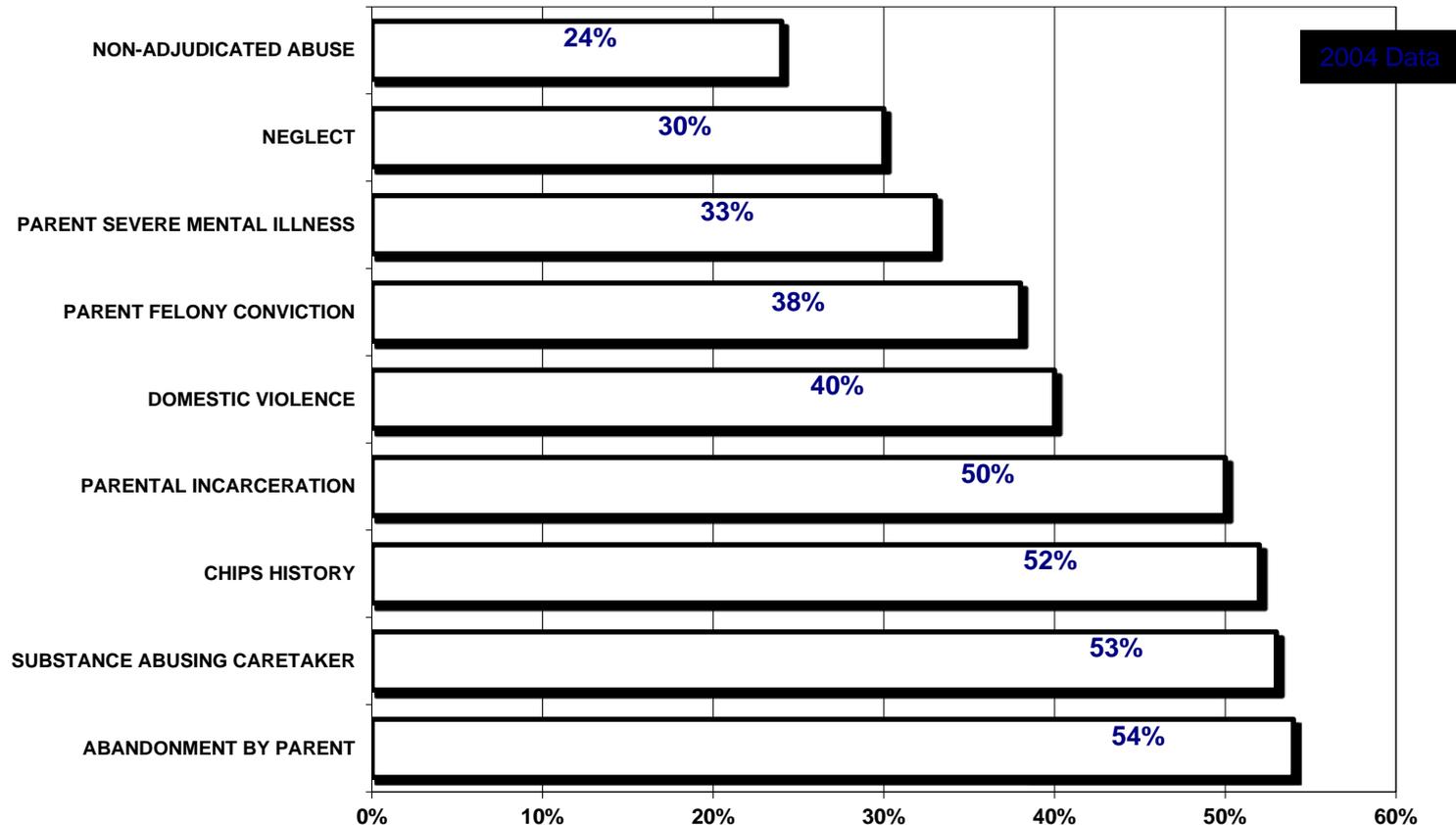
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- Demographics
  - Age, race, gender, ethnicity
- Referral source and reason
- Presenting issues
  - MH diagnoses
  - Behavioral problems
  - Crises
- System involvement
- Eligibility assessment

# How complex are the needs of the youth in your wraparound initiative?



# How complex are the needs of the families in your wraparound initiative?



## WRAPAROUND MILWAUKEE: FAMILIES EXHIBITING CONCERNS

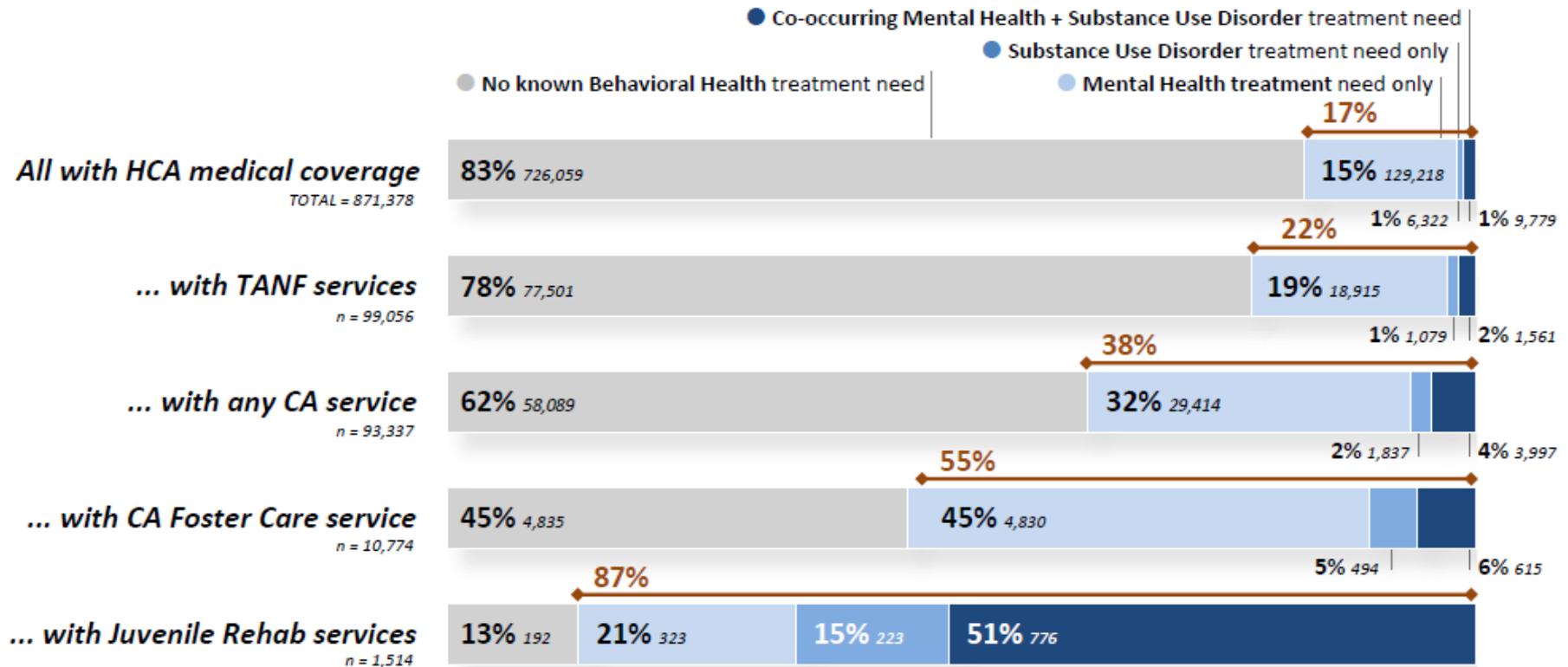
37

n = 952

# What are the service needs of youth in your system of care?

## Behavioral Health Treatment Needs Vary by Service Use

OF CHILDREN/YOUTH AGES 0-17 WHO WERE MEDICALLY ELIGIBLE IN SFY 2015 • TOTAL = 871,378

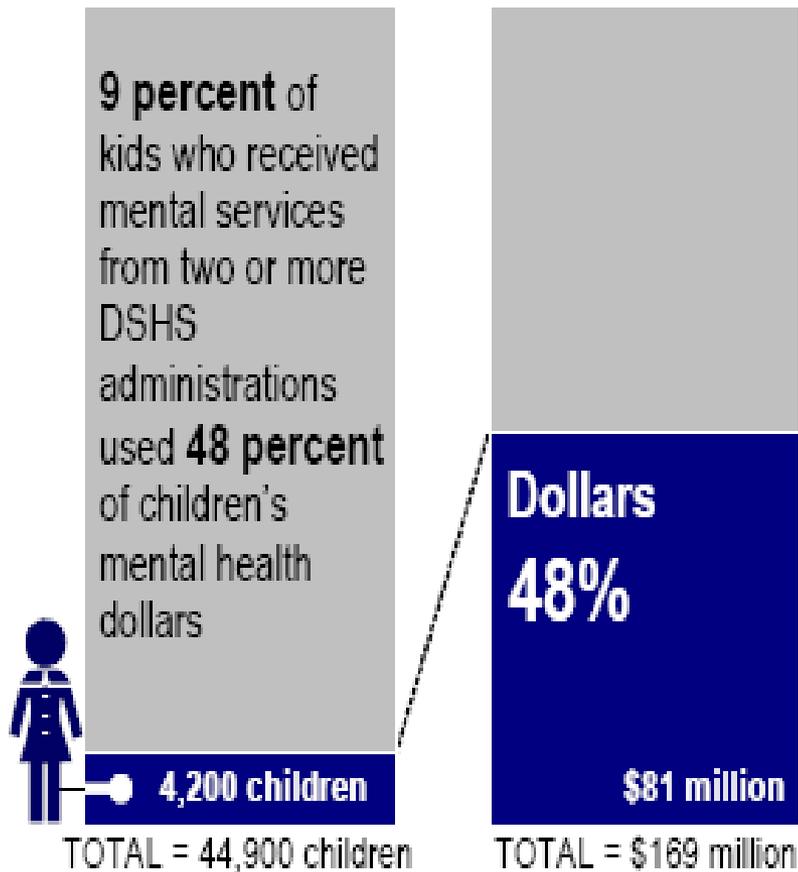


# Can you better leverage the population data you collect?

- What are you currently collecting?
- Where and how is it stored?
  - Does it need to be centralized?
- What is done with it?
- What decisions might it help you make?



# Using administrative data in Washington State: Half of all behavioral health \$ to the 9% with complex needs



- In Fiscal Year 2002, **44,900** children and youth received MH services from CW, JJ, MHD.
- Collectively, MH services for **cost \$169 million**.
- **Half of that expenditure** (\$81 million) was spent on the **9 percent** who received mental health care from two or more programs.

# Organizational and system context

## Population characteristics

*What do youth and families look like when they come to us?*

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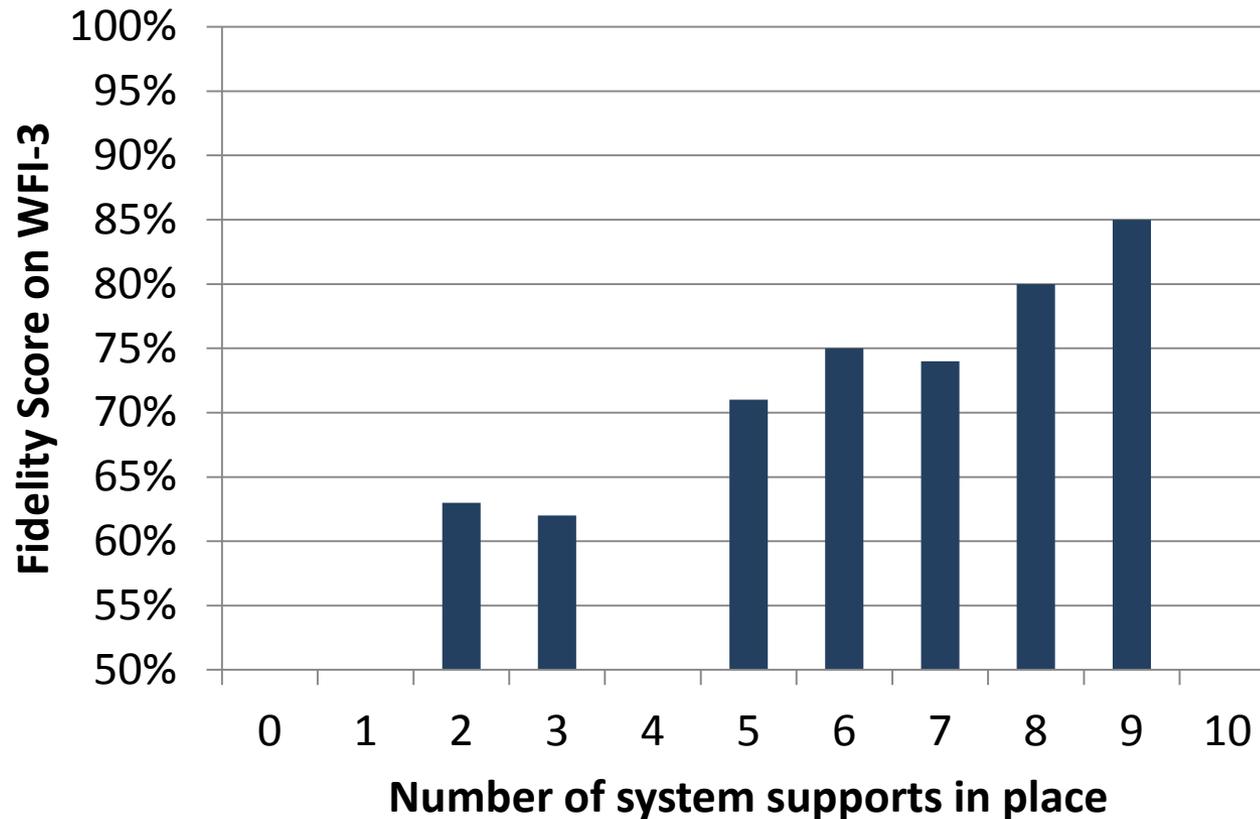
## Fidelity (and related) data

*What do services look like for the families we work with?*

# Organizational context effects the quality of services

- Adherence to Wraparound implementation standards
  - Manageable caseloads
  - Workforce development practices
- Turnover rate
- Leadership practices and quality
  - Multifactor Leadership Questionnaire
- Organizational climate and culture
  - Survey of Organizational functioning

# Organizational and system-level supports predict fidelity



Bruns, Suter, & Leverentz-Brady (2006). Relationship between Program and System Variables and Fidelity to the Wraparound Process for Children and Families. *Psychiatric Services*.

