

Using the Tools for Continuous Quality Improvement and Credentialing Staff in Oklahoma

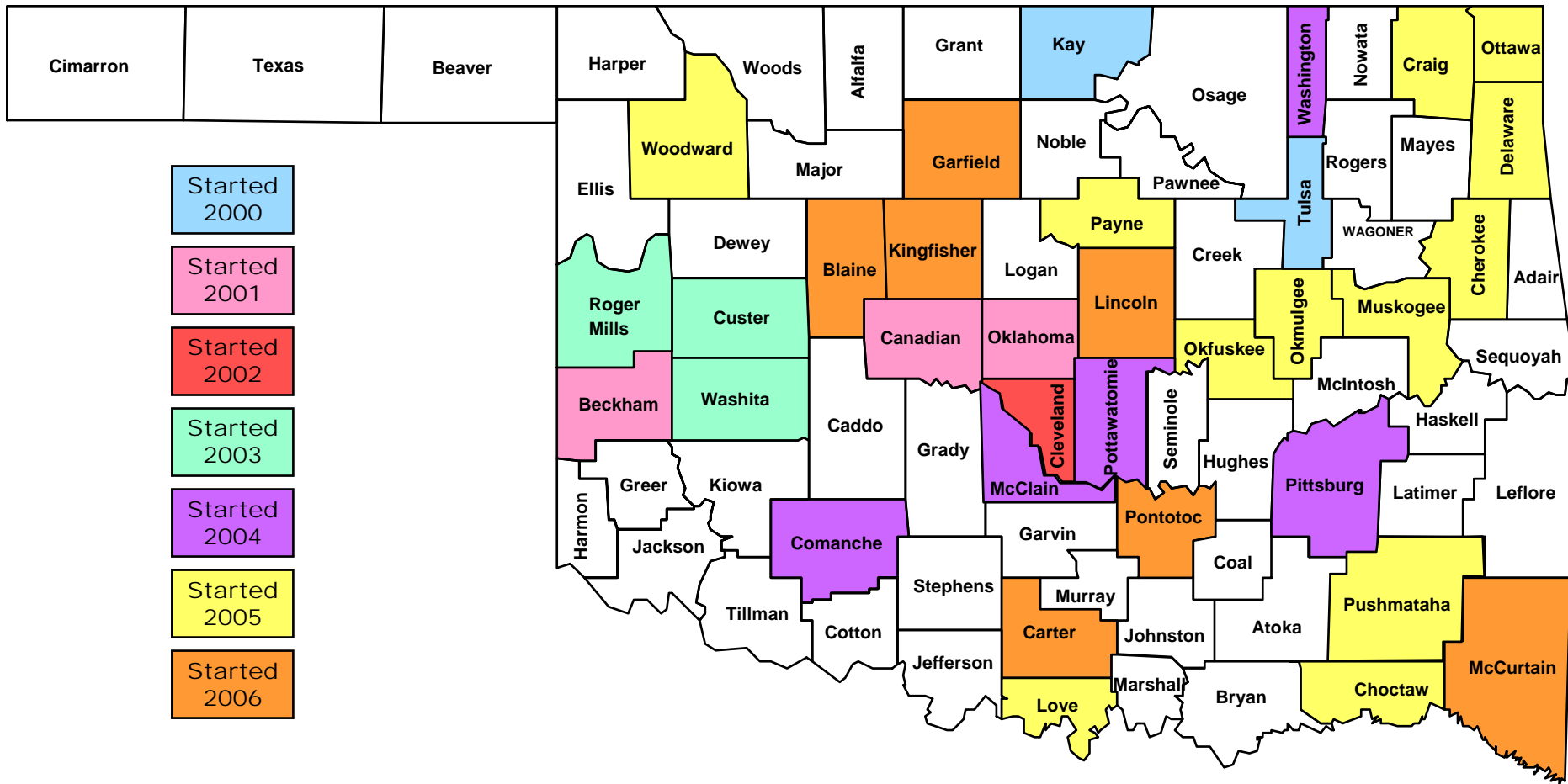
Oklahoma Department of Mental
Health and Substance Abuse
Services

