
MCE/CSA Meeting

July 16, 2010

Holiday Inn Hotel & Suites, Marlboro, MA



Welcome



Welcome, Announcements, Reminders (1 of 2)

- ▶ MBHP's partnership with Health New England (HNE)
- ▶ Data
- ▶ Review of new CSA monthly reporting process
- ▶ Availability of materials from CBHI Outpatient Forums & May 21st CSA Statewide
- ▶ Feedback from CSA surveys: CSA Statewide meeting schedule, topics for discussion, and method of communication
- ▶ Additional rating category in EVS (RCVII)
- ▶ Vroon VanDenBerg Training DVDs

Goals for Meeting (1 of 2)

- ▶ CSA Fidelity Data Presentation
 - ▶ Melissa King/MBHP
- ▶ BREAK/NETWORK (11:40)
- ▶ Discussion: Documenting Medical Necessity Criteria in a Wraparound Model and Best Practices
 - ▶ Facilitated by Emily Ford/Beacon and Tara Fischer/MBHP

Goals for Meeting (2 of 2)

- ▶ Presentation by Consumer Quality Initiatives (CQI): Data Collection Experience from FY10
 - ▶ Melissa Goodman/CQI
- ▶ Next Steps
 - ▶ Follow-up from today's meeting
 - ▶ Next meeting: September 24th
 - ▶ Doubletree Hotel, Westborough, MA

MA Wraparound Fidelity Assessment System: Promoting Positive Outcomes through Fidelity Monitoring

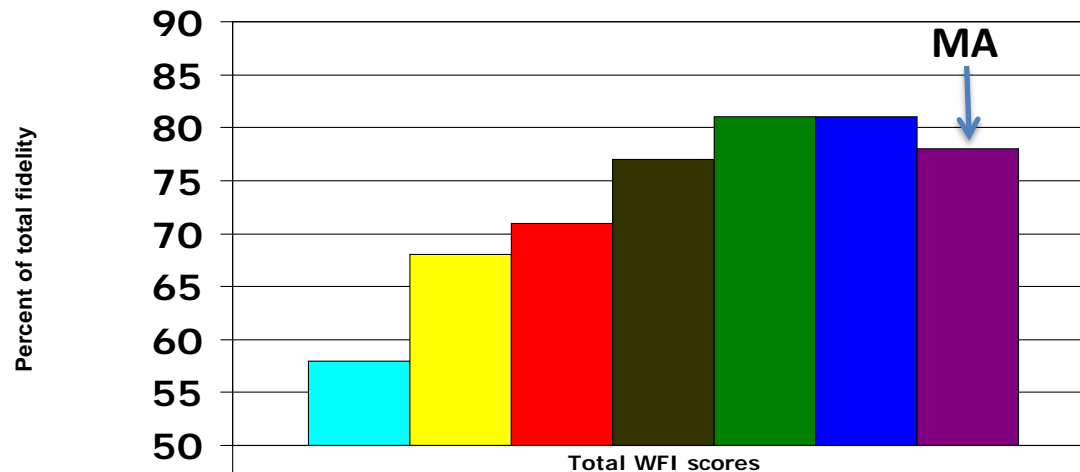


Summer 2010
Melissa A. King
Health Policy Analyst, MBHP
With special thanks to Eric Bruns & April Sather

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Purpose of this Presentation

1. Create shared understanding of our accomplishments in fostering quality Wraparound in year one of the CBHI



Non-wraparound comparisons	58
State No.1	68
State No.2	71
National Average	77
State No.3	81
State No.4	81
Massachusetts	78



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Purpose of this Presentation

2. Begin a dialogue about what WFAS findings mean to those involved in the CBHI – and possible implications for action



Proposed Agenda for the Next 50 Minutes...

