



# WHO WE ARE









James BRUKE
THE DUKE ENDOWMENT

### Before we get started, a few key definitions

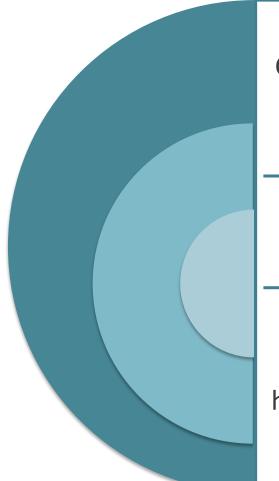
Treatment Outcome Package (TOP) is an assessment tool that measures psychological and emotional well-being

**Kids Insight** is the non-profit organization that manages the TOP for child welfare and juvenile justice

**WellnessCheck** is the website where TOP is administered by the worker

Outcome Referrals, Inc. (ORI) originated TOP and provides technical and customer support and you will receive TOP e-mail reminders from ORI

## Kids Insight uses patented methods of assessment based on decades of research in Behavioral Health & Child Welfare



TOP developer & Chief Scientific Officer: David R. Kraus, PhD

- Child Clinical Psychologist
- Ran in-patient child psychiatric unit
- Clinical Expertise: Multi-generational trauma / abuse and neglect
- 20+ years of research with community mental health providers

## TOP is used in 39 states, including Medicaid providers in 18 states

The TOP assessment focuses on 12 behavioral health outcomes and uses statistically validated questions

- 48 Questions (Child), 58 (Adolescent)
- Questions are grouped into: strengths, symptom and functional categories (not DSM/diagnostic based)
  - Includes over 1.2 million individuals in the database, 40,000 + providers
- World's largest database of health, trauma and well-being

## Learning Objectives

Participants will be able to describe and/or demonstrate:

- Understanding TOP and its relevance to effective child welfare and juvenile services practice
- Understanding the rater role
- Understanding the Clinical Scales Form (CS)
- Understanding the Multi-Rater Report
- Promoting rater engagement with TOP with youth and caregivers, foster / adopt parents



Are kids getting better in care?

## We spend millions of dollars on all types of out of home placements; foster care, group care and residential services...



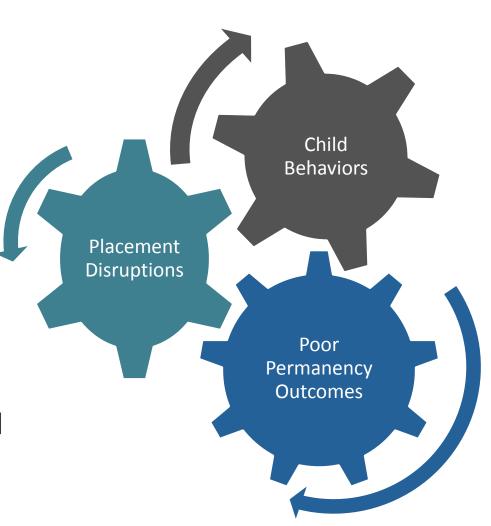
- ➤ Shelter Care Costs \$18,000 - \$36,000 / year / child
- ➤ Foster Care Costs \$6,000 - \$20,000 / year / child
- Therapeutic Foster Care Costs \$36,000 \$90,000 / year / child
- ➤ Group Care Costs \$36,000 - \$90,000 / year / child
- ➤ Residential Treatment Care Costs \$72,000 - \$146,000 / year / child

...but we don't know which placements and services are improving the well-being of our kids

### What is Well-Being and why is it important?

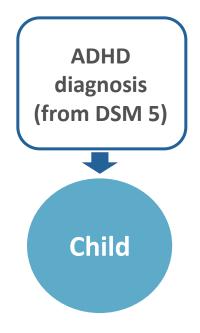
According to the Federal Children's Bureau well-being is defined as:

- –Physical health,development, and safety
- –Psychological and emotional development
- Social development and behavior
- Cognitive development and educational achievement



