

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



Fall 2011

Melissa A. King, Health Policy Analyst, MBHP

Melissa Goodman, Director of Programs, CQI

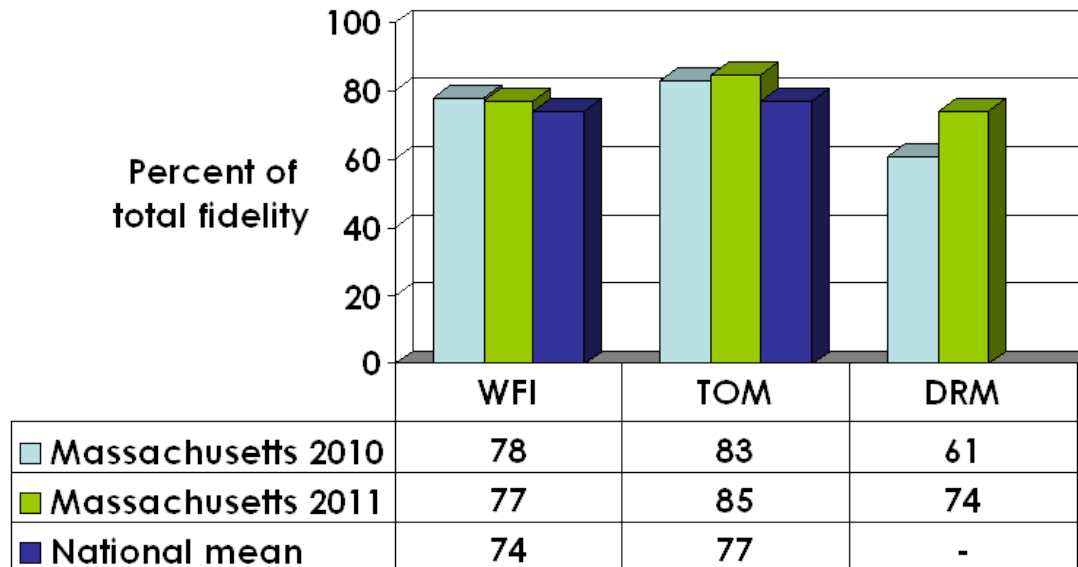
With special thanks to Eric Bruns & April Sather



CSA
Statewide
Meeting

Purpose of this Presentation

1. Create shared understanding of what continues to make Wraparound in Massachusetts unique – and how our strengths in fostering quality Wraparound have evolved over a year's time.



Purpose of this Presentation

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



Proposed Agenda

FIRST 50 MINUTES: FY2011 WPPA RESULTS

1. Quick Recap
 - ✓ Why spend valuable time measuring fidelity?
 - ✓ What are the TOM, WFI and DRM?
 - ✓ How is our statewide data collected?
 - ✓ How do we make practical sense of the scores?
2. Overview of WFAS (TOM/WFI/DRM) Statistics
 - ✓ How do our FY2011 scores compare to that of other states?
 - ✓ How do our FY2011 scores compare to last year's results?

SECOND 25 MINUTES: PROVIDER TALK-BACK

FINAL 15 MINUTES: WHAT'S NEXT & QUESTIONS



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, 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?



Research has **linked high fidelity scores with better outcomes** for youth and families:

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

Bruns EJ, Suter JC, Force MM and Burchard JD. 2005. Adherence to wraparound principles and association with outcomes. *Journal of Child and Family Studies* 14: 521-534.



CSA
Statewide
Meeting

Why Measure Fidelity?

Fidelity monitoring **lays the groundwork for outcomes measurement** by assessing whether activities are being carried out according to plan. . .



Am J Community Psychol (2010) 46:314–331

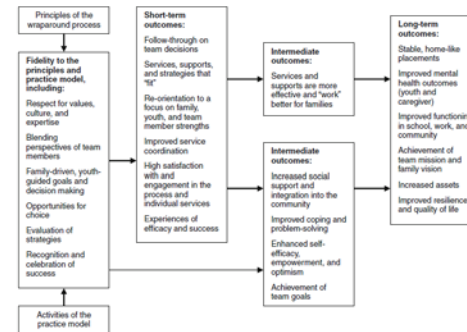


Fig. 1 A theory of change for the wraparound process (from Walker 2008a, b)

. . . and it provides a vehicle for **comparing our experiences with peers** who are promoting and implementing Wraparound here and in other states.

Walter UM and Petr CG. 2011. Best Practices in Wraparound: A Multidimensional View of the Evidence. *Social Work* 56(1): 73-80



CSA
Statewide
Meeting

What are the TOM, WFI-4 and DRM?

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

- Set of four interviews that measure the nature of the wraparound process that an individual family receives
- Brief, confidential interviews may be completed via telephone or face-to-face with four types of respondents: (1) caregivers, (2) youth ages 11+, (3) Wraparound facilitators, and (4) team members.
- Massachusetts elected to use the caregiver interview.
- A Demographic Form is also part of the MA WFI-4 battery.
- MA WFI-4 interviews intended to assess both conformance to the Wraparound practice model and adherence to the principles of Wraparound in service delivery



What are the TOM, WFI-4 and DRM?

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

- Interviews are organized by the four phases of Wraparound:
 - (1) Engagement and Team Preparation
 - (2) Initial Planning
 - (3) Implementation
 - (4) Transition
- 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?

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?

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
- Scale = 0 (not met) to 3 (mostly met)



How was WFAS Data Collected?

MA WFI-4: Caregiver Form

- Massachusetts' implementation of the WFI involves only one of the four interviews: the caregiver interview
- The decision to use the caregiver interview was made based on information collected regarding the four interview tools.

“In our opinion, the best and most comprehensive information from the WFI is derived when all three forms are employed. However, data suggests that reports from Caregivers and Youths show the greatest variability and are best associated with outcomes. Facilitators represent an important perspective, and implementing WFI interviews with these staff may help reinforce the wraparound practice model. However, data and experience suggests facilitators may very well provide less reliable and valid information. If forced to choose among the WFI interviews, parent/caregiver report may be most useful.”