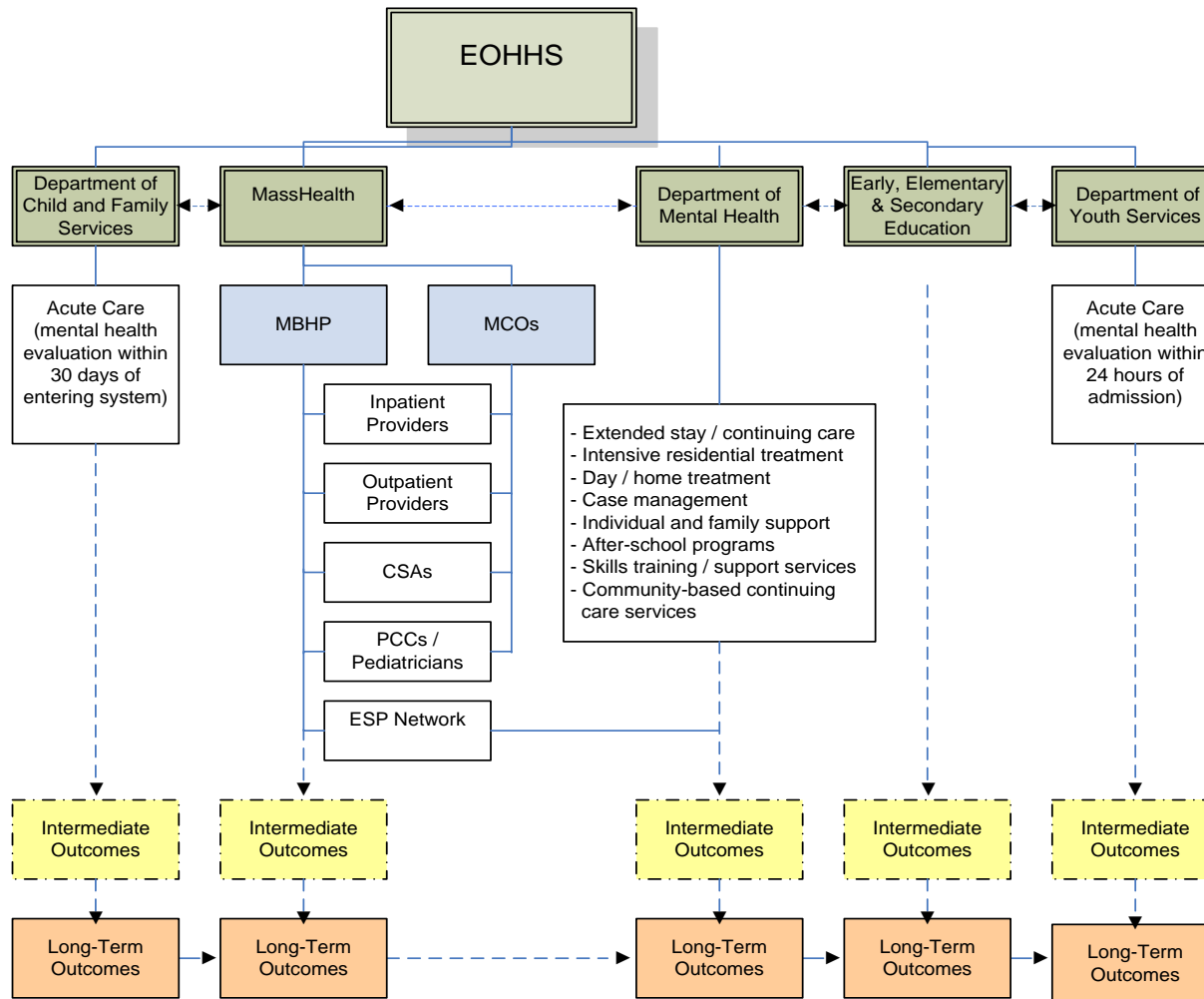
FIRST 30 MINUTES: FIDELITY STATISTICS

1. Why spend time measuring fidelity?
2. Overview of WFAS (TOM/WFI/DRM) findings
 - ✓ What exactly are the TOM, WFI and DRM?
 - ✓ How was our statewide data collected?
 - ✓ How do we make practical sense of our scores?
 - ✓ How does Massachusetts compare to other states so far?

SECOND 20 MINUTES: PROVIDER TALK-BACK

3. What, at the practice level, is driving our strengths?
4. Looking back 1, 3, 5 years from now, what steps did we take to build on strengths and address areas for improvement?





CBHI Mission

Strengthen, expand and integrate Massachusetts services into a comprehensive, community-based system of care so that families and their children with significant behavioral, emotional or mental health needs can obtain the services necessary for success in home, school and community.



What is Wraparound Fidelity?

- Typically we define *fidelity* as the degree to which a program is implemented as intended by its developers.
- *Wraparound fidelity*, as measured by the MA Wraparound Fidelity Assessment System (MA WFAS), is defined as **the degree to which intensive care coordination teams adhere to the principles of quality wraparound and carry out the basic activities of facilitating a wraparound process.**



Why Measure Fidelity?

Fidelity monitoring lays the groundwork for measuring outcomes of Wraparound by verifying that activities are being carried out according to plan. . .



Why Measure Fidelity?

. . . and research links attainment of high fidelity scores with better outcomes for youth and families, including:

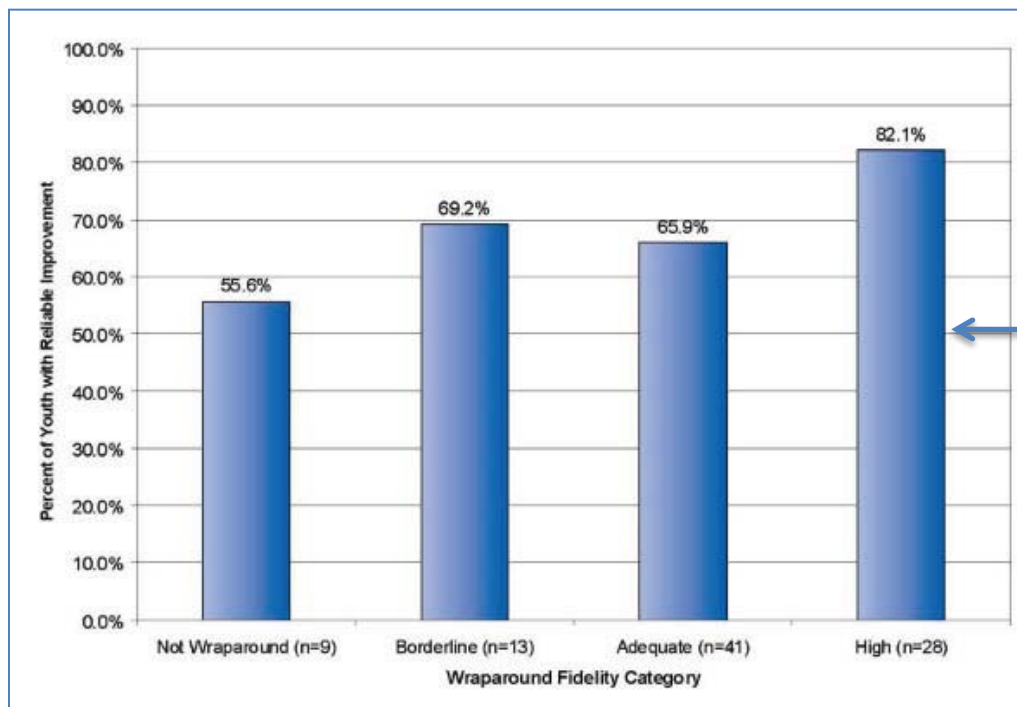
- Improved resilience and quality of life
- Safe, stable, home-like environment
- Improved functioning in school / vocation, community
- Improved mental health outcomes

Suter J, Bruns E. 2009. Effectiveness of the Wraparound Process for Children with Emotional and Behavioral Disorders: A Metanalysis. *Clinical Child and Family Psychology Review* **12**(4): 336-351.

Bruns E, Leverentz-Brady K, Suter J. 2008. Is it Wraparound Yet? Setting Quality Standards for Implementation of the Wraparound Process. *Journal of Behavioral Health Services & Research* **35**(3): 240-252.



Why Measure Fidelity?



Indiana is seeing a correlation between high fidelity scores and positive youth & family outcomes as evidenced by CANS

Source: Effland V, McIntyre J, Walton B. 2010. Systems of Care, Wraparound and Outcomes. *Collaborative Adventures* 8(2): 1-3.



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What are the TOM, WFI-4 and DRM?

Team Observation Measure (MA TOM)

- Supervisors observe care planning team meetings to assess adherence to standards of high-quality wraparound
- Tool consists of 20 items, each made up of 3 to 5 indicators that are assigned a “yes” or a “no”
- Trained raters indicate whether indicators are in evidence
- Scale = 0 (none scored “yes”) to 4 (all scored “yes”)
- Two items linked to each of the 10 principles of Wraparound
- Internal consistency very good
- Inter-rater reliability found to be adequate



What are the TOM, WFI-4 and DRM?

