

New Hampshire Behavioral Health Summit

Improving the Connected Families NH care coordination service array: A detective story

Jim Fauth, Johanna Wilson-White, John Erdmann

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Learn how...

Systematic data collection can reveal gaps in service delivery

Mixed-methods evaluation to drive program improvement

Other forms of care coordination can better support those families

To apply data-driven decision-making principles to your own programs/context

You, the audience

Round robin style...

Name

Org/agency

Mission

Role

Chapters

- 👉 Data detectives – BHII
- 👉 Milieu: Connected Families New Hampshire
- 👉 Breadcrumbs or “clues”
- 👉 How would you solve the “case?”
- 👉 Early returns on our solution in action
- 👉👉 How to author your own data-based detective story

Data detectives – BHII

 Location

 Mission

 History

 Services

 Portfolios/settings

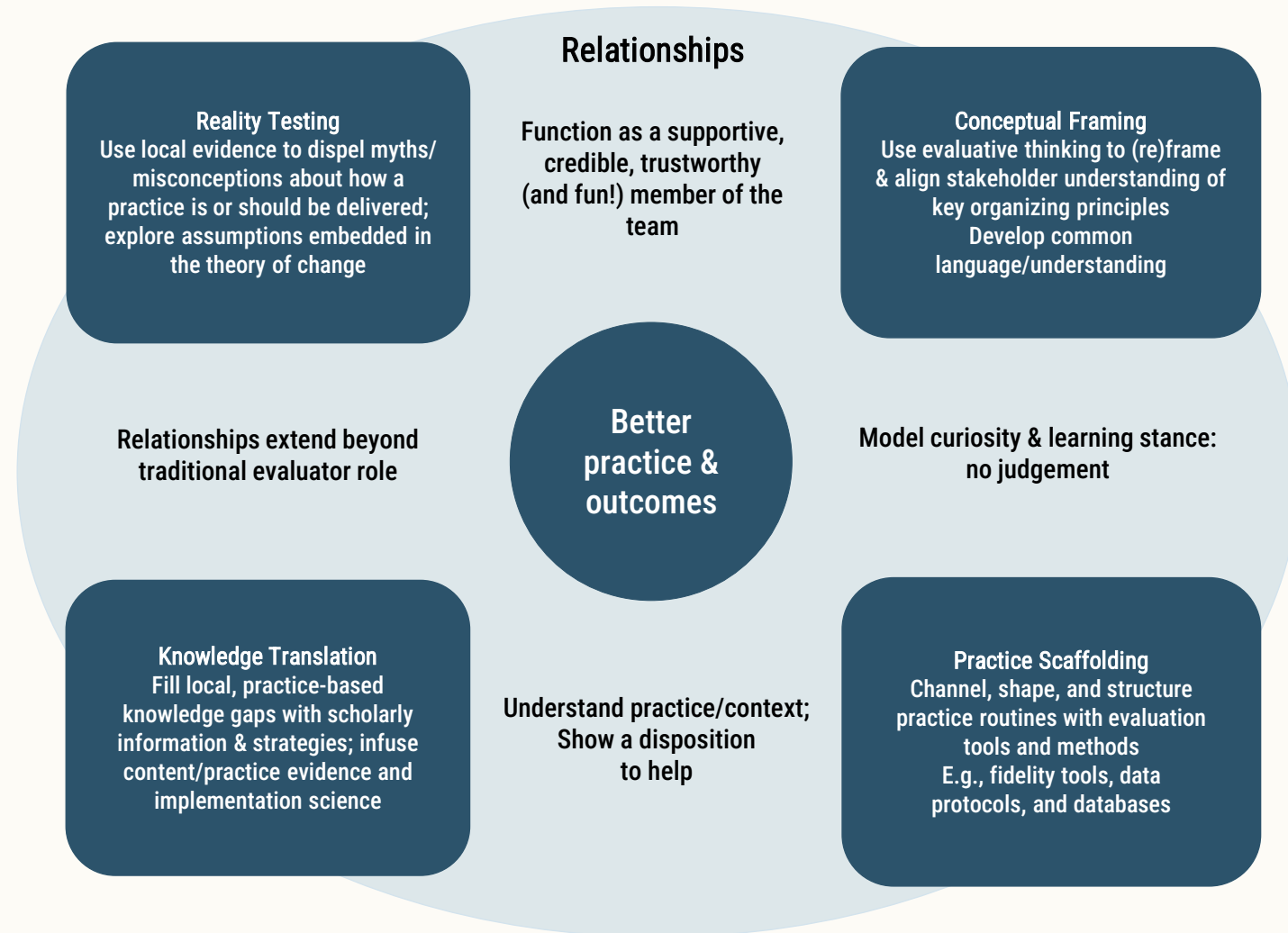
 SOC Team

Data detectives – BHII

Conceptual model

Mechanisms of change

Tools of the trade



Milieu: Connected Families NH



One of two NH CMEs



Children with SED & their families



Two services

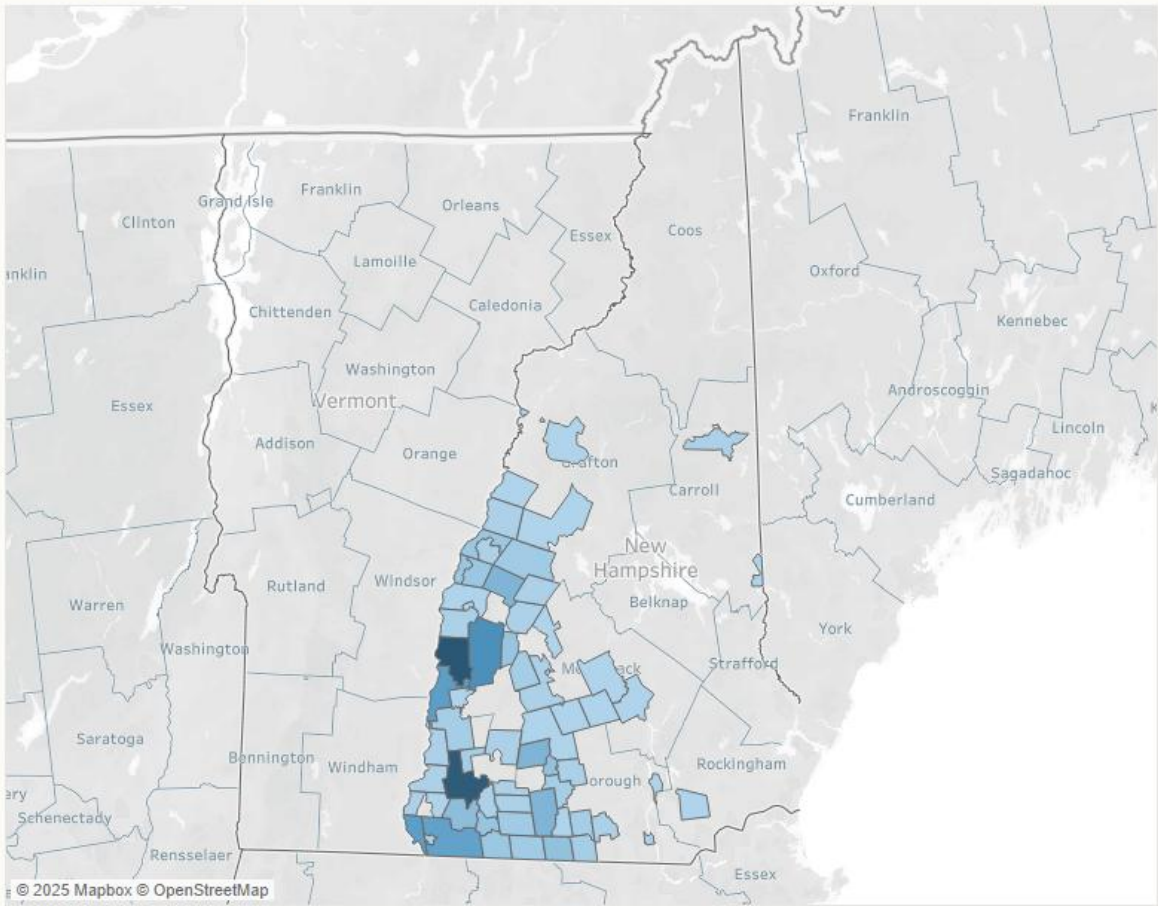
FAST Forward (Wraparound)