- *University of Washington Division of Public Behavioral Health & Justice Policy Wraparound Evaluation & Research Team* (http://www.parecovery.org/documents/HFW_Assessment.pdf)



How was WFAS Data Collected?

MA WFI-4: Conducting the Interviews

- Consumer Quality Initiatives (CQI), a mental health consumer-run research and evaluation organization, was hired to implement the MA WFI-4.
- CQI trained interviewers (primarily parents of youth with SED) to conduct the interviews and provides ongoing supervision to interviewers to ensure inter-rater reliability.
- The goal was to complete 20 interviews with caregivers of youth enrolled in ICC at each of the CSAs, for a total of 640 interviews.



How was WFAS Data Collected?

MA WFI-4: Nature of the Interviews

- MA WFI-4 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 ensure validity of the scores



How was WFAS Data Collected?

MA WFI-4: Collecting the Data

- CSA Staff Responsibilities:
 1. Inform caregivers of the interview and evaluation process.
 2. Seek consent from all eligible¹ caregivers, who should have signed a consent indicating whether they chose to participate or not.
 3. Make sure a call information sheet was completed for each caregiver
 4. Fax signed consents along with the call information sheets to CQI
- Information from the call information sheet was used to facilitate the interview process
- 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 Eligibility was defined as anyone enrolled in ICC between February 1, 2010 and March 31, 2011. Caregivers were eligible to be interviewed if they had been enrolled in ICC for three or more months.



How was WFAS Data Collected?

MA WFI-4: Collecting the Data

- CQI Tasks:
 1. Review call information sheets for any missing or inaccurate information and follow up with CSA
 2. Enter call contact data into database
 3. Contact caregivers who were eligible to participate and schedule interview time
 4. Conduct phone interview and complete WFI scoring.
 5. Enter completed interview data (scores) into WONDERS.
- Interviews averaged 30 to 45 minutes.
- Caregivers received a \$15 check for their participation.



How was WFAS Data Collected?

MA WFI-4: Challenges

- Consent Process
 1. Incomplete, inaccurate, ineligible consents
 2. Varying levels of awareness of caregivers
- Difficulty Reaching Caregivers
 1. Don't return messages
 2. Frequent phone number changes
 3. Several repeated no-shows with caregivers



How was WFAS Data Collected?

MA TOM

- July 1, 2010 through June 30, 2011 data collection period
- Total of 658 assessments completed and entered into Wraparound Online Data Entry and Reporting System.

MA DRM

- March 15 through April 30, 2011 data collection period
- **322 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** presented as 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**)



CSA
Statewide
Meeting

WFI-4 Total and Principle Scores

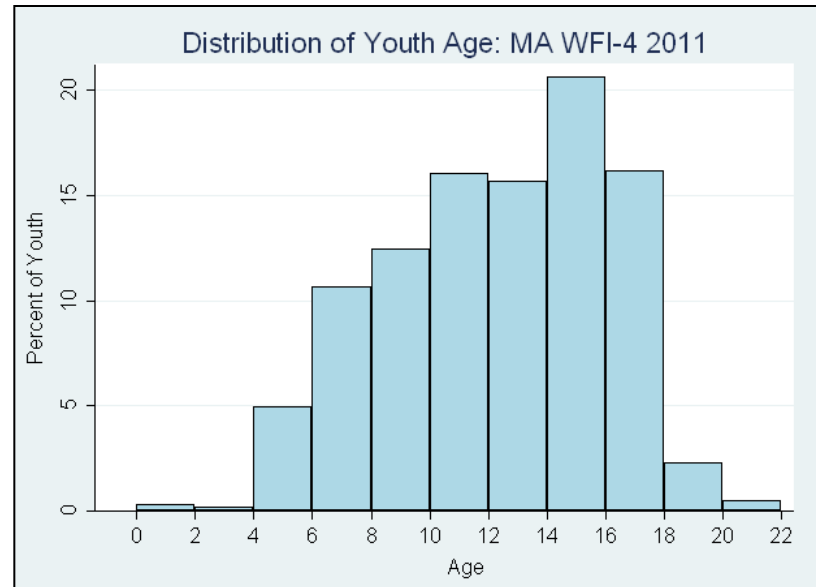
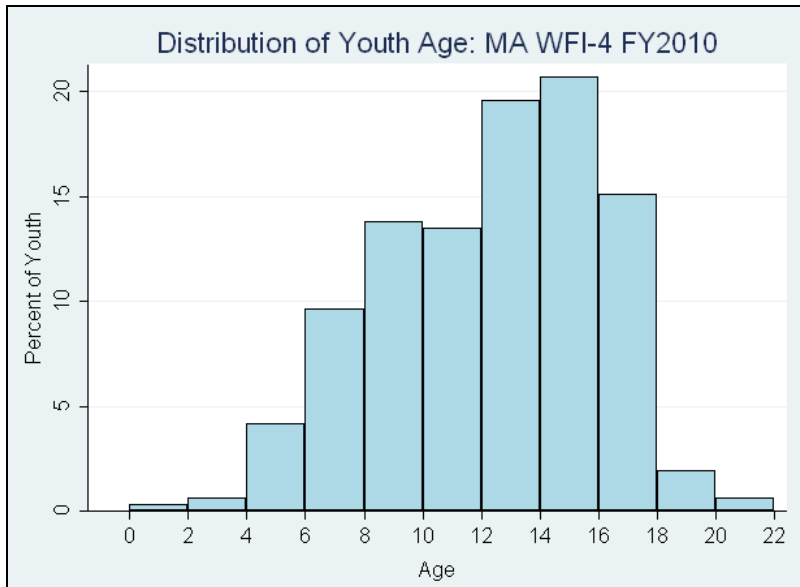
	Total Score	FVC	TB	NS	Col	CB	CC	Indiv	SB	Per	OB
MA 2010	78%	88%	84%	53%	89%	74%	95%	70%	83%	83%	63%
MA 2011	77%	85%	82%	52%	89%	74%	93%	73%	79%	78%	65%
Change	-	↓	-	-	-	-	↓	↑	↓	↓	↑
National Average	74%	81%	71%	61%	84%	69%	90%	64%	82%	79%	64%

Three points above national average!