Wraparound Fidelity Index, Version 4 (MA WFI-4)

- Confidential telephone interviews administered by Consumer Quality Initiatives (CQI) to caregivers of youth enrolled in ICC
- Tool consists of 40 items
- Scale = 0 (low fidelity) to 2 (high fidelity)
- Four items linked to each of the 10 principles of Wraparound
- Internal consistency, test-retest reliability and inter-rater agreement very good
- Mostly commonly used tool to measure quality of wraparound programs, and used in research on Wraparound



What are the TOM, WFI-4 and DRM?

Document Review Measure (MA DRM)

- Trained evaluator uses tool to rate conformance to principles of Wraparound as evidenced by materials present in medical record (e.g. individual care plan; strengths, needs, culture discovery documentation; risk management safety plan; CANS; transition plan, meeting notes, etc.)
- Massachusetts version of tool consists of 26 items
- Each item assesses one of the 10 principles of Wraparound or one of three additional constructs: access to service, timeliness, and quality features. Each item is also specific to one of the four phases of Wraparound activities.
- Scale = 0 (not met) to 3 (mostly met)



How was WFAS Data Collected?

MA TOM and MA WFI-4

- January 4 through June 30, 2010 data collection period
- July 5 data export showed the following number of assessments completed and entered into WONDERS (Wraparound Online Data Entry and Reporting System):
620 WFI assessments and **441 TOM assessments**

MA DRM

- March 24 through May 6, 2010 data collection period
- **275 reviews** entered into Data Collection Tool by evaluators from the Managed Care Entities



How are Scores Interpreted?

- **Item scores** presented as a number (0-4 for TOM, 0-2 for WFI, 0-3 for DRM) w/ 2 decimal places (e.g. 1.65)
- **Principle scores** presented as a percentage calculated by averaging the corresponding items and dividing by the total possible score to obtain a “percent of total fidelity” (e.g. 76%)
- **Total fidelity scores** also presented a percent of total fidelity and calculated by averaging across all 10 principles



Principles of Wraparound



Family Voice and Choice (**FVC**)

Team-Based (**TB**)

Natural Supports (**NS**)

Collaboration (**Col**)

Community-Based (**CB**)

Culturally Competent (**CC**)

Individualized (**Indiv**)

Strengths-Based (**SB**)

Persistence (**Per**)

Outcome-Based (**OB**)



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TOM Total Fidelity Scores

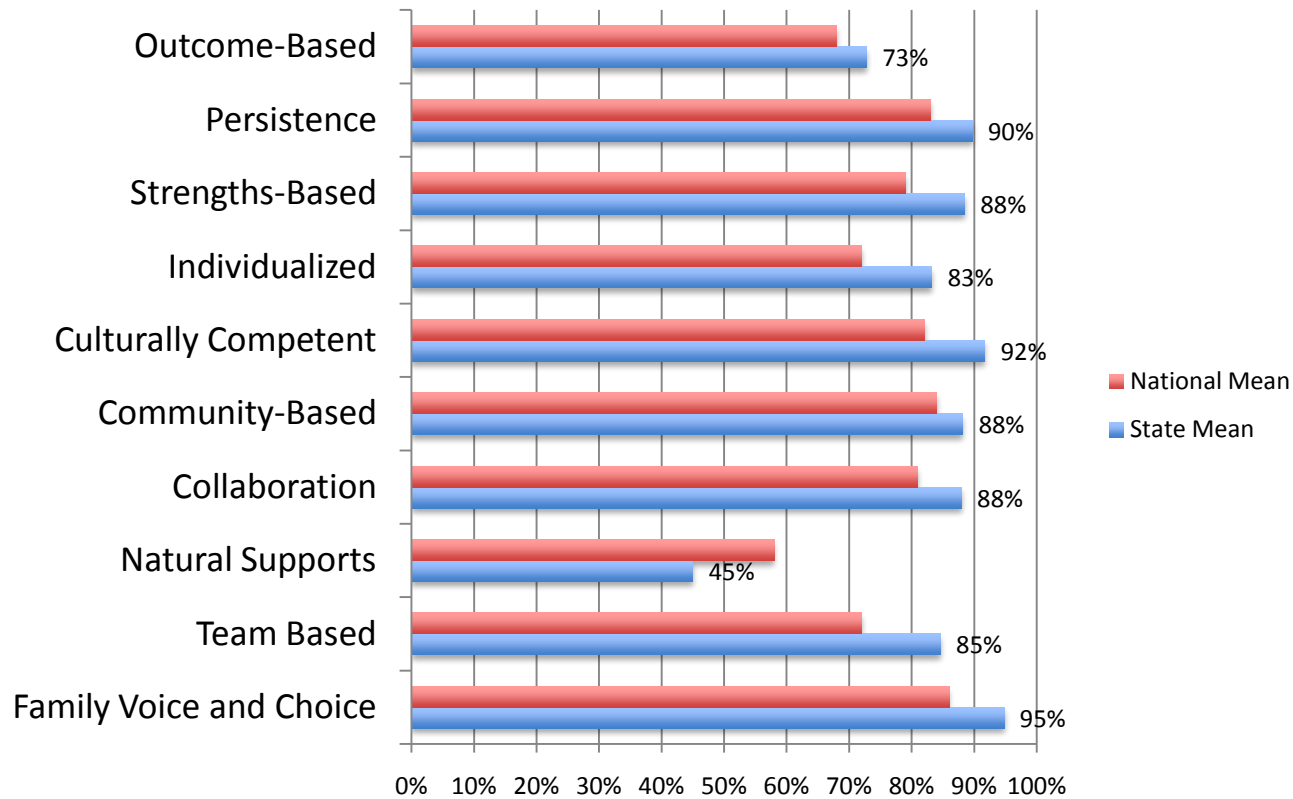
	Total Score	FVC	TB	NS	Col	CB	CC	Indiv	SB	Per	OB
National Average	76.5%	86%	72%	58%	81%	84%	82%	72%	79%	83%	68%
SD	18%	17%	22%	27%	35%	22%	21%	36%	23%	26%	24%
MA Average	83%	95%	85%	45%	88%	88%	92%	83%	88%	90%	73%
SD	7%	6%	5%	16%	10%	12%	5%	12%	9%	9%	18%