# Shameless plug:

- Join us on Wednesday for our session on **Practice, Organization, and System Standards for Wraparound: How to Use NWI's New Self-Assessment Tool**
  - Be the first to see our new self-assessment tool using comprehensive quality standards
- Last timeslot—Wednesday, 10:45am-12:15pm
- Room: Plaza I

# The new standards tool will help sites assess their programs in multiple areas



# Implementation Area 1: Competent Staff

## Competent Staff Indicators

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

# Implementation Area 3: Facilitative Organizational Support

## Facilitative Organizational Support Indicators

<b>3A</b>	Manageable Workloads
<b>3B</b>	Adequate Compensation and Resources
<b>3C</b>	High Morale and Positive Climate
<b>3D</b>	Fiscally Sustainable
<b>3E</b>	Routine Oversight of Key Organizational Operations

# One example of the 44 standards

## 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.

# High-Quality Wraparound is a function of the broader system context

- Comprehensiveness of service array
- Level of community coordination and support
  - Community Supports for Wraparound Inventory (CSWI)
    - 40-item measure
    - Completed online by key informants
    - Results in a profile of community strengths and needs regarding Wraparound implementation

CSWI

# Fidelity

## Population characteristics

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## Outcomes data

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## Fidelity (and related) data

*What do services look like for the families we work with?*

# Why do we need implementation quality checks in Wraparound?

- Fidelity data allows you to connect the details of Wraparound practice to outcomes experienced by families
- Studies indicate that Wraparound teams often fail to:
  - Incorporate full complement of key individuals on the Wraparound team
  - Engage youth in community activities, things they do well, or activities to help develop friendships
  - Use family/community strengths to plan/implement services
  - Engage natural supports, such as extended family members and community members
  - Use flexible funds to help implement strategies
  - Consistently assess outcomes and satisfaction



# Uses of Fidelity/Implementation Tools

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- Formative Assessment
  - Determine current practices in place and needed prior to launching or re-booting implementation
- Progress monitoring
  - Self-assess Wraparound practice to guide implementation efforts, and assess progress
  - Build action plan to focus implementation and improvement efforts
- Annual Self-Assessment
  - Self-assess annually to facilitate sustained implementation
- Recognition by state or other funder
  - Determine sites warranting recognition for their quality and fidelity implementation.

# There are many ways to measure fidelity to the Wraparound model

- Have facilitators and team members fill out activity checklists
- Look at plans of care and meeting notes
- Sit in on and observe team meetings
- Interview the people who know– parents, youth, facilitators, program heads



# Wraparound Fidelity Index (EZ)

- Self-administered survey
  - Caregiver, facilitator, youth, and team member forms
- Can be completed on paper or online
- 3 sections
  1. Experience in Wraparound (25 items)
  2. Outcomes (8 items)
  3. Satisfaction (4 items)
- Quantitative results are provided via online data system

WFI<sub>EZ</sub>

# Team Observation Measure (v.2)

- Administered by external evaluators or local supervisors or administrators
- Based on an in-vivo or video observation of a Child and Family Team Meeting
- New, streamlined version consists of 7 subscales
  - Same key elements measured as WFI-EZ
- Quantitative results of fidelity are reported to programs and can be used for training, coaching, or direct supervision



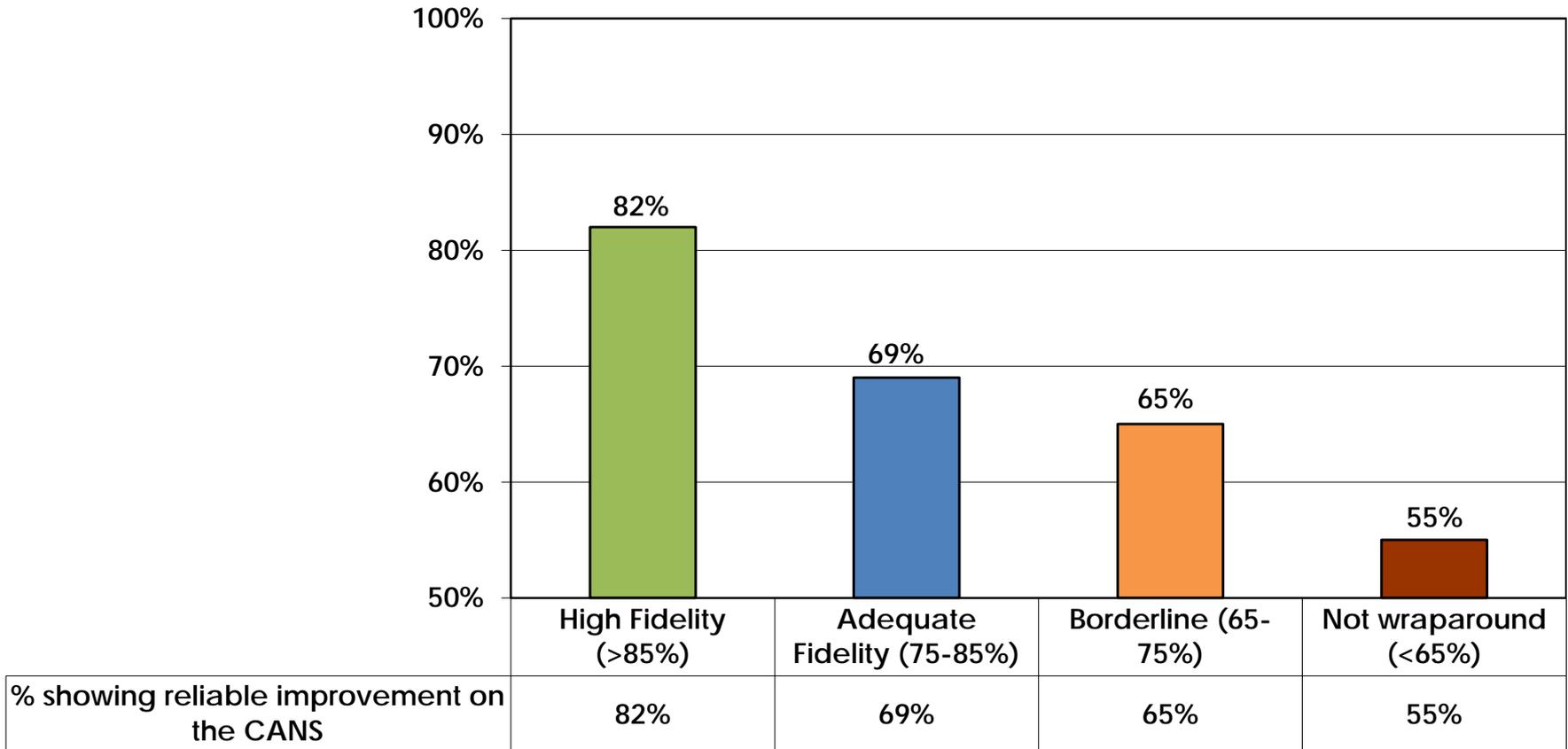
# Documentation Assessment & Review Tool

- Uses case record material to assess components of Wraparound
  - Referral details, engagement timeliness, use of strengths, quality of needs statements, progress monitoring, safety planning, etc.
- Pilot starting soon, and should be available in 2017



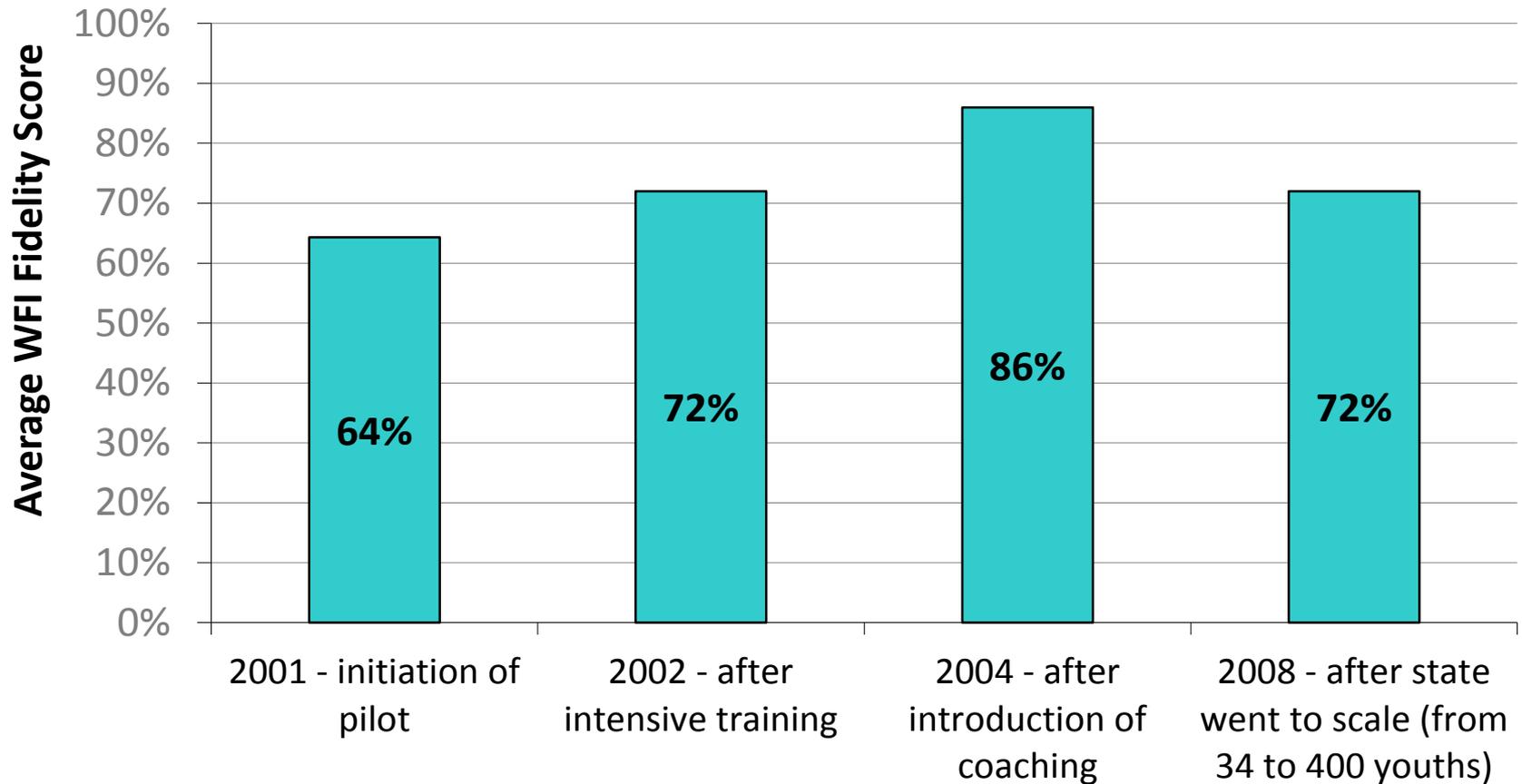
# *The power of implementation data:*

Higher fidelity associated with more functional improvement



Effland, McIntyre, & Walton, 2010

# *The power of implementation data:* Going to scale without adequate supports



# Outcomes Data

## Population characteristics

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## Fidelity (and related) data

*What do services look like for the families we work with?*

# What constitutes a positive outcome?

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- Wraparound might have any or all of the following impacts, among others
  - Meeting needs or goals that are documented in youth/families' Wraparound plans
  - Increasing child and family assets and strengths and reduction of needs
  - Improving caregiver well-being
  - Increasing family and youth empowerment
  - Keeping youth “at home, in school, and out of trouble”

# There are dozens of existing easy-to-use and validated assessments



Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

**ScienceDirect**

Cognitive and Behavioral Practice 22 (2015) 5-19

Cognitive and  
Behavioral  
Practice

[www.elsevier.com/locate/cabp](http://www.elsevier.com/locate/cabp)

## **Free, Brief, and Validated: Standardized Instruments for Low-Resource Mental Health Settings**

Rinad S. Beidas, Rebecca E. Stewart, and Lucia Walsh, *University of Pennsylvania Perelman School of Medicine*  
Steven Lucas, *University of Pennsylvania Perelman School of Medicine and University of Pennsylvania*  
Margaret Mary Downey, *University of Pennsylvania Perelman School of Medicine*  
Kamilah Jackson, *Department of Behavioral Health and Intellectual DisAbility Services, Philadelphia*  
Tara Fernandez and David S. Mandell, *University of Pennsylvania Perelman School of Medicine*

*Evidence-based assessment has received little attention despite its critical importance to the evidence-based practice movement. Given the limited resources in the public sector, it is necessary for evidence-based assessment to utilize tools with established reliability and validity metrics that are free, easily accessible, and brief. We review tools that meet these criteria for youth and adult mental health for the most prevalent mental health disorders to provide a clinical guide and reference for the selection of assessment tools for public sector settings. We also discuss recommendations for how to move forward the evidence-based assessment agenda.*