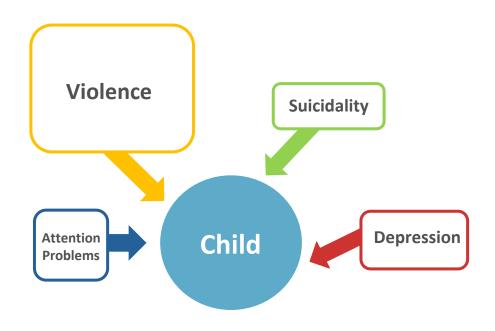
# TOP assesses the WHOLE picture to better understand what is *underneath* the behavior

Kids Insight identifies ALL of a child's well-being and behavioral issues



**Traditional Assessment** 

TYPICAL ASSESSMENT FOCUSES ON PRIMARY DIAGNOSIS

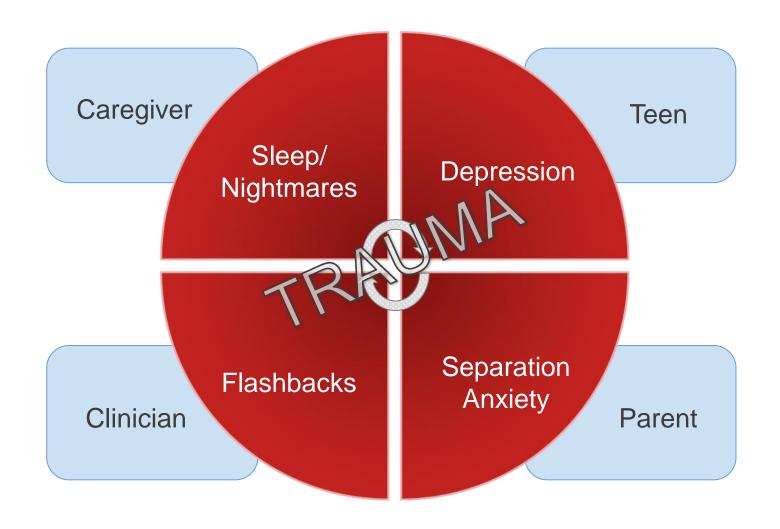


Kids Insight Assessment

KIDS INSIGHT'S SOLUTION RESULTS IN IDENTIFICATION
OF MULTIPLE PROBLEMS AT DIFFERENT DEGREES OF SEVERITY
(Size of box represents degree of severity of issue)



# Each team member has a unique experience with a child, and TOP provides a holistic, 360° perspective



## TOP is composed of 3 forms

### **Consumer Registration (CR)**

- •Collects demographic data about each client
- Completed by the worker and updated if there are changes
- Must be completed prior to inviting raters
- •Completed once per child at intake

### Case Mix (CM)

- •Collects information about life stressors and medical conditions
- •Completed by the worker at TOP intake and updated every 90 days
- •Information is used to determine the 'score' for each domain based on life experiences
- •Measures the level of stress that a child is experiencing based on life events

### Clinical Scales (CS)

- •The CS is the TOP form that the worker and all raters complete
- •Written at a 5<sup>th</sup> grade level
- •Takes an average of 10 minutes to complete
- •Two versions: child (48 questions) and adolescent (58 questions)
- •Can be administered in 3 ways:
  - Email
  - Print
  - Take Now
- •Due dates provide reminders to workers when a TOP is due



#### Child TOP Clinical Scales Form

IMPORTANT: Before answering any question, please read the message on the back regarding the purpose and use of this information.