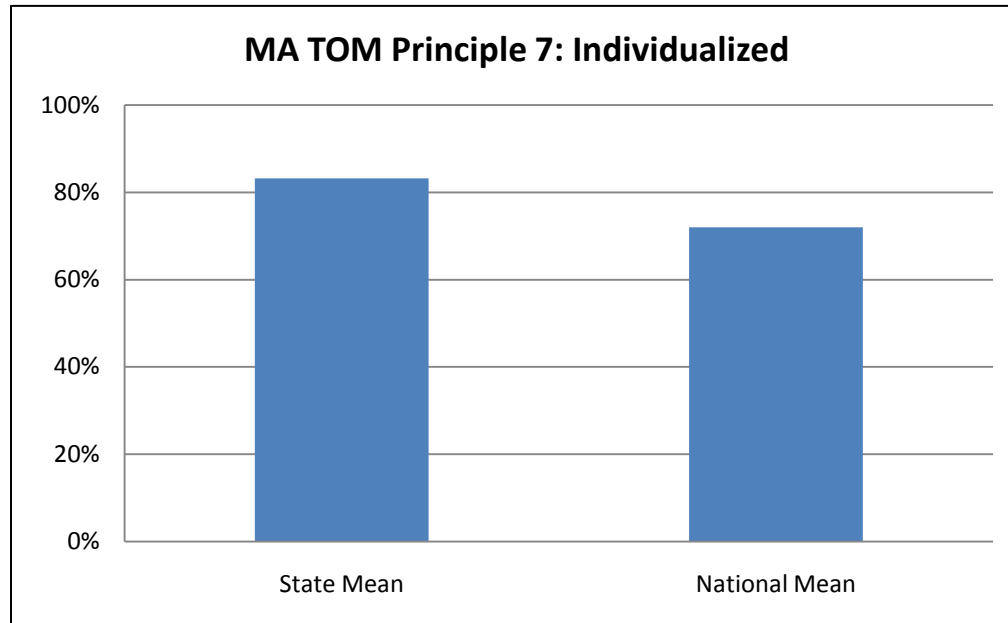
Above national average by 6 points!



TOM Fidelity by Principle



TOM Fidelity by Principle: Relative Strength

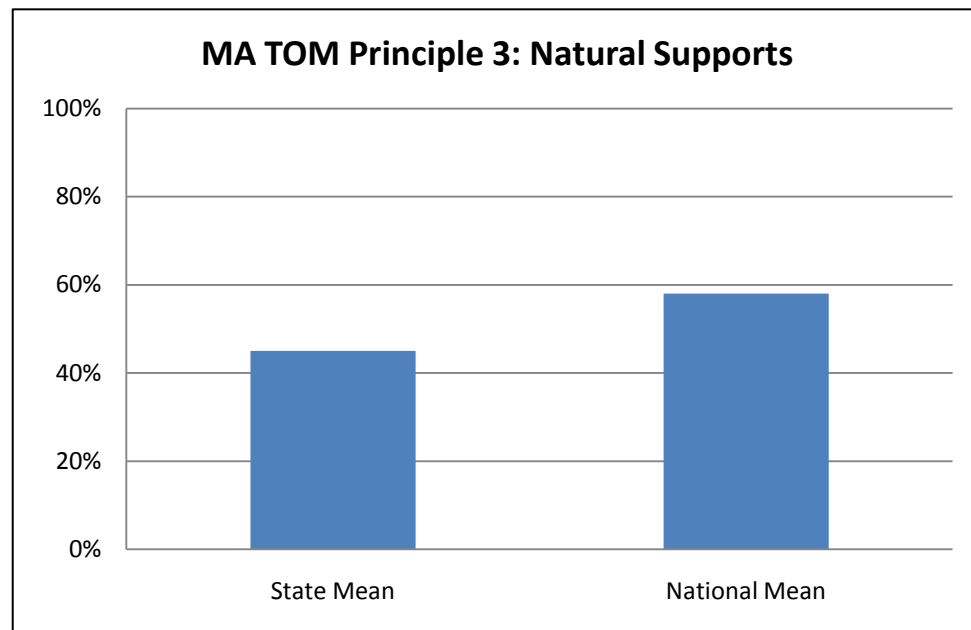


“To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports and services.”



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TOM Fidelity by Principle: Need for Improvement



“The team actively seeks out and encourages the full participation of team members drawn from family members’ networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.”



TOM Item Scores: Relative Strengths

CULTURAL COMPETENCE	SCORE	Nat Mean
Item 11: Facilitation skills	3.55	2.97
a. Facilitator is able to impart understanding about what the wraparound process is, how it will work for this family, and how individual team members will participate.	0.84	-
b. Facilitator reflects, summarizes, and makes process-oriented comments.	0.89	-
c. Facilitator is able to manage disagreement & conflict and elicit underlying interests, needs, and motivations of team members.	0.92	-
d. Talk is well distributed across team members and each team member makes an extended or important contribution.	0.93	-
Item 12: Cultural and Linguistic Competence	3.76	3.56
a. The youth, caregiver, and family members are given time to talk about the family's values, beliefs, and traditions.	0.87	-
b. The team demonstrates a clear and strong sense of respect for the family's values, beliefs, and traditions.	0.95	-
c. Meetings and meeting materials are provided in the language the family is most comfortable with.	0.97	-
d. Members of the team use language the family can understand (i.e. no professional jargon/acronyms)	0.97	-

INDIVIDUALIZED	SCORE	Nat Mean
Item 5: Creative Brainstorming and Options	3.12	2.46
a. The team considers several different strategies for meeting each need and achieving each goal that is discussed.	0.82	-
b. The team considers multiple options for tasks or action steps.	0.81	-
c. The facilitator leads a robust brainstorming process to develop multiple options to meet priority needs.	0.67	-
Item 6: Individualized process	3.53	3.3
a. Planning includes action steps or goals for other family members, not just identified youth.	0.85	-
b. Facilitator and team members draw from knowledge about the community to generate strategies and action steps based on unique community supports.	0.85	-
c. Team facilitates the creation of individualized supports or services to meet the unique needs of child and/or family.*	0.89	-
d. Youth, caregiver, & family members give their opinions about potential services, supports, or strategies; including describing what has or has not worked in the past.	0.93	-

TOM Item Scores: Needs for Improvement

OUTCOMES BASED	SCORE	Nat Mean
Item 13: Outcomes Based Process	2.87	2.83
a. The team uses objective measurement strategies.*	0.67	-
b. The team assesses goals/strategies using measures of progress.	0.72	-
c. The team revises the plan if progress toward goals is not evident.	0.84	-
Item 14: Evaluating Progress and Success	2.99	2.62
a. The team conducts a systematic review of members' progress on assigned action steps.*	0.78	-
b. The facilitator checks in with the team members about their comfort and satisfaction with the team process.	0.74	-
c. Objective or verifiable data is used as evidence of success, progress, or lack thereof.	0.72	-

