



**Statewide Children's
Wraparound Initiative**
Data and Evaluation Subcommittee
Report out to Steering Committee
(based on initial subcommittee meeting,
June 8, 2007, plus member emails)

Overview

Much of the meeting was spent on sharing information and learning from each other about

- the Steering Committee charge—particularly regarding the population to be served;
- the Subcommittee charge and how the work of the Data and Evaluation Subcommittee is distinct from but overlapping with the work of the other Subcommittees

We began working toward a logic model for services and systems from a state perspective, and intend to continue this work in our next meeting. We have some preliminary ideas about what would go into this logic model and would like the Steering Committee to review these to be sure that our current assumptions are consistent with the Governor's vision.

Questions/Concerns/Caveats

Subcommittee members expressed some discomfort/confusion about the proposed work, including that

- No family members or youth were present during the initial meeting either in person or by phone.
- It's difficult to design an evaluation for a project that is as yet undefined.
- People in different systems are currently not that familiar with data that is gathered for other systems. Efforts to share data are greatly complicated by HIPPA and other privacy concerns, though it was also noted that systems sometimes over-constrain themselves relative to what the laws actually say so as to avoid risk.
- It is hard to measure if a system is effective unless we have data that allows us to compare what's going on now with what happens after changes are put into effect. We don't have a good cross-system picture of how kids are currently faring or the overall costs of their care.

Themes from discussion

Roughly, the discussion during the meeting focused on themes related to the major questions that underlie a logic model. Our goal in the next meeting is to construct a rough logic model that would in turn clarify the types of data that would need to be collected. We reached some preliminary understandings related to each major part of a logic model (with greatest focus on the population area, since this was the first to be discussed), and want the Steering Committee to confirm that we are on the right track before we move ahead further.

1. Are we serving the population we intend to serve? (i.e., all children with or at risk for emotional/behavioral health problems who touch at least two systems)

We don't know how well we are serving the population unless we have accurate data about overall need. This would seem to require emotional/behavioral health screening for all children who come into contact with two systems. (Somehow systems communication would need to be good enough that we would know when a child has contact with that second system.) At a minimum, this would require screening

- all children involved with child welfare who are school aged or in head start or some early intervention program
- all children receiving public health services who are school aged or in head start or some early intervention program
- all school aged children who come into contact with a second system

Additionally—since both existing research and system of care principles emphasize early intervention—it would be important to screen all children at risk. But not all risk is visible, therefore it would make sense to screen all remaining children (i.e., those who have not already been screened due to contact with two or more systems) in their early school years. Also this would help drive system evolution toward prevention. There should be also some way of “catching” at-risk kids whose difficulties begin after the early screening point.

It would make sense to do all screening using the same measure/tool. One suggestion was to use the BERS—in at least one large project in the state teachers were able to fill out the BERS in 5-10 minutes per child. This is a strength-based measure that has also been used to track outcomes for children 6-18.

2. Are we operating in a way that reflects the values/principles of system of care/wraparound?

Discussion affirmed that data should reflect family perceptions of their experiences with services, include a focus on strengths and thriving, and recognize that a child is part of a family and larger ecology/community; and should be useful for assessing whether the system is effective in providing coordinated, individualized care; effective services; and early intervention.

3. Are we implementing effective strategies with high quality/fidelity?

A. System implementation: Research affirms that change is more likely to take hold when there is readiness for implementation. There should thus be assessment of community (or whatever the relevant implementation site is) readiness, presumably then funds would be provided when readiness is demonstrated. Early implementations can provide data that can enhance subsequent implementations, for example, by providing information about training needs and costs. This sort of approach would also enable rigorous evaluation comparing pre- post- outcomes as communities implement system of care.

B. Service implementation: Services that are provided should be those with the greatest probability of success, thus high fidelity evidence-based and promising practices should be available. This is true for both the service coordination strategy (i.e. wraparound, where it is provided) and the services that are included in a child/family plan of care. Data gathered should thus include process outcomes such as fidelity assessment.

We assume that not all children in the population will need service coordination/wraparound.

Committee members pointed out that the state lacks capacity to deliver sufficient volume of high fidelity evidence-based/promising practices. Several suggestions were made about how to increase local capacity by a) more fully taking advantage of evidence-based/promising programs that have been developed within Oregon (and Washington) and b) investing in state-level capacity to help local agencies implement and sustain high fidelity practice for selected key interventions as has been done in Ohio and other states (New York?).

Other process outcomes should include family/youth satisfaction, possibly service coordination/participation.

4. Are we achieving the outcomes we envision?

System outcomes: Key categories of outcomes would include cost and utilization.

Service outcomes: Key categories of short/intermediate outcomes discussed included: stable, homelike living situation; success in school; decreased “trouble” with juvenile justice; improved mental health; family/child/youth assets and resiliency.

We won’t know the true effectiveness of our approach unless we can track child and family outcomes over time. It is thus extremely important to have long term outcome data (i.e. data that covers years post-“graduation” from services.)

Next steps

Review financial data submitted by different systems/agencies; focus on building a logic model and responding to each topic within the subcommittee charge.

NEXT MEETINGS: Thursday, June 28th 10-12; Friday, July 13, 10-12