



Data-Driven Decision Making in a Statewide Wraparound Initiative:

Results & Lessons Learned from Massachusetts

March 7, 2017

Agenda

- Overview of the Rosie D. Lawsuit
- Description of Intensive Care Coordination Services
- Wraparound Fidelity Measurement
 - Why measure fidelity?
 - Overview of measurement tools
- Training and Coaching
- Results
- Identifying opportunities for improvement and implementing interventions
- Time to make a change

Overview of the Rosie D. Lawsuit

- A class action lawsuit filed in 2001 on behalf of youth with serious emotional disturbance
- MassHealth was found to be out of compliance with “reasonable promptness” and “Early Periodic Screening Diagnosis and Treatment” provisions of federal Medicaid Law
- The court ordered MassHealth to improve screening services and to cover certain diagnostic and treatment services for children under the age of 21 with MassHealth Standard and CommonHealth benefits

Overview of the Rosie D. Lawsuit

- In July 2007, the Court entered a Remedial Plan, which established six new services referred to as the Children's Behavioral Health Initiative (CBHI) services:
 - Intensive Care Coordination (ICC) using "Wraparound" model
 - Family Support and Training ("Family Partners")
 - In Home Therapy
 - In Home Behavioral Services
 - Therapeutic Mentors
 - Mobile Crisis Intervention
- In 2009, all MassHealth Managed Care Entities (MCEs) collectively contracted and began reimbursing for the provision of the CBHI services for youth under age 21

Description of Intensive Care Coordination (ICC) Services

- Care planning and coordination according to the Wraparound process (a *family driven, team-based process for planning and implementing individualized services and supports*)
- Care planning team meetings that include service providers and natural supports (*family friends, clergy, coaches, neighbors, etc. are involved in the youth's care*)
- Teams create plans geared toward meeting the unique and holistic needs of youth and families with complex needs
- Teams often include a Family Partner, who works to improve the capacity of the caregiver through coaching and linking to supports and services
- ICC services are provided by a care coordinator with a degree in a human service field and experience working with youth and families or navigating child/family serving systems



What is Fidelity?

- Typically, we define *fidelity* as the degree to which a program implemented as intended by its developers.
- *Wraparound fidelity*, as measured by the 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 the Wraparound process.**



Wraparound Fidelity Measurement

- Fidelity monitoring lays the groundwork for measuring long-term outcomes of Intensive Care Coordination by gauging whether Wraparound is being carried out according to plan.
- Monitoring is also important given the link between high fidelity scores and better outcomes for youth and families.
- Massachusetts Wraparound fidelity data for the 32 Community Service Agencies (CSAs) was captured from July 1, 2010 to 2016 using two tools, the Wraparound Fidelity Index (WFI-4) and the Team Observation Measure (TOM).

The logo for the Wraparound Fidelity Index (WFI-4), featuring the text "WFI" in blue and "4" in gold, with a blue swoosh underneath.The logo for the Wraparound Fidelity Assessment System (WFAS), featuring the text "WFAS" in gold inside a grey oval, with a dark blue banner below containing the text "Wraparound Fidelity Assessment System" in white.The logo for the Team Observation Measure (TOM), featuring the text "TOM" in grey inside a dark blue oval.

- Set of four interviews that measure the nature of the Wraparound process that an individual family receives
- Interviews consist of 40 items linked to each of the 10 principles of Wraparound, and are organized by the four phases
- Data result in Overall Fidelity, Fidelity by Phase, & Fidelity by Principle
- Tool has strong internal consistency, test-retest reliability, and inter-rater agreement
- Massachusetts elected to use the caregiver form and contracted a consumer-focused organization to conduct interviews
- Intended to assess both to the Wraparound practice model and adherence to the principles of Wraparound in service delivery

Phase 3: Implementation		Yes	Sometimes Somewhat	No	Missing	
3.1 FVC	Are important decisions ever made about the child or family when they are not there?	0	1	2	666 888	777 999