# Wraparound initiatives often use at least one of these tools—see handout

Name	Assessment Purpose	Number of Items and Subscales	Administration	Cost
<b>Brief Problem Checklist</b>	Youth Mental Health/Functioning	12-15 questions for school-age youth, with two subscales: internalizing and externalizing problems	Administered to youth and/or caregiver	Free
<b>Child and Adolescent Functional Assessment Scale (CAFAS), 2<sup>nd</sup> Version</b>	Youth Mental Health/Functioning	315 items measuring eight domains: School; Home; Community; Behavior Towards Others; Moods; Self-Harm; Substance Use; Thinking; Material Needs (Caregiver Scale only); Social Support (Caregiver Scale only)	Administered to youth and/or caregiver	Fixed yearly maintenance fee and a nominal fee for each assessment you use. Since the software is entirely web-based, there are no installation costs or setup fees.
<b>Child and Adolescent Needs and Strength (CANS) Assessment</b>	Youth Mental Health/Functioning; sometimes used for determining Level of Service Need	Varies by state, often 10 domains with 10-15 items each, plus optional modules for in-depth exploration of key needs (e.g., trauma, delinquency, etc.)	Wraparound facilitator or other certified personnel complete with or with information from caregiver, youth, and possibly other team members	Free—many version available online, but most jurisdictions partner with the Praed Foundation to develop a customized tool and purchase training and implementation support; certification strongly recommended
<b>(Early) Child and Adolescent Service Intensity Instrument (CASII/ECSII)</b>	Youth Level of Service Need	6 Risk dimensions about youth and youth's environment and a score on 7 levels of service intensity	Mental health provider/care manager	Free to use, but training required with a per-person charge; \$35 per manual plus shipping fees
<b>Ohio Scales</b>	Youth Mental Health/Functioning	48 items and four subscales: 1) Problem Severity subscale (20 items), 2) Functioning subscale (20 items), 3) Satisfaction with treatment subscale (4 items), and 4) Hopefulness subscale (4 items)	Self-administered Youth, parent, and agency worker forms	Free—available online, no certification required
<b>Strengths and Difficulties Questionnaire (SDQ)</b>	Youth Mental Health/Functioning	25	Self-administered by caregiver, youth, or teacher	Free—available online, no certification required
<b>Treatment Outcome Package (TOP)</b>	Youth Global Functioning	Youth (48 items), adolescent and adult versions (58 items), each with a series of key symptom and functioning domains targeted to the respondent's developmental category	Self-administered by child, adolescent, or adult	Registration conducted on the agency-level, with costs determined on a per user basis
<b>Youth Top Problems (YTP)</b>	Youth Global Functioning	Respondent asked to list problems, and rater then obtains severity ratings for each problem until 3 top problems are identified	Administered to Youth and caregiver (separately) by a clinician/care coordinator	Free—not a scale, per se, but rather a structured approach to measuring idiographic outcomes
<b>Caregiver Strain Questionnaire, Short Form (CGSQ-SF)</b>	Caregiver Functioning	10	Self-administered by caregiver	Free—available online, no certification required
<b>Parenting Stress Index, Fourth Edition (PSI™-4)</b>	Caregiver Functioning	120 items focused on three major domains of stress: child characteristics, parent characteristics, and situational/demographic life stress	Self-administered by caregiver	\$227 for intro kit (includes manual, 10 reusable booklets, 25 answer sheets, 25 profile forms)
<b>Administrative System Data</b>	Various	N/A	Secondary data collection	Free, but requires personnel time for data queries and sharing

# Brief Problem Checklist

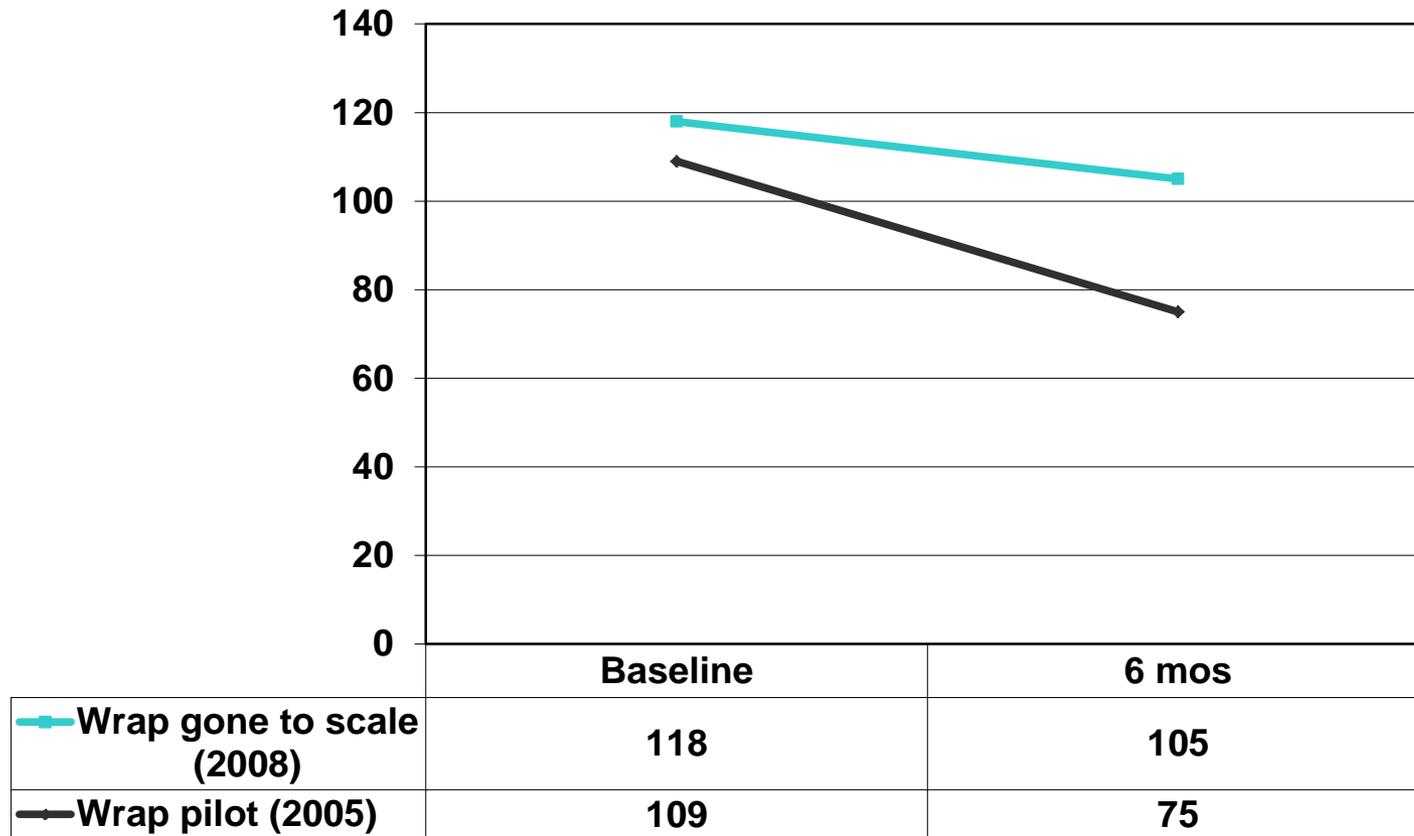
- Measure of youth mental health and functioning
- Brief: 12-15 questions for school-age youth
- Two subscales
  - internalizing problems
  - externalizing problems
- Administered to youth and/or caregiver
- Free to use, minimal training needed
- Validated to assess similar constructs of the Child Behavior Checklist (CBCL) as part of the ASEBA battery of assessing youth functioning

# Youth Top Problem Assessment

- Measure of youth or family global functioning
- Brief and individualized
  - Respondent asked to list problems, and then rates their severity until 3 “top problems” are identified
  - Severity or improvements ratings for the “top problems” are then gathered at regular intervals
- Free—not a scale, per se, but rather a structured approach to measuring idiographic outcomes

# Using standardized outcomes data

Scores on the CAFAS before and after “going to scale”

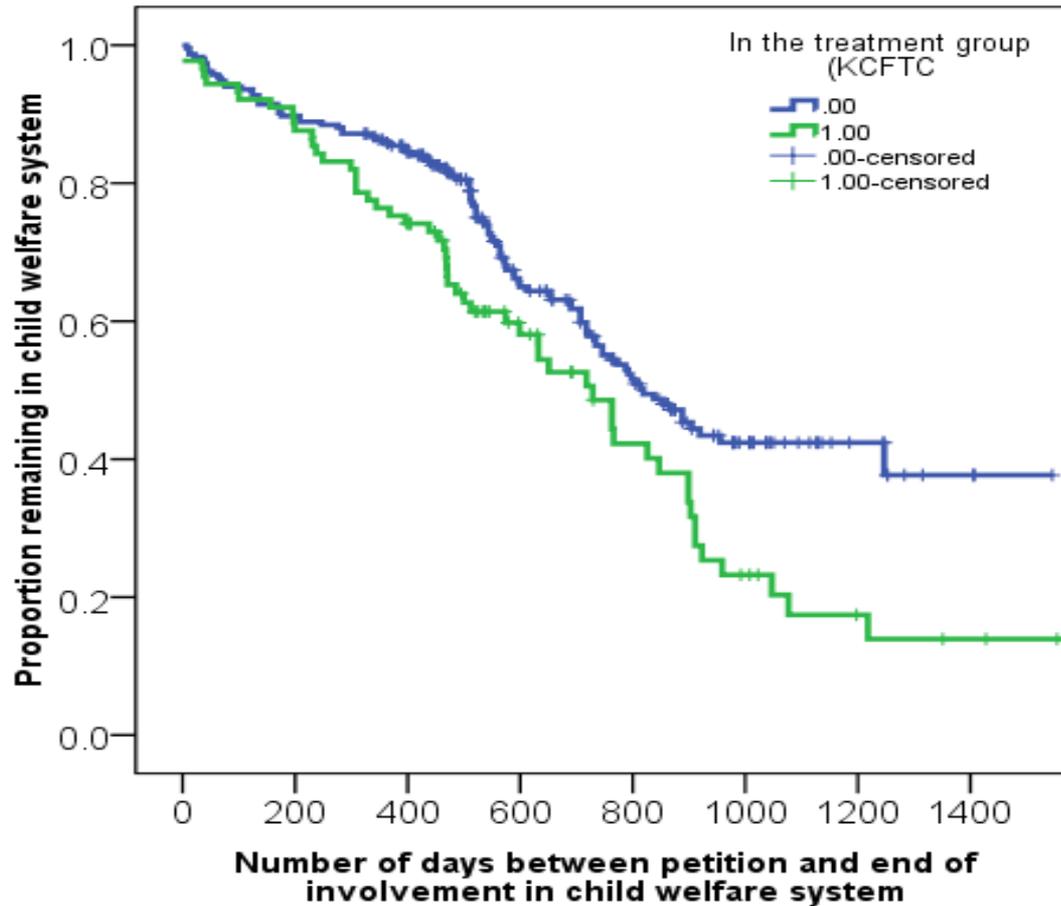


Bruns, Pullmann, Sather, Brinson, & Ramey, 2014

# You can measure some outcomes without collecting additional data

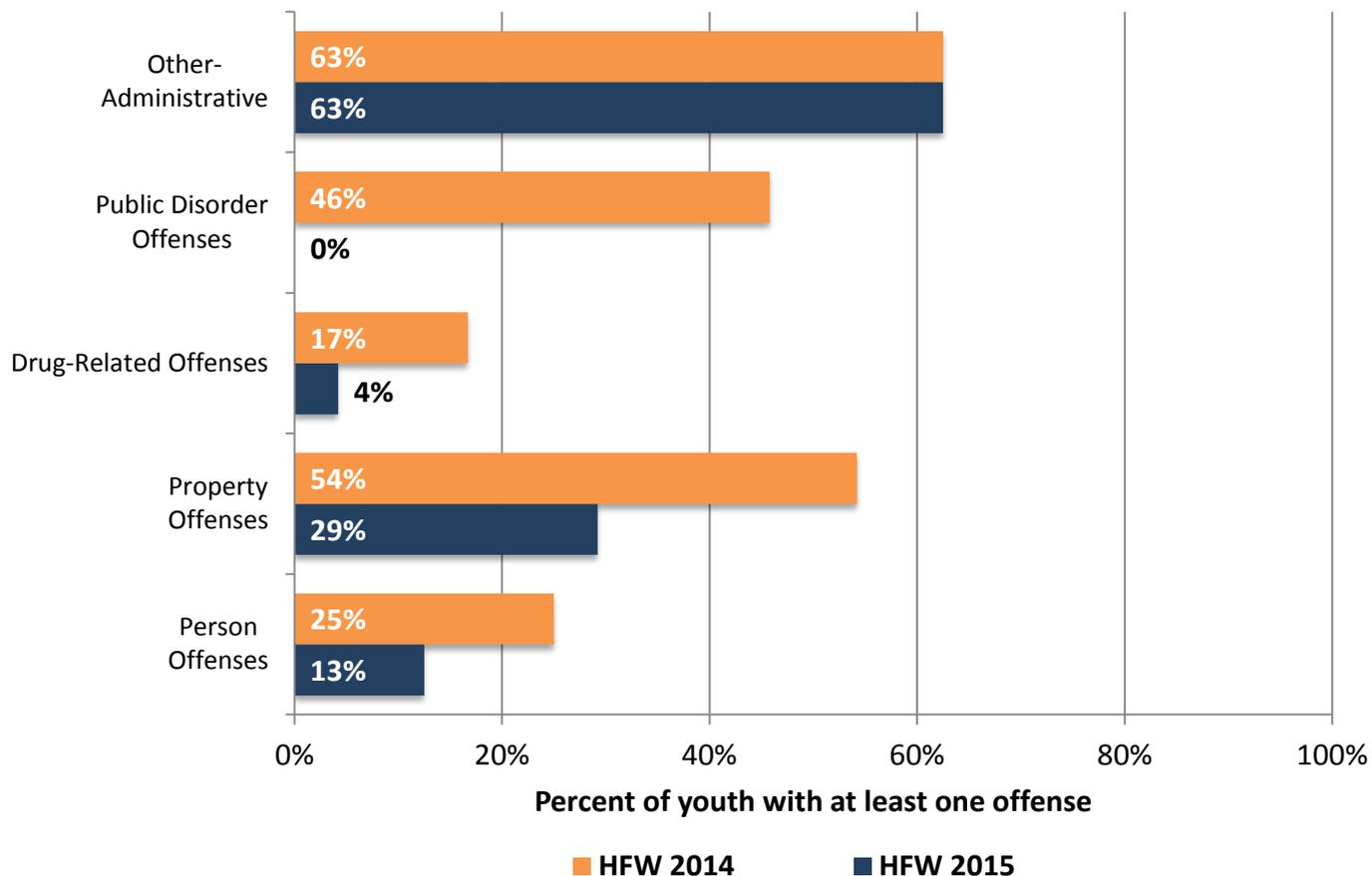
- Outcomes can be inferred through **administrative data**, or data that is collected during the course of normal business, not primarily for evaluation or research
  - Juvenile Justice Data: Offenses, convictions, detention stays
  - Education Data: Attendance, grades
  - Child Welfare Data: Living situation, investigations

# Using administrative data example: Family court impact on CW involvement



# Using administrative data example: Impact on juvenile offending over time

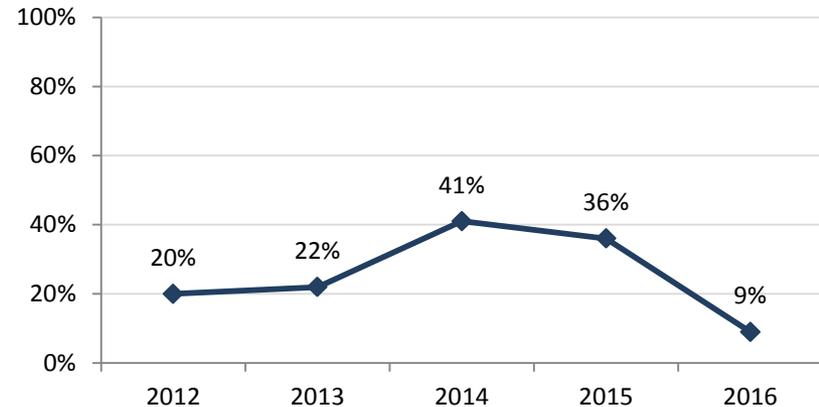
Change in offenses committed by youth in Wraparound



