#### MA Wraparound Fidelity Assessment System:

Promoting Positive Outcomes through Fidelity Monitoring



With special thanks to Eric Bruns, April Sather, and Alyssa Hook

## Purpose and Agenda

Purpose: Discuss the strengths of Wraparound in Massachusetts and brainstorm ideas for how we can continue to build on best practices.

#### Agenda:

- Quick Recap
  - ✓ Why spend valuable time measuring fidelity?
  - ✓ What are the TOM and WFI?
  - ✓ How is our statewide data collected?
  - ✓ How do we make practical sense of the scores?
- 2. Overview of WFAS (TOM/WFI) Statistics
  - ✓ How do our FY2015 scores compare to that of other states?
  - ✓ How do our FY2015 scores compare to last year's results?

## What is Wraparound Fidelity?

- Fidelity is 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.
- It also 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

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

#### What is the MA TOM?

#### **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, two items linked to each of the 10 principles of Wraparound
  - Each item consists of 3-5 indicators of high-quality wraparound practice as expressed during a care planning team meeting.
- July 1, 2014 through June 30, 2015 data collection period
- Total of 706 assessments completed and entered into Wraparound Online Data Entry and Reporting System.

#### What is the MA WFI-4?

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

- Intended to assess both conformance to the Wraparound practice model and adherence to the principles of Wraparound in service delivery.
- Brief, confidential interviews completed via telephone or with caregivers and a Demographic Form.
- Tool consists of 40 items, Four items linked to each of the 10 principles of Wraparound.

#### **MA WFI-4: Conducting the Interviews**

- Consumer Quality Initiatives (CQI), a mental health consumerrun research and evaluation organization implements the MA WFI-4.
- CQI trains interviewers (primarily parents of youth with SED) to conduct the interviews and provides ongoing supervision to interviewers to ensure inter-rater reliability.
- CQI currently has six interviewers and capacity for five languages: English, Spanish, Brazilian Portuguese, Haitian Creole and ASL.
- The goal is to complete 20 interviews with caregivers of youth enrolled at each of the CSAs.
- CQI completed 635 interviews during FY2015.

#### MA WFI-4: Collecting the Data

- CSA Staff Responsibilities:
  - Inform caregivers of the interview and evaluation process
  - Seek consent from all eligible<sup>1</sup> caregivers, who should have signed a consent indicating whether they chose to participate or not
  - 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 entered into a call contact database which provided interviewers with an updated listing of those caregivers who were eligible to be interviewed.

<sup>&</sup>lt;sup>1</sup> Eligibility was defined as anyone (with an enrolled child under the age of 18) enrolled in ICC between January 1 and December 31, 2014. Caregivers were eligible to be interviewed if they had been enrolled in ICC for three or more months.

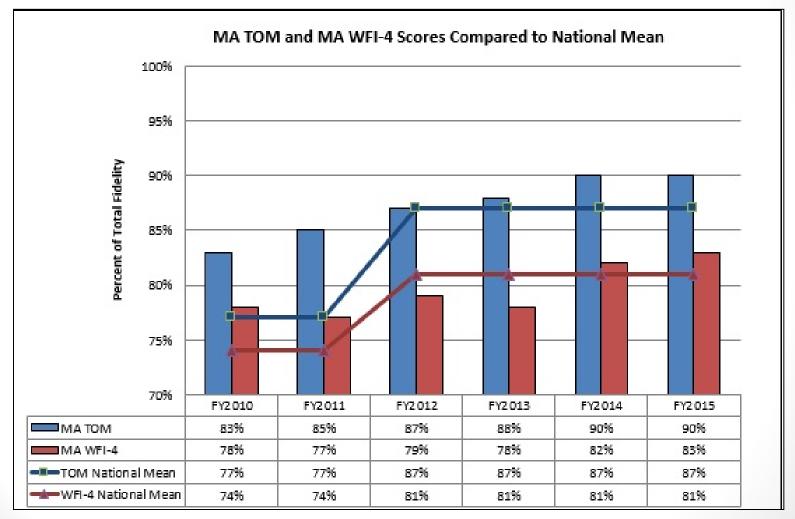
#### MA WFI-4: Collecting the Data

- 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 and complete WFI scoring.
  - Enter completed interview data (scores) into WrapTrack
  - Routinely send 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 averaged 30 to 45 minutes.
- Caregivers received a \$15 check for their participation.
  Addresses are confirmed with caregiver before completing the call.