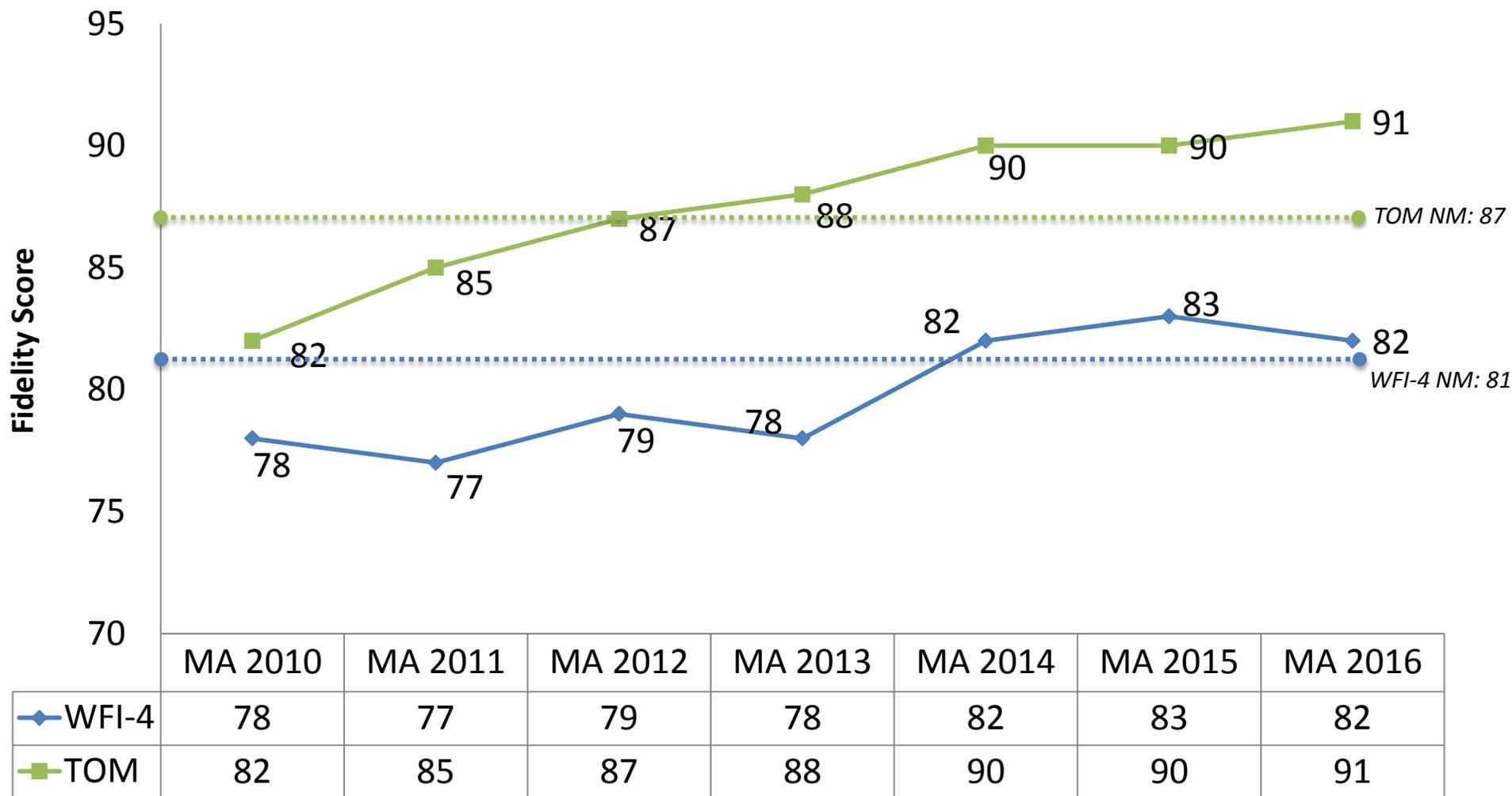


Team Observation Measure

- Supervisors observe team meetings to assess adherence to standards of high-quality Wraparound
- Tool consists of 20 items linked to the 10 principles of Wraparound
- Trained raters indicate whether or not each indicator was in evidence during the team meeting
- Data result in Overall Fidelity and Fidelity by Principle scores
- Internal consistency is strong, and inter-rater reliability is adequate