Keith Pirtle State Project Director
Oklahoma Systems of Care

Vroon VanDenBerg
Jim Rast Consultant to the Project

Oklahoma Department of Mental Health and Substance Abuse Services

Systems of Care



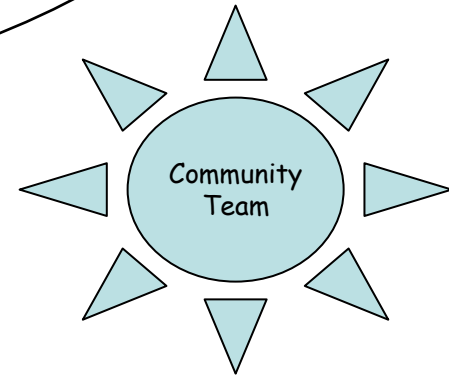
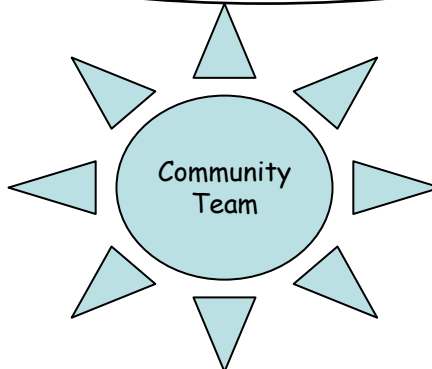
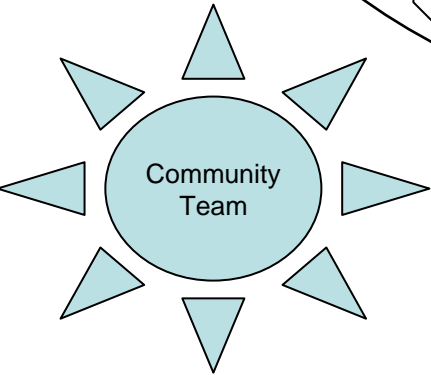
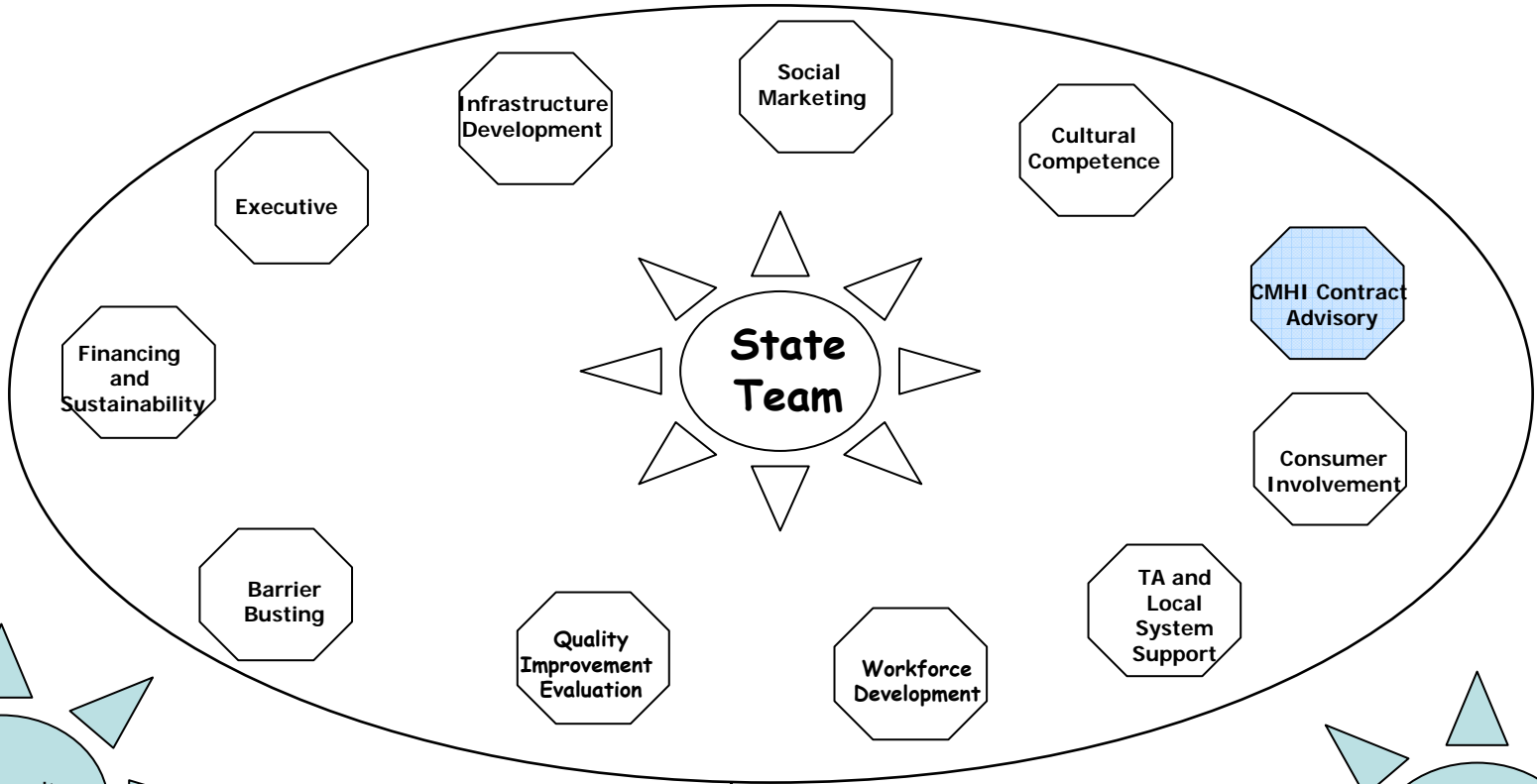
Goals of Evaluation in Oklahoma Systems of Care

