Wrap+MAP Pilot Implementation: Preliminary results of an evidence-based practice decision-making system

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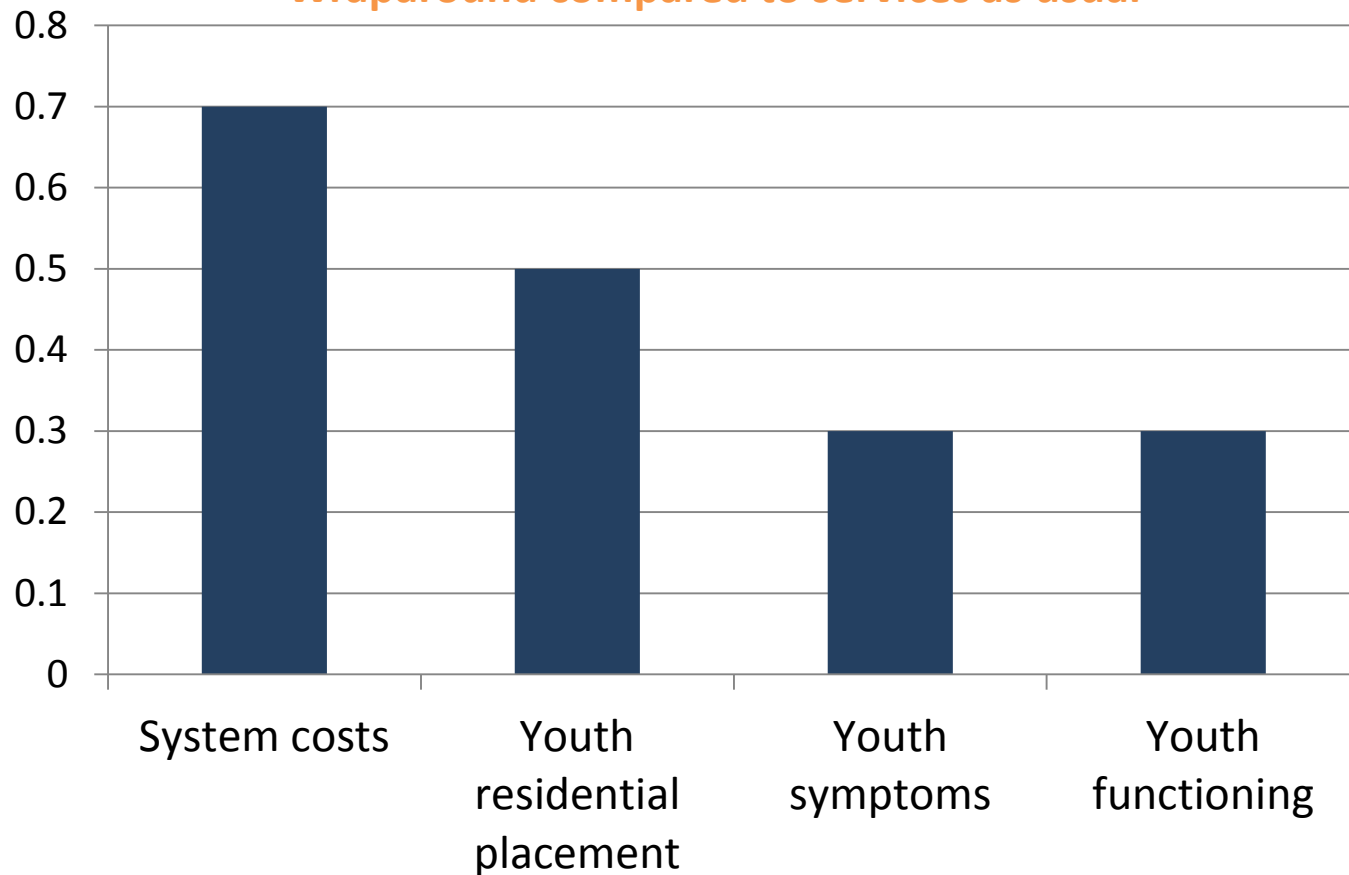University of Washington

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Today's Agenda

- Wrap+MAP Overview
- Pilot Site Characteristics
- Trainings and CQI
- Preliminary Findings on Implementation
- Conclusions and Next Steps

Effectiveness of Wraparound

Effect Sizes from Controlled Research and Cost-Effectiveness Studies: Wraparound compared to services as usual

Suter & Bruns, 2009; Bruns et al., 2014

In addition to high-quality Wraparound, youth need quality clinical care

- Research on Wraparound indicates potential for positive outcomes
- However, research consistently points to need for quality clinical care, matched to the youth's needs
- The field would benefit from a Wraparound Service Model enhancement that:
  - Supports provision of effective clinical treatment
  - Reinforces "common factors" of effective care
    - Teamwork
    - Transparency
    - Engagement
    - Setting clear goals and tracking progress

What is the Managing and Adapting Practice (MAP) system?