Transitional enhanced care
coordination

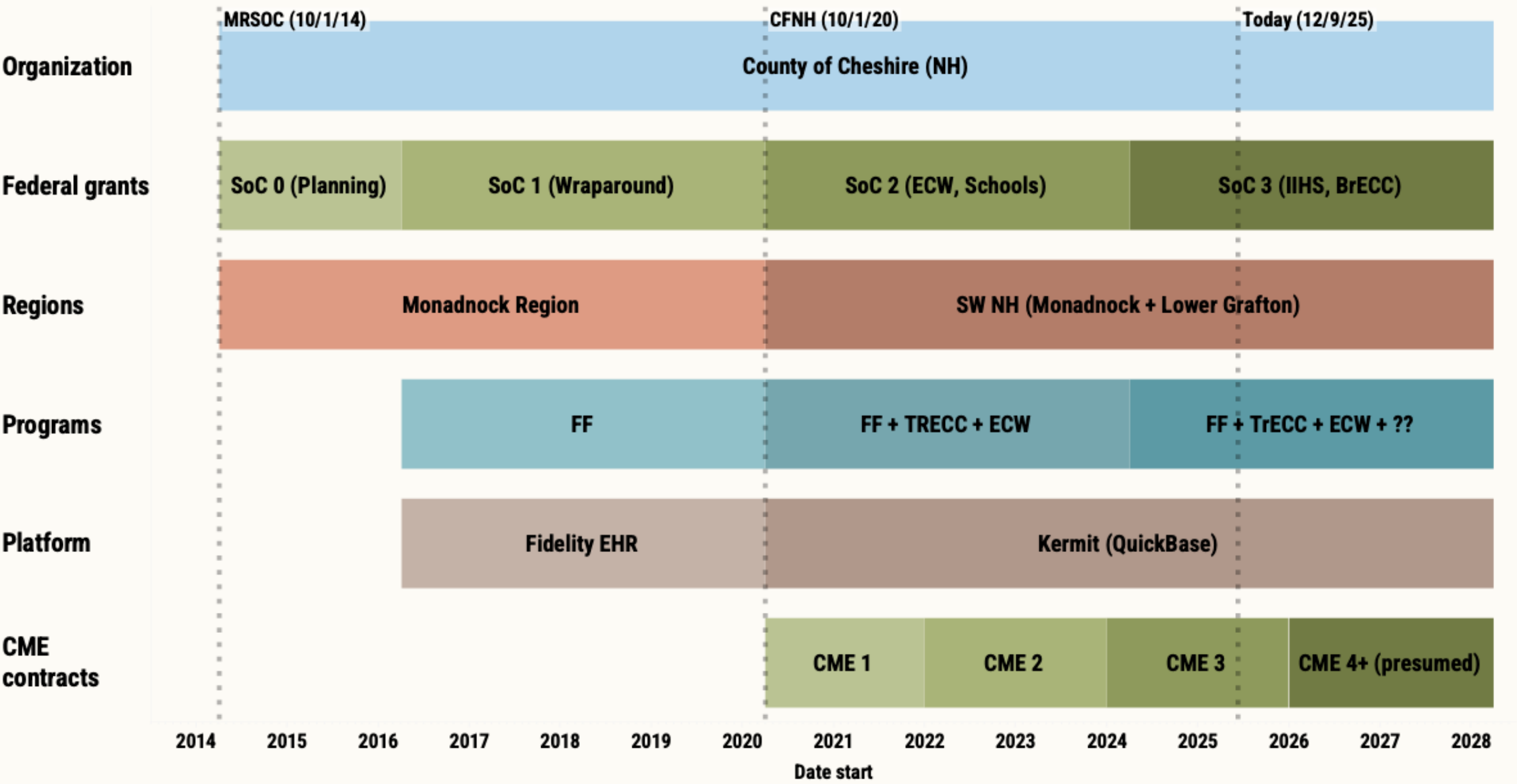


Episodes of care (10/20–4/25)

Wraparound cases by zip code
10/1/2020 - 4/4/2025 (N=374)



Connected Families New Hampshire Timeline (10/14 - 9/28)



Data-based clues

Quantitative data



Case documentation



Fidelity & outcome assessments



Kermit = Custom EHR (QuickBase database)



Analysis = QuickBase, Tableau, R

Change in Youth Wellbeing Scale (YWB) scores by item and reliable change status

10/1/2020 - 4/4/2025 (N=251)

Line starts from baseline score, arrow points to score at latest response. Only includes discharged referrals with 2+ responses.