NATURAL SUPPORTS	SCORE	Nat Mean
Item 7: Natural and community supports	1.54	2.38
a. Natural supports for the family are team members and present.	0.27	-
b. Team provides multiple opportunities for natural supports to participate in significant areas of discussion.	0.75	-
c. Community team members and natural supports participate in decision-making.	0.72	-
d. Community team members and natural supports have a clear role on the team.*	0.72	-
Item 8: Natural support plans	1.94	2.37
a. Brainstorming of options and strategies include strategies to be implemented by natural and community supports.	0.70	-
b. The plan of care represents a balance between formal services and informal supports.*	0.45	-
c. There is flexible funding available to the team to allow for creative services, supports, and strategies.	0.21	-



WFI-4 Total Fidelity Scores

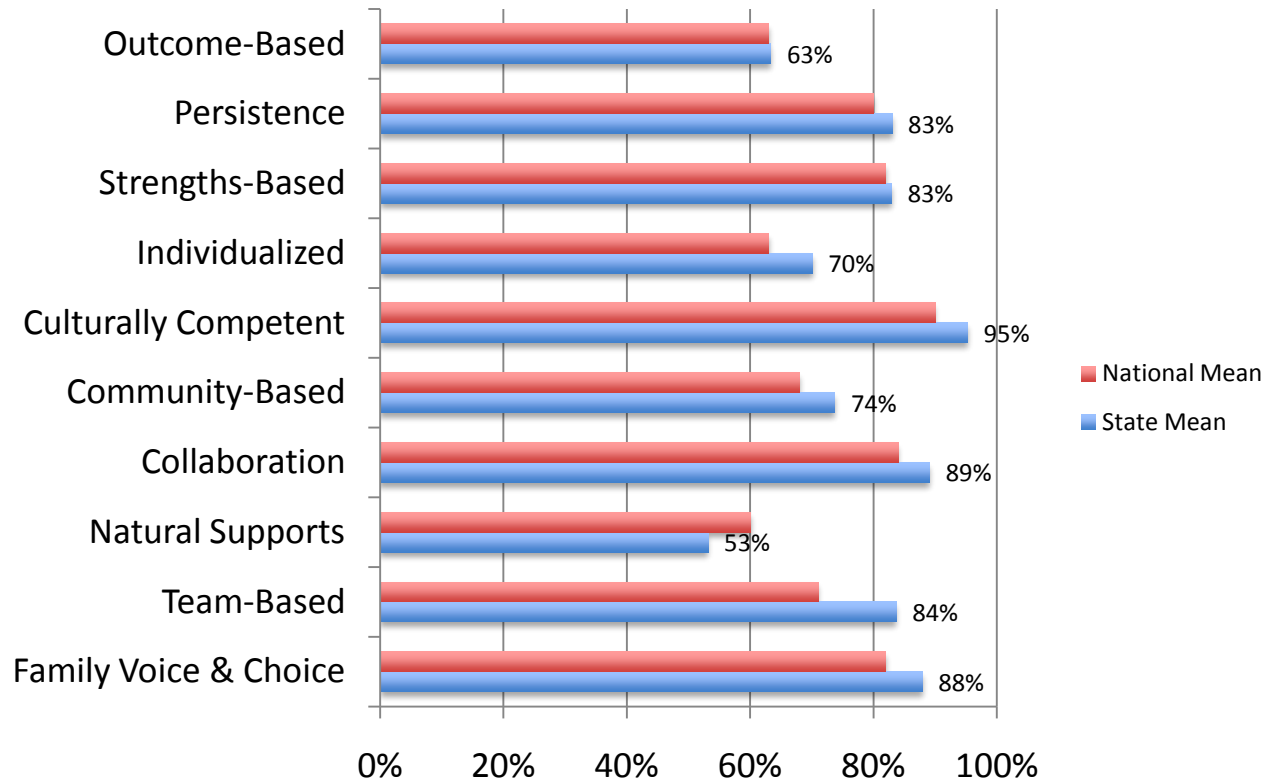
	Total Score	FVC	TB	NS	Col	CB	CC	Indiv	SB	Per	OB
Nat. Average	74.3%	82%	71%	60%	84%	68%	90%	63%	82%	80%	63%
SD	10%	11%	11%	15%	10%	13%	8%	12%	10%	12%	13%
MA Average	78%	88%	84%	53%	89%	74%	95%	70%	83%	83%	63%
SD	12%	5%	4%	7%	5%	5%	3%	5%	5%	5%	5%



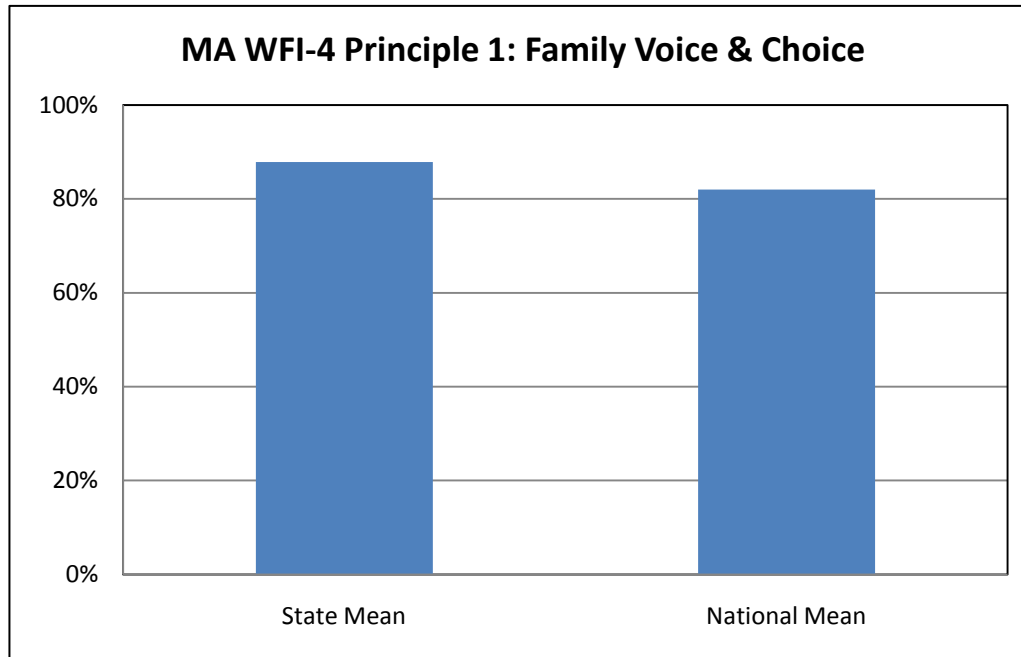
Four points above national average!