- Developed in a statewide system of care
- A *system* for providing evidence-informed care
  - Resources help providers apply knowledge
    - Searchable database summarizing hundreds of studies
    - Practitioner guides that includes summaries of the most common practices from the most successful treatments
    - Tools for teams and clinicians to track treatment history and outcomes
- Designed to integrate family, provider, and team expertise with findings from the evidence base to guide and organize treatment

PWEBS Search Results

What are Practitioner Guides?

Process Guides

Practice Guides

The Clinical Dashboard

Progress

Practice
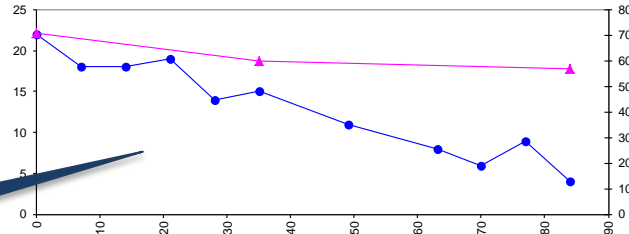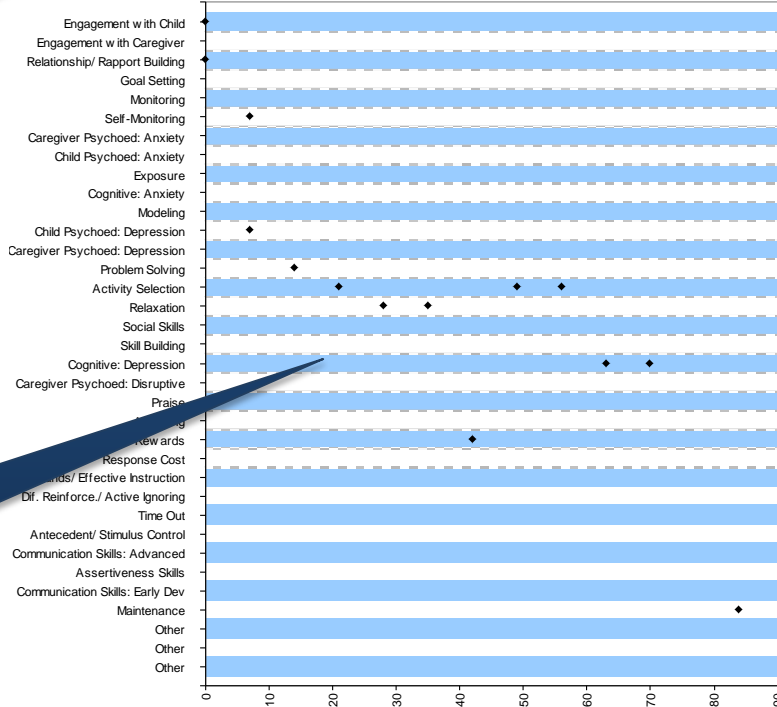
Why might MAP enhance Wraparound?

- **Promoting Outcomes**: We often see residential and caregiver outcomes improve in Wraparound
  - *Supports the improvement of youth clinical outcomes and problem-solving skills, as well*
- **Using Evidence :** Therapists are key to Wraparound
  - *Helps them use practices that have been found to work in research*
- **Natural supports and family/youth partners**: They can support skill-building
  - *Helps them be key assets and extend the care Wraparound provides*

Why might MAP enhance Wraparound?

- **Teamwork:** Wraparound is about teamwork and everyone being on the same page
  - *Ensures the therapist's role in the plan connects to youth and family priority needs*
  - *Makes sure the therapists' role is well-understood by the team*
- **Setting goals and tracking progress**: It may be the most important thing to positive outcomes
  - *Provides tools that make it happen*

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Differing implementation contexts in three pilot sites (in two states: A and B)