	Deteriorated (N=12)	No change (N=197)	Improved (N=42)
Feelings and moods	2.50 ← 3.33	3.21 → 3.34	2.44 → 3.95
Life overall	2.50 ← 3.92	3.51 → 3.53	2.63 → 4.14
Family	2.58 ← 3.67	3.56 → 3.58	2.81 → 3.98
People outside of family	2.67 ← 4.00	3.52 → 3.65	3.28 → 4.14
Total score	2.56 ← 3.73	3.45 → 3.52	2.79 → 4.05

Change in Caregiver Strain Questionnaire (CGSQ) scores

10/1/2020 - 4/4/2025 (N=124)

Line starts from baseline score, arrow points to score at latest response. Only includes discharged referrals with 2+ responses.

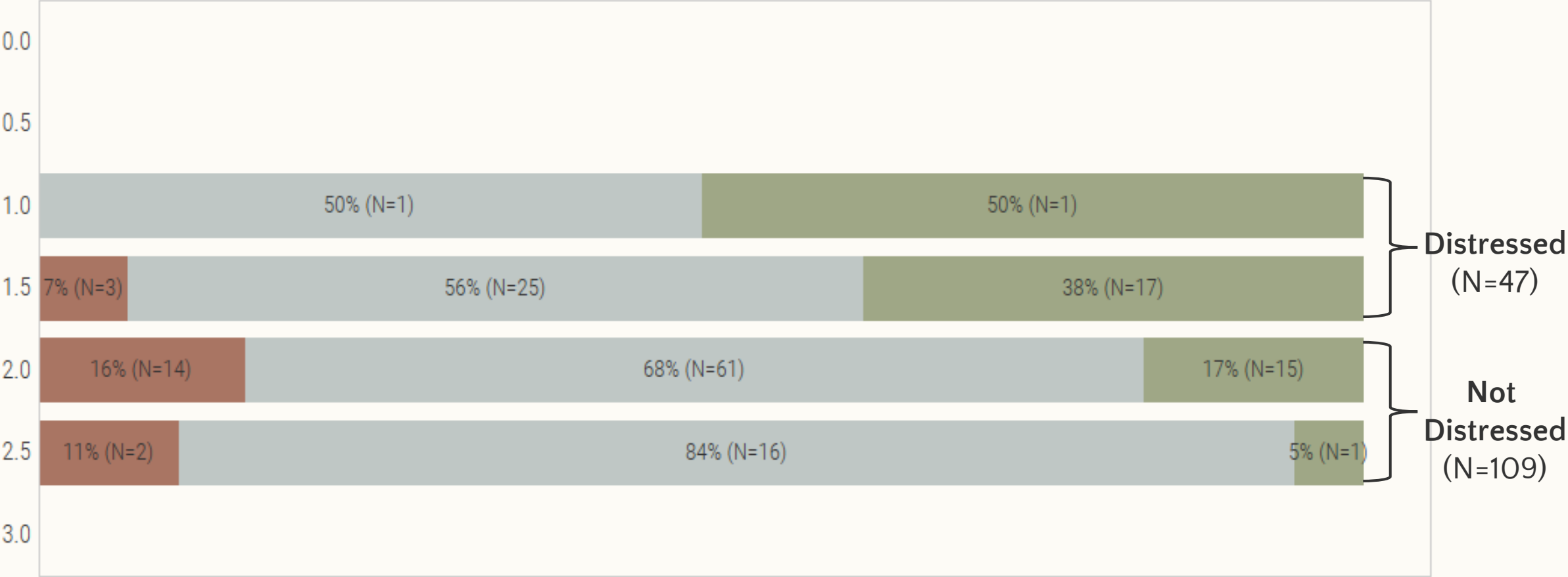
	Deteriorated (N=10)	No change (N=69)	Improved (N=45)
Worried about child's future	0.36 ← 1.27	0.78 ← 0.85	0.33 → 1.61
Interruption of personal time	0.82 ← 1.82	1.08 → 1.29	0.78 → 2.52
Feel sad or unhappy	0.73 ← 1.64	1.13 → 1.32	0.83 → 2.48
Disruption of family routines	0.91 ← 2.00	1.31 → 1.62	0.96 → 2.76
Disruption of family relationships	0.82 ← 2.00	1.48 → 1.78	0.89 → 3.00
Worried about family's future	0.82 ← 2.45	1.41 ← 1.51	0.89 → 2.35
Feel guilty	2.27 ← 2.82	1.66 → 1.68	0.96 → 2.76
Miss work or neglect duties	1.73 ← 3.00	1.95 → 2.11	1.17 → 3.20
Feel embarrassed	1.82 ← 3.18	2.24 → 2.29	1.57 → 3.37
Family member having to do without things	1.64 ← 3.00	2.28 → 2.38	1.76 → 3.50
Feel angry towards child	1.18 ← 2.82	2.24 → 2.39	2.22 → 3.09
Financial strain on family	2.82 ← 3.55	2.46 → 2.60	1.91 → 3.48
Feel resentful towards child	2.55 ← 3.55	2.98 ← 3.02	2.87 → 3.52
Total	1.42 ← 2.55	1.79 → 1.90	1.32 → 2.89