CSA
Statewide
Meeting

WFI-4 Youth Age Distribution

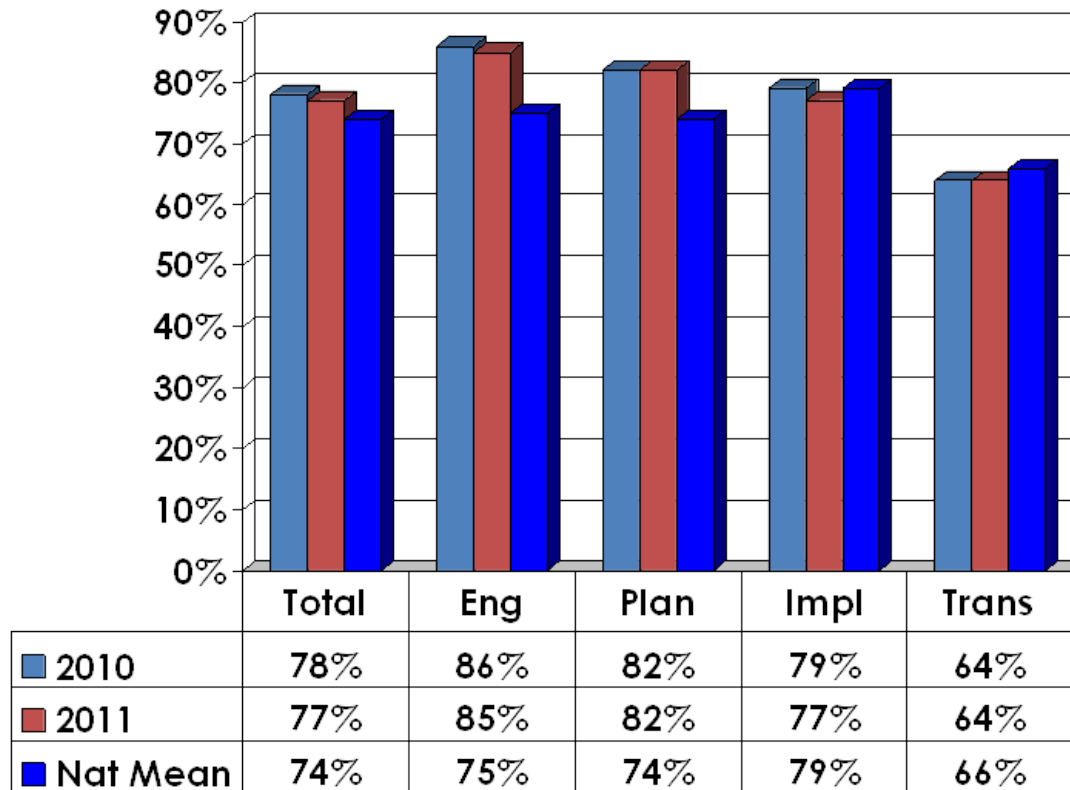


Caregiver interviews in FY2010 and FY2011 captured youth of the same ages. In FY2011, youth were shifted slightly from the 12-14 to the 10-12 age range.

2011 Ave Age:	12.2
2010 Ave Age:	12.3
2011 Median Age:	12.7
2010 Median Age:	12.7

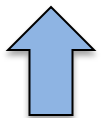
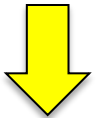


WFI-4 Fidelity by Wraparound Phase



WFI Item Scores: Strengths and Areas for Improvement

ITEM	MA 2010	MA 2011	Nat Mean
CG1.1 - When you first met WF, were you given time to talk about your strengths, beliefs and traditions?	1.78	1.74	1.65
CG1.2 - Before your 1st team meeting, did your WF fully explain the WA process and the choices you could make?	1.78	1.82	1.68
CG1.3 - At beginning of WA process, did you have a chance to tell WF what things have worked in the past?	1.83	1.78	1.75
CG1.4 - Did you select the people who would be on your WA team?	1.41	1.34	0.86
CG1.5 - Is it difficult to get team members to attend team meetings when they are needed?	1.66	1.65	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?	1.81	1.90	1.52



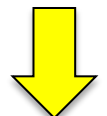
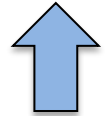
WFI Item Scores: Strengths and Areas for Improvement

ITEMS	MA 2010	MA 2011	Nat Mean
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	1.87	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	1.76	1.56
CG2.3 - Does your WA plan include mostly professional services?	0.99	1.10	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	1.72	1.74
CG2.5 - Does the WA plan include strategies for helping your child get involved with activities in his/her community?	1.31	1.26	1.24
CG2.6 - Are there members of your WA team who do not have a role in implementing your plan?	1.73	1.73	1.67



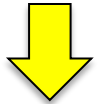
WFI Item Scores: Strengths and Areas for Improvement

ITEMS	MA 2010	MA 2011	Nat Mean
CG2.7 - Does your team brainstorm many strategies to address your family's needs before selecting one?	1.79	1.79	1.73
CG2.8 - Is there a crisis plan? *and* does this plan specify how to prevent crisis?	1.48	1.57	1.43
CG2.9 - Do you feel confident that, in crisis your team can keep your child in the community?	1.57	1.58	1.50
CG2.10 - Do you feel like other people on your team have higher priority than you in designing your WA plan?	1.83	1.73	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	1.84	1.73



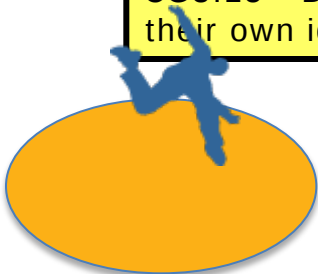
WFI Item Scores: Strengths and Areas for Improvement