Site #A1

Began roll-out of a state-mandated Wraparound variant at same time as Wrap+MAP

Concerns about burden placed on the workforce

Never released Wraparound variant curriculum, hampering content integration

Last-minute schedule changes due to delayed contracting—little staff preparation

Two provider agencies with Wraparound slots

Site #A2

State-mandated Wraparound variant started a few months before training

Workforce burden was still present, but less of a concern

Two provider agencies with Wraparound slots for younger and TAY populations

Site #B

Supervisors already working toward MAP certification

Prepared for training without the "change fatigue" in State A

Three provider agencies that sought Wrap+MAP

Very high facilitator caseloads—20, on average, vs. 7 in State A

CBT and Motivational Interviewing were used widely at all sites

Types of Treatment Packages used by Clinicians
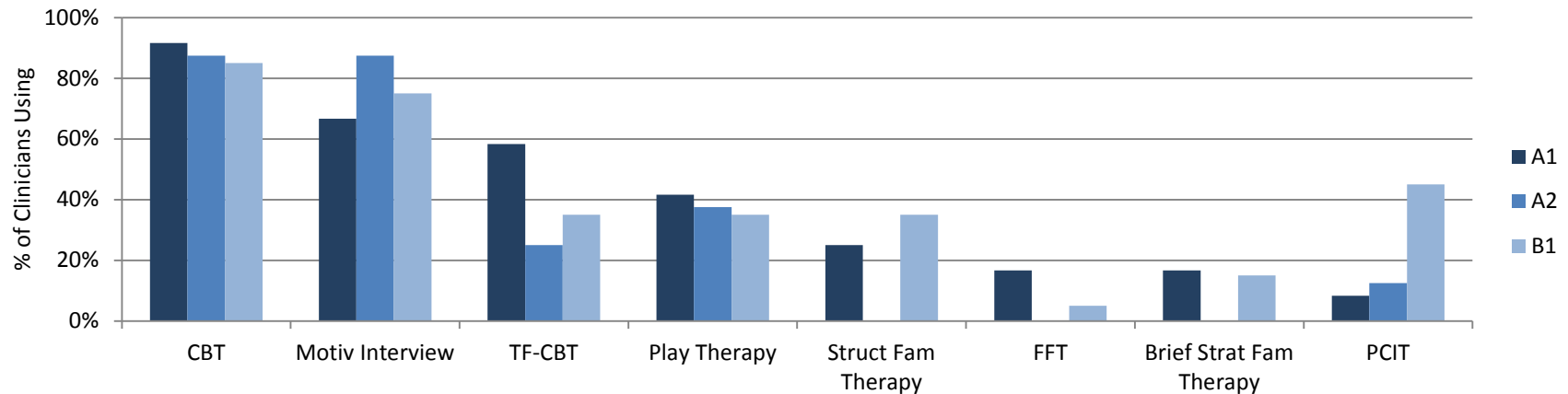
- Clinician and facilitator scores on scales of attitudes toward EBPs and manualized treatments were very similar and moderately positive

Clinicians' Satisfaction with Effectiveness of Current Treatment Approaches
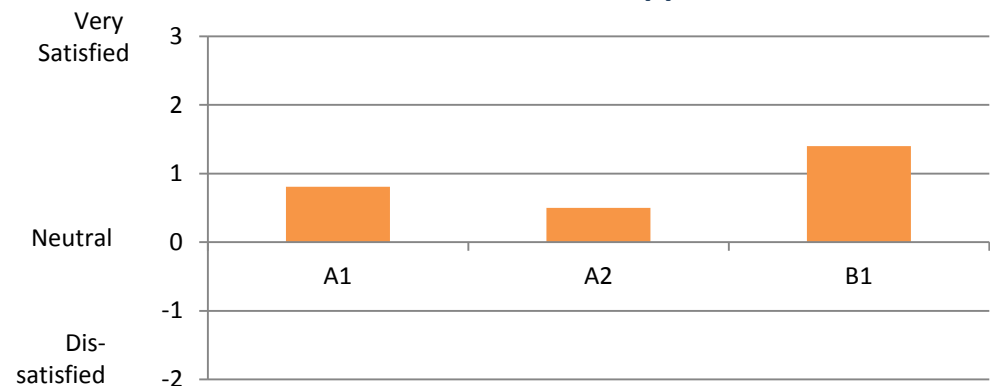
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Initial training in Site #A1 had room for improvement

- Major administrative hurdles
- Five day training broken up over two months (May/Aug 2014)
  - Days 1-3: Clinicians
  - Day 4: Facilitators + Family Partners
  - Day 5: Cross-role coordination
- Perceptions of training importance and quality significantly lower than national average
  - based on Baseline standardized training evaluation scores

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A1 Staff rated the training much lower than attendees of other MAP trainings

PracticeWise MAP Training Evaluation by Type of Training and Site

Training Cohort

- A1 Integrated Wrap+MAP Training (n=37)
- MAP Trainings with Wrap Programs (n=54)
- MAP-Only Trainings (n=1580)

