YIS We Can!
Telling Success Stories
Oklahoma Systems of Care
Oklahoma Systems of Care (OKSOC) provides services to children and youth experiencing serious emotional disturbance. State and federal financing and the active sponsorship of the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) have helped OKSOC expand across the state and increase the number of families and children, youth, and young adults served.

OKSOC supports, maintains, and grows local systems of care communities by providing infrastructure, training and technical assistance, and staff professional development. Care is delivered using an integrated team that comprehensively addresses physical, mental health and substance use disorder treatment needs with a goal to ensure access to appropriate services, improve health outcomes, reduce preventable hospitalizations and emergency room visits, and avoid unnecessary care.
As the OKSOC evaluator, E-TEAM designed and maintains a statewide evaluation data collection effort based on data collected through the Youth Information System (YIS) by the local OKSOC sites. The YIS is a secure, web-based application which provides real-time access to evaluation and program monitoring data. Data collected in the YIS are accessible on a continuous basis at the site and state levels. A significant amount of information is collected to evaluate change across time. Evaluation data are used to inform program design, improve service delivery, and contribute to better outcomes in the lives of children, youth, young adults and families.
Here’s the Data

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<th>Problems</th>
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Youth typically do not see themselves as impaired as their caregivers and workers.

She’s 15 and lives in a therapeutic foster home.

This is a dramatic shift in the youth’s perception of her impairment. Her perspective here is very different than that of her worker and foster parent.

Her 6 month scores are again not impaired.
What’s the Story?

• If her Foster Parent and her Wrap Staff and this young woman herself are scoring her as not impaired at baseline, why is she enrolled in Wraparound?

• Is this a new foster placement at baseline, and the Foster Parent is not aware of all of the issues?

• Knowing that this young woman is in Therapeutic Foster Care, would the Wrap Staff expect impairment at baseline?

• Why might this young woman score herself as unimpaired at baseline, impaired at 3 months, and unimpaired at 6 months?
Here’s the Story

• She had been placed in therapeutic foster care as a result of being sexually molested in her birth home.
• Her diagnoses included PTSD.
• Wrap staff knew of this situation and assumed she was impaired but never looked at the scores on any of the assessments.
• Because assessments were handed off to data entry staff, assessment scores and her story were never connected.
• In discussions with Wrap staff, we came to believe that at baseline, the youth was not trustful enough to be open on the assessments. At 3 months, she trusted enough to respond more openly on the assessments. At 6 months when no one had followed up or spoken with her, she went back to reporting no problems and no impairment.
But sometimes....

there’s more to the story!
YIS Success Story

Celebrates what children, youth, or young adults and their families achieve as a result of OKSOC services and supports and their own hard work and growth.

A success story can not be seen in the data, so it needs **TELLING**.

Don’t use a success story to **TELL** what’s in the data.

Use a YIS Success Story to **TELL** a story.
Cady’s Success Story


What did caregivers do?
Cady’s Mom and Dad enrolled her in Taekwondo lessons when she was 5.

What resources were needed, such as funds, time, and effort?
Mom and Dad paid for lessons, gis, fight gear, and belt tests.
And drove to class twice a week.

What did youth do?
Cady practiced Pumsae, fight stances, and punches.
Cady worked hard, trained hard,
and grew as a martial artist.
Cady was awarded her Black Belt in Taekwondo at age 16.
Kenny

Diagnosed Level 3 on the Autism Spectrum, non-verbal with a history of violent behavior, including both self-injurious behaviors as well as physically lashing out at family members, teachers and support staff. Kenny’s grandmother had been seeking support for a couple of years trying to get her grandson placed in out-of-home placement or at the very least getting in-home assistance. This process had been frustrating for the family because they did not understand why Kenny could not get the help he needed.

At baseline, Kenny scored IMPAIRED on the Ohio Scales.
Kenny lives with his older teenaged brother, his biological father and his paternal grandmother in a two bedroom subsidized apartment. The family’s only income is grandmother’s SSI. Because of violent behavior at school, Kenny has not attended school for over two years. The family reported that Kenny was only violent when he didn’t have his medications, but they were not taking him to his doctor appointments to get his medications.

Wraparound staff helped secure a doctor appointment for Kenny and picked up the family to take them to the appointment. Kenny’s grandmother reported that he loved to ride in a car, but she thought the doctor visit wasn’t going to work out because he always got violent once they got to the doctor’s office.

Wraparound staff decided to try some positive reinforcement and took some M&Ms along to the doctor appointment. Kenny munched on M&Ms and did just great throughout the entire doctor appointment—including when his blood was drawn.
Kenny’s FSP, Sheila observed him watching her talk with his grandmother and father and had a hunch that he knew ASL (American Sign Language).