ITEMS	MA 2010	MA 2011	Nat Mean
CG3.1 - Are important decisions made about your child or family when you are not there?	1.90	1.86	1.64
CG3.2 - When your WA team has a good idea for support, can they find resources or make it happen?	1.58	1.54	1.70
CG3.3 - Does your WA team get your child involved with activities they like and do well?	1.05	0.95	1.20
CG3.4 - Does the team find ways to increase the support you get from friends & family?	1.09	1.13	1.22
CG3.5 - Do the members of your team hold each another responsible for doing their part?	1.73	1.73	1.70
CG3.6 - Is there a friend or advocate of your child or family who actively participates in WA team?	0.68	0.66	0.95
CG3.7 - Does your team come up with new ideas? *and* Does your team come with ideas when something's not working?	1.75	1.70	1.74



WFI Item Scores: Strengths and Areas for Improvement

ITEMS	MA 2010	MA 2011	Nat Mean
CG3.8 - Are the services and supports in your WA difficult for your family to access?	1.61	1.66	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	1.63	1.59
CG3.10 - Do members of your team always use language you can understand?	1.96	1.94	1.93
CG3.11 - Does your team create a positive atmosphere around successes and accomplishments at each team meeting?	1.88	1.91	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	1.84	1.67
CG3.13 - Do you think your WA process could be discontinued before you're ready?	1.48	1.32	1.35
CG3.14 - Do all the members of your team demonstrate respect for you and your family?	1.96	1.91	1.88
CG3.15 - Does your child have the opportunity to communicate their own ideas when it comes to decisions?	1.49	1.39	1.71



WFI Item Scores: Strengths and Areas for Improvement

ITEMS	MA 2010	MA 2011	Nat 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	0.70	0.68
CG4.2 - Has the WA process helped your child develop friendships with other youth?	0.94	0.92	1.20
CG4.3 - Has the WA process helped your child to solve his/her own problems?	1.09	1.02	1.30
CG4.4 - Has your team helped you and your child prepare for major transitions?	1.50	1.64	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	1.80	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	1.42	1.49
CG4.7 - Do you feel like you and your family will be able to succeed on their own?	1.33	1.41	1.22
CG4.8 - Will some members of your team be there to support you when formal WA is finished?	1.60	1.40	1.65



WFI-4 Fidelity: Relative Strengths

- Wraparound services remain highly **individualized**. Caregivers say plans aren't solely focused on professional services and crisis plans – with specifics on how to prevent a crisis – are in place.
- "I have never felt as empowered or as listened to as I have in this program."
- "The ICC and FP truly understood my child and my family. They were actively involved and believed in me. They advocated strongly for me."
- "The best is the support. They really care about us as individuals."
- "Overall the team was wonderful. They helped me focus and break things down into steps so that I could get where I needed to go with my child. I learned good problem-solving skills."
- "We have goals that are realistic for my child to achieve. The team gets more involved when we have a crisis and we have a good plan for how to prevent crises."
- "ICC has responded to all of our special needs. The FP is always available and has been flexible in order to be with us at difficult times. They are responsive supportive and practical."
- "They see the whole picture. They are focused on the family and include community support."
- "Very appreciative of support offered and dealing with school and other outside agencies."
- "I like that they adapt to the family and keep an open mind."
- "The best is the support that is there. Everybody's willing to go out of their way to support what my child wants to do. He wanted to put together a fund raiser and the team donated to his effort."
- "ICC helped me develop my voice and learn to communicate effectively with my son's school."



CSA
Statewide
Meeting

WFI-4 Fidelity: Relative Strengths

- Services also remain highly **team-based**. Caregivers say they select the people on their Wraparound team, that their team has a clear mission, and that the team goes out of its way to ensure all members share their ideas and participate in decision-making.
- “The communication we all have together is very helpful - we are really able to solve things.”
- “Helping us to brainstorm and come to an agreement as a family for plans. Always having an interpreter at the meetings - help with transportation to meetings.”
- “Everybody works together as a team - it helps the whole family.”
- “I like that they adapt to the family and keep an open mind.”
- “Youth has two peers on his team, one of his choosing and one recommended by CG.”
- “When team was meeting they met in family's home where grandparents and siblings might be present.”
- “The FP has been the best part of ICC - she has been there for me completely understands and has helped me throughout. I have never felt as empowered or as listened to as I have in this program. The team had my back and that helped me build confidence.”
- “They were able to get me involved in leading my own team!”
- “I thought I was all by myself when I started and I was introduced to the ICC and FP and a support group. I was totally impressed. I can't speak high enough!”
- “I like the way they involved everybody. They made suggestions to me to get services and it got me involved in the community.”



WFI-4 Fidelity: Need for Improvement

- While TOM scores improved between FY2010 and FY2011, TOM and WFI scores indicate that engaging **Natural Supports** remains a challenge to care planning teams in Massachusetts relative to those in other states.
 - “Would like to have more support groups for parents at night. Also a group for kids to get together would be great.”
 - “I didn’t want the service at first but they have helped me find all kinds of services that I can use. They have connected me with free community activities that I can do with my kids.”
 - “Team members leave and child was attached. It’s hard for him.”
 - “I feel that services/program is good because it helped me to learn new/more effective ways to handle difficult deeds. Also it provided me with extra support with my foster child’s special needs. I accomplished my goal of getting a ‘Big Brother’ for him.”