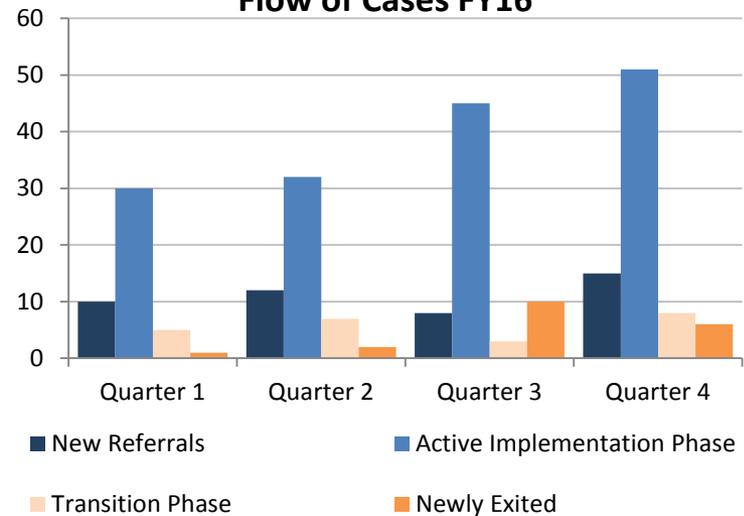
# You can create your own metrics

- Although there are benefits to using standardized assessments existing measures (they often have established benchmarks and have been independently validated), sometimes a simple individually-generated metric tied to your information needs is best
  - Number of families who exit services for “positive” reasons
  - % of top problems/needs improved over time
  - Turnover of staff

**Annual Facilitator Turnover**



**Flow of Cases FY16**



Page 14 in Booklet

## **EXERCISE 2: WHAT WILL BE YOUR DATA SOURCES?**



## EXERCISE 2:

# What will be your data sources?

- What data do you already collect?
  - Ex. Referral and demographic information, TRAC/NOMS
  - What would need to be done to it to make it useful?
- What measures do you want to use?
  - How will they meet your information needs?

# Questions to ask in deciding “*What to measure?*”

## DATA AND INFORMATION NEEDED:

- What data and findings are needed to support decision-making?
- How available are these data?
- Are new data collection approaches needed, or are the data available through existing means?
- If outcomes and indicators have already been defined, do they support what is needed?

# Part 2: Translating your questions and needs into data

## How should you choose what to collect and how to collect it?

1. What data will you collect?
2. From whom will you collect data?
3. How often will you collect data?
4. Who will collect data?

# Data can be collected at several levels, depending on what you want to learn

From county or state-level stakeholders

From administrators and supervisors

From service providers such as Wraparound Facilitators

From families and youth

From Documentation

From Existing Databases

# Often, you will need to create a sample to make collection manageable

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- It is often not feasible to collect data about every client, staff, organization, and/or community you are interested in, so you will need to create a **sample**, or a systematically selected part of the whole
- But if you can feasibly collect data from the whole population of interest (a **census**), do it!

# Some sampling best practices

1. The sample should be a **random selection**, or at least **representative**
  - Should also be representative at each level of desired analysis (e.g. by unit/supervisor, agency, community, etc.)
2. The same sampling method should be **used consistently** across data collection waves
3. Adequate effort must be expended toward obtaining a high (80%+) response rate
  - Ultimately, the **response rate is more important than the number of youth/families in the sample**

# Non-probability sampling methods are sometimes appropriate

- **Purposive sample**
  - Select your sample to best meet the purposes of your evaluation
    - Ex: collecting data from the highest and lowest performing staff to understand barriers and facilitators of high performance
- **Snowball sample**
  - Ask respondents for leads on how to find other potential respondents
  - Good for “underground” populations
- **Selecting key informants**
  - Selecting people who have unique/expert knowledge of the issue being explored

# Part 2: Translating your questions and needs into data

## How should you choose what to collect and how to collect it?

1. What data will you collect?
2. From whom will you collect data?
3. How often will you collect data?
4. Who will collect data?

# Purpose and tool dictate timing

---

- What do you need to know and when?
  - Work backwards from desired finished product
- What frequency and timing makes sense for your data collection tool?
  - Can responses be expected to change? When?
- What other data collection activities are already being performed and when?
  - Can you consolidate efforts?

# Part 2: Translating your questions and needs into data

## How should you choose what to collect and how to collect it?

1. What data will you collect?
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3. How often will you collect data?
4. Who will collect data?

# Some specific party should be responsible for data collection

- Need someone with the ability and authority to oversee data collection and improve processes over time
- *Who* collects the data depends on the tool and timing



# Who can collect data?

	Pros	Cons
<b>Wrap Staff</b>	<ul style="list-style-type: none"><li>• Often can get a higher response rate</li><li>• Can be integrated into routine practice</li><li>• Responses can be readily incorporated into treatment planning</li><li>• Can be less resource intensive</li></ul>	<ul style="list-style-type: none"><li>• Can bias feedback, especially if assessing program implementation and fidelity</li><li>• Can burden staff</li><li>• Decentralization could lead to systematic data collection differences</li></ul>

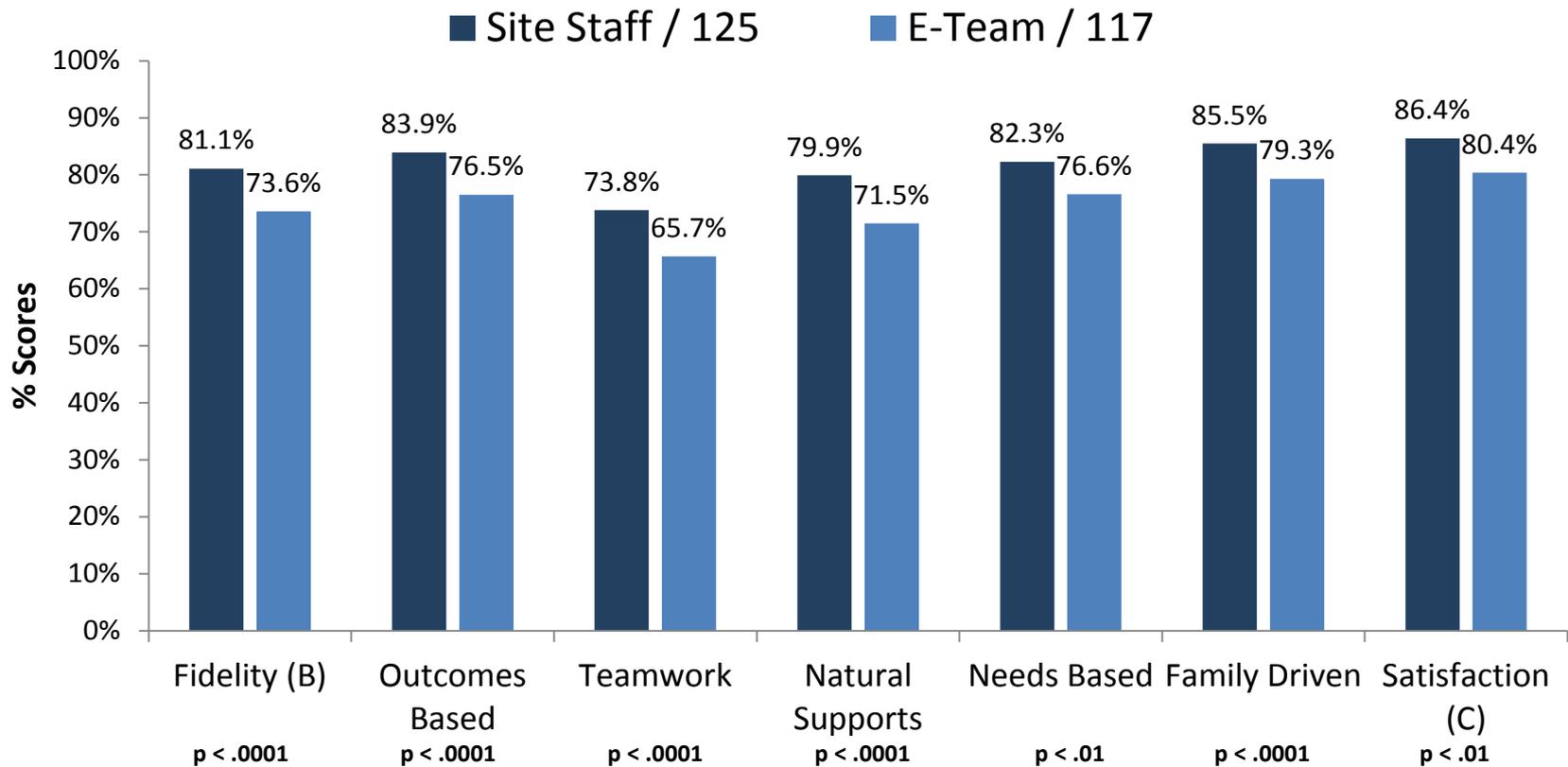
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# Who can collect data?

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<b>External Evaluators</b>	<ul style="list-style-type: none"><li>• Can be more objective</li><li>• Seen as neutral to subjects, so may get more “accurate” responses</li><li>• Easier to train and monitor</li><li>• May have special access to administrative or system data</li></ul>	<ul style="list-style-type: none"><li>• Seen as outsiders</li><li>• May not full understand local context</li><li>• May be more resource intensive than using local collectors</li></ul>

# The affiliation of the data collector can affect scores



## WFI-EZ Scale/Subscale Score Means

Vetter, J. & Strech, G. (2014, March). Influences on Caregiver Assessment of Wraparound Fidelity: Does the program status of the assessor affect fidelity scores on the WFI-EZ? Paper presented at the 27th Annual Children's Mental Health Research & Policy Conference, Tampa, FL.

# Good data collection protocols are essential to getting good data

- Think through the data collection from start to finish from a data collector's point of view
- Data collectors benefit from:
  - Extremely explicit directions with contingency plans
  - Clear timelines and deadlines
  - Flow charts
  - Scripts
  - Tracking tools and routine monitoring
  - Self-addressed stamped envelopes

# Flow chart showing step by step collection protocol

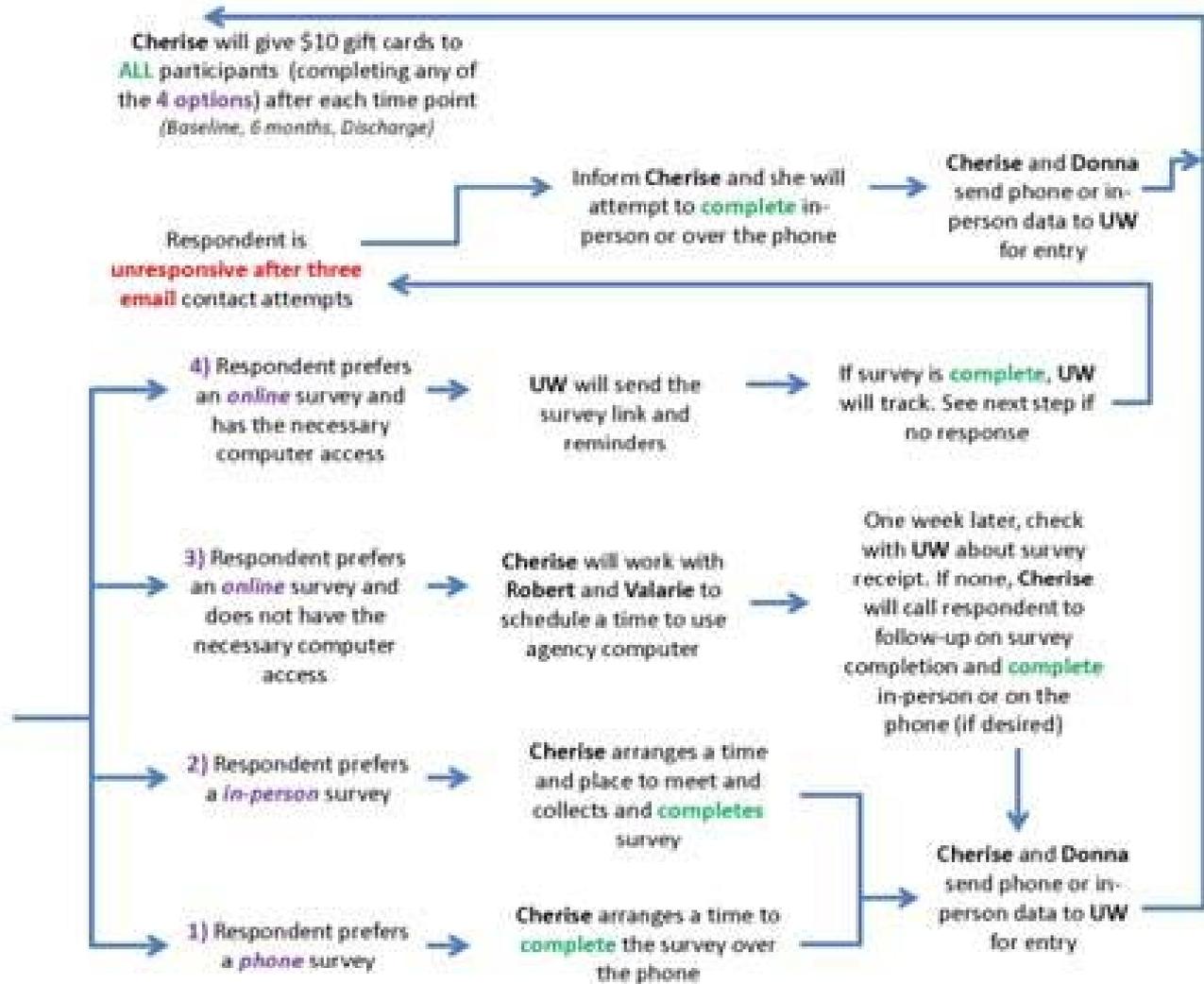
**START HERE:**  
Did Caregiver or TAY consent to evaluation? CCS and CY5 keep record of consent