TOP 4.2 Child CS David R. Kraus. Ph.D. 6 BHL, 2004

Takes 5-7 to complete

Indicate how much of the time during the past two weeks the child has . . had toouble falling a sleep. 00000 had nightmares. woke up during the night (excluding tops to bathroom) had trouble getting back to sleep in the night 0 0 0 0 needed someone (mother/caretaker) nearby in order to fall asleep. 000 been slow at completing homework. 000000 000000 had trouble paying attention in class. 0000 physically hurt a person or animal. 000000 had desires to senously hart someone had thoughts of killing someone else. 000000 senously hurt someone. 000000 had trouble waiting. 000000 done what was asked of him/her. 000000 been able to complete something after complaining that it was boring -000000

Asked to rate every 90 days

Complete Via **Email** 

had trouble standing up for himself/herself. 000000 000000 0000 gotten along well with others. seemed scared around people. -000000

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eaten a runery of foods (vegetables, fruit, grains, mest...) in the same mes caten too lattle.

been a picky ester. had trouble starting still been able to talk but refused on do so

had trouble looking people in the eye when talking to them.

looked to share interests and exciting things with others. not wanted to be touched.

been very distressed when away from mother/caretaker. looked down or decressed.

had little or no interest in things that were enjoyable before. been afraid of being alone or did not want to be alone. 00000

000000 become stuck in a certain mood and been unable to change. 00000 shown little emotion when you expected some type of reaction. thought about killing himself/herself or wished to be dead

000000 hurt himself/herself. -000000

followed rules to your satisfaction

done what he/she was asked to do

had trouble with the police.

scolen or shoplifted. had trouble finishing things.

-000000 lost things 000000 000000

wet clothes or the bed. soiled underwest. 000000

been easy to live with -000000 000000 seen things that were not there

heard things that were not there.

made inappropriate sexual comments. caused you to worry about his/her sexual activity.

Info. can be used in Court

Info. will be used at FTM

Complete Via Paper Form

Powered by outcome referrals



# When you are asked to rate via email- WellnessCheck will send you an invitation "via Outcome Referrals"

### **Rater Invitation E-mail**



☐ Inbox - Kids Insight 6:55 PM



Alma Shelton requests you complete a Child Progress Assessment



To: Hannah Wulczyn



Your ideas and observations for Misty W. are essential!

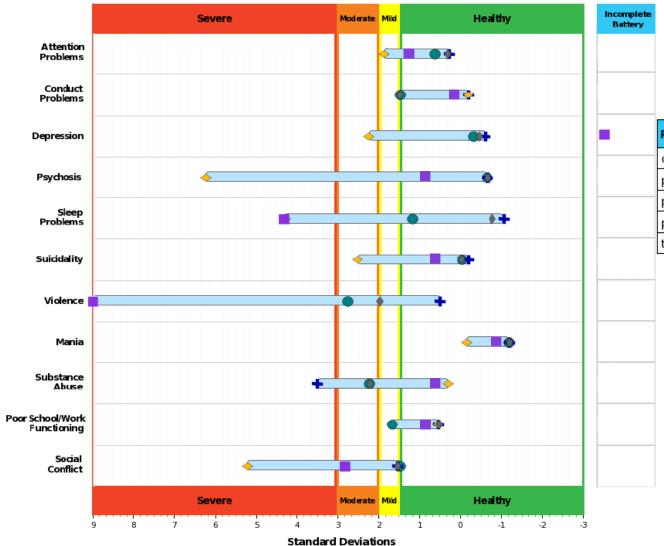
Please complete the forms as soon as possible. Whether this is for you or someone you know, your answers to these questions will make a big difference. Thank you.

Please use the link below to take the questionnaire.

http://demo.wellnesscheck.net/cw/top?accessId=NTgwMjI0OjE1ODo1NjU6SC5XLjoz&h=23267

Let's practice filling out the CS Form!

## Multi-Rater Report provides multiple perspectives



Raters	Initials	Date
dient	A.A.	02/02/17
parent +	R.R.	02/01/17
placement family 🔷	A.B.	02/02/17
public worker	H.W.	02/01/17
therapist •	A.S.	02/01/17

## **TOP Domains**

Each domain represents a problem area, indicated by positive numbers on the Client Report or Multi-Rater Report. The strength associated with each domain is indicated by negative numbers on the Client Report or Multi-Rater Report.

