

Establishing a Framework for Wraparound Fidelity Assessment Using Principles of Implementation Science

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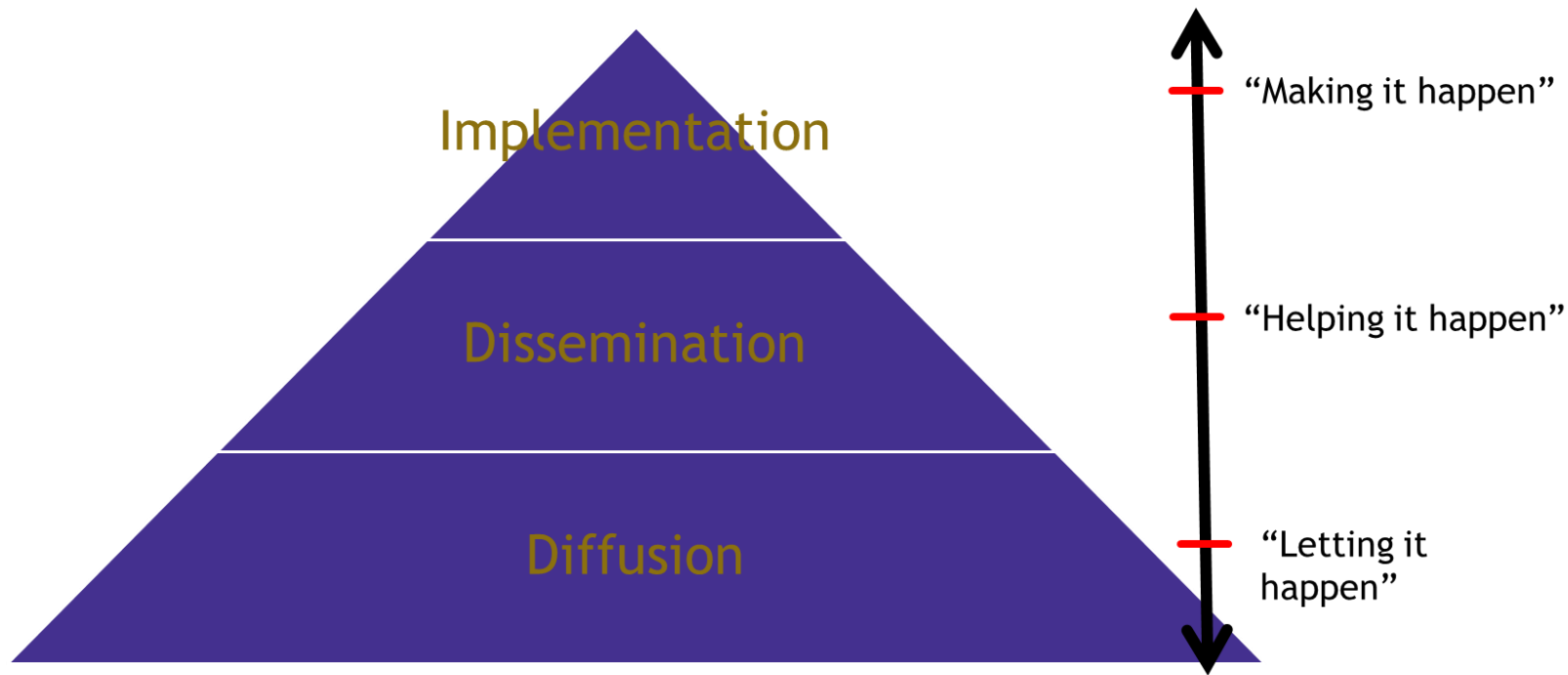
This webinar is hosted by NWIC, a partner in the National TA Network for Children's Behavioral Health, operated by and coordinated through the University of Maryland.

This presentation was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) under contract number HHSS280201500007C with SAMHSA, U.S. Department of Health and Human Services (HHS). The views, opinions, and content of this publication are those of the author and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.