- Provide decision making support
- Monitor fidelity of system of care development and wraparound implementation
- Furnish data to families and stakeholders
- Prove success through monitoring outcomes o support sustainability

Decision Making Support

- Monthly reports for OSOC sites, community teams and state management teams
- Quarterly and annual reports for the above recipients, the State Team and the Partnership for Children's Behavioral Health
- Separate reports and sections of reports on topical areas
- Special reports as needed

Oklahoma Partnership for Children's Behavioral Health



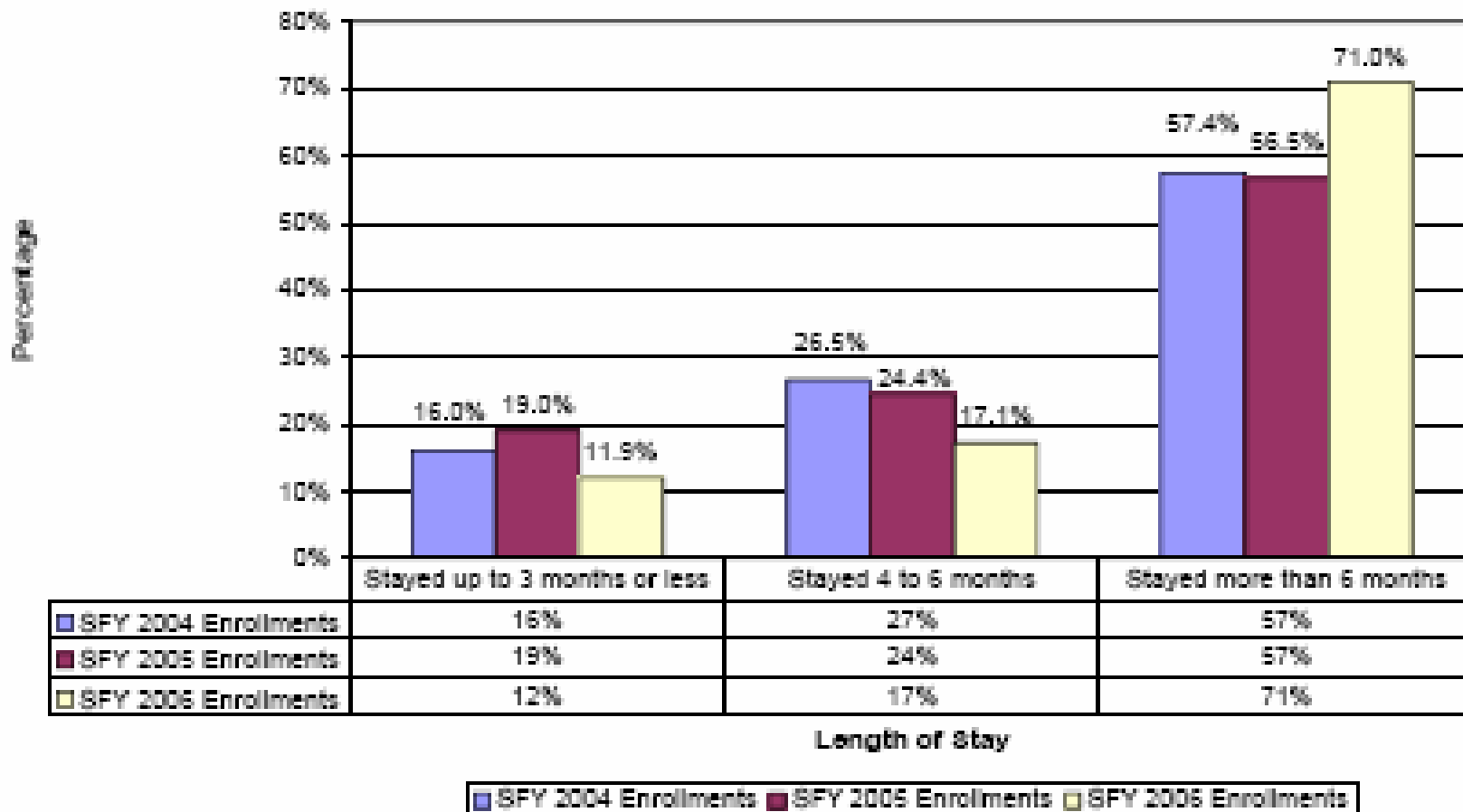
For the purpose of data team/administration review and decision making only, not intended for distribution

OKLAHOMA SYSTEMS OF CARE: Quarterly Report - Report Period: 10/1/2006 to 12/31/2006

CY 2006 - 4Q SOC REPORT		Great Plains	STATE SOC
<u>2006-Families in 2006-4Q:</u>			
No. of Families Served in 2006-4Q		45	453
Contract Requirers		65	618
2006-4Q Approvals		14	163
2006-4Q Enrollments		6	120
<u>2006-4Q Referrals:</u>			
2006-4Q Referrals		22	242
<u>2006-4Q Referral Sources:</u>			
Family/Friend	23%	6%	
Self	9%	5%	
Child Welfare	14%	15%	
Mental Health	14%	16%	
Juvenile Justice	27%	24%	
School System	14%	25%	
Health Care	0%	1%	