Item	Indicators	Indicator	Score (Circle 1)
5. Creative Brainstorming and Options <i>Individualized</i>	a. The team considers several different strategies for meeting each need and achieving each goal that is discussed.	Y N N/A	
	b. The team considers multiple options for tasks or action steps.	Y N N/A	0 1 2 3 4
	c. The facilitator leads a robust brainstorming process to develop multiple options to meet priority needs.	Y N N/A	666 888 999

Massachusetts fidelity generally trended higher over time, eventually surpassing the NM



Wraparound Training

- From June 2009 – June 2012, consultation from Vroon VanDenBerg (VVDB) consisted of:
 - Large-scale and seminar-style training on wraparound
 - Wraparound implementation support for CSA leadership
 - Individual coaching for CSAs
- Coaching and training included the following:
 - Developing a system of care
 - Team meeting facilitation
 - Training implementation and curriculum
 - Impact of Family Partners
 - Engaging youth and natural supports in the process
- Transition to MA-based coaching took place [need exact date] 2013

Using Data for Change

Data used to make change at both aggregate and individual provider levels

- Aggregate data presented at annual statewide meeting
 - Includes trends over time, strengths, and areas for improvement.
- Individual Wraparound Provider Practice Analysis reports produced for each CSA
 - Include total Fidelity scores, principle Fidelity scores, and individual item scores compared with the state and national means.
- Individual CSA meetings conducted to review Analysis report
 - Review individual fidelity results including comparative data
 - Obtain feedback from CSAs on interventions, policies, and procedures implemented to achieve high scores
 - Collaborate with providers regarding interventions to improve areas with low scores
 - Develop and monitor fidelity plans to improve quality of services

Aggregate Level

- Improving Crisis Planning Scores
- Improving Overall Scores
- Improving Transition Scores



Using Data for Change: Crisis Planning

In 2011, a consultant was hired to train CSAs and other providers on crisis planning, conducting the training *Creating Crisis Systems of Care and Building Competency Across Services* and providing ongoing technical assistance, including the following:

- The role service providers across the continuum play in helping youth and families navigate crisis situations
- How to engage others in a crisis system of care
- Identifying strategies to improve the collective system

Using Data for Change: Crisis Planning

Although mean was still below the national comparison, there was a visible increase from 2011 to 2012

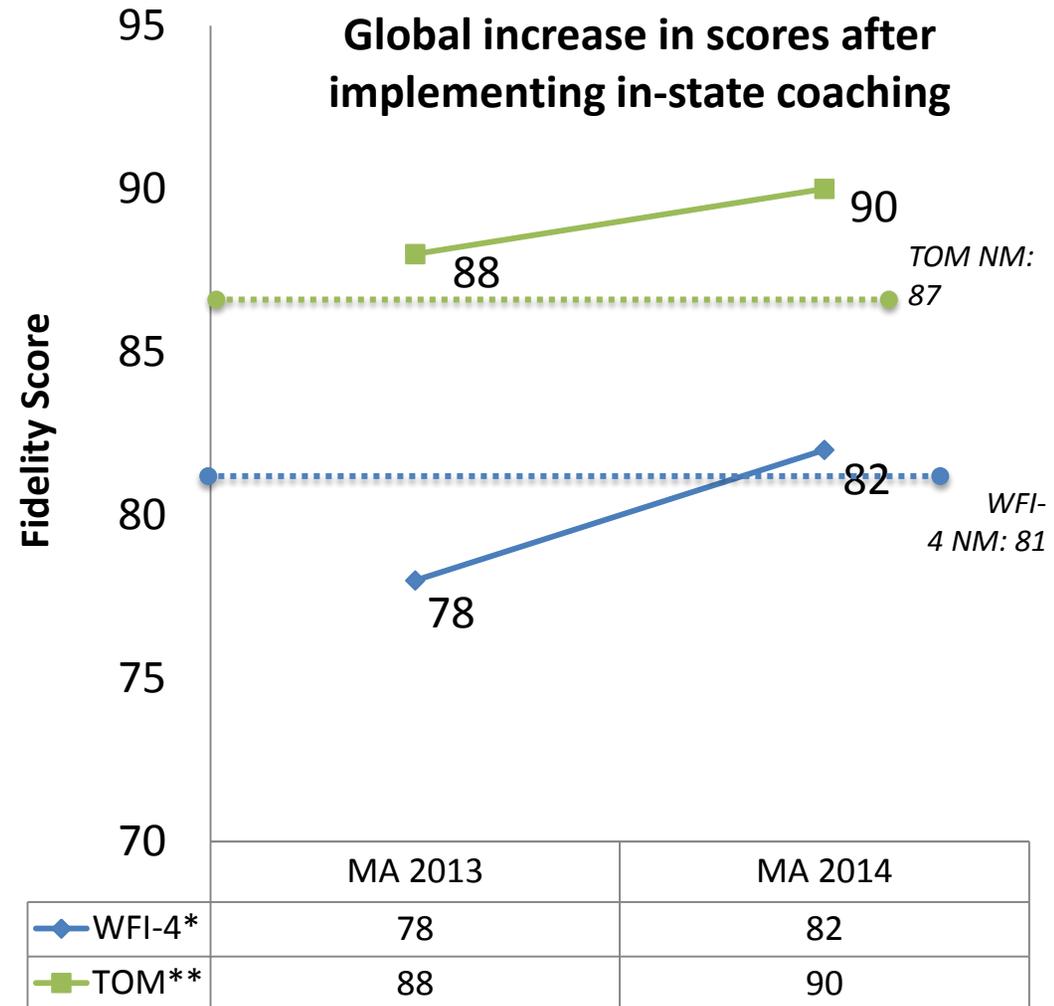
Items	2011	2012	National Mean
Item 2.8: Is there a crisis plan *and* does this plan specify how to prevent crisis?	1.57	1.63	1.67