Donna and Cherise to send redacted UI form to UW for everyone



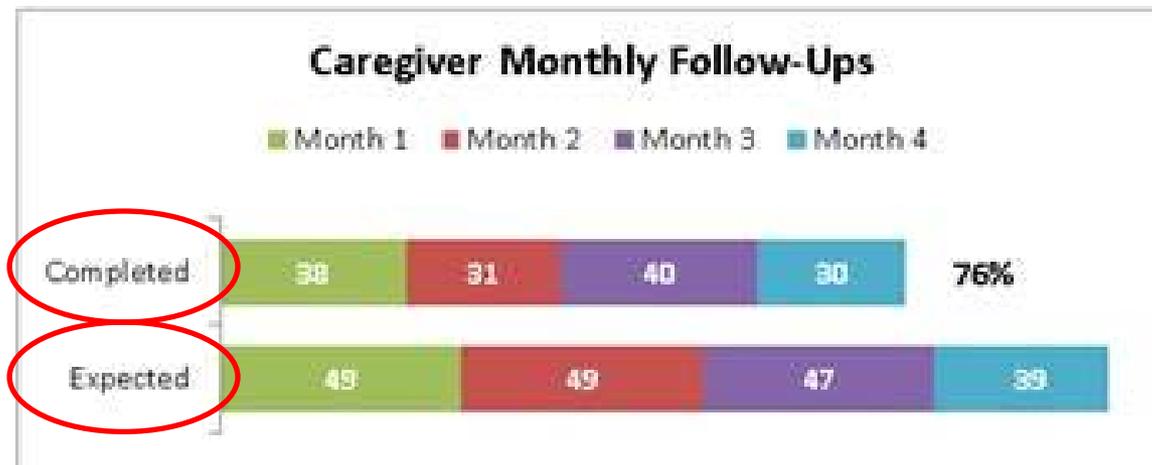
Cherise contacts people that prefer phone or in person, while UW sends personalize link to people who provided their email address on the UI



# Clear and routine monitoring

## North Region

Month 1			Month 2			Month 3			Month 4		
N Eligible	N Comp	% Comp	N Eligible	N Comp	% Comp	N Eligible	N Comp	% Comp	N Eligible	N Comp	% Comp
49	38	78%	49	31	63%	47	40	85%	39	30	77%



# Some lessons learned while getting very high response rates

- Try to have a flexible, open schedule
- Create incremental targets
- Stay organized, and keep tracking logs
- Send weekly updates and reminders to program staff
- Establish good relations with those who can get you to the participant
  - i.e., facilitators and supervisors
- Go above and beyond
  - Incentives, pizza parties, family nights, group meetings
- **Be persistent!**

## AFTER OUR BREAK...

Page 16 in Booklet

# EXERCISE 3: WHO WILL COLLECT YOUR DATA, ABOUT WHOM, AND WHEN?



Portland State  
UNIVERSITY



University of Washington



UNIVERSITY of MARYLAND  
SCHOOL OF SOCIAL WORK

THE INSTITUTE FOR INNOVATION & IMPLEMENTATION

# BREAK!



Page 16 in Booklet

## **EXERCISE 3: WHO WILL COLLECT YOUR DATA, ABOUT WHOM, AND WHEN?**



Portland State  
UNIVERSITY



University of Washington



UNIVERSITY of MARYLAND  
SCHOOL OF SOCIAL WORK

THE INSTITUTE FOR INNOVATION & IMPLEMENTATION

## EXERCISE 3:

# Your Data Collection Plan

---

- What are you collecting, and in what format?
  - Could be collected from people, documents, existing databases, etc.
- Who will you collect data from (sample)?
- When will the data be collected?
- Who will collect your data?
- Who will oversee data collection and management?

Part 3

# **ANALYZING AND COMMUNICATING YOUR FINDINGS FOR MAXIMUM IMPACT**



# Part 3: Analyzing and communicating your findings for maximum impact

---

## I have data... Now what?

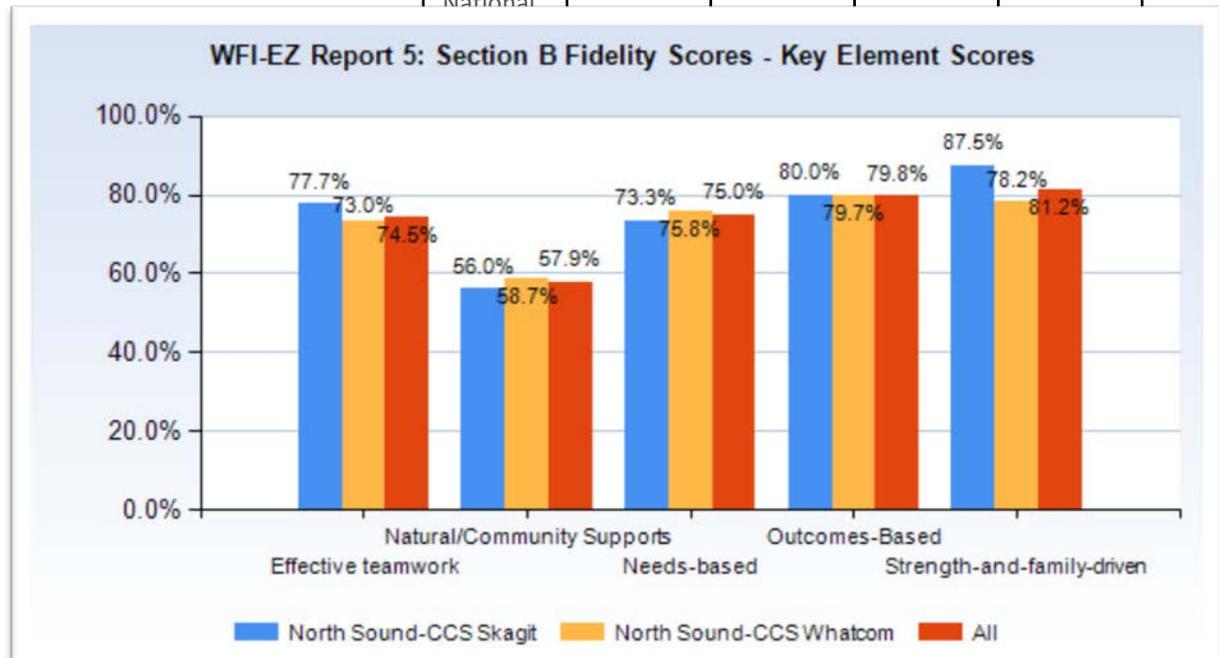
1. How do I analyze my data?
2. How do I best communicate my findings?
3. How do I make sure the information is used?

# Some off-the-shelf assessments come with analysis and reporting software

**WrapTrack**

A WFAS-specific online data entry system with several “canned” reports

	Effective Team-work	Nat/Comm Supports	Needs-Based	Outcome s-Based	Strength /Family Driven
County A	77.7%	56%	73.3%	80%	87.5%
County B	73%	58.7%	75.8%	79.7%	78.2%
All	74.5%	57.9%	75%	79.8%	81.2%
National					5%



# FidelityEHR has automated reports and a report-builder function



A Wraparound-specific EHR with integrated CANS, CAFAS, and WFAS reporting

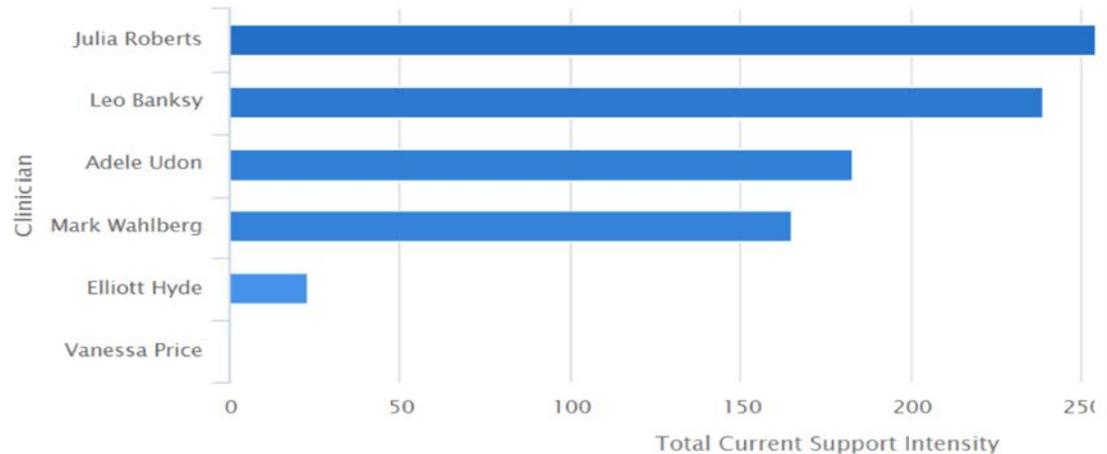
The screenshot shows the 'Plan Of Care' interface for a patient named Esther Hernandez. It displays a strategy titled '5. Needs, Outcomes, Strategies' with a start date of 02/25/2014 and a completion date of 04/01/2015. The strategy text is 'Esther needs to better understand...'. Below this, there is a table of tasks and strategies.

Tasks	Formal	Assigned To	Due Date
Esther will be actively e...	Yes	Hernandez...	11/30/2014

Additional strategies listed include 'Esther will meet with counselor 2 x a week to engage in trauma stage one treatment emphasizing safety and coping strategies to...' and 'Esther will attend Inner Life Skills classes 2x a week to increase...'. The interface includes options to 'ADD NEW', 'ADD MULTIPLE', 'EXPAND ALL', 'REVIEW', and 'DELETE'.

6 Support Intensity by Clinician: CANS TCOM Report Suite

## Support Intensity by Clinician



# The ASEBA has a desktop and web-based data management system

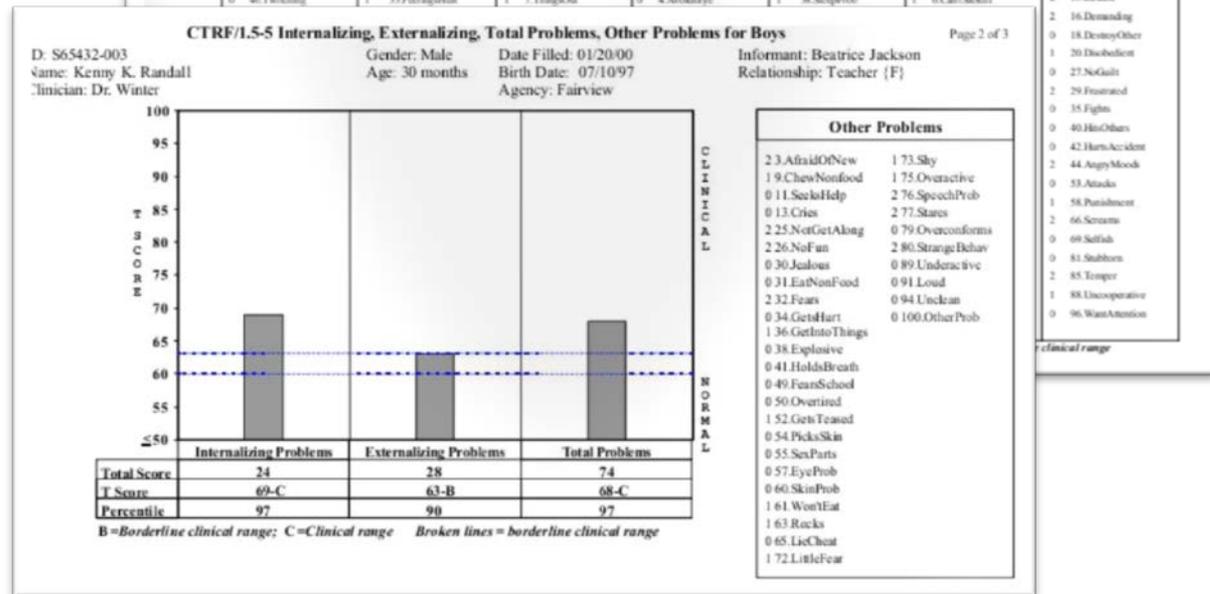
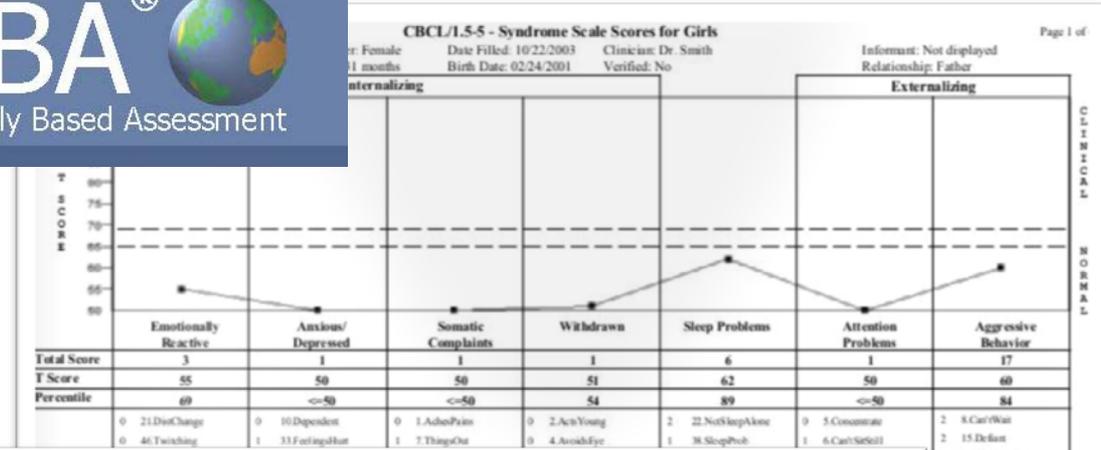
**A** Achenbach  
**S** System of  
**E** Empirically  
**B** Based  
**A** Assessment

## ASEBA<sup>®</sup>

Achenbach System of Empirically Based Assessment



A well-validated and comprehensive assessment of functioning



# If you need to analyze your own data, take these steps first

---

- Have your data stored and formatted as a database
  - Variable names and headers in the top row
  - No blank rows or columns
  - No color-coded formatting or other “hidden” variables
- If you have data in multiple places about the same person/thing, it needs a “key” or unique identifier to match the person/thing

# Simple analysis tools and strategies can be powerful

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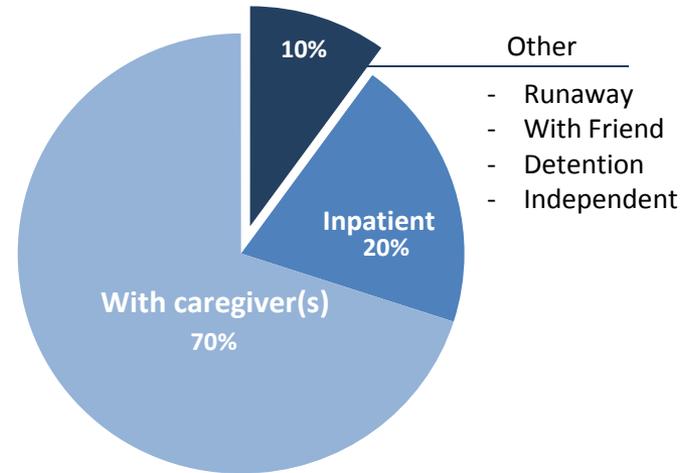
- You do not have to be a statistician, or have access to expensive software to conduct simple, useful analyses of your data
- Significance testing is important for published research; it is **not** essential for quality improvement

# Three broad ways to analyze your data without special tools or training

## Summarize or “Descriptives”

- Counts, Averages, Ranges
  - How many youth enrolled last year?
  - What is a facilitator’s average caseload?
  - What is the longest a youth has ever been in Wraparound?
  - How well-developed do stakeholders feel our SOC is?
  - What is the most common living situation, upon enrollment?