The materials distributed were pertinent and useful
- 3.9
- 4.6
- 4.7

I learned things I can apply to my work right away
- 4.3
- 4.8
- 4.7

The training was well-matched to my level of expertise
- 3.8
- 4.5
- 4.4

How do you rate the training overall?
- 4.2
- 4.8
- 4.7

Mean

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PracticeWise
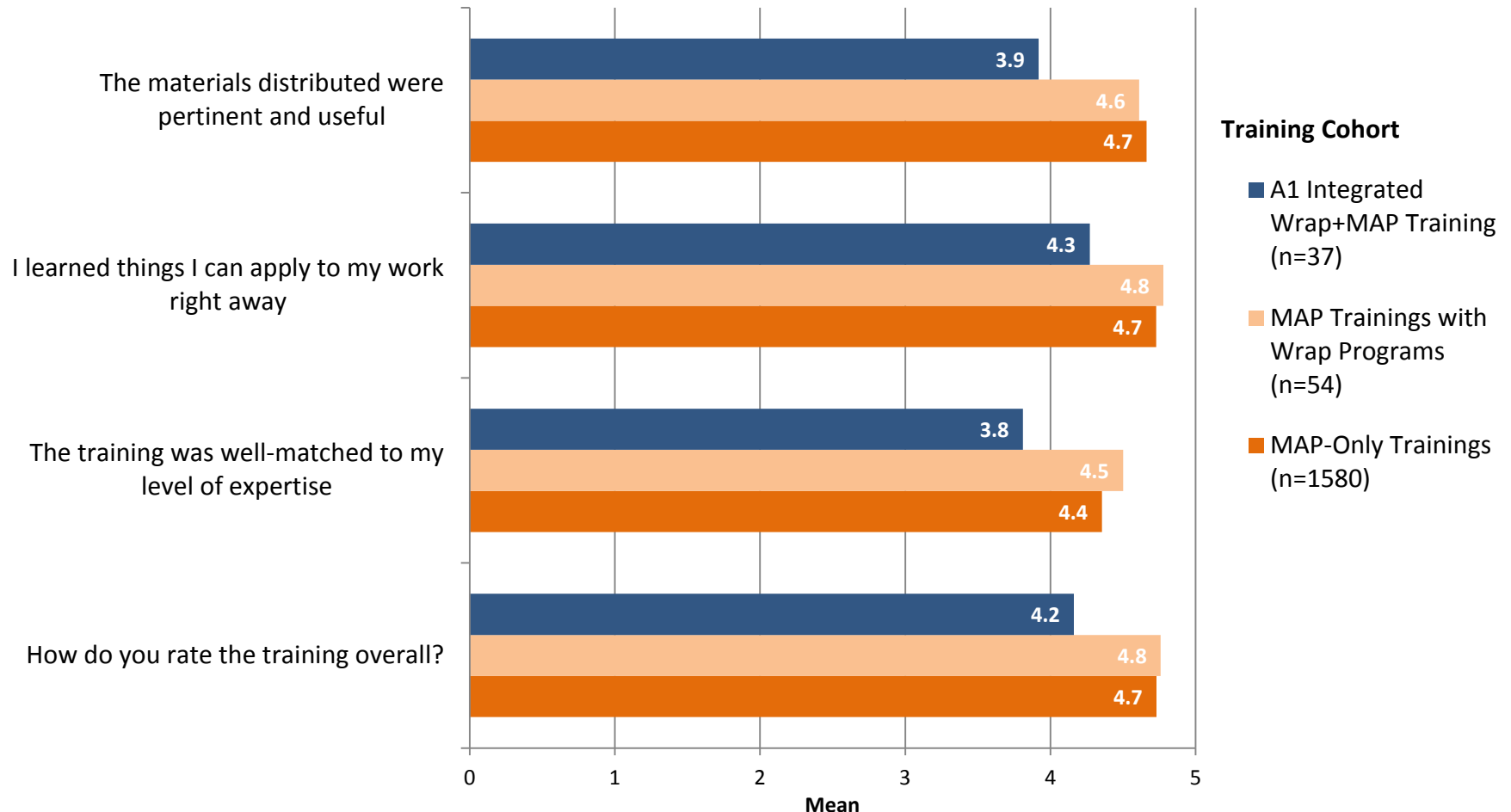
In response, we made changes to training structure and content for A2

- Reorganized four-day training sequence to provide more cross-role collaboration and alignment with expertise
  - Day 1: Wrap Staff and Clinicians combined
  - Day 2: Wrap Staff and Clinicians combined
  - Day 3: Clinicians – more detail on MAP
  - Day 4: Clinicians – more detail on MAP
- Revised materials based on feedback and input from Site #A1 (better integration more "real world" Wraparound examples)

Training ratings improved in A2, especially in targeted areas

PracticeWise MAP Training Evaluation by Type of Training and Site

Training Cohort

- A1 WrapMAP Training (n=37)
- A2 WrapMAP Training (n=11)
- MAP Training with Wrap Programs (n=54)
- Map-Only Trainings (n=1580)