WFI-4 Fidelity by Principle



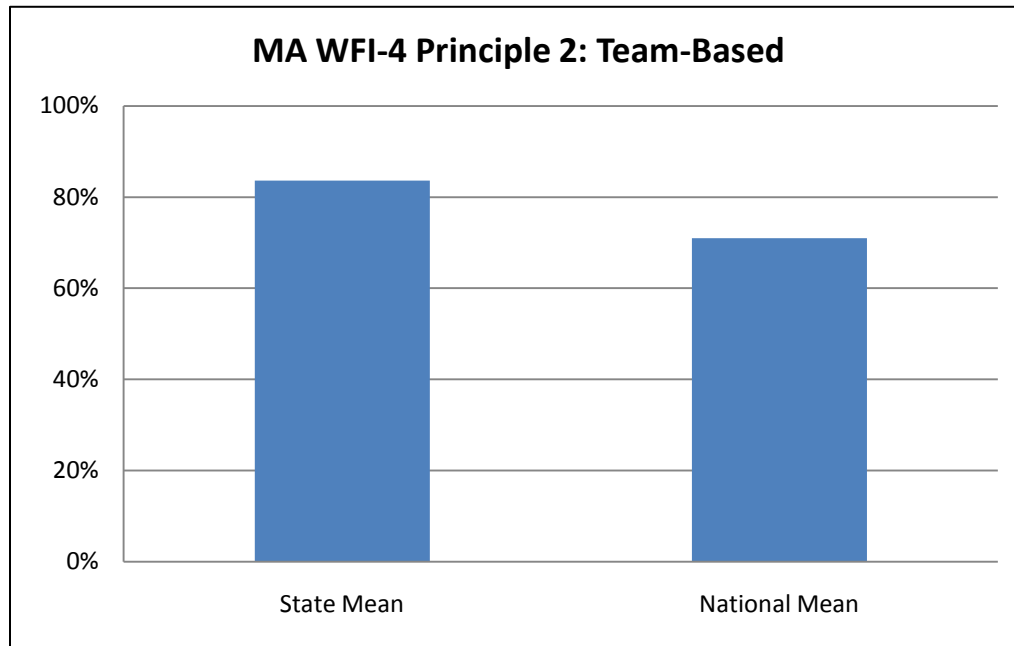
WFI-4 Fidelity by Principle: Relative Strength



“Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members’ perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.”



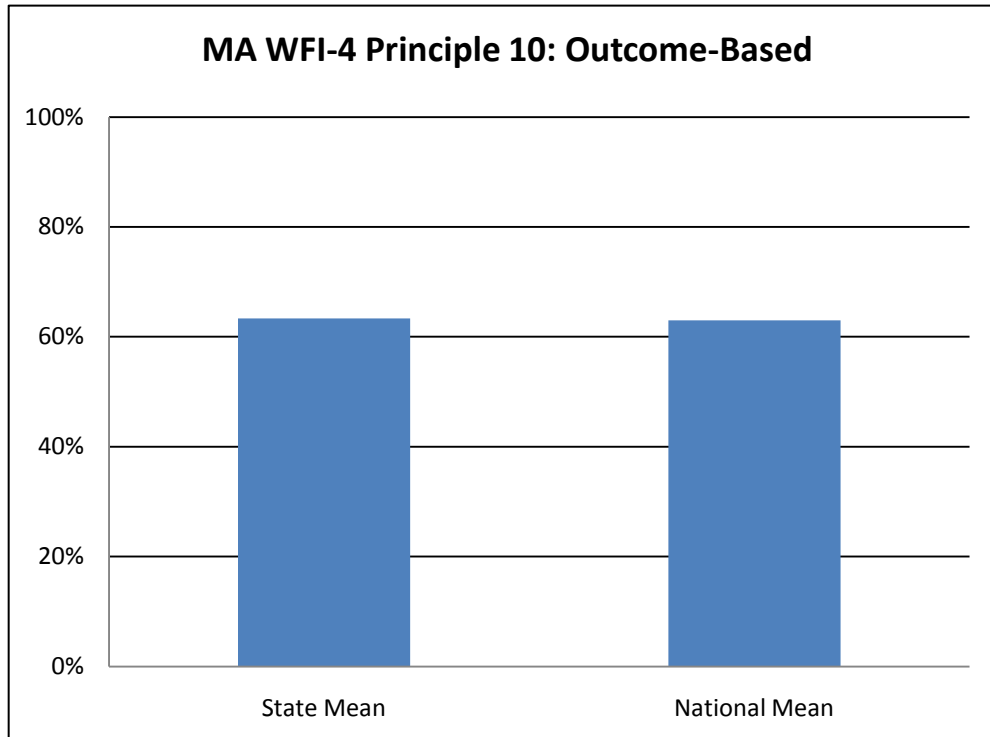
WFI-4 Fidelity by Principle: Relative Strength



“The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal and community support and service relationships.”



WFI-4 Fidelity by Principle: Need for Improvement



“The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.”



WFI Item Scores: Strengths and Weaknesses

ITEM	MA	Nat Mean
CG1.1 - When you first met WF, were you given time to talk about your strengths, beliefs and traditions?	1.65	1.65
CG1.2 - Before your 1st team meeting, did your WF fully explain the WA process and the choices you could make?	1.52	1.68
CG1.3 - At beginning of WA process, did you have a chance to tell WF what things have worked in the past?	1.8	1.75
CG1.4 - Did you select the people who would be on your WA team?	1.23	0.86
CG1.5 - Is it difficult to get team members to attend team meetings when they are needed?	1.52	1.57
CG1.6 - Before your 1st WA team meeting, did you go through a process of identifying what leads to crises for child and family?	1.55	1.52



WFI Item Scores: Strengths and Weaknesses

ITEMS	MASS	NATIONAL MEANS
CG2.1 - Did you and your team create a written plan that describes how the team will meet your child's needs? *and* Do you have a copy?	1.83	1.64
CG2.2 - Did the team develop any kind of written statement about what it is working on with your child and family? *and* Can you describe what your team mission says?	1.76	1.56
CG2.3 - Does your WA plan include mostly professional services?	0.99	0.61
CG2.4 - Are the supports and services in your WA plan connected to the strengths and abilities of your child and family?	1.80	1.74
CG2.5 - Does the WA plan include strategies for helping your child get involved w/ activities in his/her community?	1.31	1.24
CG2.6 - Are there members of your WA team who do not have a role in implementing your plan?	1.73	1.67