Living Situation of Enrolled Youth



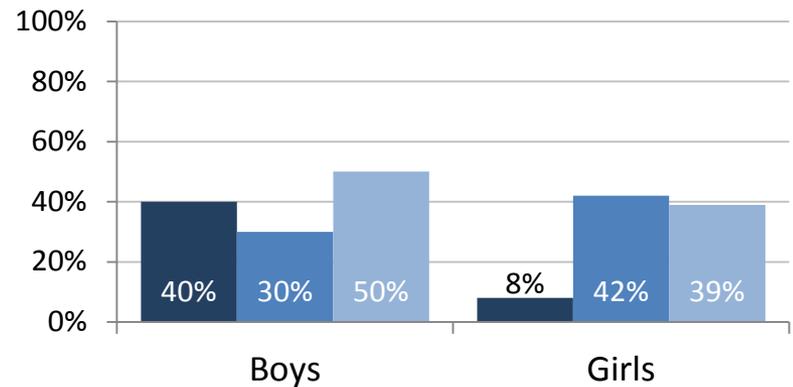
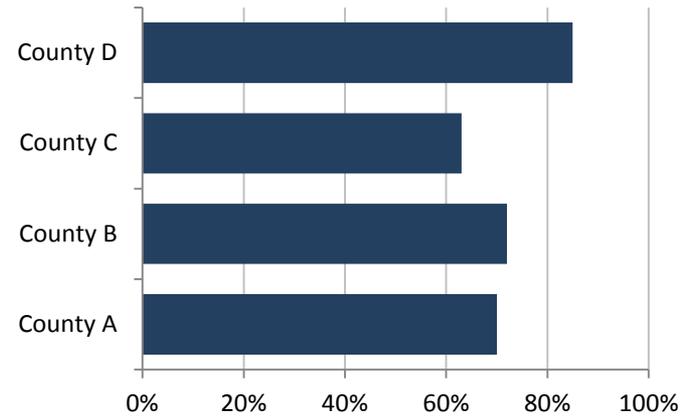
Facilitator	Caseload Size		
	Jan	Feb	Mar
Chelsea	10	10	7
Luis	9	10	8
Aisha	11	12	12
Gabby	6	7	11

# Three broad ways to analyze your data without special tools or training

## Make Comparisons

- Comparing descriptives
  - *Do youth who live in the city have different needs than suburban youth?*
  - *How developed is our SOC compared to those in the national sample?*
  - *Do our minority youth have different outcomes than white youth?*
  - *Which unit has higher fidelity?*

WFI-EZ Total Score



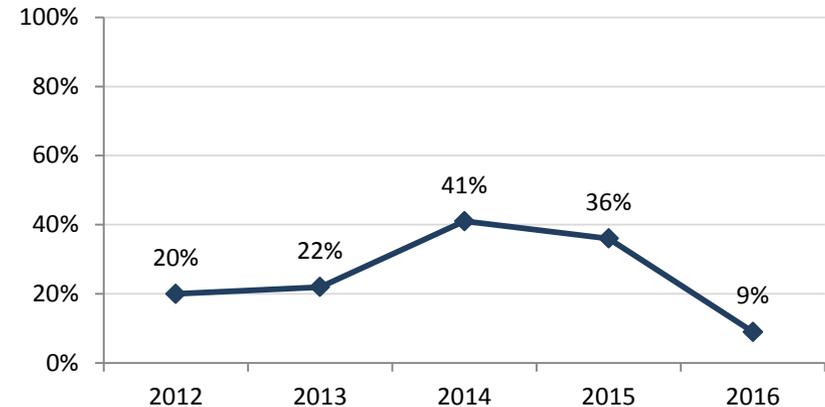
■ Conduct Disorders ■ Anxiety Disorders  
■ Affective Disorders

# Three broad ways to analyze your data without special tools or training

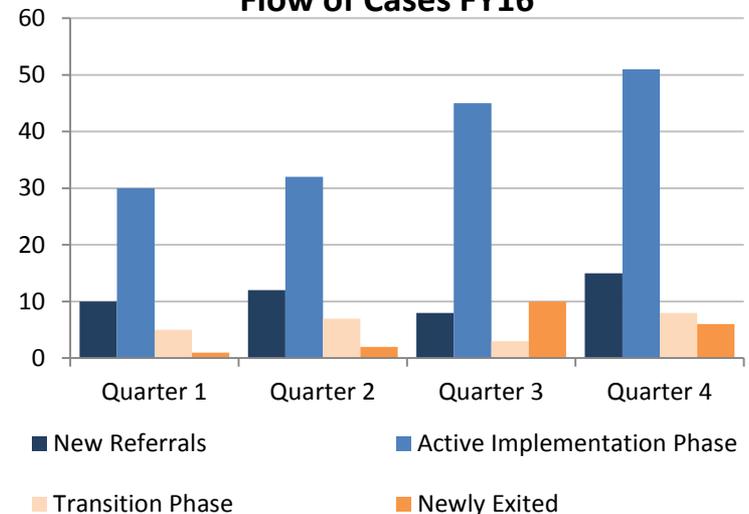
## Track Change Over Time

- Plotting scores over time or calculating change scores
  - *Is our practice better this year?*
  - *Are we serving more youth than we were in 2012?*
  - *How much did costs go up last month?*
  - *How much improvement did youth experience in 6 months?*

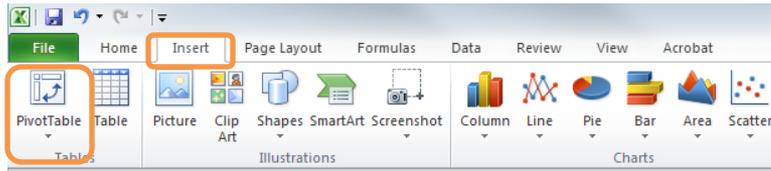
Annual Facilitator Turnover



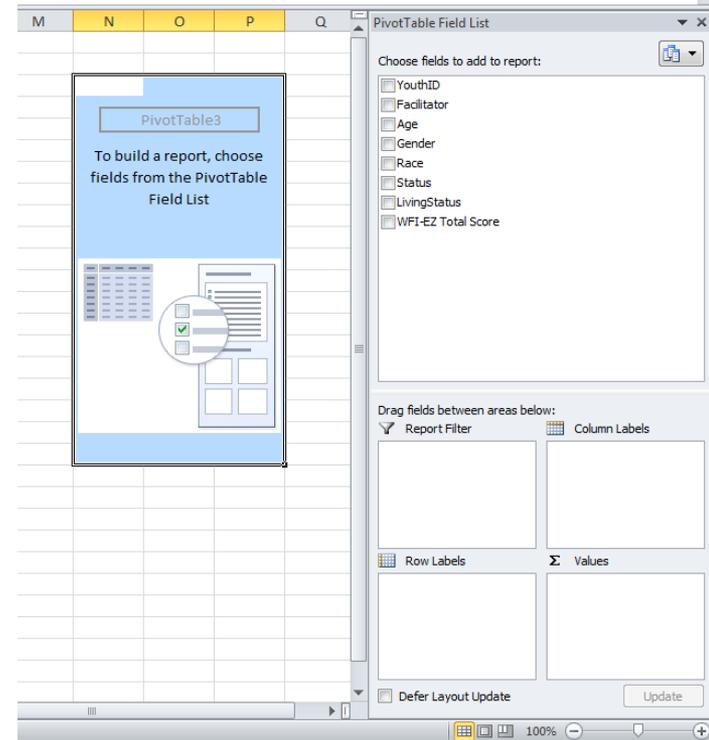
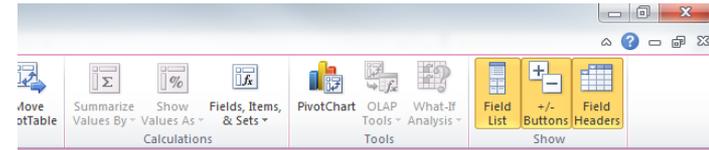
Flow of Cases FY16



# Excel Pivot Tables are a useful tool for basic data analysis



	A	B	C	D	E	F	G	H	I
1	YouthID	Facilitator	Age	Gender	Race	Status	LivingStat	WFI-EZ Total Score	
2	1	Jessica	8	Male	Other	Active	With legal	88	
3	2	Carol	12	Female	Black	Active	With legal	64	
4	3	Rodger	18	Female	Black	Active	With legal	66	
5	4	Luis	15	Female	Black	Active	With legal	79	
6	5	Carol	16	Male	Other	Active	With legal	75	
7	6	Carol	12	Female	Black	Active	Detention	91	
8	7	Luis	13	Male	Other	Active	With legal	68	
9	8	Luis	4	Female	Black	Active	Other	68	
10	9	Luis	16	Female	Black	Active	Other	80	
11	10	Luis	9	Male	Black	Closed	With legal	66	
12	11	Luis	14	Female	White	Closed	With legal	61	
13	12	Luis	5	Male	Other	Transition	With legal	77	
14	13	Luis	6	Male	Other	Active	With legal	67	
15	14	Luis	6	Female	Other	Active	With legal	61	
16	15	Luis	8	Female	Black	Active	Detention	86	
17	16	Carol	8	Male	Other	Active	With legal	66	
18	17	Carol	8	Male	White	Active	Other	74	
19	18	Carol	9	Male	Other	Active	Other	87	
20	19	Carol	12	Male	White	Active	With legal	81	
21	20	Rodger	15	Female	Other	Active	With legal	92	
22	21	Jessica	19	Male	Black	Active	With legal	87	
23	22	Jessica	17	Female	Other	Active	With legal	72	
24	23	Luis	13	Female	White	Closed	With legal	67	
25	24	Rodger	13	Female	White	Closed	Detention	87	
26	25	Luis	6	Male	White	Active	With legal	81	
27	26	Jessica	8	Female	White	Active	Other	76	



# Pivot Tables are flexible and intuitive and update along with your data

The screenshot shows the Microsoft Excel interface. The PivotTable Field List task pane is open on the right, showing the following fields:

- YouthID
- Facilitator
- Age
- Gender
- Race
- Status
- LivingStatus
- WFI-EZ Total Score

The PivotTable is displayed in the main worksheet area. It has three tables:

Count of YouthID	Column Labels	Male	Grand Total	
Row Labels	Female			
Carol		2	5	7
Jessica		4	3	7
Luis		7	5	12
Rodger		3	1	4
Grand Total		16	14	30

Row Labels	Average of WFI-EZ Total Score
Carol	76.9
Jessica	79.6
Luis	71.8
Rodger	78.8
Grand Total	75.7

Row Labels	Average of WFI-EZ Total Score
Detention/Jail	88.0
Other	75.8
With legal custodian(s)	73.9
Grand Total	75.7

- There are many resources to help you with Excel and pivot tables

– <http://www.excel-easy.com/data-analysis/pivot-tables.html>

– <http://www.excel-easy.com/data-analysis/charts.html>

# Creating charts and graphs in MSOffice is simple (This is Excel)

The screenshot shows the Microsoft Excel interface. The 'Insert' tab is selected, and the 'Charts' group is highlighted with an orange box. The ribbon includes options for PivotTable, Table, Picture, Clip Art, Shapes, SmartArt, Screenshot, Column, Line, Pie, Bar, Area, Scatter, and Other Charts. Below the ribbon, the formula bar shows 'G16'. The main grid contains a data table with the following content:

	A	B	C	D	E	F	G
1							
2		<b>Cumulative Number of referrals</b>					
3			Self	School	Mental Health	Juvenile Justice	Child Welfare
4		January	2	2	0	2	0
5		February	4	3	2	0	4
6		March	3	5	0	2	3
7		April	0	0	5	0	0
8		May	3	0	2	5	1
9		June	1	5	5	2	4
10		July	4	2	1	3	2
11		August	1	2	0	0	5
12		<b>Total</b>	<b>18</b>	<b>19</b>	<b>15</b>	<b>14</b>	<b>19</b>
13							
14							
15							