Reliable change on the CANS by baseline score

10/1/2020 - 4/4/2025 (N=156)

Includes only discharged referrals with 2+ responses who were enrolled 6+ months.

Deteriorated | No change | Improved



Pre-post change in total behavioral health costs of wraparound vs peer youth as a function of pre-cluster

Pre-cluster moderates the pre-post behavioral health cost differential of wraparound versus peer youth*

Wrap cost differential for youth with low > moderate or high cost profiles



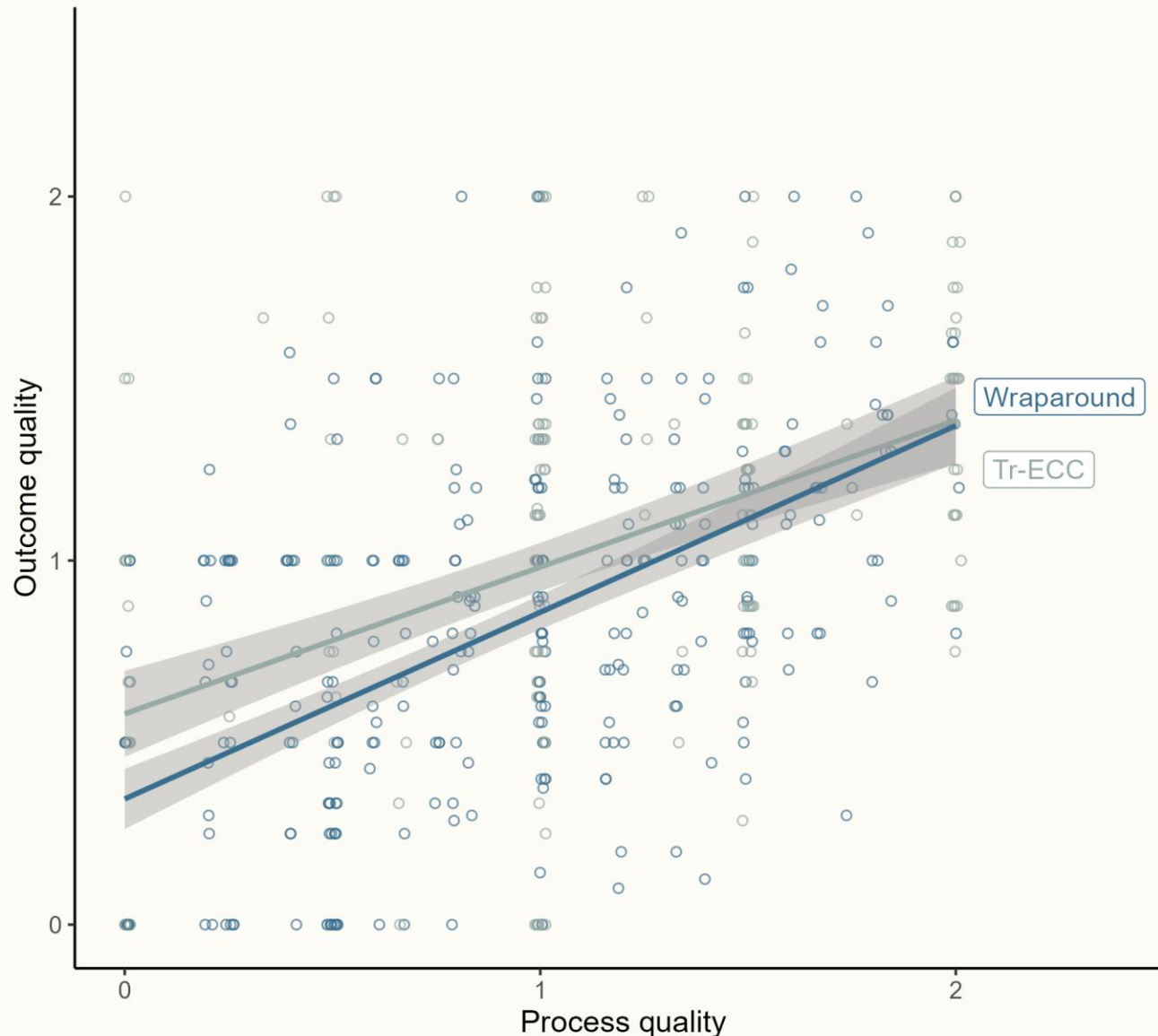
Low = low pre-enrollment cost level/variability; Moderate = moderate pre-enrollment cost level/variability; High = high pre-enrollment cost level/variability