#### **MA WFI-4: Challenges**

- Consent Process
  - 1. Incomplete, inaccurate, ineligible consents
  - 2. Varying levels of awareness of caregivers (getting better) both of the evaluation and description/terminology for ICC
- Difficulty Reaching Caregivers
  - 1. Don't return messages
  - 2. Frequent phone number changes
  - 3. Several repeated no-shows with caregivers

# MA TOM and WFI-4 Scores Compared to National Mean



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## TOM Total Fidelity Scores

	<b>Total Score</b>	FVC	ТВ	NS	Col	СВ	CC	Indiv	SB	Per	ОВ
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%
MA 2012	87%	97%	84%	51%	93%	93%	95%	90%	93%	93%	85%
MA 2013	88%	94%	83%	52%	92%	92%	93%	89%	92%	92%	86%
MA 2014	90%	99%	86%	58%	96%	96%	97%	95%	95%	96%	91%
MA 2015	90%	95%	84%	59%	93%	94%	94%	92%	93%	94%	89%
2011 - '12 Change	<b>^</b>	<del>-</del> 2	1	<u></u> 0	-			<u></u> 0	1	-	<b>↑</b>
2012 - '13 Change	_	<del></del>	1	_	$\rightarrow$	-	-	-	<b>→</b>	-	<b>↑</b>
2013 - '14 Change	<b>^</b>	<b>^</b>	1	_		_		1	_	1	<b>^</b>
2014 - '15 Change	_	$\downarrow$	$\rightarrow$	1	$\rightarrow$	$\downarrow$	$\rightarrow$	<b>→</b>	<b>→</b>	$\rightarrow$	$\downarrow$
National Average	87%	95%	88%	65%	87%	93%	93%	89%	89%	93%	80%

Key:

Family Voice and Choice (FVC) Culturally Competent (CC)

Team-Based (**TB**) Individualized (**Indiv**)

Natural Supports (NS) Strengths-Based (SB)

Collaboration (Col) Persistence (Per)

Community-Based (CB) Outcome-Based (OB)

## TOM Fidelity: Areas of Strength and Areas for Improvement

- Team based process improved significantly
  - Barriers were discussed more often; strategies linked to goals
- Natural Supports improved for the TOM, but decreased for WFI
  - Increased participation
  - Clearly-defined roles on the team
- Team Membership and Attendance decreased and is significantly less than the national mean
  - Youth is present at the meetings less than half the time (43%)
  - Key school and other stakeholder agency staff are present half the time

#### TOM Item Scores: Team-Based

ITEMS	MA 2010	MA 2011	MA 2012	MA 2013	MA 2014	MA 2015	NAT MEAN
Item 1: Team Membership and Attendance	3.10	3.09	3.04	3.00	3.04	2.98	3.42
a. Parent/caregiver is a team member and present at the meeting.	0.99	0.99	1.00	0.99	1.00	1.00	0.98
b. Youth (over age 9) is a team member and present at the meeting.	0.61	0.61	0.61	0.55	0.57	0.52	0.86
c. Key school or other public stakeholder agency representatives are present.	0.61	0.60	0.52	0.56	0.52	0.56	0.52

Max item score = 4.00, Max indicator score = 1.00

#### TOM Item Scores: Natural Supports

ITEMS	MA 2010	MA 2011	MA 2012	MA 2013	MA 2014	MA 2015	NAT MEAN
Item 7: Natural and Community Supports	1.54	1.61	1.64	1.67	1.70	1.84	1.89
a. Natural supports for the family are team members and are present.	0.27	0.27	0.28	0.27	0.27	0.27	0.41
b. Team provides multiple opportunities for natural supports to participate in siginficant areas of discussion.	0.75	0.80	0.70	0.77	0.87	0.90	0.83
c. Community team members and natural supports participate in decision-making.	0.72	0.79	0.77	0.79	0.83	0.83	0.79
d. Community team members and natural supports have a clear role on the team.	0.72	0.81	0.79	0.85	0.86	0.88	0.76