Substance Abuse	0%	0%	
Advocacy Groups	0%	0%	
Other	0%	8%	
Unknown	0%	1%	
<u>2006-4Q Discharges:</u>			
Number of 2006-4Q Discharges		8	79
2006-4Q Graduations	50%	30%	
2006-4Q Successful Discharges	0%	5%	
2006-4Q Separations	50%	65%	
<u>Average Length of Stay:</u>			
<u>of 2006-4Q Discharges</u>			
Graduations (in months)		10	12
Successful Discharges (in months)	---		9
Separations (in months)		0	7

CY 2006 - 4Q SOC REPORT		Great Plains	STATE SOC
<u>2006-4Q Separations:</u>			
No. of Separations for 2006-4Q		8	46
Moved Away	100%	40%	
Family Withdrew	0%	64%	
Referred Out	0%	3%	
Grew Too Old	0%	0%	
Non-Compliant	0%	0%	
Institutional Placements	0%	5%	
Other	0%	9%	
Unknown	0%	0%	
<u>No. Out-of-home Placements:</u>			
2006-4Q Placements		3	22
<u>Flex Fund Spending:</u>			
		\$	\$
FY 2007 -- year to date		7363	31511
2006-4Q Flex fund expenses		3895	15207
<u>Outcome Assessment Instruments:</u>			
<u>Assessment Completion Rate of 4Q:</u>			
<u>(from 9/3/2006 to 11/30/2006)</u>			
# Enrollment and Youth Updates Needed		14	125
% Completed		71%	59%
# Ohio Youth Form Needed		10	89
% Completed		60%	53%
# Ohio Parent Form Needed		14	125
% Completed		64%	58%
# Ohio Worker Form Needed		19	203
% Completed		85%	69%
(N/A--No assessments are due for any clients)			