Analysis: Area under the Curve estimated from fitted restricted spline with interactive term

Statistical significance: * p<.05, ** p<.01, ***p<.001, ****p<.0001

Outcome quality increases significantly with process quality, especially for Wraparound

Includes only discharged referrals (N = 507)








Linear model statistically significant ($p < 0.001$)

About 1/3 of the variance in outcome quality is explained by process quality and program type

Process quality is important for both programs, but more so for Wraparound.

Quantitative clues...

-  Youth & caregivers that are **highly distressed** at baseline **do best** in wraparound
-  **Most** youth & caregivers in wraparound are **not highly distressed** at baseline
-  **Process & outcome tightly linked** for wraparound
-  Wraparound being used as **system band-aid***
-  Widespread (mis)perception that **a service is always better than no service***

Where are these clues/breadcrumbs leading us?

Qualitative data



Capture family voice



Complement quantitative data



Explore unintended consequences

Family Experience of Wraparound (FEW)



Intentionally center family voice



Invite caregivers to interview at discharge



If they consent, conduct a 30-minute interview



Identify common and unique themes

FEW numbers

5 FEW studies from **2/2016 – 9/2024**

>125 caregivers invited

47 caregivers interviewed

26 interviews with positive experience

13 interviews with mixed or negative experience

FEW experience



2/3 positive about experience of Wraparound

1/3 mixed or negative about experience of Wraparound

FEW conclusions 2016–2024



Wraparound is therapeutic for many families, even transformative

. . . Family-driven, strength-based values are powerful

. . . Staff skills and commitment lead to empowering relationships

. . . Connections to community services/resources are invaluable

FEW conclusions 2016–2024 continued



Some families experienced frustration, even resentment


... Sense of urgency/priorities was not a match

... Focus on the family rather than the identified youth did not align


... Availability and access to community resources did not pan out

Qualitative clues...

feels a high sense of **urgency**

 When family has **capacity & interest** in a new/different/exploratory process
has basic **services in place** (potential team members)

has **fixed ideas** about how to solve their problems

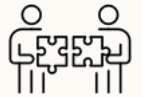
 When family has a **duplicative/similar service** in place
wants some **other service(s) or resource(s) yesterday**

Where are these clues/breadcrumbs leading us?

Solving the case...