WFI-4 Fidelity: Need for Improvement

- Principles of Family Voice and Choice and Strength-Based both saw a significant decrease in scores between FY2010 and FY2011.
- Linked in part to questions relating to **youth engagement and empowerment**: youth voice, friendships and involvement in community
 - “They explained everything and made my child feel more in control – ‘you have a voice.’ There was no blame.”
 - “The team has been very supportive and has helped me find resources. I feel comfortable talking to all of them. The team has tried hard to help my child but my child has been uncooperative with the plan.”
 - “More resources for interactions with other kids is needed.”
 - “Process has helped youth mature. He now uses public transportation and goes to school regularly.”
 - “The stated goal of when to end the program was to end was when the CG could do it on her own. The end goal had no indication of the child's progress.”
 - “CG said that it was a good program but stopped being useful since the youth would not go along with plans.”
 - “I loved that the ICC was all about my child as a person not as an illness. The process was geared toward helping my child solve own problems and keeping my child connected to the full person she was. My child was encouraged to use the team for support and information.”
 - “They have done everything to help me. The team is trying to help [youth name] with friendships somewhat succeeding but she's still depressed and keeps to herself.”
 - “Services have helped her son with medications making friends staying out of the hospital.”
 - “Knowing they cared and were there for me. All I had is my mom. Never talk to my sisters.”



CSA
Statewide
Meeting

TOM Total Fidelity Scores

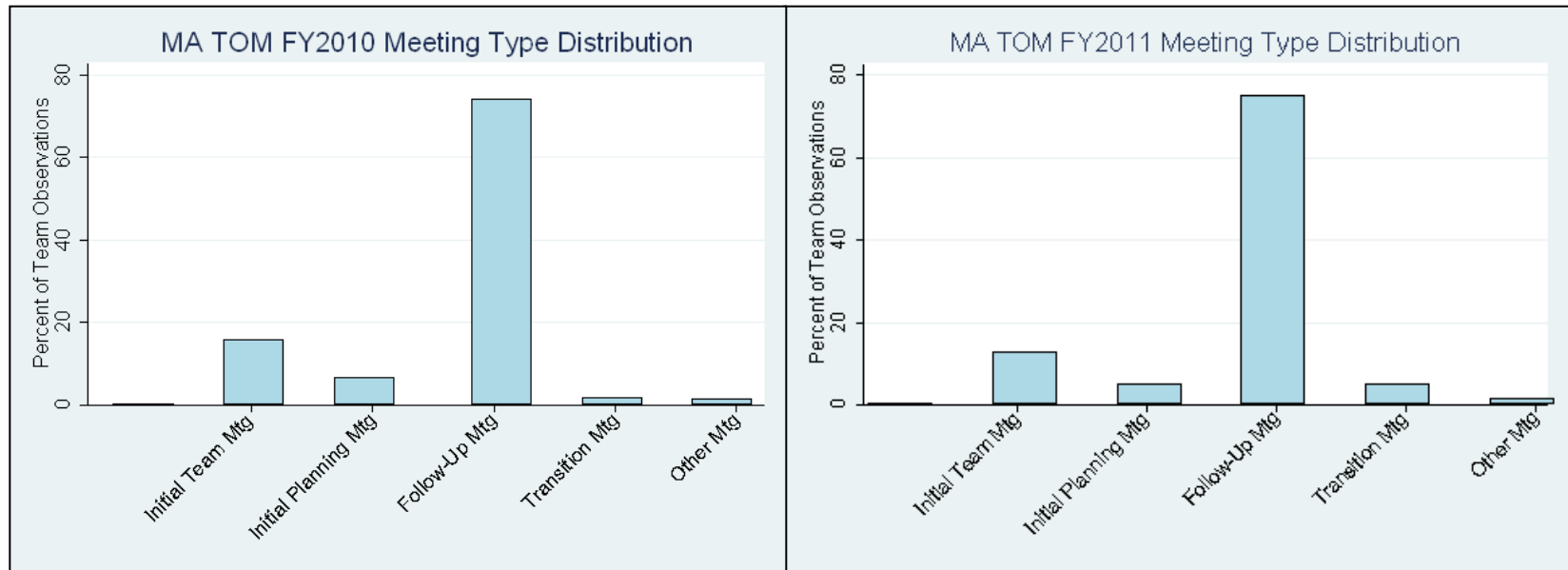
	Total Score	FVC	TB	NS	Col	CB	CC	Indiv	SB	Per	OB
MA 2010	83%	95%	84%	43%	88%	91%	92%	83%	88%	89%	73%
MA 2011	85%	94%	85%	51%	92%	91%	93%	86%	90%	92%	78%
Change	↑	–	–	↑	↑	–	–	–	–	↑	–
National Average	77%	86%	72%	58%	81%	84%	82%	72%	79%	83%	68%



Above national average by 8 points!



TOM Meeting Type Distribution



Observed same “types” of meetings in FY2010 and FY2011 (follow-up)

FY2011 Average Meeting Type:	2.7	(FOLLOW-UP MEETING)
FY2010 Average Meeting Type:	2.6	(FOLLOW-UP MEETING)



TOM Item Scores: Strengths and Areas for Improvement

TEAM BASED	MA 2010	MA 2011	Nat Mean
Item 1: Team Membership and Attendance	3.10	3.09	2.39
a. Parent/caregiver is a team member and present at the meeting.	.99	.99	.93
b. Youth (over age 9) is a team member and present at the meeting.	.61	.61	.75
c. Key school or other public stakeholder agency representatives are present.	.61	.60	.38
Item 2: Effective Team Process	3.61	3.71	3.40
a. Team meeting attendees are oriented to the wraparound process and understand the purpose of the meeting.	.88	.91	.86
b. The facilitator assists the team to review and prioritize family and youth needs.	.95	.95	.89
c. Tasks and strategies are explicitly linked to goals.	.91	.95	.85
d. Potential barriers to the nominated strategy or option are discussed and problem-solved.	.86	.91	.84



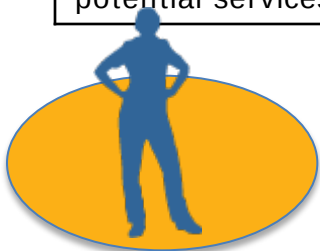
TOM Item Scores: Strengths and Areas for Improvement