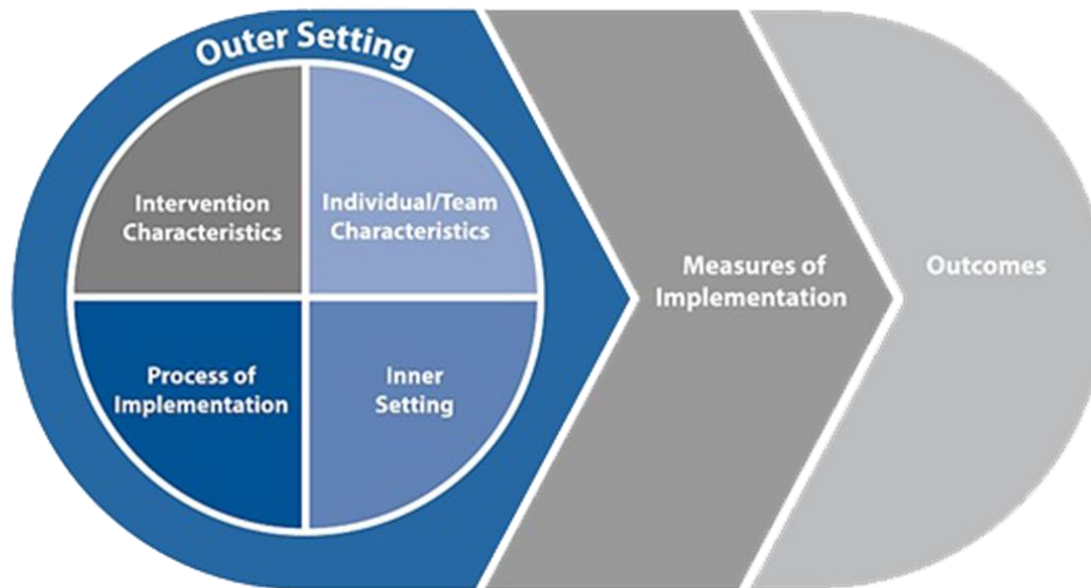
Objectives

- Understand how implementation science serves as a foundation for measurement in behavioral health
- Review measures of Wraparound fidelity and implementation support
- Present a framework for how and when to use Wraparound quality, fidelity, and implementation tools to support high-quality Wraparound Implementation
- Present “lessons learned” from fidelity and implementation measurement in Wraparound to date

Wraparound Over the Years



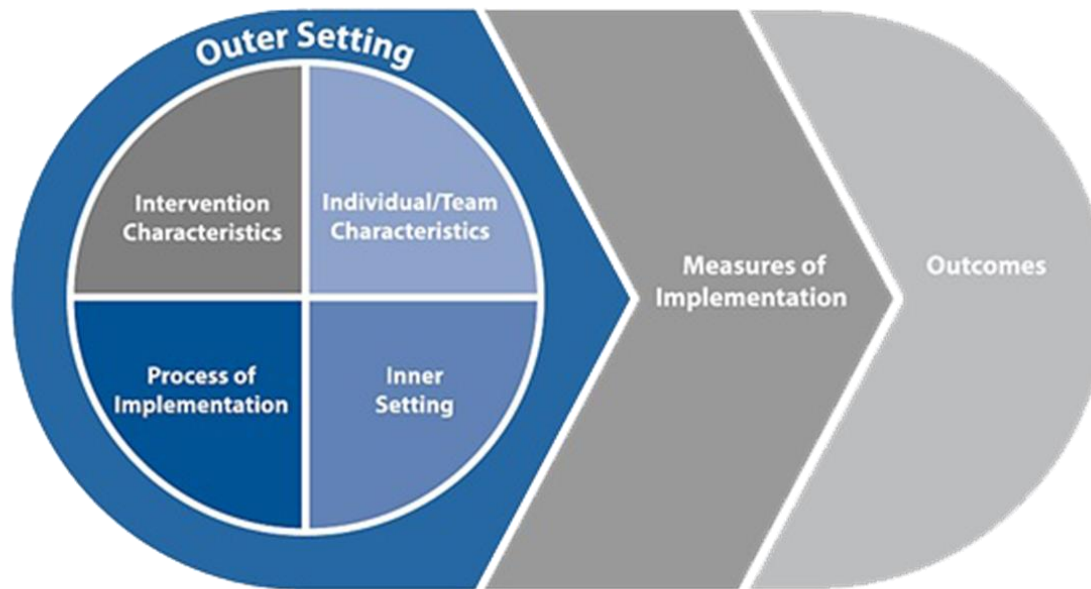
The Consolidated Framework for Implementation Research (CFIR)* organizes constructs associated with successful implementation:





“Frameworks are like toothbrushes. Everyone has one and nobody wants to use anybody else’s.”

The Consolidated Framework for Implementation Research (CFIR)* organizes constructs associated with successful implementation:

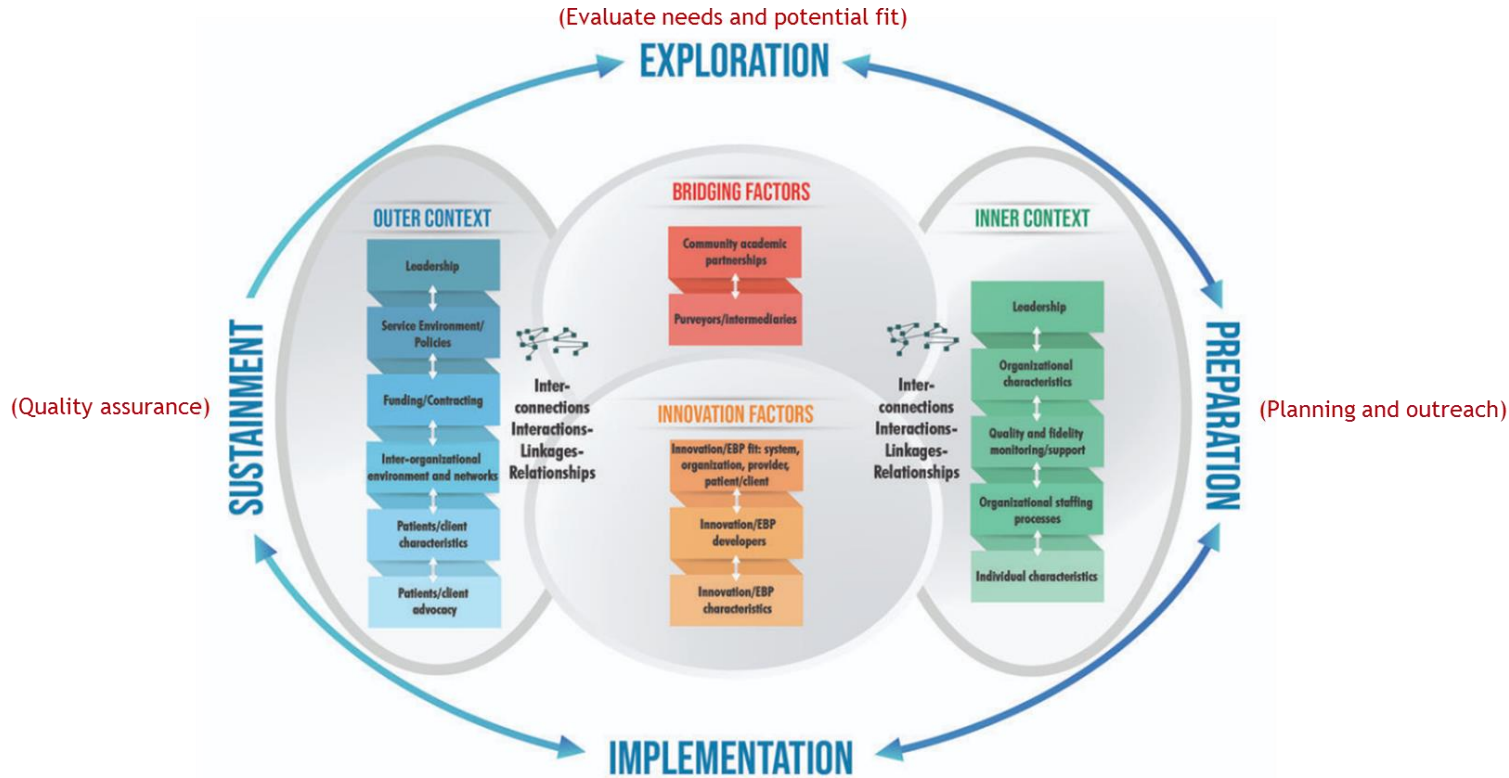


Implementation is influenced by numerous factors

Consolidated Framework for Implementation Research (CFIR):

- Outer setting
 - External policies, funding availability and rules
- Inner setting
 - Organizational culture, climate, readiness, supervision
- Intervention characteristics
 - Complexity, quality, adaptability
- Individual characteristics
 - Knowledge and beliefs, stage of change, self-efficacy
- Process
 - Implementation Planning, executing, evaluating

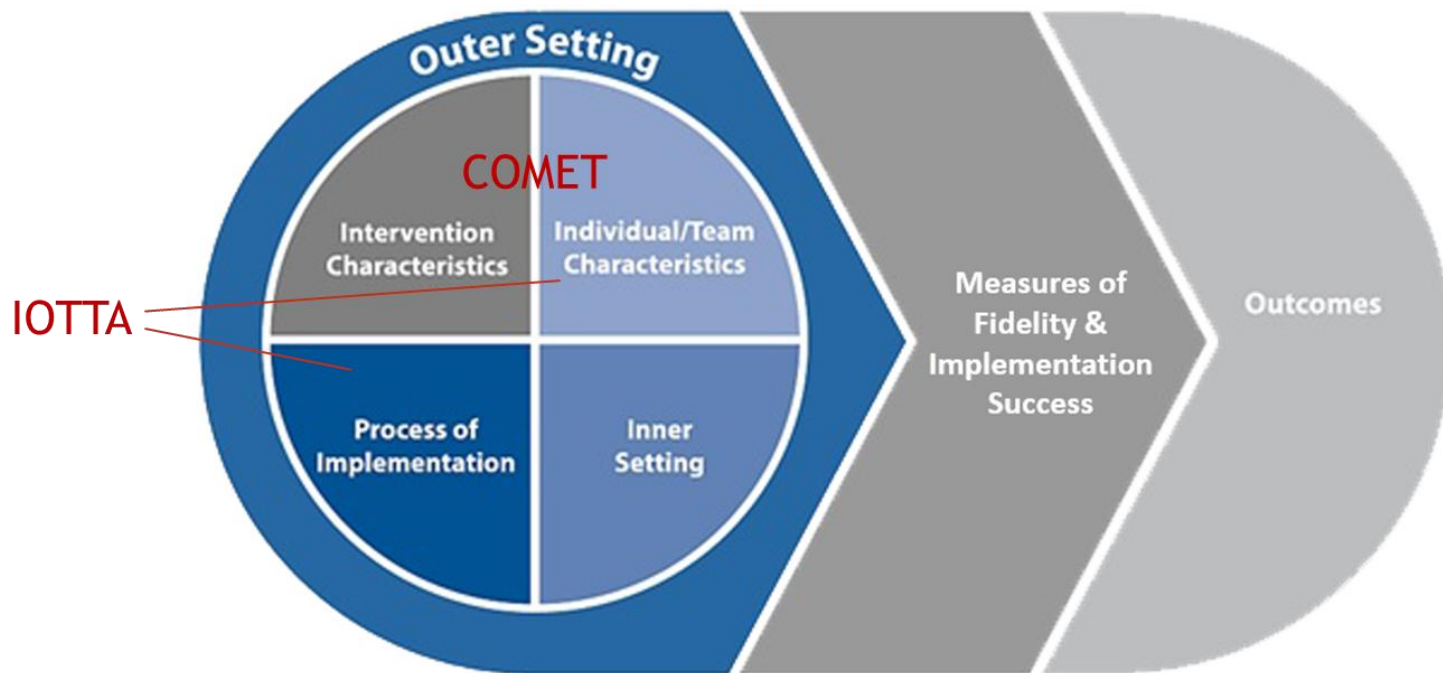
Exploration, Preparation, Implementation, Sustainment (EPIS)* Implementation Framework