Create a data table;  
Link it to your data  
or analysis so it will  
update

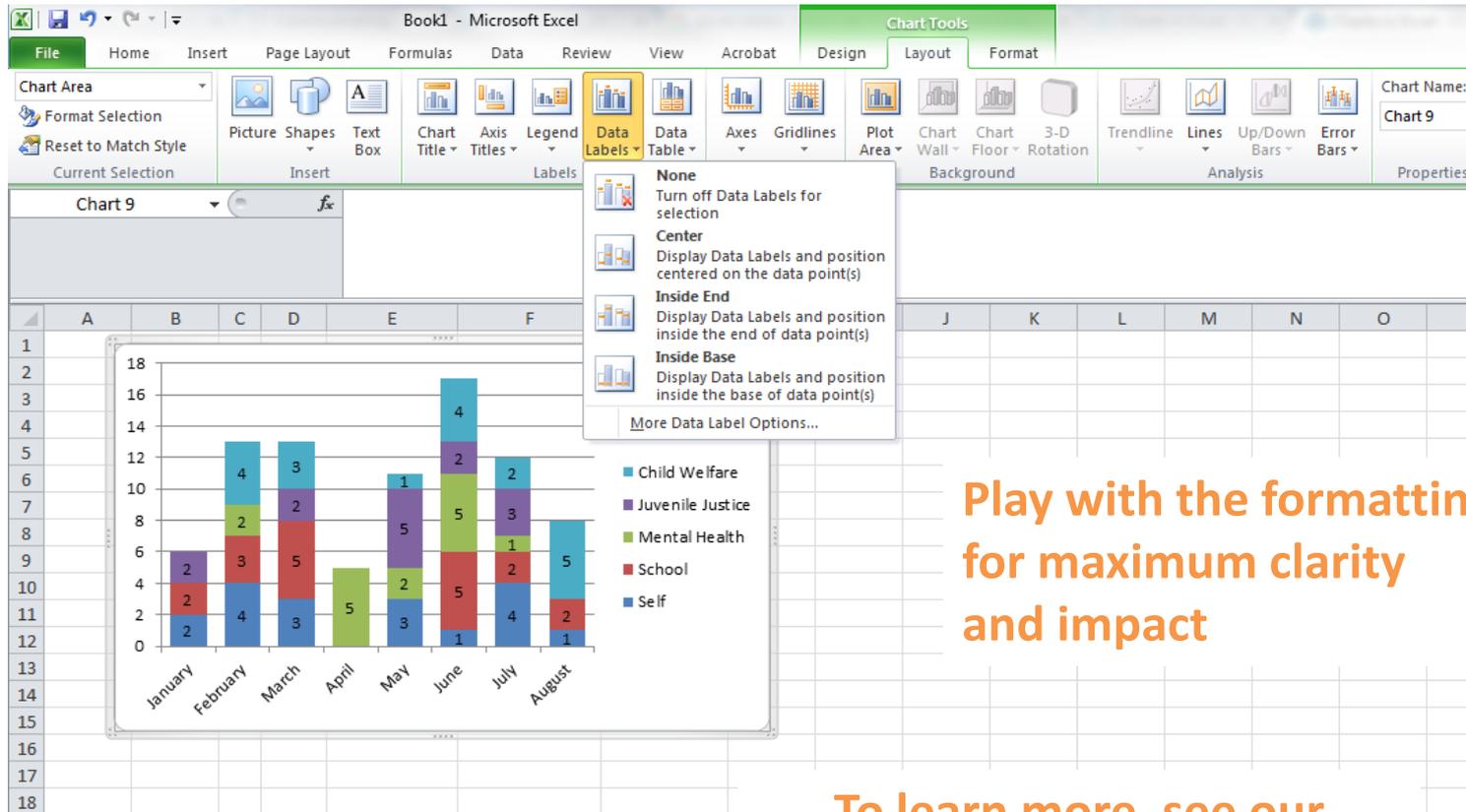
# Creating charts and graphs in Excel is simple

The screenshot shows the Microsoft Excel interface. The 'Insert' tab is active, and the 'Charts' group is expanded to show 'Column' charts. A tooltip for the 'Stacked Column' chart type is displayed, providing a description and a use case. The background spreadsheet contains the following data:

	A	B	C	D	E	
1						
2		<b>Cumulative Number of referrals</b>				
3			Self	School	Mental Health	Juve
4		January	2	2		0
5		February	4	3		2
6		March	3	5		0
7		April	0	0		5
8		May	3	0		2
9		June	1	5		5
10		July	4	2		1
11		August	1	2		0
12		<b>Total</b>	<b>18</b>	<b>19</b>		<b>15</b>

Choose which type of Chart you want—look online for best-practices r.e. data visualization

# Creating charts and graphs in Excel is simple



Play with the formatting for maximum clarity and impact

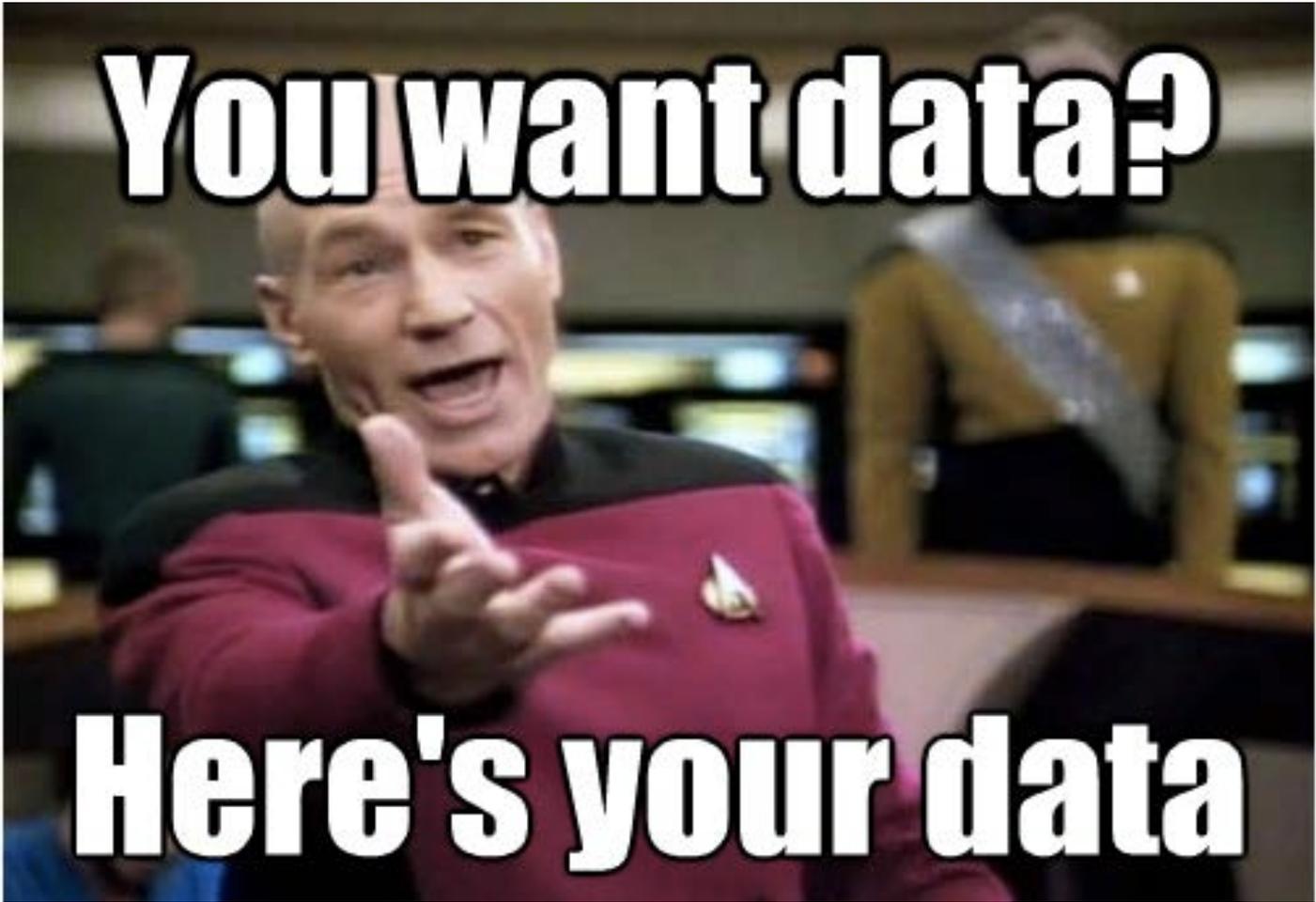
To learn more, see our resource list at the end of the handout booklet!

# Part 3: Analyzing and communicating your findings for maximum impact

---

## I have data... Now what?

1. How do I analyze my data?
2. How do I best communicate my findings?
3. How do I make sure the information is used?



# Good data means nothing if it doesn't get to the people making decisions

- **Practitioners and administrators**
  - Need real-time and/or routine data access to inform teamwork, practice, supervision, etc.
    - Reports, dashboards, etc.
- **Administrators and System planners**
  - Need routine reports and episodic decision-specific information
    - Reports, dashboards, presentations, policy briefs
    - Peer-reviewed journal articles
- **General public**
  - Needs persuasive, but data-based evidence of program utility
    - Human interest stories, radio presentations, web posts

# Weekly reports for supervisors

## ENROLLMENT DASHBOARD: 1/5/2015

Program Census	# Enrolled	Pending Disenrolls	Stayed Orders	# Enrolled 2+ Yrs
REACH	347	4		59
Wraparound (JJ+CW)	603		72	93
Project O-YEAH	88	2		
<b>Total</b>	<b>1,040</b>			

Census by CC Agency	REACH	+2 Yrs	Wrap	+2 Yrs	% Home-Type
AJA	86	16%	84	20%	43%
Alternatives	13		99	17%	56%
LaCausa	136	28%	177	10%	44%
MHYH	18	11%	40	28%	53%
SaintA	93	4%	73	21%	47%
St. Charles			111	11%	37%
Willowglen			66	14%	50%

Wrap Census by Payor (COURT-INVOLVED)	Wrap Census by Placement	# Youth	% Youth
Not entered yet: 2	Home-Type	295	49% 70/70
CHIPS 243	Out of Home	310	51% 30/70
Delinquent 299	# FOCUS RCCCY: 16		
FOCUS 29	# RCCCY Over 90 Days: 64		
None 8			
Split 24			

MEDICAID ELIGIBLE 95% = 988

Project O'YEAH Census	FISS Assessments
O-YEAH Enroll-Tier 2 68	Nov-14 Enrolled 18
O-YEAH Enroll-Tier 3 20	Nov-14 Referred Out 41
O-YEAH Screening 32	<b>59</b>
O-YEAH Screening-Not Enrolled 240	Dec-14 Enrolled 24
	Dec-14 Referred Out 40
	<b>64</b>

Wraparound Placements	All Youth	High Risk Only
Detention/Jail	25 4%	4
Foster, Pre-adoptive	3 0%	3
Foster, Sustaining Care	30 5%	13

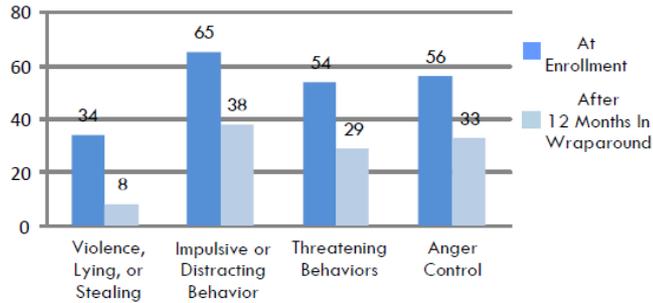
- Focused on program management
- Doesn't have to be pretty, just has to be timely and useful

# Quarterly report for general public and system planners

## Is Wraparound working in Clermont County?

Youth and families are successful with Wraparound

**Decreasing Youth Behavioral and Emotional Challenges**  
(% causing problems) n=48\*



\*n=number of participants

**70%** of youth and families are reaching their goal of **staying together**.

More and more youth are able to remain safely in their home and community. This helps in youths' ability to succeed at school, work, relationships, and everyday life. This means less financial strain on services supported by public dollars.

- Easily digestible, attractive design
- Combines data with persuasive stories
- Harnesses NOMS/TRAC data
- See a full report in your handouts

## Wraparound addresses the needs of parents

*From Rodney, caregiver of a Wraparound participant*

“With Wraparound, we can now leave bad behaviors behind us and continue to move forward as a family. Now we have the knowledge and support to help keep our family together and our child safely in our home. As caregivers, we had full involvement in team meetings with the school, therapists, and other providers. The Wraparound team was always behind us with just a phone call or email away.

Wraparound gave us a growing experience as a family. The team helped us realize our strengths, switch our focus to positive behaviors, and improve communication with each other. We were able to develop a plan together to help effectively deal with any crisis that might happen at home. This helped us feel more in control and capable in our everyday lives.”



# Whether in a “formal report” or available in an appendix or somewhere else... you must have

- Summary
  - Very succinct, and lists the highlights of the evaluation
- Background
  - Provides the context of the evaluation, and offers any baseline knowledge audience needs to know
- Methods
  - Describe how the evaluation was carried out
- Findings
  - Balanced, sharing both negative and positive findings
  - Display data graphically or in tables as well as describing it with narrative
- Closing
  - The “so what”

# All data communications should...

---

- Targeted to the right audience
- Clearly present the information
  - Ideally, tell a story
- Communicate the rigor with which the data was collected
- Be visually appealing

# Depending on audience and goals, data visualization may be important

- Showing a change in clinical outcomes at different time points for a sample of youth
- Academic, NOT very engaging

Table 7. Change in Clinical Functioning for MHSPY Study Population: Baseline vs. 12 Months Post-Enrollment

	Baseline Score Mean (SD)	12 Month Score(SD)	N	Point Change	Percentage Improvement	p-value
CAFAS	111.9 (38.0)	89.0 (31.8)	89	22.9	-20%	< 0.001
CBCL	69.4 (7.3)	63.1 (9.6)	77	6.3	-9%	< 0.001
YSR	58.9 (11.0)	55.1 (12.4)	33	3.8	-6%	0.035
CGAS	54.3 (9.9)	60.6 (11.8)	100	6.3	+12%	< 0.001