Sheila says:

“So I asked Kenny if he could sign his name…. AND HE SIGNED HIS NAME!

I was SO excited, and I asked him if he was hungry. He signed “bowl/spoon.”

I explained to Dad and Grandma that they needed to use these signs with him and when he signs he is hungry someone needs to walk him to the kitchen and have him get the bowl and spoon and pour his cereal and milk. I modeled it a couple of times and then they did it.

Dad now does this every morning with Kenny and is learning more signs.
Kenny's grandmother calls Sooner Ride every month and makes sure he attends his scheduled doctor appointments and stays current with his medications and lab work.

With his medications stable, Wrap staff brought up the idea of Kenny going back to school. Kenny’s grandmother had resisted considering this as she had wanted him to be placed in an out-of-home residential setting.

Wrap staff assisted Kenny’s father in completing the DHS/DDS application for children’s services and transported Kenny and his father to the regional DHS office to turn in the application. The family is now in contact with a DDS worker, and Kenny is on the waiting list.

Kenny’s grandmother and father became open to enrolling him in school. Wrap staff guided them through the enrollment process and transported them to the enrollment office. Kenny’s older brother also attends this high school and will be a wonderful natural support. Kenny rides the Special Education bus to school where he began his sophomore year.
Kenny

What did OKSOC Providers do?

What did caregivers do?

What resources were needed, such as funds, time, and effort?

What did youth do?

At 6 months, Kenny showed **Clinically Significant Improvement** on the Ohio Scales.
Success Stories are on the Youth Summary Page
• Fights at school, using drugs, and inappropriate sexual behavior
• Worked on self-worth, values, educational needs, and relationships with peers and family.
• She transferred high schools and her success in a new environment has been nothing short of phenomenal.
• Two weeks ago, she was notified she was accepted into Moore-Norman Tech Cosmetology Program. This is a huge success academically, but also because it is an extremely difficult program to get into and the waitlist is over a year long. Client applied and was admitted on first attempt.
Autistic junior in high school and did not like school at all. He was sent home almost daily and would not cooperate with his teachers.

We supported and advocated for him at all school meetings. He was told that he only has to go to school one more year and he is done. The client loved this idea that he will be done with school. When he went to class and did his classwork, team rewarded him with pickles, milk shakes, and other small rewards. Team stayed in almost daily contact with his teacher to monitor his obstacles and progress. Team rewarded every good behavior possible. He wanted a team member to pick him up from school once a week so he could listen to music in the car, so we picked him up every Thursday.

He graduated high school in May. He was nervous about walking across the field to get his diploma, but he did it and everyone praised him for being brave. He is looking for a job and wants to get his own apartment. He is more cooperative with his family and team now and is more social.
• Extreme verbal and physical aggression towards teachers and other adults outside of child's home. He was being sent home or to the office for behavioral needs every school day.

• CC worked with child to practice appropriate coping and communication skills in the class setting.

• He has made drastic changes and improvements this school year compared to last school year. He has gone from being removed from class daily to being placed in a "reward program" for children who lead others by example! School performance has also drastically improved. In the 2018-2019 school year, he was unable to reach kindergarten level goals and was retained. During this school year (2019-2020), he surpassed all academic goals and school is considering letting child skip to the 2nd grade based on his high performance.

Success Stories from 2020
• Multiple violent outbursts at home with guardians, and he threatened them with weapons. He was failing classes and struggled greatly with social skills.

• Team created a Crisis Plan and worked with him extensively on anger coping skills; worked with him on improving grades at school; social/dating skills, particularly with a focus upon social media and internet safety; and job coaching and attaining independent living skills.

• He got a part-time on his own and has maintained it well for over six months. He also acquired his own vehicle and maintains it well himself, through his own earnings. He is very involved in school band and choir activities, and his grades have improved dramatically in the last year.
The E-TEAM at the University of Oklahoma has served as the Oklahoma Systems of Care evaluation team since 2002. The E-TEAM provides ongoing design and implementation of OKSOC’s statewide evaluation, including development of the Youth Information System (YIS)—a secure web-based application which provides real-time access to evaluation and program monitoring data to state management, individual site leadership, and site Wraparound facilitators. The E-TEAM gathers and assesses evidence documenting service utilization; program effectiveness for children, youth, young adults, and their families; and system costs.

The E-TEAM also partners with OKSOC on eLearning and in-person trainings to facilitate continuing professional education for children’s behavioral health provider staff across the state. This partnership provides meaningful interactions for learners, promotes and fosters fidelity to OKSOC core values, and reduces travel costs and staff time away from work.