Max item score = 4.00, Max indicator score = 1.00

#### TOM Item Scores: Natural Supports Continued

ITEMS	MA 2010	MA 2011	MA 2012	MA 2013	MA 2014	MA 2015	NAT MEAN
Item 8: Natural Support Plans	1.94	2.47	2.42	2.57	2.95	3.00	3.31
a. Brainstorming of options and strategies include strategies to be implemented by natural and community supports	0.70	0.77	0.74	0.78	0.87	0.88	0.83
b. The plan of care represents balance between formal services and informal supports	0.45	0.58	0.56	0.57	0.65	0.68	0.71
c. There are flexible resources available to the team to allow for creative services, supports, and strategies	0.21	0.58	0.49	0.67	0.78	0.79	0.97

Max item score = 4.00, Max indicator score = 1.00

## WFI-4 Fidelity by Wraparound Phase

	Engagement	Planning	Implementation	Transition
MA 2010	86%	82%	79%	64%
MA 2011	85%	82%	77%	64%
MA 2012	88%	84%	79%	67%
MA 2013	86%	83%	77%	66%
MA 2014	90%	86%	83%	71%
MA 2015	91%	88%	83%	68%
National Average	82%	81%	85%	73%

## WFI-4 Total and Principle Scores

	<b>Total Score</b>	FVC	TB	NS	Col	СВ	CC	Indiv	SB	Per	ОВ
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%
MA 2012	79%	89%	86%	55%	91%	72%	94%	75%	81%	82%	66%
MA 2013	78%	87%	84%	52%	88%	73%	93%	71%	81%	78%	70%
MA 2014	82%	91%	85%	64%	91%	74%	95%	80%	86%	83%	75%
MA 2015	83%	92%	85%	61%	92%	72%	95%	85%	86%	84%	74%
2011 - '12 Change	_	$\uparrow$	$\uparrow$	_	_	<del>-</del>	_	<u>-</u>	_	<b>1</b>	_
2012 - '13 Change	<del>-</del>	<u>-</u>	_	-	$\rightarrow$	_	$\rightarrow$	_	-	$\downarrow$	<b></b>
2013 - '14 Change	<b>1</b>	$\uparrow$	-	<b>^</b>	<b>^</b>		<b>^</b>	1	<b>^</b>	<b>1</b>	<b>^</b>
2014- '15 Change	<b>↑</b>	$\uparrow$	-	$\rightarrow$	<b>↑</b>	<b>↓</b>	-		_	$\uparrow$	$\rightarrow$
National Average	81%	90%	75%	66%	90%	78%	94%	71%	85%	85%	72%

Key:

Family Voice and Choice (FVC) Culturally Competent (CC)

Team-Based (TB) Individualized (Indiv)

Natural Supports (NS) Strengths-Based (SB)

Collaboration (Col) Persistence (Per)

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## WFI-4 Fidelity: Areas of Strength and Areas for Improvement

- Continued strength in effective Team-Based process compared to the national mean
- Significant improvement in individualized planning process from 2014
  - Crisis planning
  - Balance of professional/natural supports
  - Preparation for transition
- Historically highest scores for Persistence
- Significant decrease in Community-Based
  - Families unsure of ability to succeed on their own
- Decline in Natural Supports
  - Team effort to increase support from friends and family
  - Child develops friendships with other youth

#### WFI Item Scores: Individualized

ITEMS	MA 2010	MA 2011	MA 2012	MA 2013	MA 2014	MA 2015	NAT MEAN
CG 2.3 - Is there a balance of professional vs. community/informal services?	0.99	1.10	1.23	1.17	1.26	1.67	0.74
CG 2.8 - Is there a crisis plan AND does this plan specify how to prevent crisis?	1.48	1.57	1.63	1.52	1.74	1.79	1.67
CG 3.2 - When your team has a good idea, can they find resources/make that idea happen?	1.58	1.54	1.51	1.59	1.75	1.69	1.82
CG 4.4 - Has your team helped you and your child prepare for major transitions?	1.50	1.64	1.66	1.55	1.66	1.62	1.50