*Moulin, Dickson, Stadnick, Rabin & Aarons, 2019

- Impact of Training and Technical Assistance (IOTTA)
 - Immediate post-event and follow-up for in-person events
 - Focuses on perceived quality of training, intended use (post-event), and actual use (follow-up)
- Coaching Observation Measure for Effective Teams (COMET)
 - Used by supervisors and coaches to assess wraparound practitioners' mastery of the skills necessary to ensure a high fidelity and quality wraparound process.
 - NWIC certified coaches train local coaches by both scoring COMET for the same practitioner and comparing their scores

Training And Coaching Tools




Fidelity Measurement: WFAS tools



A multi-method approach to assessing the quality and context of individualized care planning and management for children and youth with complex needs and their families


- **Interview:** Wraparound Fidelity Index, v. 4
- **Survey:** short form, WFI-EZ

WFI-EZ



- **Observation:** Team Observation Measure, Version 2.0

TOM 2.0




- **Chart Review:** Document Assessment and Review Tool, v.2

DART



- **Program & System Assessments:** Stakeholder Survey / Standards Assessment

CSWI/
WIPS



The Wraparound Fidelity Index Measure (WFI-EZ)

- **Youth Information/Demographics** –(Number of items vary) All Respondent Types
- **Section A: Wraparound Involvement** (4 items) – All Respondent Types
- **Section B: Key Elements of Wraparound** (25 items) – All Respondent Types
 - **Outcomes-based** (5 items)
 - **Effective teamwork** (5 items)
 - **Natural/Community Supports** (17 items)
 - **Needs-based** (5 items)
 - **Strength-and-family-driven** (5 items)
- **Section C: Satisfaction** (4 items) –Caregiver and Youth Respondents only
- **Section D: Outcomes** (9 items) –Caregiver and Facilitator Respondents only



The Team Observation Measure (TOM) 2.0

- **Full Meeting Attendance** (6 items)
- **Wraparound Key Elements** (25 items)
 - Effective Teamwork (5 items)
 - Driven by Strengths and Families (5 items)
 - Based on Priority Needs (5 items)
 - Use of Natural & Community Supports (5 items)
 - Outcomes-Based Process (5 items)
- **Skilled Facilitation** (5 items)

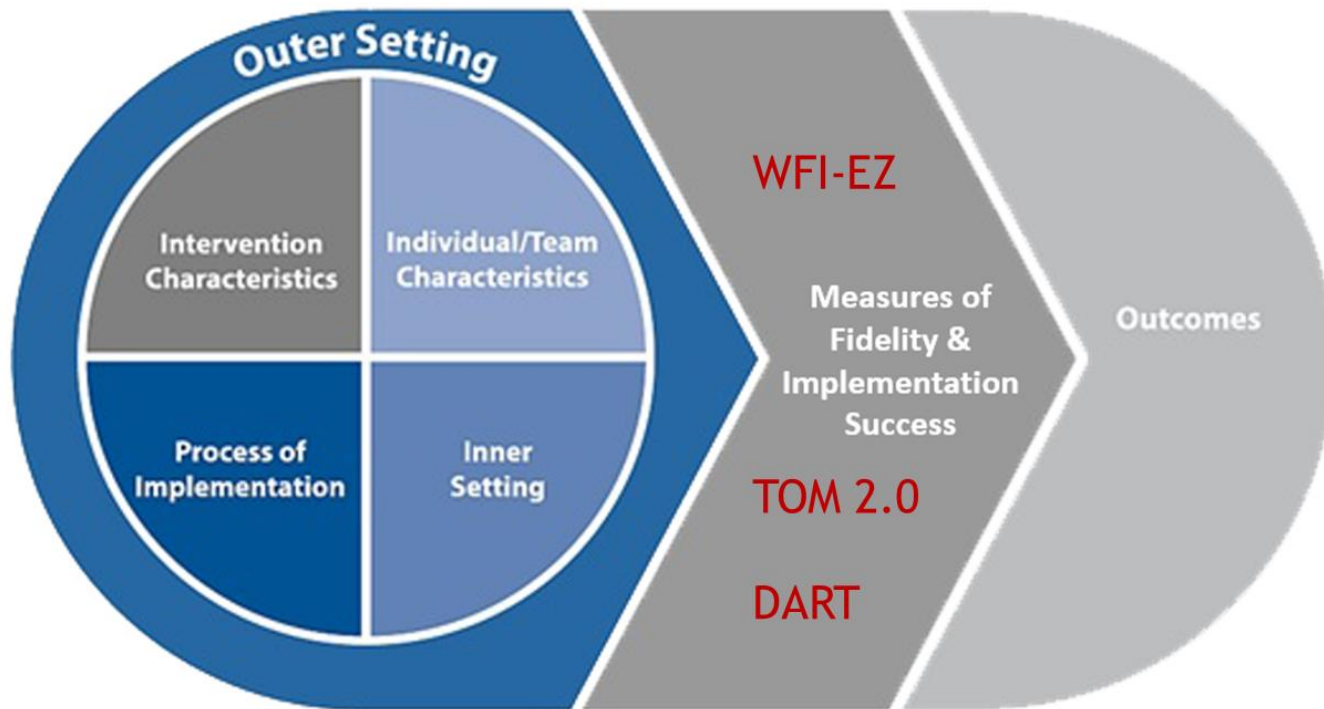


The Document Assessment and Review Tool (DART)