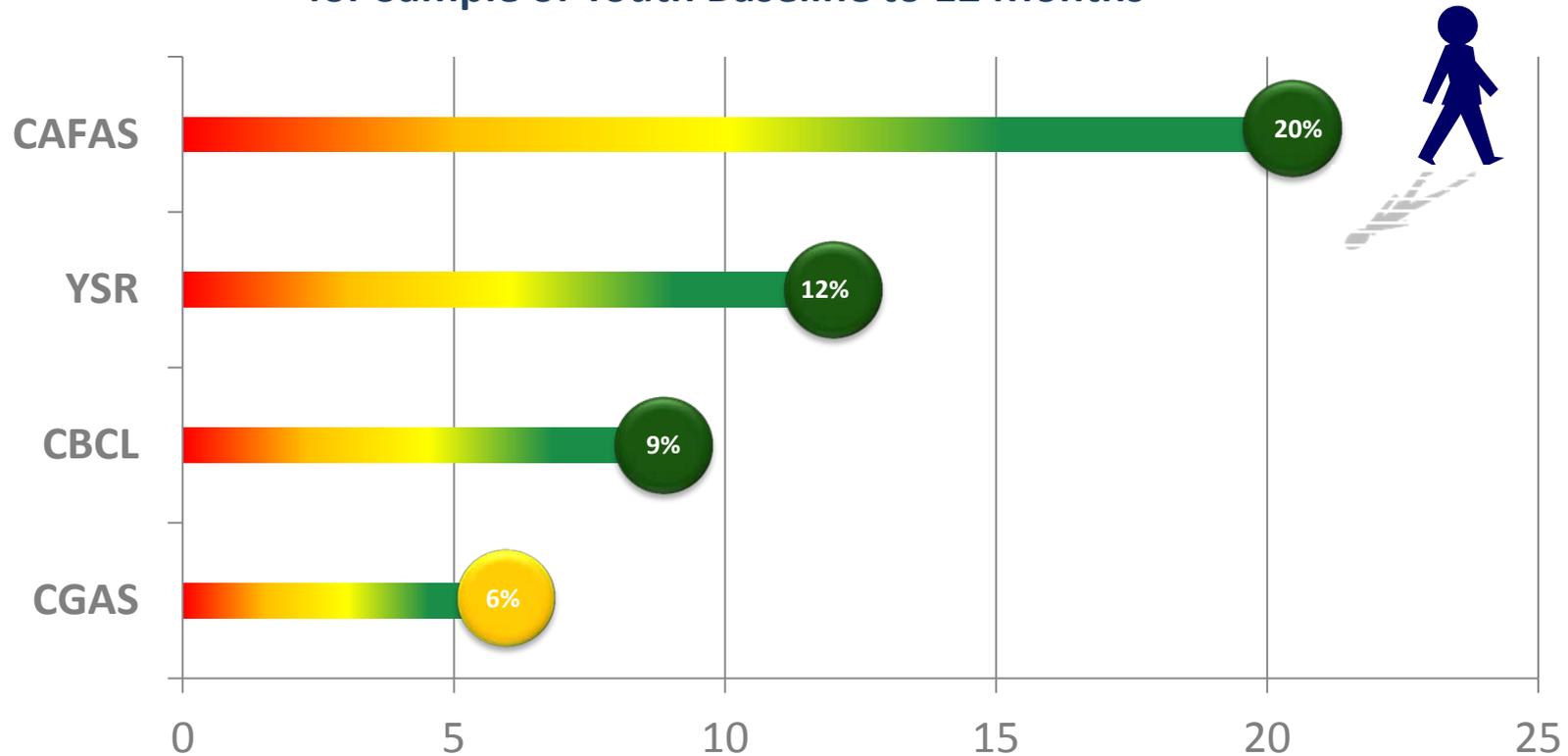
*Notes:*

- Measurements across all instruments demonstrate improvement in clinical functioning, with statistically significant change in scores for all four instruments.
- For CAFAS, CBCL, YSR instruments, reduction in score indicates clinical improvement.
- For CGAS, increase in score indicates clinical improvement.

Grimes et. Al. (2011). *J Ment Health Policy Econ*, 14, 73-86.

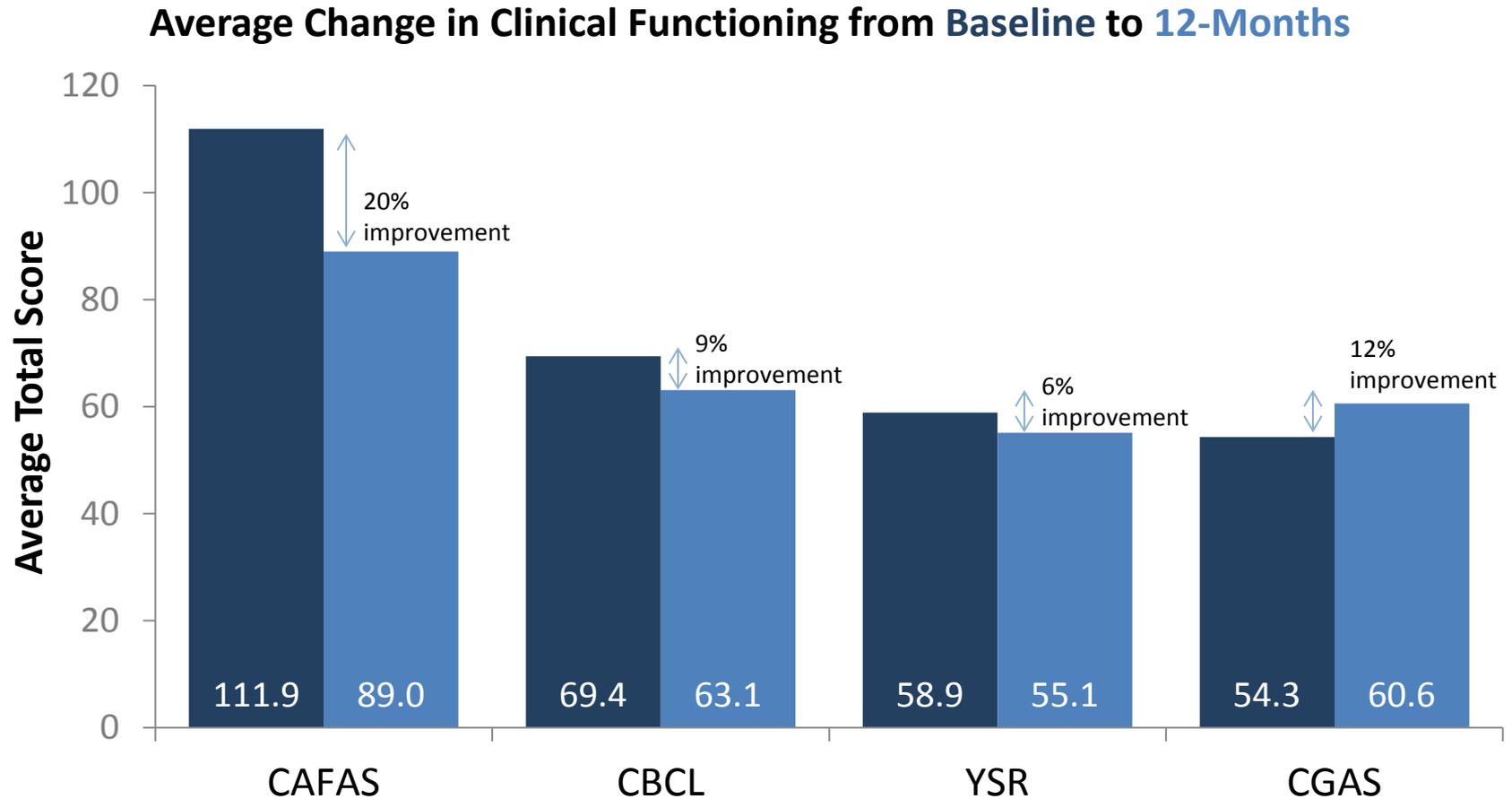
# This graph is much more visually appealing and may draw people in

Average % Improvement in Clinical Outcomes for Sample of Youth Baseline to 12 Months



Grimes et. Al. (2011). *J Ment Health Policy Econ*, 14, 73-86.

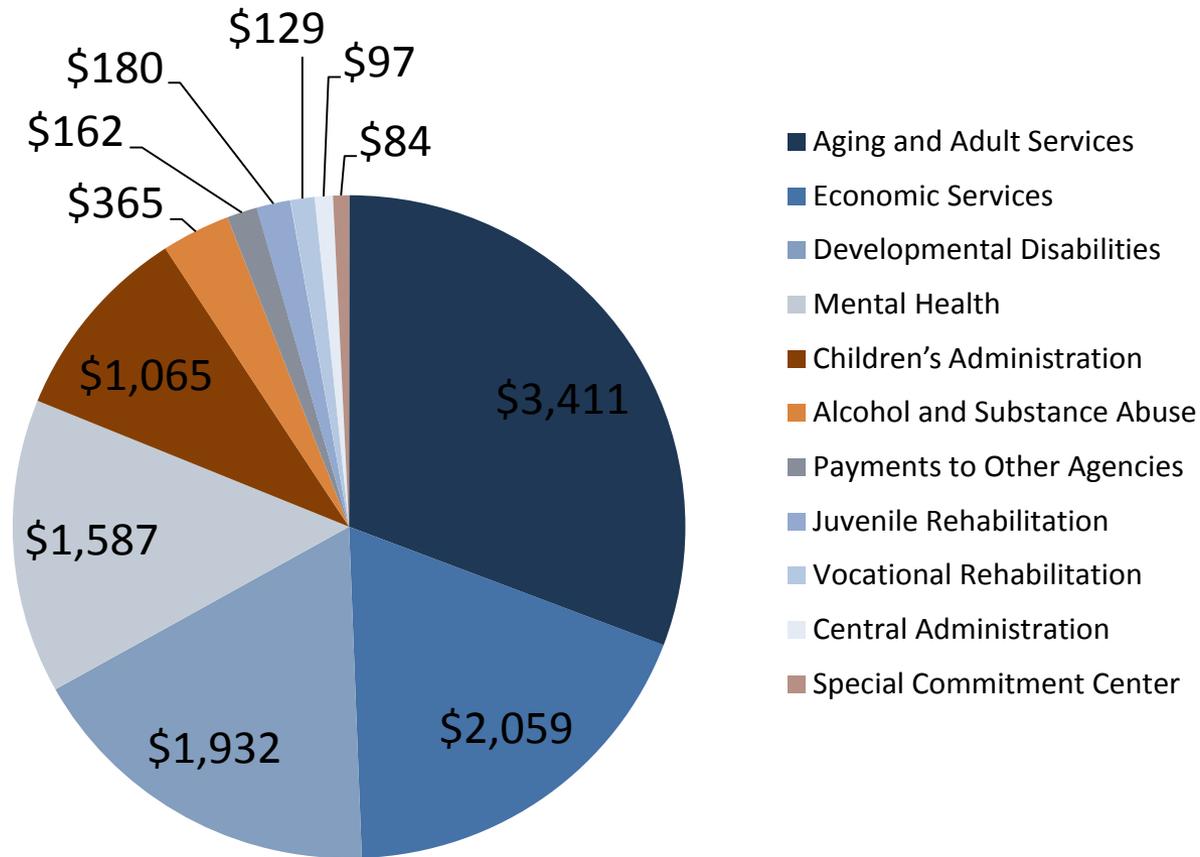
# This graph is visually less exciting, but more informative for some audiences



*For the CAFAS, CBCL, and YSR, lower scores are associated with clinical improvement; for the CGAS, it's higher scores.*

# Pie charts can be visually overwhelming and often fail to tell the whole story

## 2011-13 Biennial Budget



# With a small amount of tweaking, the information becomes both useful and tells a complete story

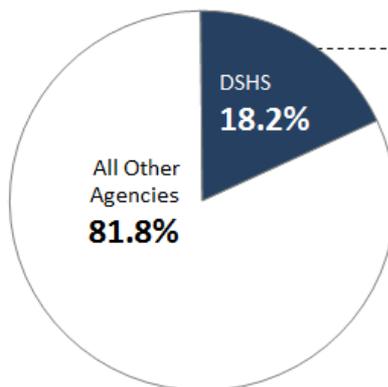
- Provided context
- Deleted non-essentials and category lists
- Simplified color scheme
- Used % instead of numbers
- Completed story with title detail

## 2011-13 Biennial Budget

ALL FUNDS, Including Enacted 2012 Early Action SHB 2058 and 2012 Enacted Supplemental

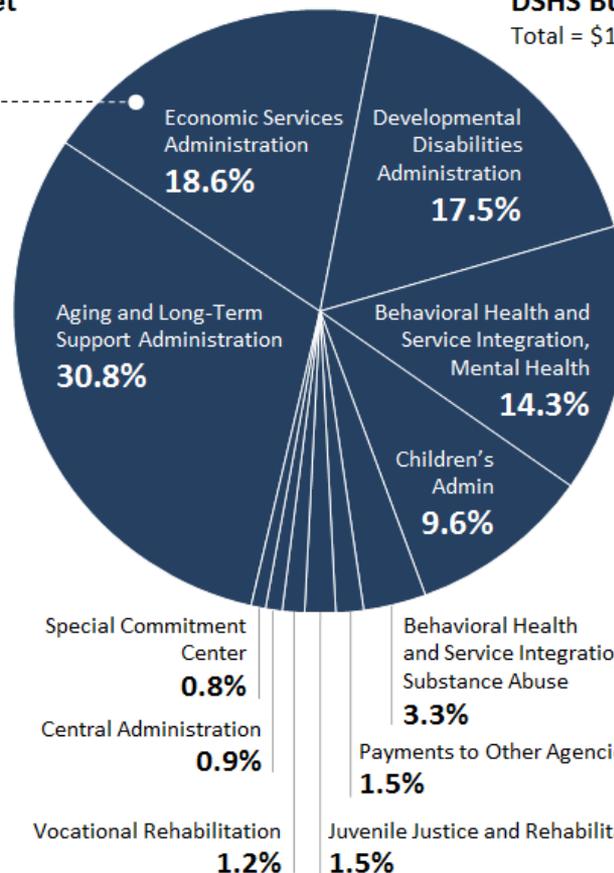
### Washington State Operating Budget

Total = \$61.0 Billion



### DSHS Budget

Total = \$11.1 Billion



SOURCE: DSHS Financial Services Administration (charts by RDA).



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Page 21 in Booklet

## **EXERCISE 4: HOW WILL YOU COMMUNICATE YOUR INFORMATION?**



# EXERCISE 4: How will you communicate your information?

- How will you get your data into the right hands to inform action?
- Who are your stakeholders?
  - What information needs do they have?
    - What decisions are they trying to make?
    - At what unit of analysis do they operate?
    - What is their level of data literacy?
- What is the best format and timeline to communicate the needed information?
- Who has the resources to report your data?

# Part 3: Analyzing and communicating your findings for maximum impact

## I have data... Now what?

1. How do I analyze my data?
2. How do I best communicate my findings?
3. How do I make sure the information is used?

# Focus on data utilization from the very beginning

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- Create a Quality Team or other groups to oversee your accountability plan and ensure efficient data collection and routine data usage
- Make sure that your data collection efforts are meeting a real need
- Make sure your stakeholder have routine access to relevant and easy to understand data

Page 22 in Booklet

## **EXERCISE 5: SKETCH A LAYOUT FOR A FINAL REPORT OR GRAPHIC USING THE DATA YOU PLAN TO COLLECT?**



Portland State  
UNIVERSITY



University of Washington



UNIVERSITY of MARYLAND  
SCHOOL OF SOCIAL WORK

THE INSTITUTE FOR INNOVATION & IMPLEMENTATION

# Any Questions?



# THANK YOU!!

## Please complete the evaluation

- We're available until 4:15 to answer questions
- For more, sign up for individualize TA on Tuesday and Wednesday
- **Go forth and evaluate!!**
- You can contact us at:
  - Eric Bruns: [ebruns@uw.edu](mailto:ebruns@uw.edu)
  - Jennifer Schurer Coldiron: [jscold@uw.edu](mailto:jscold@uw.edu)
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