The materials distributed were pertinent and useful: 3.9, 4.1, 4.6, 4.7

I learned things I can apply to my work right away: 4.3, 4.3, 4.8, 4.7

The training was well-matched to my level of expertise: 3.8, 4.2, 4.5, 4.4

How do you rate the training overall? 4.2, 4.5, 4.8, 4.7

Mean
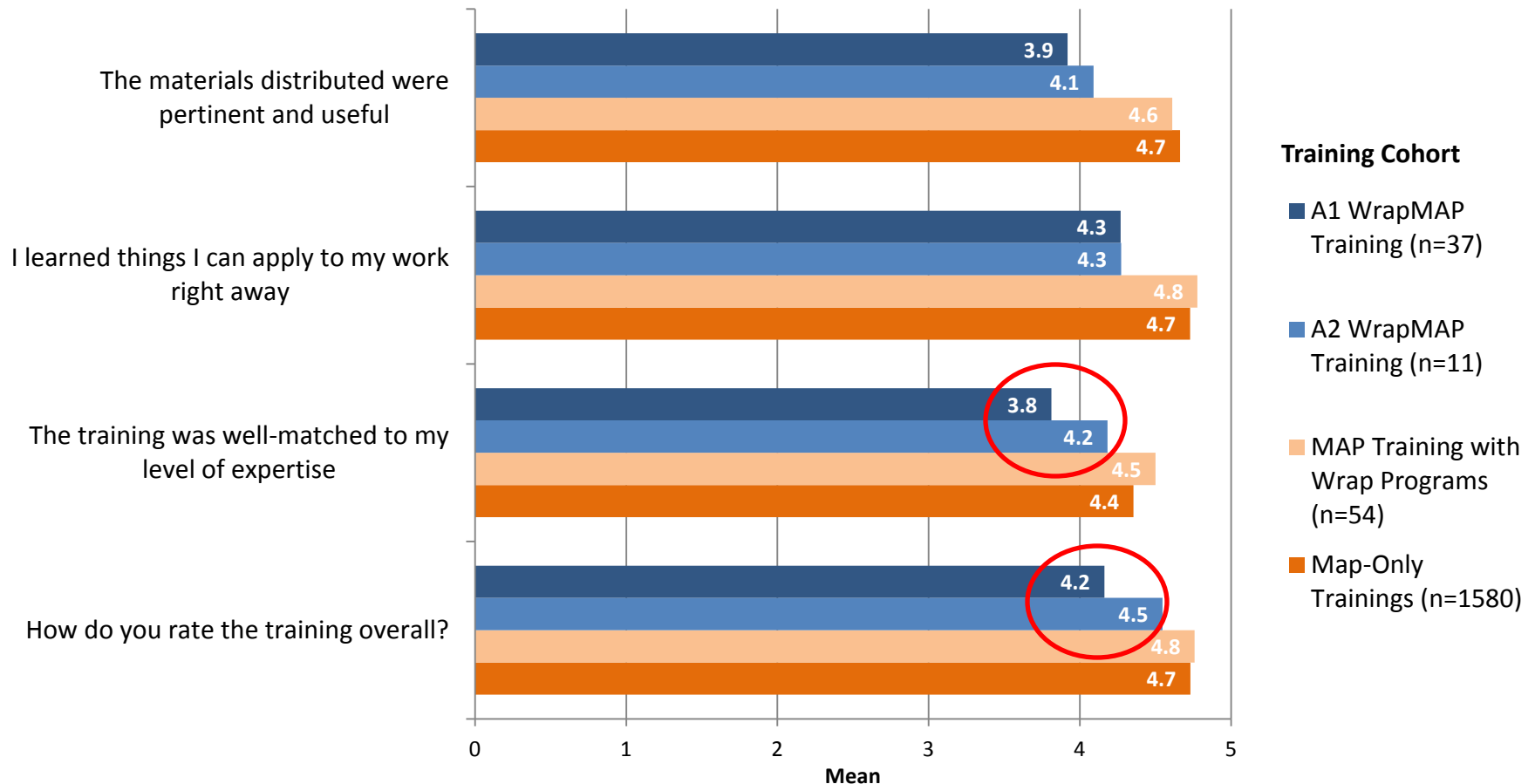
We continued improving in advance of Site #B training last month

- Preparation months before training
- Clarity and buy-in from Leadership
- Part of statewide children's Behavioral health planning
- Created an implementation guide
- Clarification on roles and who is responsible for tasks
- Training days and organization to facilitate role clarity
  - Pre-training: Clinicians exposed to MAP content by MAP certified agency sups
  - Training Days 1-2: Wrap+MAP concepts and Cross-role coordination for all roles
  - Day 3: Wrap training and Wrap+MAP rehearsal

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Trainings showed consistent improvement based on MAP training assessment