WFI Item Scores: Strengths and Weaknesses

ITEMS	MASS	NATIONAL MEAN
CG2.7 - Does your team brainstorm many strategies to address your family's needs before selecting one?	1.79	1.73
CG2.8 - Is there a crisis plan? *and* does this plan specify how to prevent crisis?	1.48	1.43
CG2.9 - Do you feel confident that, in crisis your team can keep your child in the community?	1.57	1.5
CG2.10 - Do you feel like other people on your team have higher priority than you in designing your WA plan?	1.83	1.53
CG2.11 - During planning process, did team make enough time to understand values? *and* Is your WA plan in tune w/ family's values?	1.89	1.73



WFI Item Scores: Strengths and Weaknesses

ITEMS	MASS	NATIONAL MEAN
CG3.1 - Are important decisions made about your child or family when you are not there?	1.90	1.64
CG3.2 - When your WA team has a good idea for support, can they find resources or make it happen?	1.58	1.7
CG3.3 - Does your WA team get your child involved w/ activities they like and do well?	1.05	1.2
CG3.4 - Does the team find ways to increase the support you get from friends & family?	1.09	1.22
CG3.5 - Do the members of your team hold each another responsible for doing their part?	1.73	1.7
CG3.6 - Is there a friend or advocate of your child or family who actively participates in WA team?	0.68	0.95
CG3.7 - Does your team come up w/ new ideas? *and* Does your team come w/ ideas when something's not working?	1.75	1.74



WFI Item Scores: Strengths and Weaknesses

ITEMS	MASS	NATIONAL MEANS
CG3.8 - Are the services and supports in your WA difficult for your family to access?	1.61	1.54
CG3.9 - Does the team assign specific tasks to all team members at end of meeting? *and* Does team review team member's follow-through at next meeting?	1.67	1.59
CG3.10 - Do members of your team always use language you can understand?	1.96	1.93
CG3.11 - Does your team create a positive atmosphere around successes and accomplishments at each team meeting?	1.88	1.86
CG3.12 - Does your team go out of its way to make sure all members present ideas and participate in decisions?	1.82	1.67
CG3.13 - Do you think your WA process could be discontinued before you're ready?	1.48	1.35
CG3.14 - Do all the members of your team demonstrate respect for you and your family?	1.96	1.88
CG3.15 - Does your child have the opportunity to communicate their own ideas when it comes to decisions?	1.49	1.71



WFI Item Scores: Strengths and Weaknesses

ITEMS	MASS	NATINAL MEAN
CG4.1 - Has your team discussed a plan for how WA will end *and* Does your team have a plan for when?	0.46	0.68
CG4.2 - Has the WA process helped your child develop friendships w/ other youth?	0.94	1.2
CG4.3 - Has the WA process helped your child to solve his/her own problems?	1.09	1.3
CG4.4 - Has your team helped you and your child prepare for major transitions?	1.50	1.35
CG4.5 - After formal WA ends, do you think the process will be able to be 're-started' if you need it?	1.82	1.61
CG4.6 - Has the WA process helped your family to develop or strengthen relationships that will support you when WA is finished?	1.45	1.49
CG4.7 - Do you feel like you and your family will be able to succeed on their own?	1.33	1.22
CG4.8 - Will some members of your team be there to support you when formal WA is finished?	1.60	1.65



DRM Total Fidelity Scores

	Total Score	FVC	TB	NS	Col	CB	C	Indiv	SB	Per	OB
MA Average	61%	85%	71%	26%	41%	37%	60%	75%	72%	85%	57%
SD	13%	17%	23%	21%	12%	25%	30%	15%	19%	12%	13%

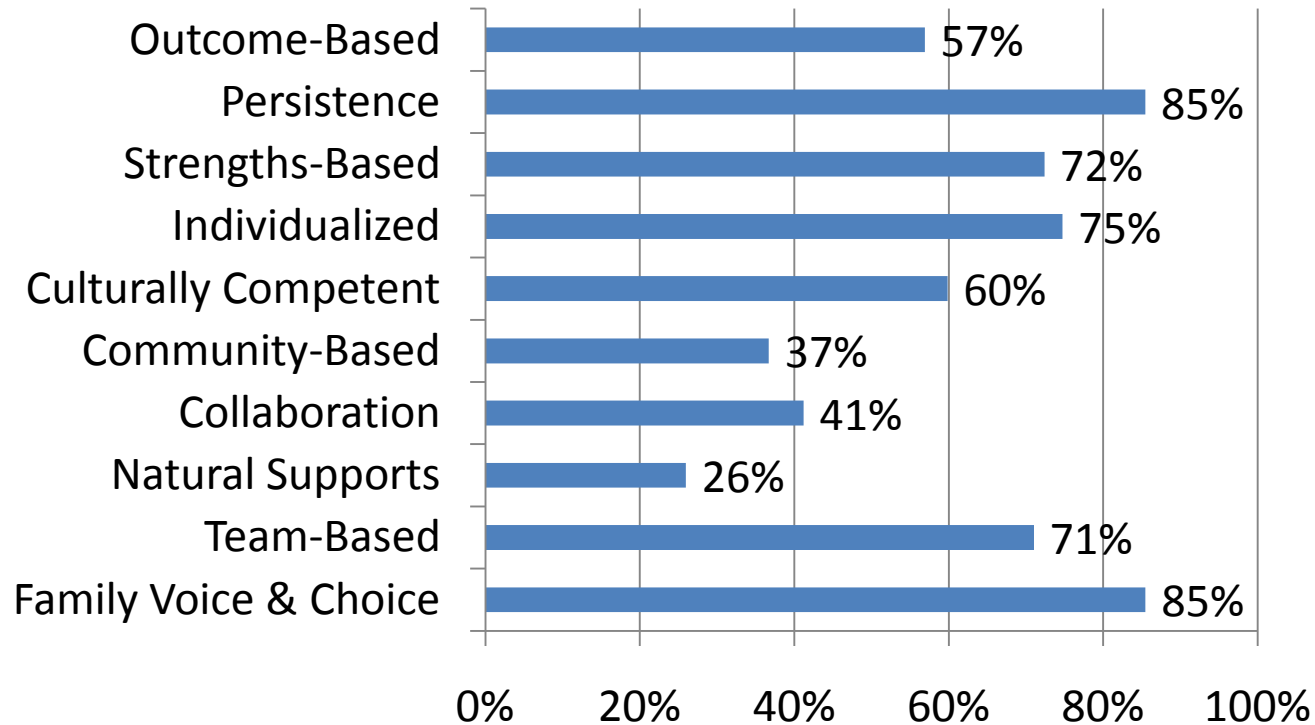


The MA DRM is highly customized for our state and thus a national comparison is not possible.