$p = .11$

Using Data for Change: Coaching

In 2013, Massachusetts-based coaching was implemented and consisted of:

- ICCs and FPs employed at CSAs across the state providing coaching to assigned CSAs
- Individualized coaching based on each CSA's Fidelity data, focusing on challenges specific to each program
- Regional learning collaboratives and CSA meetings
- Bi-monthly Family Partner leadership forums



* $p < .05$ (and 8/10 Principles were significantly increased)

**Total fidelity not significant (3/10 Principles increased $p < .05$)

Using Data for Change: Transition

- Improving transition item scores remains an ongoing area for improvement statewide
- CSAs have implemented a variety of interventions, including the following:
 - Training staff on transition indicators
 - Use of transition indicator forms
 - Sharing best practices in regional forums



Individual Provider Level

- Improving Outcomes Based scores
 - (Wayside Framingham)
- Improving Natural Supports scores
 - (Wayside Lowell)
- Improving Persistence (unconditional care) scores
 - (CCBC)

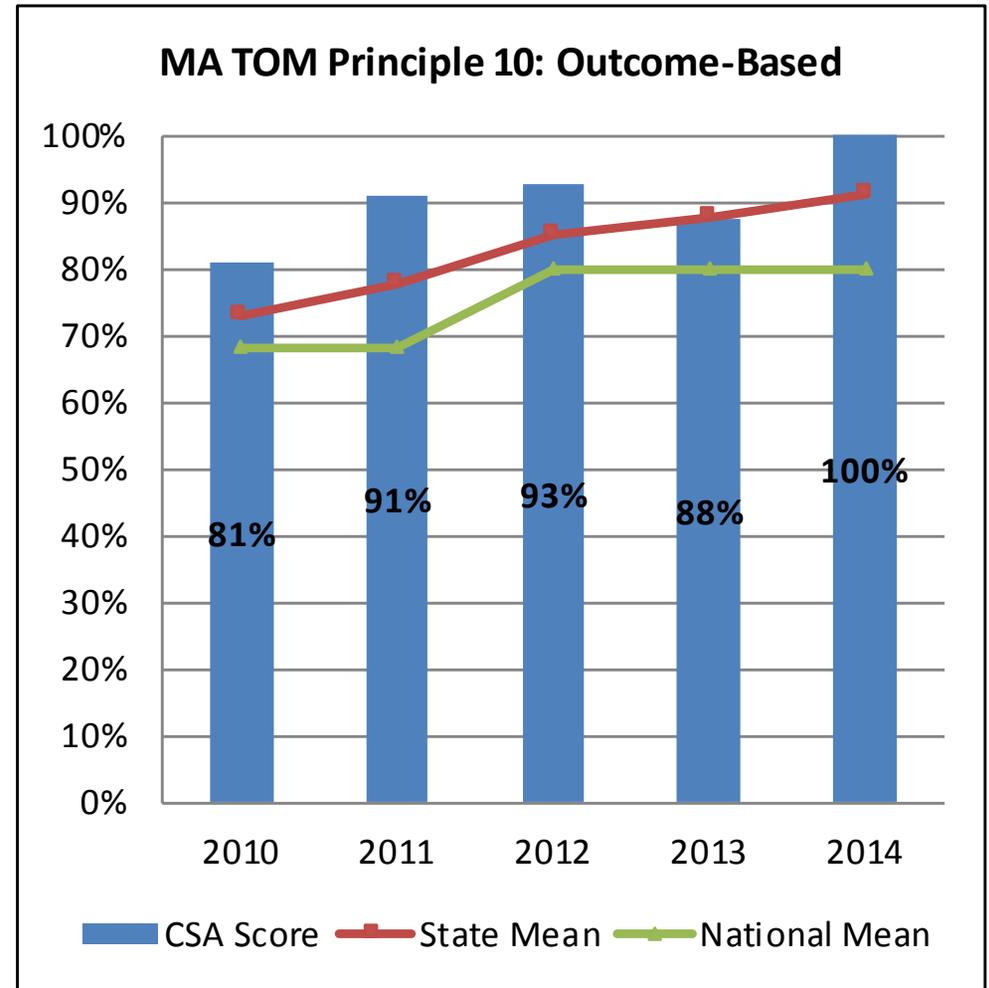
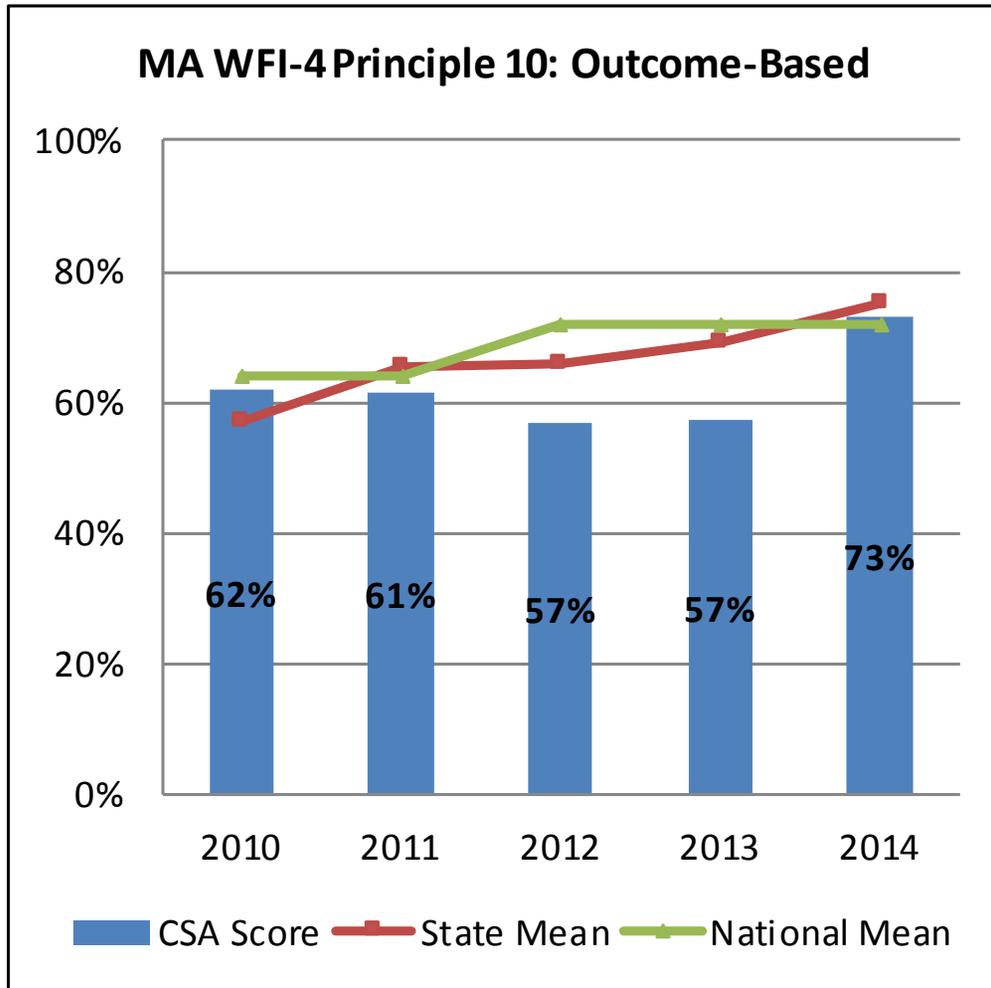