- **Timely Engagement** (7 items)
- **Wraparound Key Elements** (25 items)
 - Driven by Strengths and Families (8 items)
 - Natural & Community Supports (6 items)
 - Needs-Based (4 items)
 - Outcomes-Based Process (4 items)
- **Safety Planning** (3 items)
- **Crisis Response** (3 items)
- **Transition Planning** (5 items)
- **Outcomes** (7 items)



Fidelity Measurement: WFAS tools



NWIC Tools to Assess Context and Implementation Progress

- Completed through a survey process facilitated by an NWIC Coach.
- May require multiple sessions to gather the needed information.

Outer Context:	Wraparound Implementation Standards-System (WISS)
Inner Context:	Wraparound Implementation Standards-Program (WISP)
Implementation Progress:	Wraparound Stages of Implementation Completion (W-SIC)

Wraparound Implementation and Practice Quality Standards

Outcomes are highly dependent on program and system factors

- Eligibility (do we have the right population?)
- Funding (do we have the right rate?)
- Staffing ratios (e.g., 1 care coordinator to 10 youth; 1 Supervisor per 4 staff)
- Workforce development (hiring, training and skill development)
- System policies that create climates and cultures that support practice implementation efforts and providers

<http://www.nwi.pdx.edu/pdf/Wraparound-implementation-and-practice-quality-standards.pdf>

Wraparound Implementation and Practice Quality Standards

- Standards are grounded in a strong foundation of implementation science research and based on research evidence
- Across seven implementation related areas there are 43 indicators with definitions that can be used as a self assessment as well as monitoring of quality indicators throughout the implementation process.

Implementation Context - Tool Guides

WISS Guide (Outer/Systems Context)

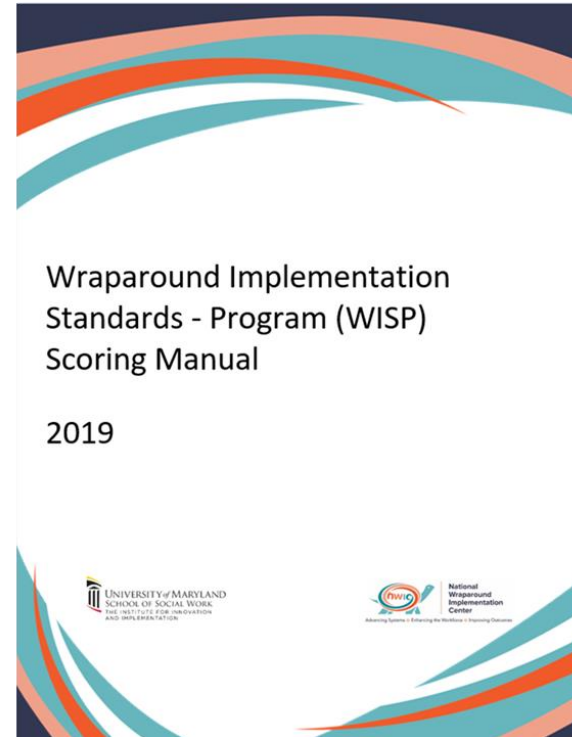


Wraparound Implementation Standards – System (WISS)
Scoring Manual



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WISP Guide (Inner/Organizational Context)



Wraparound Implementation
Standards - Program (WISP)
Scoring Manual

2019



Wraparound Implementation Standards-System (WISS)

Category	Pre-Implementation	Implementation (0-9 months)	Sustainability (10-18 months)
System's role	<p>Leadership: Executive leadership has designated appropriate staff with necessary authority to lead the cross-systems initiative and manage the implementation. (2A, 2C)</p> <p>System has developed an implementation readiness process that includes a clear system design, leveraging of existing reform or financing initiatives, and assessment of strengths and gaps in the current system of care. (5E-H)</p> <p>System leadership brings system child serving agencies, families and youth together regularly to collaboratively plan or govern SOC implementation. (5C & 5E)</p> <p>System establishes workforce development plan that ensures ongoing access to training and expert coaching (1D, 1F, 1G).</p> <p>System leadership develops a communications plan which includes internal messaging to promote engagement and support, and external messaging to engage stakeholders and outreach to families.(1A, 2B, 5B, 5E)</p>	<p>Leadership: System leadership is working to operationalize the system design, build needed infrastructure and establish financing mechanisms. (5B, 5E, 5F)</p> <p>System leadership is working to develop the service array and provider network to fill identified gaps in the system of care. (5H)</p> <p>System leadership is reviewing progress reports on wraparound implementation and addressing any identified system level barriers. (2A)</p> <p>System leadership has taken specific steps to translate the Wraparound philosophy into system level policies and practice guidance. (5E)</p> <p>System leadership addresses any barriers for the Wraparound Plan of Care (POC) to coordinate the work of all services and providers on behalf of a youth and family and ensure the Wraparound POC serves as the primary plan of care. (5D)</p> <p>System ensures workforce is being trained and coached around expected practice elements (1D, 1F, 1G).</p> <p>Internal agency staff receive regular communications from system leadership regarding progress of implementation and expectations. (1A, 2B)</p>	<p>Leadership: Infrastructure in place or design is being actively modified in partnership with stakeholders based on data and leadership identification of needed adjustments. (5B, 5E)</p> <p>Provider network and service capacity is regularly monitored and array of services and supports is on target for adequate development. (5H)</p>