PracticeWise MAP Training Evaluation by Type of Training and Site
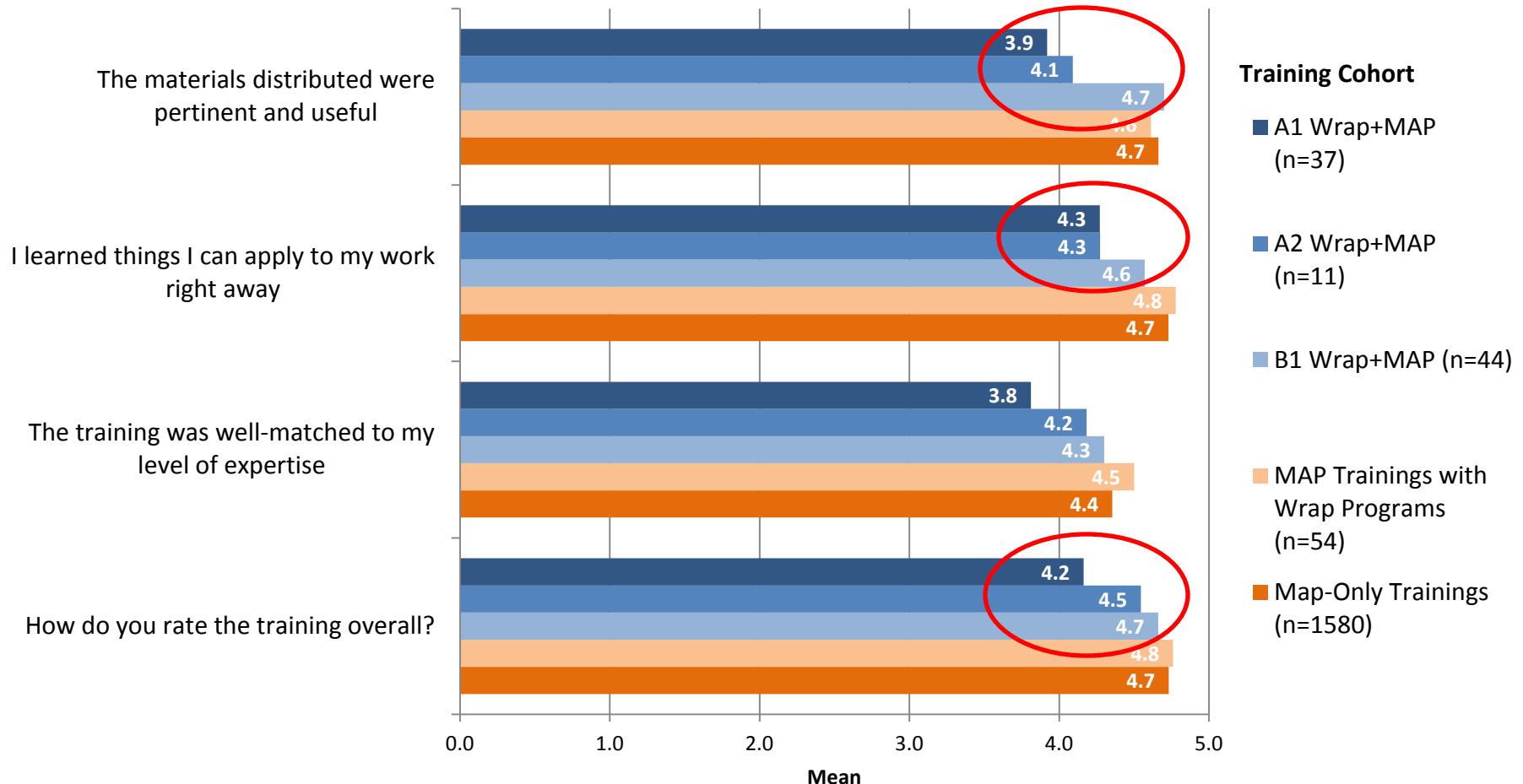
Expectations of training impact also improved in subsequent trainings