COLLABORATIVE	MA 2010	MA 2011	Nat Mean
Item 3: Facilitator Preparation	3.50	3.68	3.36
a. Clear agenda or outline for the meeting, which provides an understanding of the overall purpose of the meeting and the major sections of the meeting.	.86	.91	.84
b. The meeting follows an agenda or outline such that team members know the purpose of their activities at a given time.	.84	.91	.84
c. Facilitator has prepared needed documents and materials prior to meeting.	.90	.96	.86
d. A plan for the next meeting is presented, including time & date.	.89	.91	.87
Item 4: Effective Decision-Making	3.50	3.69	3.14
a. Team members demonstrate consistent willingness to compromise or explore further options when there is disagreement.	.96	.97	.91
b. Team members reach shared agreement after having solicited information from several members or having generated several ideas.	.87	.95	.81
c. The plan of care is agreed upon by all present at the meeting.	.94	.98	.83
d. The facilitator summarizes the content of the meeting at the end of the meeting, including next steps and responsibilities.	.76	.82	.87



TOM Item Scores: Strengths and Areas for Improvement

INDIVIDUALIZED	MA 2010	MA 2011	Nat Mean
Item 5: Creative Brainstorming and Options	3.11	3.16	2.46
a. The team considers several different strategies for meeting each need and achieving each goal that is discussed.	.83	.87	.78
b. The team considers multiple options for tasks or action steps.	.81	.86	.73
c. The facilitator leads a robust brainstorming process to develop multiple options to meet priority needs.	.67	.69	.40
Item 6: Individualized Process	3.53	3.70	3.3
a. Planning includes action steps or goals for other family members, not just identified youth.	.85	.92	.79
b. Facilitator and team members draw from knowledge about the community to generate strategies and action steps based on unique community supports.	.85	.91	.78
c. Team facilitates the creation of individualized supports or services to meet the unique needs of child and/or family.	.89	.96	.83
d. Youth, caregiver, & family members give their opinions about potential services, supports, or strategies.	.93	.95	.91



TOM Item Scores: Strengths and Areas for Improvement

NATURAL SUPPORTS	MA 2010	MA 2011	Nat Mean
Item 7: Natural and Community Supports	1.54	1.61	2.38
a. Natural supports for the family are team members and are present.	.27	.27	.26
b. Team provides multiple opportunities for natural supports to participate in significant areas of discussion.	.75	.80	.66
c. Community team members and natural supports participate in decision-making.	.72	.79	.66
d. Community team members and natural supports have a clear role on the team.	.72	.81	.61
Item 8: Natural Support Plans	1.94	2.47	2.37
a. Brainstorming of options and strategies include strategies to be implemented by natural and community supports.	.70	.77	.66
b. The plan of care represents a balance between formal services and informal supports.	.45	.58	.36
c. There are flexible resources available to the team to allow for creative services, supports, and strategies.	.21	.58	.91



TOM Item Scores: Strengths and Areas for Improvement

UNCONDITIONAL/PERSISTENCE	MA 2010	MA 2011	Nat Mean
Item 9: Team Mission and Plans	3.44	3.61	3.23
a. The team discusses or has produced a mission/vision statement.	.84	.90	.75
b. The team creates or references a plan that guides its work.	.91	.96	.87
c. The team has confirmed or is creating a crisis plan.	.78	.90	.77
d. The team plan contains specific goals that are linked to strategies and action steps.	.92	.96	.87
Item 10: Shared Responsibility	3.66	3.72	3.42
a. The team explicitly assigns responsibility for action steps that define who will do what, when, and how often.	.87	.91	.81
b. There is a clear understanding of who is responsible for action steps and follow up on strategies in the plan.	.92	.92	.86
c. Providers and agency representatives at the meeting demonstrate that they are working for the family and not there to represent a different agenda or set of interests.	.96	.98	.94



TOM Item Scores: Strengths and Areas for Improvement

CULTURAL COMPETENCE	MA 2010	MA 2011	Nat Mean
Item 11: Facilitation Skills	3.55	3.62	2.97
a. Facilitator is able to impart understanding about what wraparound is, how it will work for this family, and how team members will participate.	.83	.88	.74
b. Facilitator reflects, summarizes, and makes process-oriented comments.	.89	.92	.77
c. Facilitator is able to manage disagreement & conflict and elicit underlying interests, needs, and motivations of team members.	.92	.92	.73
d. Talk is well distributed across team members and each team member makes an extended or important contribution.	.93	.92	.87
Item 12: Cultural and Linguistic Competence	3.76	3.86	3.56
a. The youth, caregiver, and family members are given time to talk about the family's values, beliefs, and traditions.	.87	.95	.86
b. The team demonstrates a clear and strong sense of respect for the family's values, beliefs, and traditions.	.95	.97	.88
c. Meetings/materials provided in the language family is comfortable with.	.97	.98	.98
d. Members of the team use language the family can understand	.97	.98	.96



TOM Item Scores: Strengths and Areas for Improvement

OUTCOMES BASED	MA 2010	MA 2011	Nat Mean
Item 13: Outcomes Based Process	2.88	3.06	2.83
a. The team uses objective measurement strategies.	.67	.76	.68
b. The team assesses goals/strategies using measures of progress.	.72	.77	.62
c. The team revises the plan if progress toward goals is not evident.	.84	.88	.87
Item 14: Evaluating Progress and Success	2.99	3.15	2.62
a. The team conducts a systematic review of members' progress on assigned action steps.	.78	.84	.71
b. The facilitator checks in with the team members about their comfort and satisfaction with the team process.	.74	.79	.73
c. Objective or verifiable data is used as evidence of success, progress, or lack thereof.	.72	.78	.61



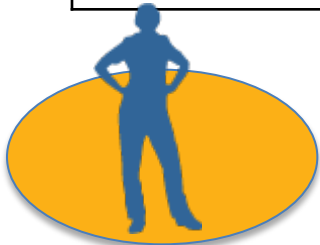
TOM Item Scores: Strengths and Areas for Improvement