Wraparound Implementation Standards-Program (WISP)

Category	Pre-Implementation	Implementation (0-9 months)	Sustainability (10-18 months)
Organization	<p>Leadership: Organization has identified an implementation team that includes executive leadership, mid management, supervisors and care coordinators (2B & 3E)</p> <p>Leadership brings community child serving agencies together in the beginning and at least twice a year to break down barriers to access services and foster on-going community development. (5B)</p> <p>Leadership proactively works to resolve problems that may arise as Wraparound implementation begins (2A)</p> <p>Feedback loops are established around system level change needs (3E)</p> <p>Enrollment & Engagement: Procedures and policies are in place to manage referrals after initial eligibility (5G)</p> <p>Demonstration of a process to support Medicaid application for eligible referrals (5F)</p>	<p>Leadership: Executive leadership, supervisors and care coordinators are routinely engaged in discussion around implementation (2B & 3E)</p> <p>The organization has taken specific steps to translate the Wraparound philosophy into policies, practice elements and achievements and agency staff are informed of Wraparound practice expectations (5E)</p> <p>Leadership recognizes a Wraparound plan of care (POC) structures and coordinates the work of all services and providers on behalf of a youth and family and has made steps to ensure the Wraparound POC serves as the primary plan of care (5D)</p> <p>Leadership takes an active role in planning for quality installation of Wraparound by effectively addressing barriers as they come up during Wraparound implementation (2C)</p> <p>Appropriate Population Youth & families enrolled meet all criteria of medical necessity and complex behavioral needs for Wraparound (5A)</p> <p>Accountability Mechanisms: Processes in place to track child-level outcomes for all youth in Wraparound (4A & 4D)</p> <p>Processes in place to share data elements and progress toward successful implementation (4A, 4B, and 4D)</p>	<p>Leadership: Clear and transparent procedures for decision making exist across the organization and leadership routinely involve supervisors and care coordinators in building consensus in decision making (2B & 3E)</p> <p>Supervisors and the wider organizational leadership provide well-defined performance goals, while ensuring staff have the tools and flexible policies to meet these expectations (2A)</p> <p>Accountability Mechanisms: An accountable Continuous Quality Improvement (CQI) infrastructure exists between implementation team, quality assurance, and executive Leadership (e.g. mechanisms to monitor fidelity, service quality & outcomes and to assess the quality and development of Wraparound) is established (3E, 4A & 5I)</p>

Implementation Progress Measures

► ***Are we set up for success?***

(Pre-implementation Stage)

► ***Are we addressing barriers, establishing clear expectations, and providing support?***

(Implementation Stage)

► ***Are we ensuring all the good work maintains by making sure CQI is solidly in place?***

(Sustainability Phase)

WISP_Spreadsheet - Saved to OneDrive

Developer Page Layout Formulas Data Review View Help ACROBAT

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	Pre-Implementation Stage	Implementation Stage	Sustainability Stage	
	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	
als	0%	0%		
ational	0%	0%	0%	
Supervision	0%	0%	0%	
Coordination	0%	0%	0%	
Y	-	0%	0%	
ts	-	0%	0%	
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ability Stage_Worksheet Sustainability Stage_Report Cumulative Report

Stages of Implementation Completion (SIC)

	8 Stages:	Involvement:
Pre-implementation	<ol style="list-style-type: none">1. Engagement2. Consideration of Feasibility3. Readiness Planning	<p>System Leader</p> <p>System Leader, Agency</p> <p>System Leader, Agency</p>
Implementation	<ol style="list-style-type: none">4. Staff Hired and Trained5. Fidelity Monitoring Established6. Services and Consultation7. Ongoing Services, Consultation, Fidelity, Feedback	<p>Agency, Practitioner</p> <p>Practitioner, Client</p> <p>Practitioner, Client</p> <p>Practitioner, Client</p>
Sustainment	<ol style="list-style-type: none">8. Competency (certification)	<p>System Leader, Agency, Practitioner, Client</p>

Stages of Implementation Completion (SIC)

Scores:

► Duration:

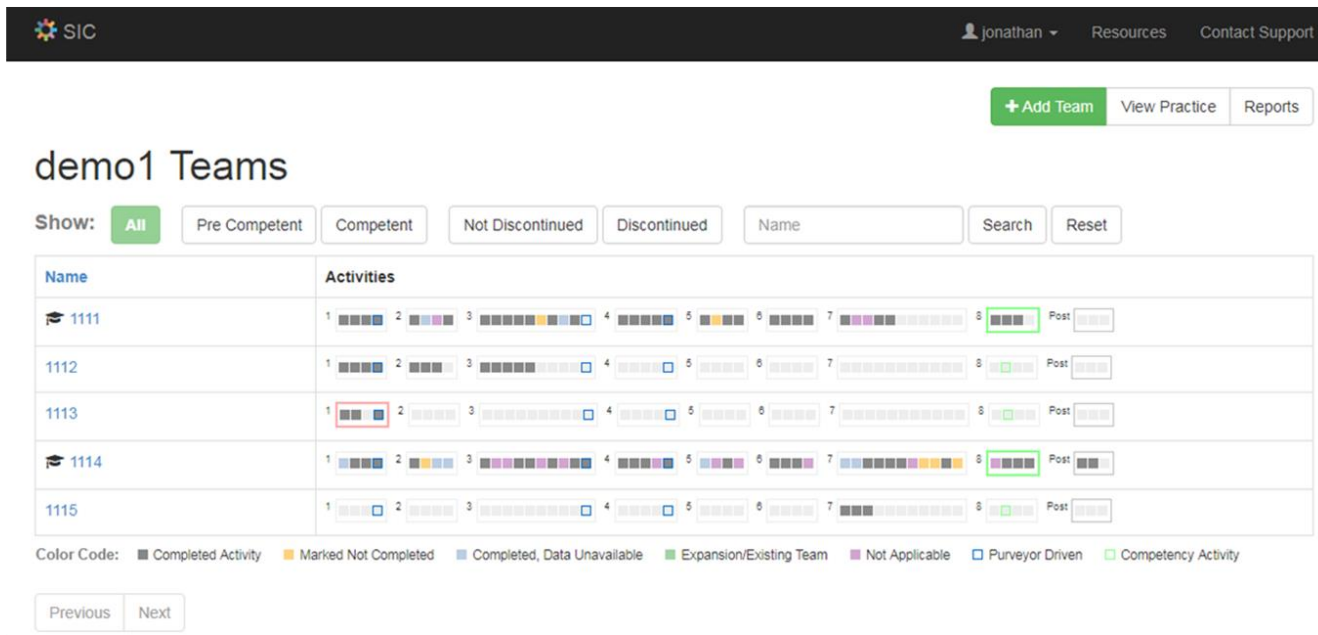
- Time spend in each stage

► Proportion

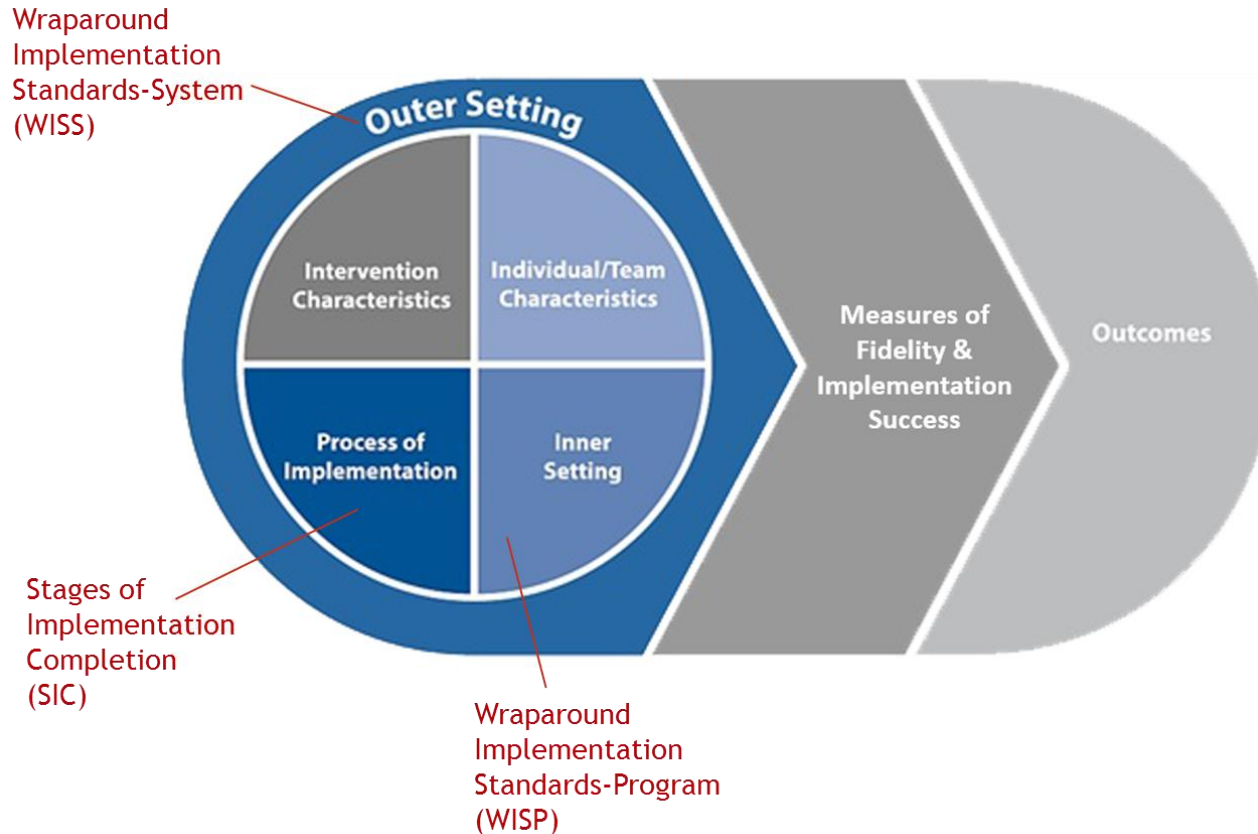
- Proportion of activities completed within each stage