Type of Impact Expected as Reported on Baseline IOTTA
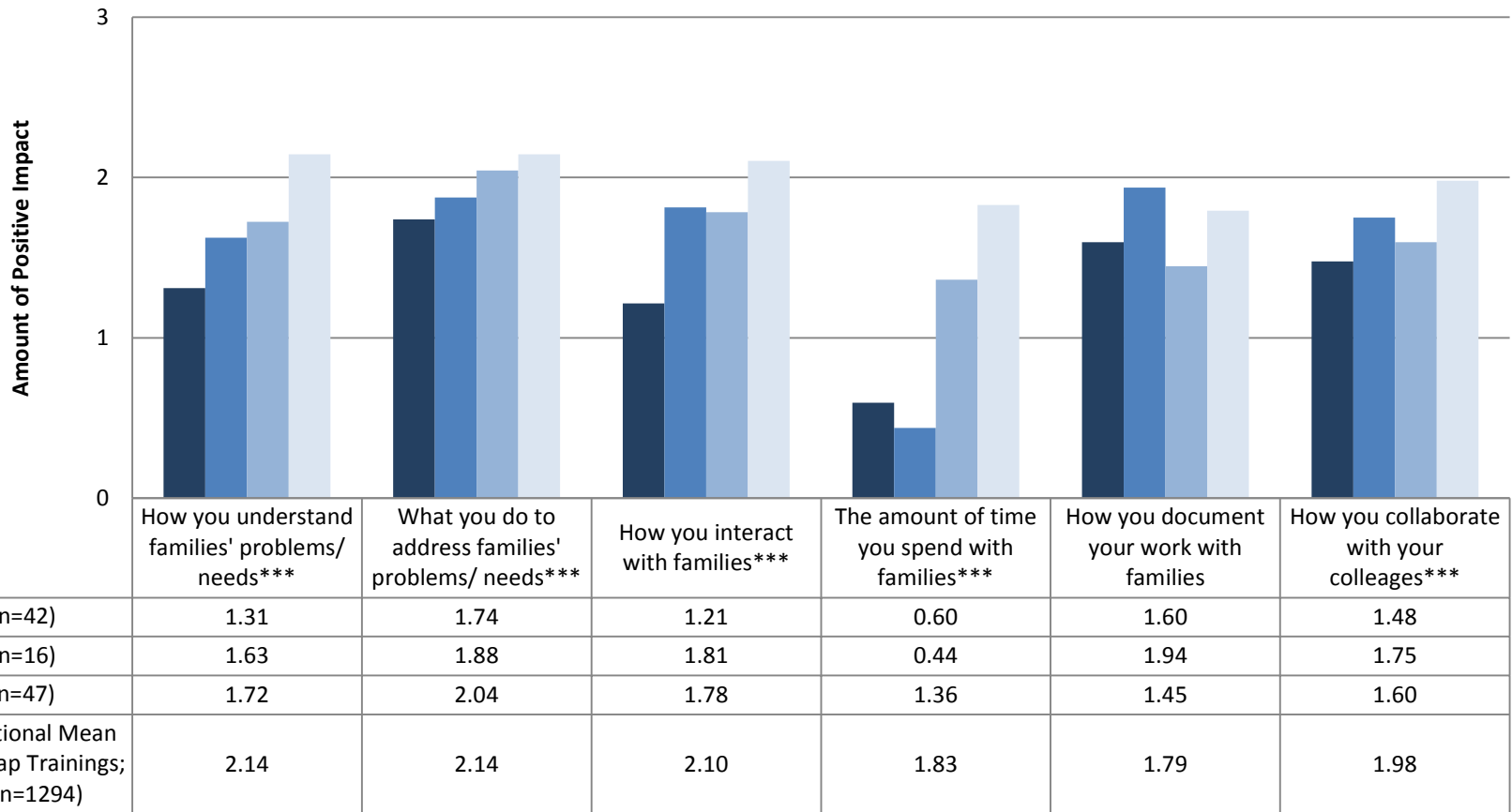
	How you understand families' problems/ needs***	What you do to address families' problems/ needs***	How you interact with families***	The amount of time you spend with families***	How you document your work with families	How you collaborate with your colleages***
A1 (n=42)	1.31	1.74	1.21	0.60	1.60	1.48
A2 (n=16)	1.63	1.88	1.81	0.44	1.94	1.75
B1 (n=47)	1.72	2.04	1.78	1.36	1.45	1.60
National Mean (Wrap Trainings; n=1294)	2.14	2.14	2.10	1.83	1.79	1.98

*p<.1 │ **p<.05 │ ***p<.01

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Focus Group Findings
Site #A1

- Despite initial enthusiasm, the MAP system hasn't been widely implemented
  - Only a handful of clients have a dashboard
  - MAP is not being discussed in supervision
  - Tools and approach are only occasionally brought up in larger staff meetings
  - Still some role confusion
    - Only one agency participated in all-roll consultation calls
  - High turnover, especially among clinicians
- The new statewide practice model was a bigger priority than MAP implementation, and has had larger perceived impact on practice