Figure 3: Clients' Tenure with Systems of Care



Outcome Measurement

- Access/Capacity
- Stability in housing
- Reduced use of psychiatric inpatient beds
- Perception of care
- Decreased mental health symptomatology
- Education
- Crime and criminal justice
- Social connectedness
- Cost effectiveness
- Use of evidence based practices

Fidelity Data for System of Care and Wraparound Implementation

System of Care

- Readiness
- Request for Proposal
- Community Events
- Organizational Support
- Annual Site Visits

Wraparound

- Training
- Coaching
- Supervision
- Staff Evaluation



Observation Form One Initial Meeting with Child and Family

Wraparound Facilitator: _____ Site: _____
 Reviewer: _____ Date: _____

Code **M** **Met** **P** **Partially Met**
 U **Unmet** **DNA**

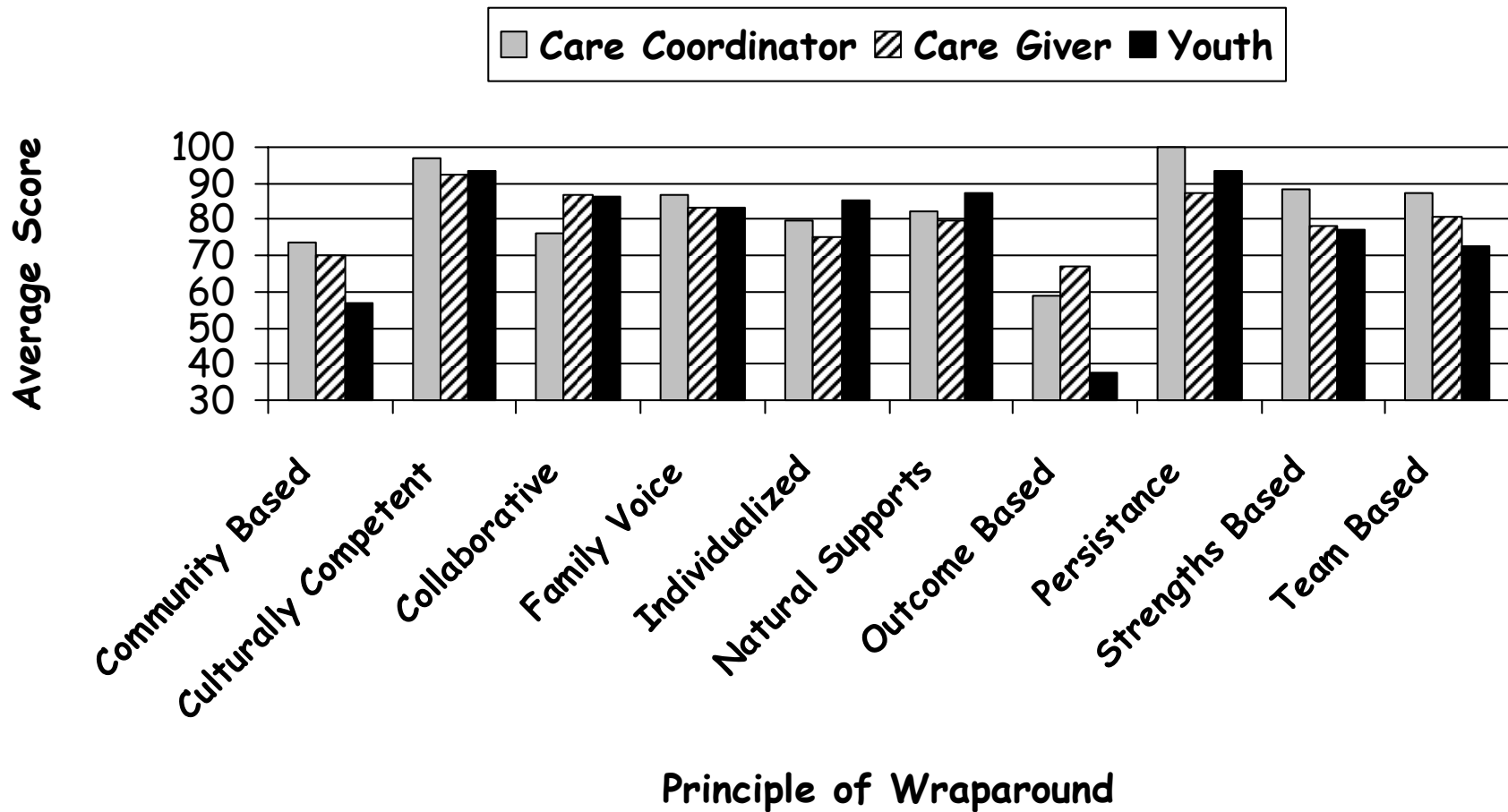
Standard	Rating
1. Facilitator introduces self and explains role. (Skill 1)	M P U DNA
2. The facilitator actively listens to the family and youth and to determine if wraparound is a good option. (Skill 2)	M P U DNA
3. Staff describes wraparound clearly in a way that the family understands. (Skill 3)	M P U DNA
4. Staff answers questions about wraparound and helps the family make an informed decision about participation. (Skills 4 and 5)	M P U DNA
5. Staff explains confidentiality and information sharing and gets a release of information signed. (Skill 6)	M P U DNA
6. Staff informs the family about his/her responsibility as a mandatory reporter. (Skill 7)	M P U DNA
7. Staff identifies any immediate crisis situations. (Skill 8)	M P U DNA
8. Staff helps family determine if these need immediate intervention. (Skill 9)	M P U DNA
9. Staff conducts a brief conversational functional assessment that clarifies crisis situation. (Skill 10)	M P U DNA
10. Staff assists family to develop a crisis stabilization plan to meet the crisis situation identified. (Skill 14)	M P U DNA
11. Staff ensures that the family has the resources necessary to stabilize the crisis. (Skill 16)	M P U DNA