Maximum Item Score = 2.00

#### WFI Item Scores: Natural Supports

ITENAS	MA 2010	MA 2011	MA	MA	MA 2014	MA 2015	NAT
ITEMS	2010	2011	2012	2013	2014	2015	MEAN
CG 3.4 - Does the team find ways to increase the support							
you get from friends and family?	1.09	1.13	1.31	1.13	1.49	1.40	1.43
CG 3.6 - Is there a friend/advocate of your child or family							
who actively participates on your WA team?	0.68	0.66	0.62	0.70	0.94	0.95	0.96
The decirety participates on your trivitedini	0.00	0.00	0.02	0.70	0.5	0.33	0.50
CG 4.2 - Has the wraparound process helped your child			0.00		1.22		4.0-
develop friendships with other youth?	0.94	0.92	0.99	0.98	1.20	1.12	1.27
CG 4.6 - Has the WA process helped your family to							
develop or strengthen relationships that will support							
you when wraparound is finished?	1.45	1.42	1.52	1.46	1.47	1.47	1.65

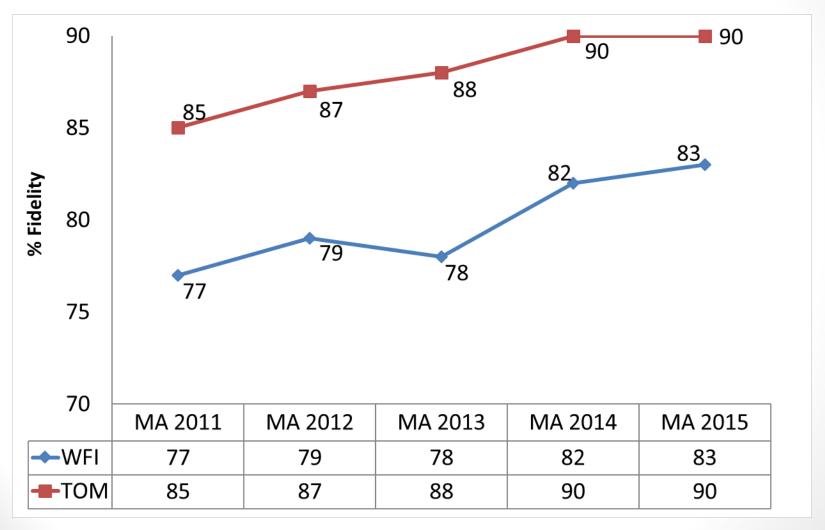
Maximum Item Score = 2.00

#### WFI Item Scores: Community-Based

ITEMS	MA 2010	MA 2011	MA 2012	MA 2013	MA 2014	MA 2015	NAT MEAN
CG 2.5 - Does the WA plan include strategies for helping your child get involved with activities in his/her community?	1.31	1.26	1.21	1.33	1.38	1.34	1.27
CG 2.9 - Do you feel confident that, in crisis, your team can keep your child in the community?	1.57	1.58	1.51	1.61	1.71	1.75	1.74
CG 3.8 - Are the services and supports in your WA plan difficult for your family to access?	1.61	1.66	1.63	1.54	1.64	1.63	1.72
CG 4.7 - Do you feel like you and your family will be able to succeed on its own?	1.33	1.41	1.44	1.38	1.20	1.00	1.49

Maximum Item Score = 2.00

## WFI-4 & TOM Total Scores



# Pilots: WFI-EZ and TOM 2.0

- The TOM 2.0 is employed by trained raters who observe team meetings. The tool consists of 41 items divided into 8 subscales:
  - Six dedicated to the fidelity domains that align with the theory of change for Wraparound implementation
  - One that evaluates team meeting attendance
  - One that assesses facilitation skills
- The WFI-EZ is a self-administered survey which can be completed via mail, e-mail or telephonically.
   Respondents answer questions in 3 categories:
  - Experiences in Wraparound (25 items)
  - Outcomes (8 items)
  - Satisfaction (4 items)

## FY 2016

#### WFI

- Signed consent forms sent to CQI on a rolling basis
- Eligible caregivers include youth under the age of 18 enrolled in ICC between January 1 and December 31, 2015 with signed consent forms

#### **TOM**

- Complete TOMs and enter them into WrapTrack on a rolling basis as they are conducted. Data collection period is July 1, 2015 through June 30, 2016.
- Pilot CSAs: Send spreadsheets to MBHP on the last business day of each month
- 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.