Survey Data Results
Site #A1

**Perceived Pertinence and Usefulness of core MAP Resources
On 8-month Post-training Survey**
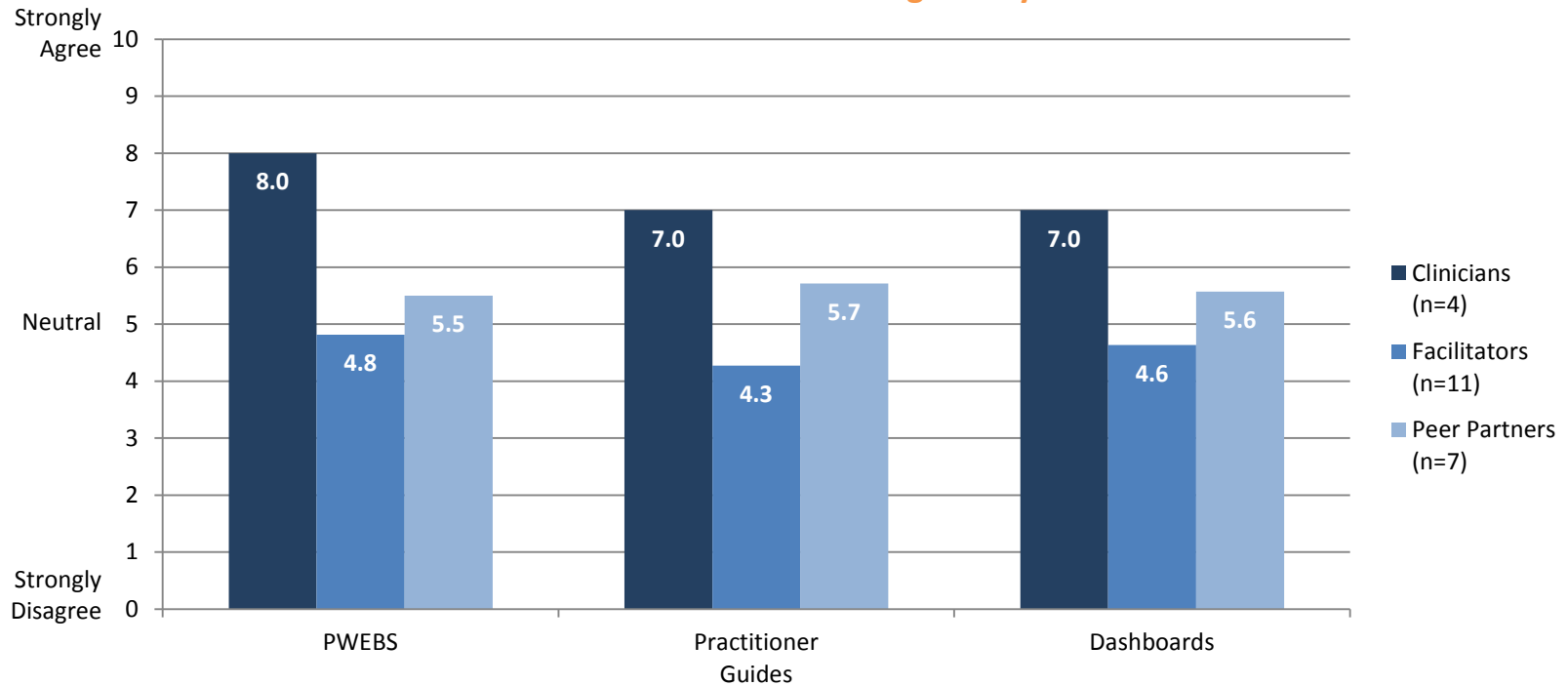
Implementation findings from consult calls
Site #A2

- Overall, much better reception of the training and using Wrap+MAP in practice
  - Focus groups and follow-up surveys scheduled for late spring
- Participants report seeing the applications of MAP to Wraparound
  - How the team can play specific roles <u>and</u> work together
  - Staying on the same page and using a common language
  - Printing out Practice Guides to see what kinds of strategies might help meet priority needs
  - Reviewing information and dashboards during supervision

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Conclusions and Implications

- Wrap+MAP training organization, sequencing, content, and exercises improved with each iteration

  – Ratings of interest and expected impact improved over time

- However, context and preparation matter A LOT

  – Attention needs to be paid to impact of other change efforts

    • Change fatigue, training fatigue

  – Needs to be buy-in at every level

Conclusions and Implications

- Technology and logistics can distract from the big picture, and the Wrap+MAP "big ideas"
  - Availability of and fluency with computers
    - For PWEBS and dashboards
  - Concerns about the Clinical Dashboard duplicating records in agency EHRs
  - Rigidity of the formats of required documentation
- More post-training implementation supports would be useful

Conclusions and Implications

- MAP Resources are viewed as less relevant to facilitators than therapists
  - However, these differences narrowed and became small as training and readiness improved
- Parent peer support partners very enthusiastic about increasing their capacity to serve as clinical "care extenders"
  - However, agency rules around peer support partners' activities vary greatly and may not allow certain types of follow-on support

Next Steps

- Continue improving trainings and implementation supports
  - Multi-role training is a little messy, but needed
    - Concepts resonate
    - Format and multi-role exercises generally feasible
- Continue gathering implementation process and outcomes data
  - Focus groups and follow-up surveys
  - Family record and plan of care review
- Began analyzing client-level outcomes data