Using Data for Change: Improving Outcomes Based Scores

- One CSA set a goal to improve all Outcomes Based scores in 2013
- The following interventions were implemented:
 - Held brainstorming session on ways the team could develop new strategies to improve the principle. The strategies then were reviewed monthly in group and individual supervision
 - A Wraparound refresher training was held to focus on the principle
 - Focused on this principle in coaching sessions

Using Data for Change: Improving Outcomes Based Scores

Outcomes Based scores improved overall from 2013-2014

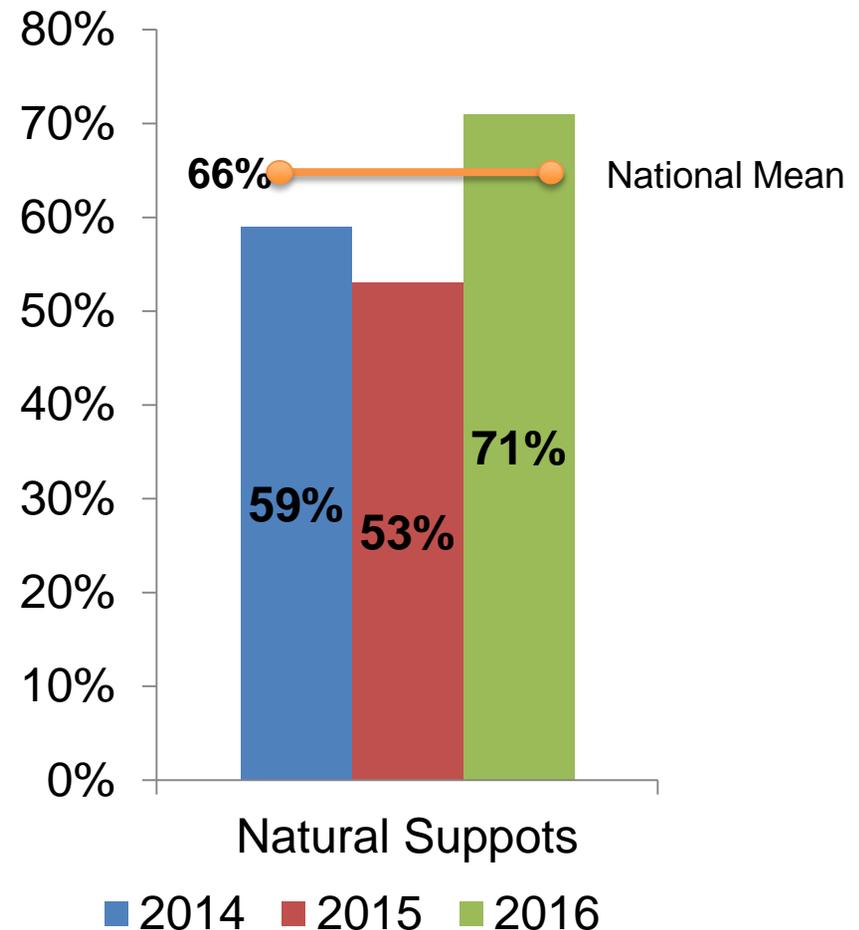


Using Data for Change:

Increasing Natural & Community Supports scores

- One CSA set a goal to improve natural and community supports scores in 2015
- The following interventions were implemented:
 - Held brainstorming session around how to get natural supports involved earlier in the Wraparound process
 - Family Partner coaching focused on how to recruit and encourage natural supports starting at the first meeting
 - Group coaching focused on barriers to involving natural supports and how to overcome them

Natural Supports WFI scores increased overall between 2015-2016

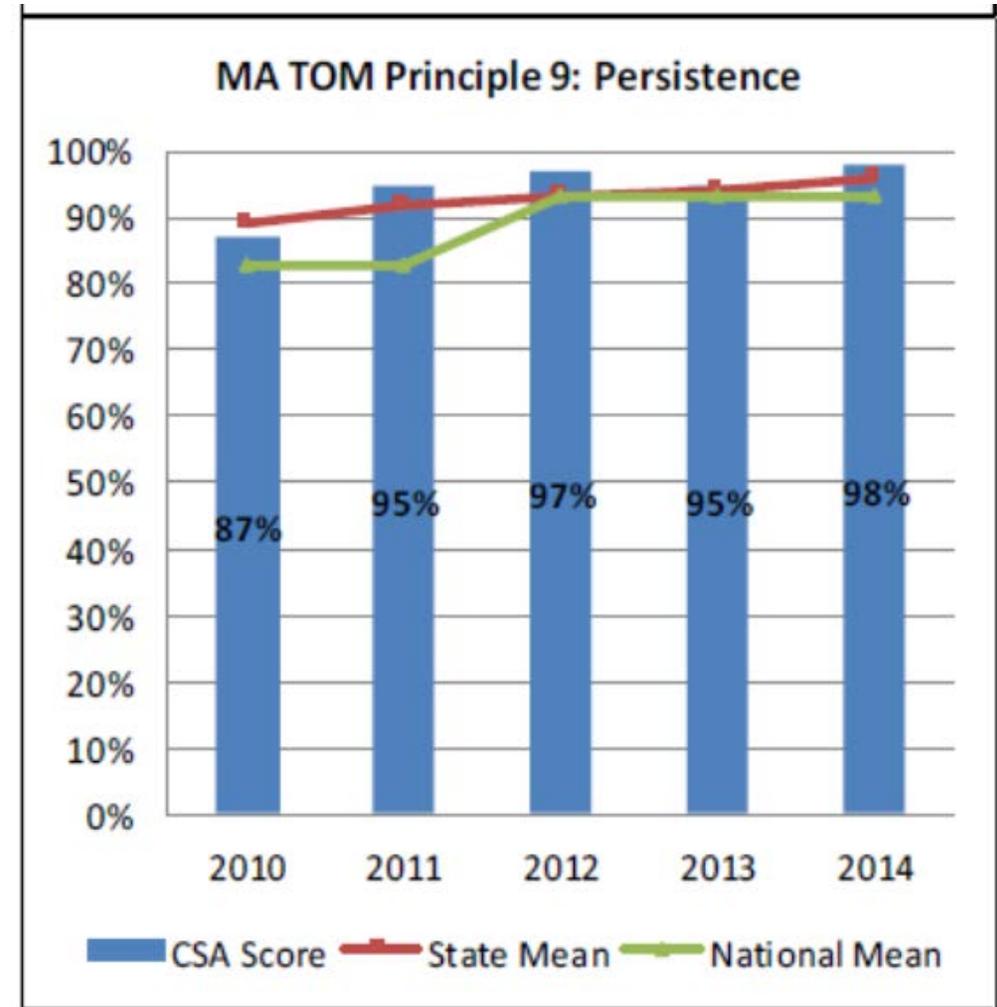
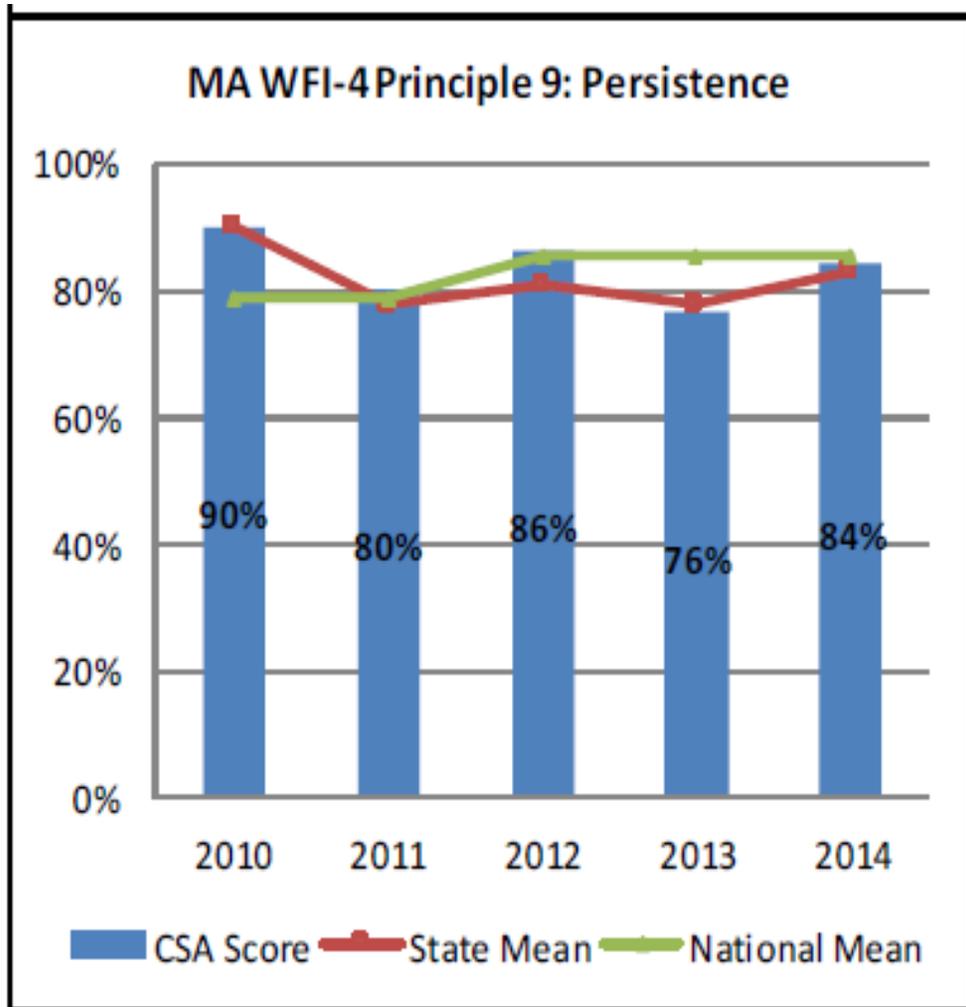