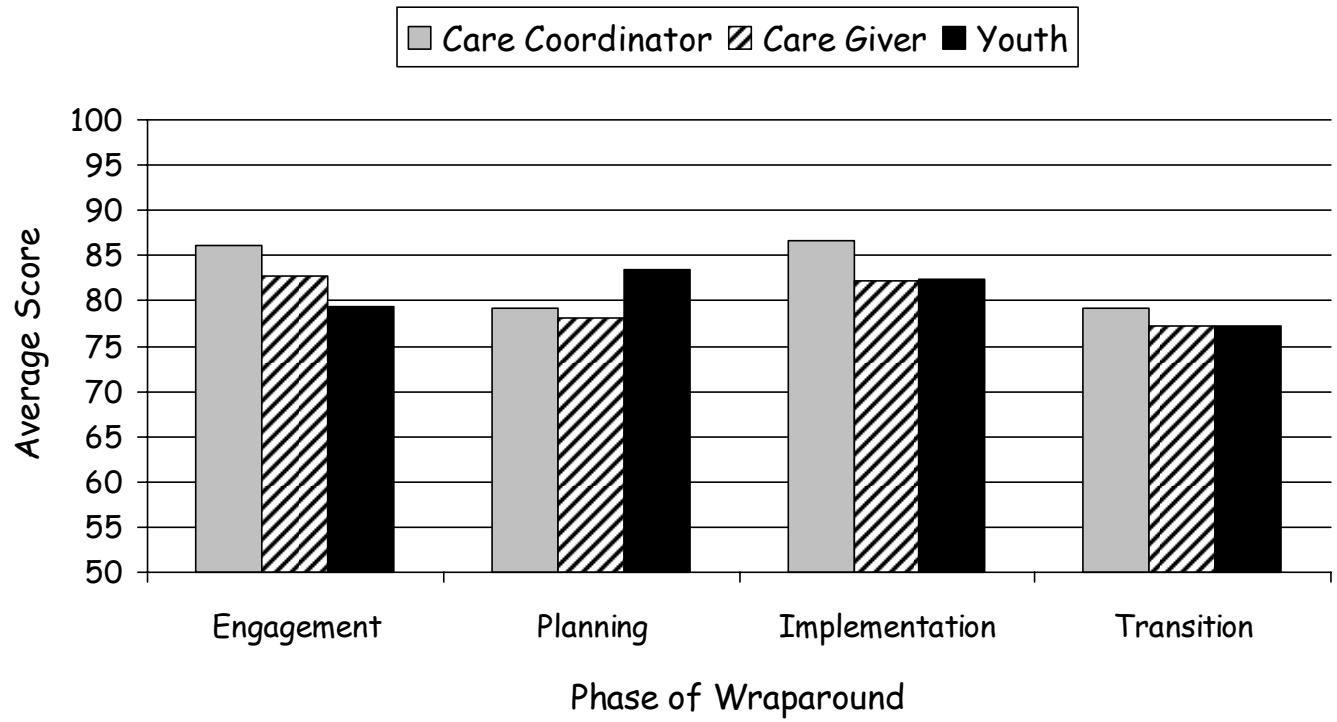
Wraparound Events

- Time to completion of activities
- Frequency of contact
- Frequency and composition of team meetings

WFI 4.0 to Monitor Wraparound Fidelity

- Identified wraparound facilitators statewide who had been working at least six months
- Identified three families for each of the identified facilitators who had been in wraparound for at least four months
- External evaluator contacted and completed the phone interviews
- Summaries of the results were shared with the supervisors and staff involved and plans were developed to address consistent areas of need





WFI-4 Mean by item

Item	Question	WF	CG	Y	Avg
1.1	When you first met with the family, were they given ample time to talk about their strengths, beliefs, and traditions?	1.93	1.82	2.00	1.92
1.2	Before the first team meeting, did you fully explain the wraparound process and the choices the family could make?	1.80	1.79	2.00	1.86
1.5	Is it difficult to get team members to attend team meetings when they are needed?	1.27	1.27	1.00	1.18
2.4	Does the wraparound plan include strategies for helping the child get involved with activities in her or his community?	0.67	0.76	0.85	0.76
2.7	Does the family's wraparound plan include mostly professional services?	1.13	1.08	1.11	1.11

Composition of Child and Family Teams

Included in the teams reviewed

- 100% primary caregiver
- 100% care coordinator
- 89.3% youth
- 53.6% other family members
- 42.9% natural supports
- 67.6% family support provide
- 17.9% advocate for the youth or parents
- 53.6% other professional staff
- 28.6% mental health professional
- 21.4% school representative

Summary of Finding Strengths

- Strengths include good
 - ☞ Cultural competency
 - ☞ Persistence
 - ☞ Family voice and choice
 - ☞ Connecting strengths to plan
 - ☞ Brainstorming options
 - ☞ Involvement of natural supports on the team
 - ☞ Initial engagement
 - ☞ Ongoing implementation

Summary of Finding Needs

- Community based focus
- Goal setting and using measurement to guide implementation
- Getting youth involved in community activities or building plans on the things the youth likes to do and does well
- Transition planning
- The teams do not include very many professional members but the plans are primarily professional services.

Four Levels of Practice Level Credentialing

- Novice – completed class, behavioral rehearsals, post test and 20 hours of shadowing
- Practitioner – demonstrated skills in field , 3 hours of supervision per week and professional development plan
- Coach – demonstrated advanced skills and skills to help others learn high fidelity wrap
- Supervisor – completed class and demonstrated skills to bring staff to fidelity

Summary

Implementing a multi-faceted participatory evaluation process that includes what is being implemented, the fidelity of the process, and the outcomes of implementation are supporting continual quality improvement and sustainability of the Oklahoma System of Care