Family-practice fit matters, especially for wraparound



Many families enrolling not a good fit for long-term, creative, ambitious process



Turning people away altogether is not a palatable option



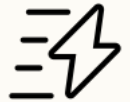
Need a better alternative: shorter, more focused on concrete needs, resources

What is the problem here, and what would you do?
(2 min to discuss at table then we'll reveal our solution)

Brief Enhanced Care Coordination



Intermediate form of care coordination



Briefer, faster-paced than wraparound (3–4 versus 12–18+ months)



Focused on facilitated referrals to basic/service needs; bridging gaps



Culturally responsive – tailored to family preferences & needs

Early returns...



Streamline state eligibility, empower CME re: intake, fit – underway



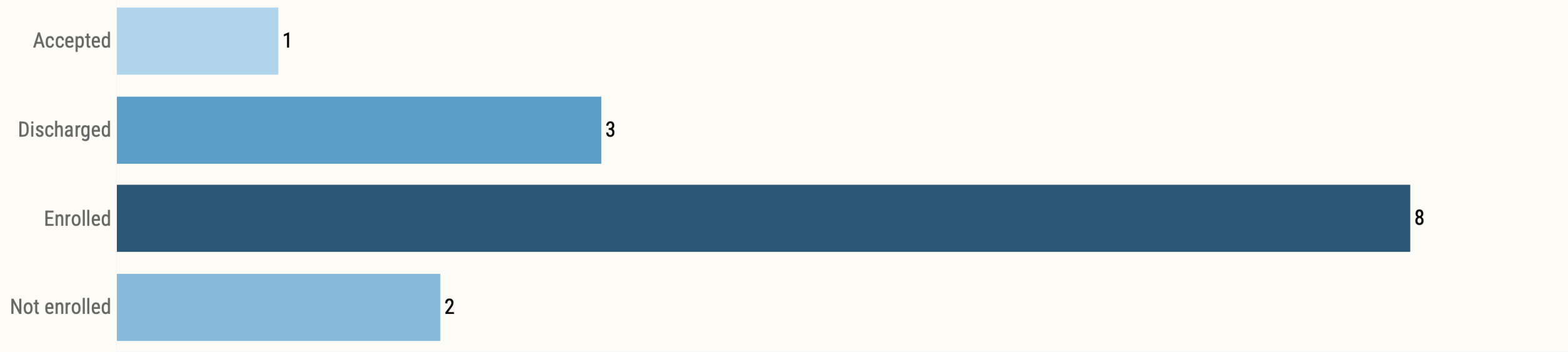
Decoupling wrap & IIHS – TBD



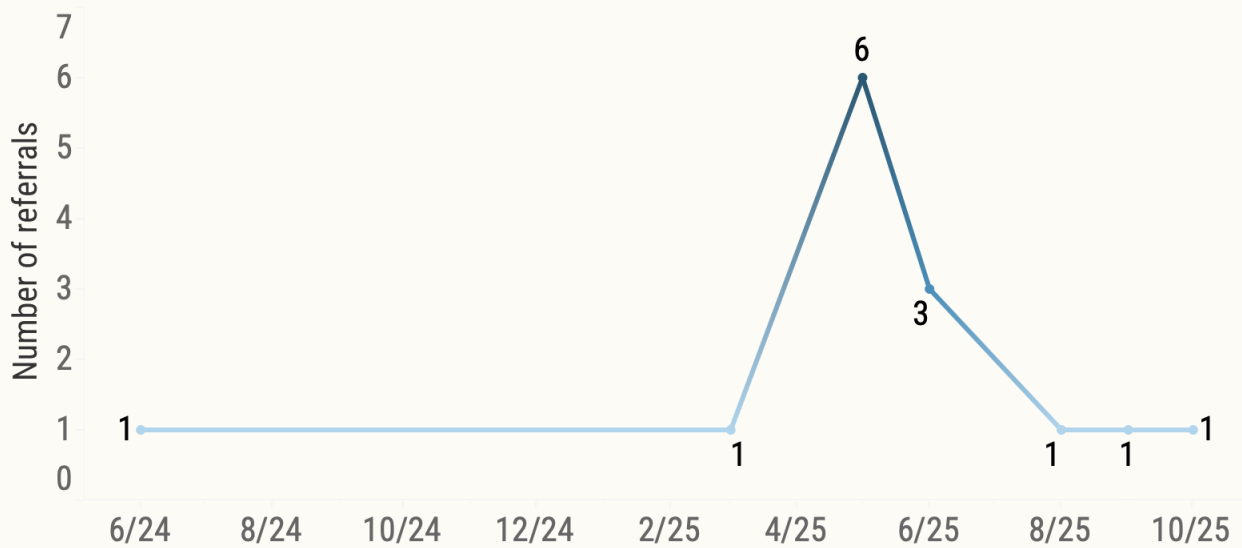
Brief Enhanced Care Coordination – underway