Using Data for Change: Improving Persistence Scores

- One CSA set a goal to improve Persistence scores in 2013
- The CSA implemented the following:
 - Held three trainings for staff on the principle of Persistence: one for ICCs, one for Family Partners, and one for all staff. Trainings were developed by CSA leadership in conjunction with the coaches
 - Principle of Persistence remained a focus in weekly individual supervision
 - The CSA's group supervision process was revised in order to allow for more focus on Wraparound principles.

Using Data for Change: Improving Persistence Scores

Overall WFI and TOM scores increased between 2013-2014



Time to Make a Change

- After 2015, fidelity scores plateaued at the national mean. Two new fidelity tools were adopted for use in 2016:



- Reduced to 25 process-based questions; added four satisfaction and nine outcomes-based questions
 - Greater consistency in scores and higher response rates due to ease of the survey
 - Survey has three options for administration – electronic, paper (submitted via mail), and interview via phone
- Revised to be more streamlined, easier to administer, and more practice-oriented
 - Reduction in number of indicators from 71 (TOM) to 40 (TOM 2.0)
 - Companion tool to the WFI EZ, sub-scales line up with Key Elements

Lessons Learned

Important factors to consider when implementing systematic Wraparound Fidelity monitoring:

1. Ensuring a comprehensive, organized roll out
 - a. Need for system-wide initial training and technical assistance, followed by ongoing coaching support
 - b. Use of both aggregate and individual provider data to identify trends and areas for improvement
2. Ensuring inter-rater reliability of interviewers gathering the data
3. Working with an academic organization for data interpretation and recommendations



Thank you!