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DRM Fidelity by Principle



Summary of Findings

Results strong for first year of CBHI. The state currently holding the highest fidelity score began with a WFI score of 78 in first year!

Strengths

- Engagement Phase -
- Cultural Competence -
 - Individualized -
 - Team-Based -
- Family Voice & Choice -

Areas for Improvement

- Transition Phase -
- Natural Supports -
- Outcome-Based -



Talk-Back

- Looking back 1, 3, 5 years from now, what actions did we take to build on strengths and address elements of wraparound that are not yet happening?
- Providers willing to share successes in promoting natural support planning? Connections to community activities and informal supports? Full youth engagement? Youth and family self-reliance and self-efficacy?



BREAK

Discussion

- ▶ Documenting Medical Necessity Criteria in a Wraparound Model and Best Practices

WFI 4.0 Caregiver Interviews

The Experience of Interviewing
Caregivers of Youth Enrolled in ICC
Services

Consumer Quality Initiatives



CQI is a mental health consumer operated research, evaluation and quality improvement organization. A primary activity of CQI is to conduct personal interviews and focus groups with people with disabilities and/or their family members using semi-structured surveys and interview guides, leading to in-depth data-driven reports. CQI utilizes a Community-based Participatory Action Research framework, with an emphasis on protocols that are designed to impact policy and practice.

CQI's mission:

To develop opportunities for the meaningful involvement of consumers and family members in all aspects of mental health research and program evaluation. By doing so, we aim to study issues that are relevant to the community, initiate changes that improve the system for all, and narrow the gap between research/evaluation and practice.

WFI Evaluation

CQI was contracted by MBHP to conduct interviews with caregivers of youth who had enrolled in ICC services.

The goal was to complete 20 caregiver interviews from each of the 32 CSAs in the state.

CQI Interviewers

CQI hired seven interviewers to conduct WFI interviews along with two CQI staff members.

All of the interviewers had personal experience as a caregiver of a youth with serious emotional, behavioral and/or mental health issues.

One interviewer was fluent in Portuguese, one in Haitian/Creole, and one interviewer was fluent in Spanish and only interviewed Spanish-speaking caregivers.

CQI Interviewer Training

Interviewers received the following training prior to conducting interviews:

- A half day training from CQI research staff on interviewing ethics and techniques.
- A two day training from MBHP staff on Wraparound, Intensive Care Coordination (ICC) and the Wraparound Fidelity Index.
- Several training sessions with CQI research staff reviewing the WFI, conducting mock interviews, and reviewing scoring procedures and issues.

Training and supervision continued throughout the interviewing process

- Interviewers were required to record their interviews (with interviewees' permission) for training and quality control purposes. Regular supervision sessions were held with the interviewers to review a recorded interview, review scoring and interviewing issues.
- Interviewers also participated in a webinar run by April Sather at the University of Washington on entering data in the WONDERS database.

WFI Evaluation Process

CSA staff responsibilities:

- Inform caregivers about the interview and evaluation process.
 - Seek consent from caregivers who were interested in participating in the evaluation
 - Make sure a call information sheet was completed for each caregiver
 - Fax signed consents along with the call information sheets to CQI
-
- **Information from the call information sheet was used to facilitate the interview process – knowing when caregivers became eligible¹ to be called, the age of their youth receiving services as well as specific contact details.**
 - **Information from these sheets was entered into a call contact database which provided interviewers with an updated listing of those caregivers who were eligible to be interviewed.**

¹*Caregivers became eligible to be interviewed after the youth was receiving ICC services for 3 months.*

Evaluation Process cont'd

CQI Tasks:

- Review call information sheets for any missing or inaccurate information and follow up with CSA
- Enter call contact data into database
- Contact caregivers who were eligible to participate and schedule interview time
- Conduct phone interview with caregiver and complete WFI scoring
- Enter completed interview data (scores) into Wonders
- Send weekly reports to MBHP: (# of interviews completed at each CSA, # of consents received from each CSA, total # of attempted and refused calls for the week, total # of calls made and interviews completed since the project began)

Interviews took longer initially (average 1 hour) but with time averaged about 30-40 minutes

Caregivers received a \$15 check for their participation. Addresses were confirmed with caregiver prior to terminating the call

Interviews

- WFI is not a satisfaction survey but a fidelity tool
- Interviews informed the scoring for the WFI
- Interviewers were not simply asking quantitative questions and recording the respondent's answer
- Probing for explanation, definition, expanded information... informed the interviewer's determination of a score for each particular question
- This methodology leads to longer interviews, a more in depth discussion and can possibly feel more invasive to the respondent – it also helps to insure the validity of the scores

Results

- CQI received a total of 985 signed consents from the 32 CSAs – mean # of consents per CSA = 31; median =28; range of 10 - 83.
- CQI completed 627 interviews; 64% completion rate
- CQI completed at least 20 interviews at 27 of the 32² CSAs
- 76 caregivers refused; average of 2 refusals per CSA
- Average # calls to complete an interview = 5

² The CSA that provides services for the deaf and hard of hearing families had lower enrollment, thus we targeted conducting 6-8 interviews from that CSA

Challenges

Consent Process:

- Incomplete, inaccurate, ineligible consent
- Varying levels of awareness of caregivers

Difficulty reaching caregivers

- Don't return messages
- Several repeated no-shows with caregivers
(interviewers scheduled interview times and the caregiver was not there)

Thoughts Moving Forward

- More consents = more possible interviews.
- Higher # of consents = a more randomized sample
- Refining the consent process should help to increase # of caregivers who consent and improve ability to complete more interviews quicker
- Provide CQI with contact person from each CSA
- Find opportunity for CQI staff and CSA staff to review the process, challenges and brainstorm ideas

Next Steps

- ▶ Follow-up from today's meeting
- ▶ Next Meeting:
 - ▶ September 24th
 - ▶ Doubletree Hotel, Westborough, MA