VOICE AND CHOICE	MA 2010	MA 2011	Nat Mean
Item 15: Youth and Family Voice	3.89	3.86	3.53
a. The team provides extra opportunity for caregivers to speak and offer opinions, especially during decision making.	.98	.98	.95
b. The team provides extra opportunity for the youth to speak and offer opinions, especially during decision making.	.93	.93	.91
c. Caregivers, parents, and family members are afforded opportunities to speak in an open-ended way about current and past experiences and/or about hopes for the future.	.98	.98	.95
d. The youth is invited to speak in an open-ended way about current and past experiences and/or about hopes for the future.	.96	.93	.88
Item 16: Youth and Family Choice	3.72	3.69	3.38
a. The youth prioritizes life domains, goals, or needs on which he or she would like the team to work.	.78	.79	.76
b. The caregiver or parent prioritizes life domains goals, or needs on which he or she would like the team to work.	.93	.96	.89
c. The family and youth have highest priority in decision making	.97	.95	.90



TOM Item Scores: Strengths and Areas for Improvement

STRENGTH BASED	MA 2010	MA 2011	Nat Mean
Item 17: Focus on Strengths	3.31	3.47	2.89
a. Team members acknowledge or list caregiver/youth strengths.	.92	.95	.82
b. Team builds an understanding of how youth strengths contribute to the success of team mission or goals.	.78	.85	.67
c. In designing strategies, team members consider and build on strengths of the youth and family.	.82	.89	.72
d. Facilitator and team members analyze youth & family member perspectives and stories to identify functional strengths.	.78	.87	.69
Item 18: Positive Team Culture	3.7	3.69	3.44
a. Team focuses on improvements or accomplishments.	.91	.92	.82
b. The facilitator directs a process that prevents blame or excessive focus on or discussion of negative events.	.97	.95	.89
c. Facilitator encourages team culture by celebrating successes.	.88	.93	.78
d. There is a sense of openness and trust among team members.	.94	.93	.90



TOM Item Scores: Strengths and Areas for Improvement

COMMUNITY BASED	MA 2010	MA 2011	Nat Mean
Item 19: Community Focus	3.41	3.45	3.16
a. The team is actively brainstorming and facilitating community activities for the youth and family.	.82	.85	.71
b. The team prioritizes services that are community-based.	.82	.86	.79
c. The team prioritizes access to services that are easily accessible to the youth and family.	.93	.94	.90
Item 20: Least Restrictive Environment	3.92	3.86	3.59
a. The team's mission and/or identified needs support the youth's integration into the least restrictive residential and educational environments possible.	.99	.97	.98
b. When residential placements are discussed, team chooses community placements for the child or youth rather than out-of-community placements, wherever possible.	.87	.88	.94
c. Serious challenges are discussed in terms of finding solutions, not placement in more restrictive residential or educational environments.	.95	.94	.94



TOM Fidelity: Relative Strengths

- Particular attention was paid to **Crisis Planning** in FY2010. Teams are also focusing on **Outcomes-Based Processes**, which went from being a relative weakness to a relative strength.
 - “The care plan is very clear and organized. The tasks are directly related to the specific goals. The facilitator also lead a discussion around current safety concerns.”
 - “Facilitator reviewed vision statement developed by family and then created a mission statement with the team. They also reviewed the safety plan.”
 - “The team referred back to the youth’s vision which was hung up on the wall prior to the meeting.”
 - “Great job starting meeting with an extensive list of youth's strengths! Crisis plan well defined.”
 - “The Care Plan had measurable goals. Goals that the family had been meeting. The team was celebrating the success of the completion of goals and talking about transition and graduation.”
 - The team added a new goal to the plan since it was a prioritized need due to safety concerns regarding the youth's boundaries with others. All goals were designed in measureable terms.”
 - “Initial meeting. While writing goals with family discussed ways to measure progress.”
 - “Facilitator offered to adjust task that has been carried over from a few meetings asking if there was a way team could support parent in completing task.”
 - “The Care Plan has clear measurable goals. The team assesses the progress by mom's report of progress using a scale/percentage of completion.”



TOM Fidelity: Need for Improvement

- MA teams have far more school representatives involved than teams in other states, but they have relatively less **Youth Involvement** .

- "The school had three representatives at the meeting and is very invested in helping the family."
- "Child is under the age of nine." "Child is in daycare." "Youth hospitalized."
- "Youth could not attend this meeting due to school but did give his input via pre-meeting with ICC."
- "Having the CPT meeting at the school was discussed at the meeting and at the time of this writing the next CPT will occur at the school." "Summer break from school."
- "[Child] is unable to attend meetings due to how he is triggered by them emotionally. The care coordinator meets with [child]and the family after the meeting to go over the results of the meeting."
- "Youth has cognitive delays that impact his ability to tolerate meetings. ICC meeting with youth post- meeting."
- "Parent refused to allow youth to attend." "Family's choice did not want youth there. She came for 10 minutes."
- "Youth will attend the next meeting. This was parent's request for her not to be present at this time."