#### Child TOP

#### Lack of Assertiveness (ASRTV)

Trouble standing up for himself/herself, shy or scared around other people Strength: Assertiveness

#### Incontinence (BOWEL)

Wetting the bed, soiled underwear Strength: Continence

#### Lack of Resiliency (RESIL)

Less likely to bounce back from a difficult situation

#### Strength: Resiliency

Stress or discomfort when away from parents or caregivers

Strength: Secure Attachments

Separation Anxiety (SEPAX)

#### Worrisome Sexual Behavior (SEXWR)

Acting sexually inappropriate
Strength: Appropriate Boundaries

#### Eating Issues (UNEAT)

Reluctant to eat, extremely picky when eating Strength: Good Eating Habits

#### Both

#### Attention Problems (ADHDC)

Trouble concentrating or staying on task Strength: Ability to Focus

#### Conduct Problems (CNDCT)

Trouble following rules or other behavioral problems

Strength: Adherence to Rules

#### Depression (DEPRS)

Stuck in a low mood, less interested in enjoyable activities. Child: less interactive or communicative. Adolescent: less energy or low self-esteem.

Strength: Happiness

#### Psychosis (PSYCS)

Out of touch with reality, seeing or hearing things that are not actually there, could indicate severe trauma

Strength: Ability to Face Reality

#### Sleep Problems (SLEEP)

Trouble falling asleep or staying asleep, having nightmares

Strength: Healthy Sleep Habits

#### Suicidality (SUICD)

Thinking about killing or hurting himself/herself Strength: Handles Sadness

#### Violence (VIOLN)

Thinking about killing or hurting others Strength: Deals with Anger Well

#### Adolescent TOP

#### Mania (MANIC)

Unusual amount of energy, feeling rested after little sleep, feeling better than other people, thoughts racing Strength: Balanced Emotions

#### Poor School/Work Functioning (SCHOOLF)

Bad grades, having problems with teachers, classmates, or coworkers

Strength: Good School/Work Functioning

#### Social Conflict (SCONF)

Problems relating well with friends, family, or others

Strength: Positive Relationships

#### Substance Abuse (SA)

Problems with drugs or alcohol Strength: Good Control of Substance Use

\*Please note that these descriptions are not meant to be exhaustive nor are they meant to be taken as diagnoses. Many of these domains cover complex ideas, and we have provided a likely description or a few examples of what each domain could look like in a child or adolescent.



### Let's take a listen from our peers in Cuyahoga County



# Critical alerts *require* same day contact with the child and caregiver

### **Critical Action Required**

WellnessCheck <no-reply@wellnesscheck.net>

To: Lisa Paine-Wells <painewells@gmail.com>

Cc: cweaver@larimer.org

Dear Lisa Paine-Wells.

This email is to inform you that a client Alissa M scored in the extreme range on violence and/or suicide on a TOP assessment. Please follow the protocol of your organization immediately. To view the critical items on the individual client report, please click

https://demo.wellnesscheck.net/cw/reports/?relative\_filename=578773/579946/3075249.pdf \_

Thank you, The Wellness Check Team

Critical Items marked as occurring during the past two weeks (selected from 12 key TOP items):

had desires to seriously hurt someone.	A little of the time
had desires to hurt a person or animal.	A little of the time
hurt himself/herself.	A lot of the time
run away.	Some of the time
caused you to worry about his/her sexual activity.	A lot of the time



Fri, May 27, 2016 at 12:43 PM

## Why **your** participation is important

- Provides current well-being information on strengths and challenges; information that highlights progress over time
- Guides treatment and placement decisions and supports your recommendations to team members, courts, and other providers
- Gives youth a stronger voice and supports them in taking more control over their behaviors and decisions
- Prompts discussion amongst the team and enhances decisionmaking

## Next Steps for Raters

- Respond within 7 days to the assessment request
- Only complete the CS form (not CR or CM)
- Leave blank questions you do not know the answer to
- Provide an overview to foster parents and youth before administering the TOP CS form
- In most cases, printed forms are better for foster parents and youth

## Questions or Concerns?