BrECC Dashboard (6/1/24 - 10/31/25)

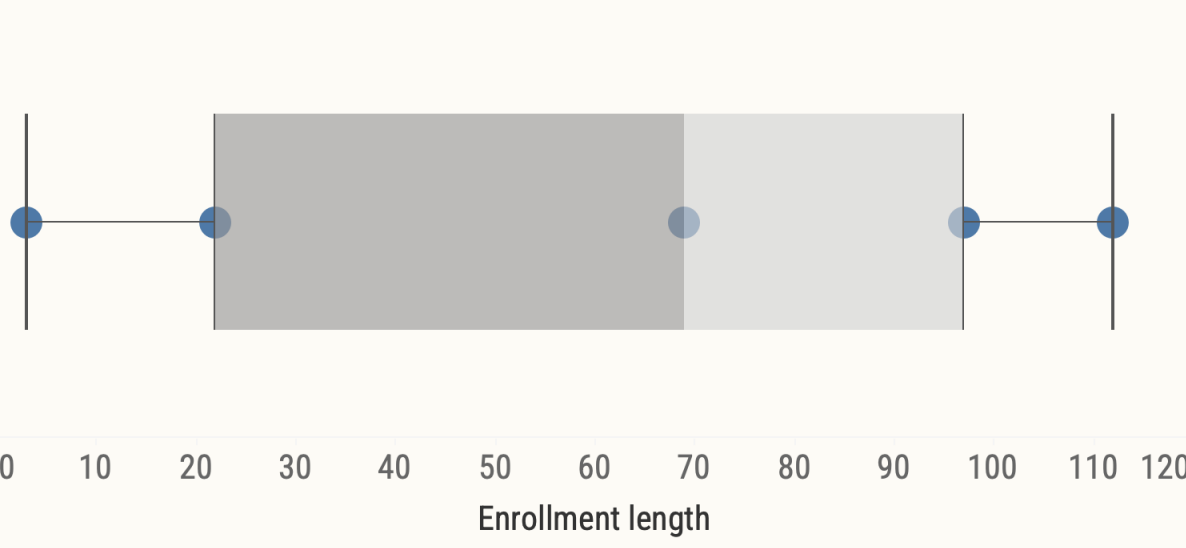
Number of cases by status (N=14)



Number of referrals per month (N=14)



Time to discharge (N=5)



Authoring your own data story: table talk

At your tables, consult on...

Problems, conundrums, questions, things you'd like to figure out

Relevant data source(s) you do/don't have

How those data source(s) could tell a story or paint a picture

What challenges or hurdles you'd have using those data sources

What would be your most logical/feasible next steps?

Feel free to raise your hand with questions for us...

Authoring your own data story: large group discussion

Who is willing to speak to any/all of these considerations in your context?

Problems, conundrums, questions, things you'd like to figure out

Relevant data source(s) you do/don't have

How those data source(s) could tell a story or paint a picture

What challenges or hurdles you'd have using those data sources

What would be your most logical/feasible next steps?

References

Pires, S.A., Fields, S., & McGarrie, L. (2016). Innovations in Children's Behavioral Health: Tiered Care Coordination for Children and Youth Meeting Summary. Baltimore, MD: The National Technical Assistance Network for Children's Behavioral Health.

Bonadio, T., Estep, K., Bruns, E. (2024). Meeting families where they are: Developing and implementing a tiered care coordination system for youth behavioral health needs. Portland State University: National Wraparound Initiative.

Fauth, J., & Erdmann, J. (2025). Connected Families NH Annual Evaluation Report. Behavioral Health Improvement Institute, Keene State College.

Find out more...

Jim Fauth, Director

[Behavioral Health Improvement Institute](#)

Keene State College

Keene, NH 03435 -3520

James.fauth@keene.edu

603-313-0381