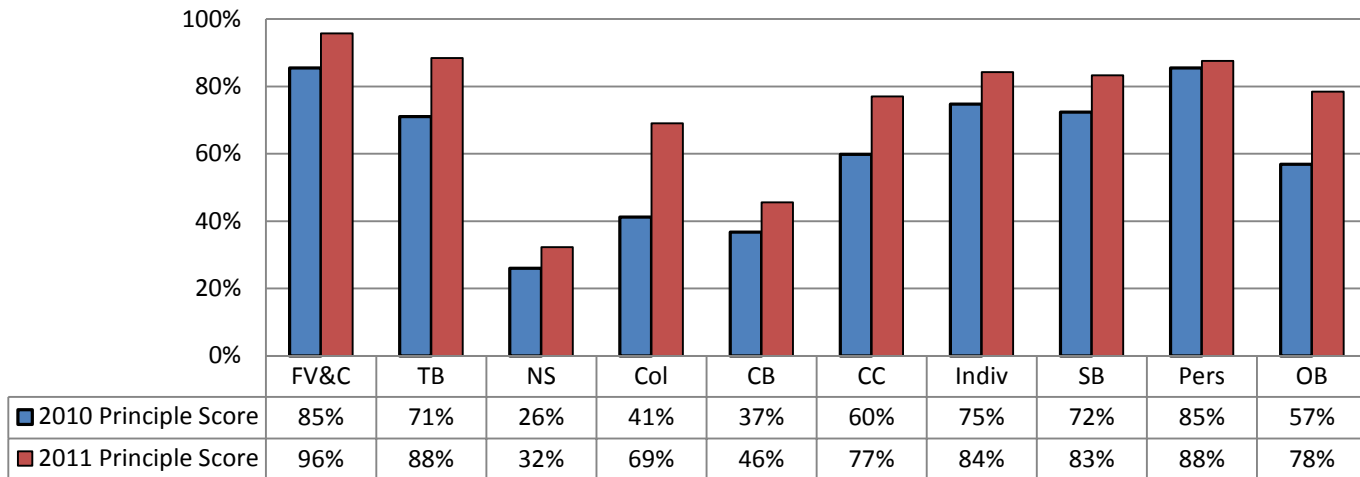
TOM Fidelity: Need for Improvement

- While **Natural Support Planning** has improved significantly, MA Wraparound teams tend to have fewer natural supports involved than teams in other states.
 - “No natural supports present but professional supports are filling some of those roles.”
 - “The family does not have any natural or community supports in the area.” “The family has just moved to new neighborhood.”
 - “Brainstormed using community supports for summer activities. Youth will have CSP and engage in a community activity.”
 - “Facilitator and Family Partner have been struggling to get the family to engage with the community. They moved here from a DV situation and have not yet felt trustful of engaging with things in the community.”
 - “No contacts at this time but is beginning to build relationships with other young mothers at the Family Literacy program.”
 - “Parent has no supports but is interested in meeting parents of children like hers.”
 - “Natural supports listed as option to help achieve a goal. Play-date to include youth and parent.”
 - “Community mentor present & spending time with youth helping with good nutrition & exercise.”
 - “Mom had identified that she feels guilty asking for support although she needs it due to her disability.”
 - “The youth's natural support was not able to attend the meeting but has a clear role on the team.”



DRM Total Fidelity Scores

MA DRM Principle Scores 2010 - 2011



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



DRM Fidelity: Strengths and Areas for Improvement

Results of medical record reviews show that of the ten principles of Wraparound, **CSAs scored the highest on “Family Voice & Choice” (96%), “Team-Based” (88%) and “Persistence” (88%).**

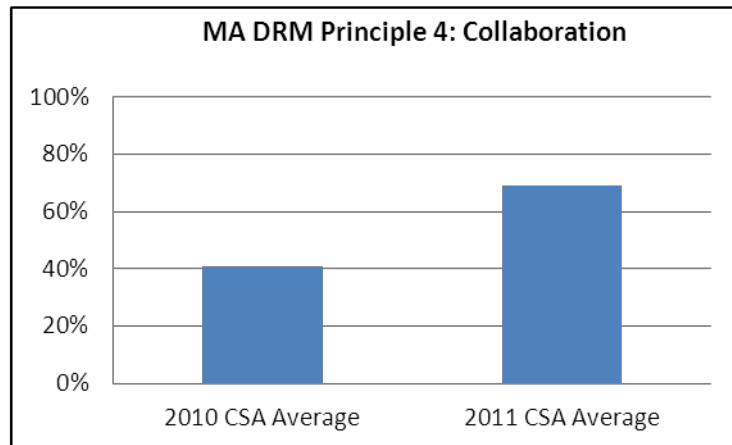
CSAs scored the lowest on “Natural Supports” (32%) and “Community Based” (46%).



CSA
Statewide
Meeting

DRM Fidelity: Strengths and Areas for Improvement

The greatest 2010-2011 increase was seen for the principle of Collaboration (41% to 69%).



Collaboration: Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single Wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team members' work towards meeting the team's goals.



CSA
Statewide
Meeting

Summary of Findings

Fidelity to the Wraparound model remains strong in the second year of the CBHI. WFI scores are stable, TOM shows small improvement, and DRM shows large improvement.

Strengths

- Engagement and Planning Phases -
- Family Voice & Choice / Individualized / Team-Based -
- Outcomes Orientation -
- Crisis Planning -

Areas for Improvement

- Transition Phase -
- Natural Supports / Community-Based -
- Youth Engagement and Empowerment -



Talk-Back

- In what ways have the dynamics on Wraparound teams changed over a year's time? Do the results make intuitive sense?
- How have some of us maintained progress on principles of Wraparound that have presented a challenge?
- If we were to look back one year from today, what new themes will have emerged? What new challenges might we anticipate?



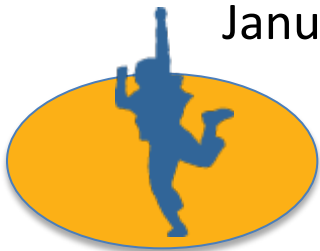
What's Next

WRAPAROUND FIDELITY INDEX FY2012

- More consents = more possible interviews and greater possibility of a “random sample” of caregivers
- Detailed information to caregivers during the consent process may help to facilitate the interview process

Who→ What→ Why→ How

- Consents collected July through November 2011 and interviews occurring September through February 2011
- Eligible caregivers include those enrolled in ICC between January 1, 2011 and November 30, 2011



What's Next

TEAM OBSERVATION MEASURE FY2012

- Please remember to complete TOMs and enter them into WONDERS on a rolling basis as they are conducted. Data collection period is July 1, 2011 through June 30, 2012.
- When to complete a TOM?
 - Existing ICC Staff: Each ICC staff must have two TOMs completed per year of employment.
 - New ICC Staff - New ICC staff must have two TOMs completed within months four and six from the date of hire. This allows adequate training of staff before utilizing the TOMs.
- WONDERS webinars planned for 10/3, 10/13 and 10/18
- The Wraparound Evaluation and Research team is working to improve the functionality of WONDERS, and any feedback is welcome: MBHP-CSA@valueoptions.com



CSA
Statewide
Meeting

Questions?



CSA
Statewide
Meeting