► Stage Score

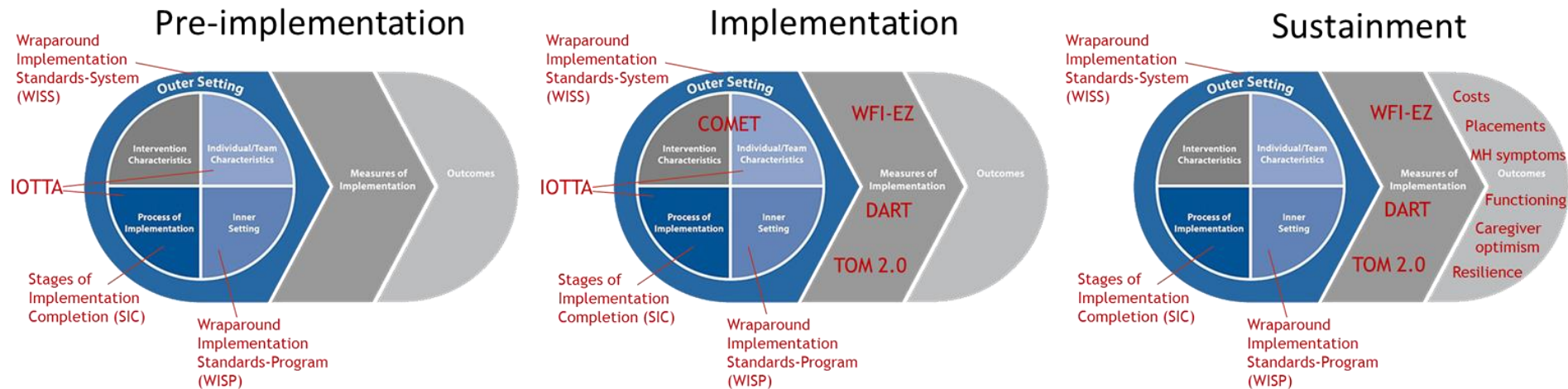
- Number of stages completed



Implementation Measures

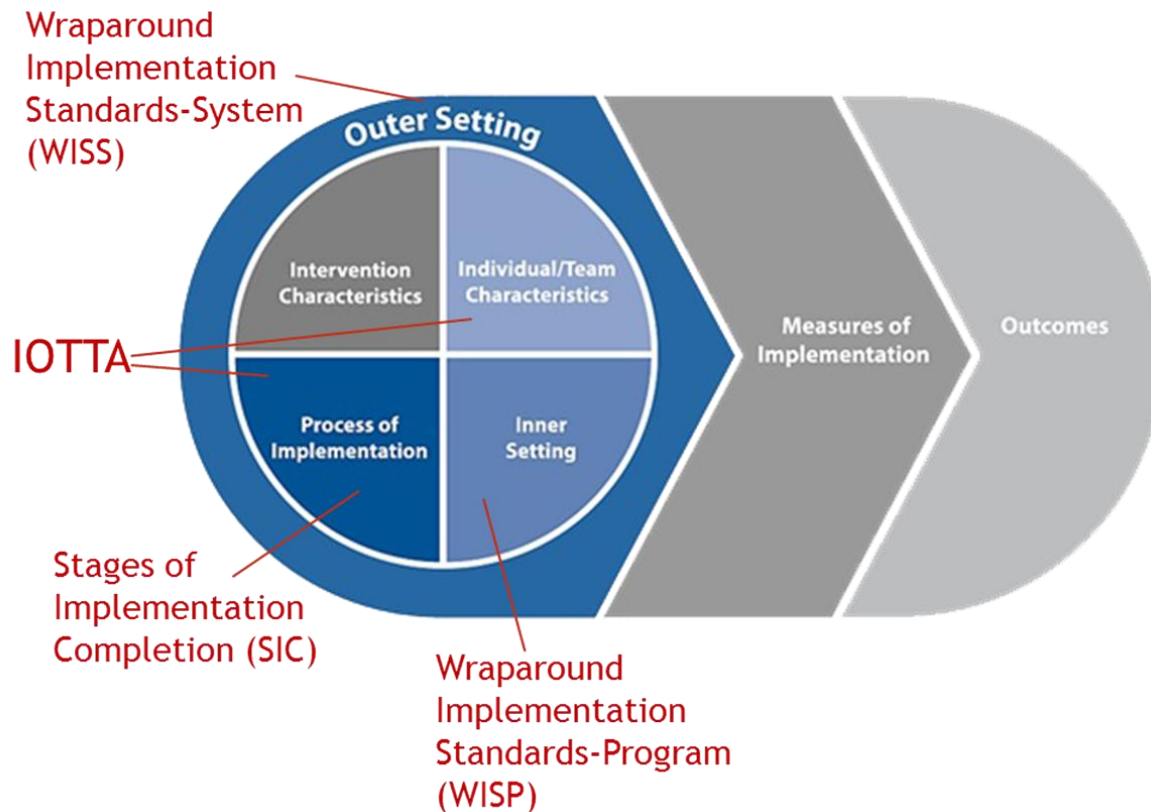


Tying it all together: CFIR Model & Stages of Implementation

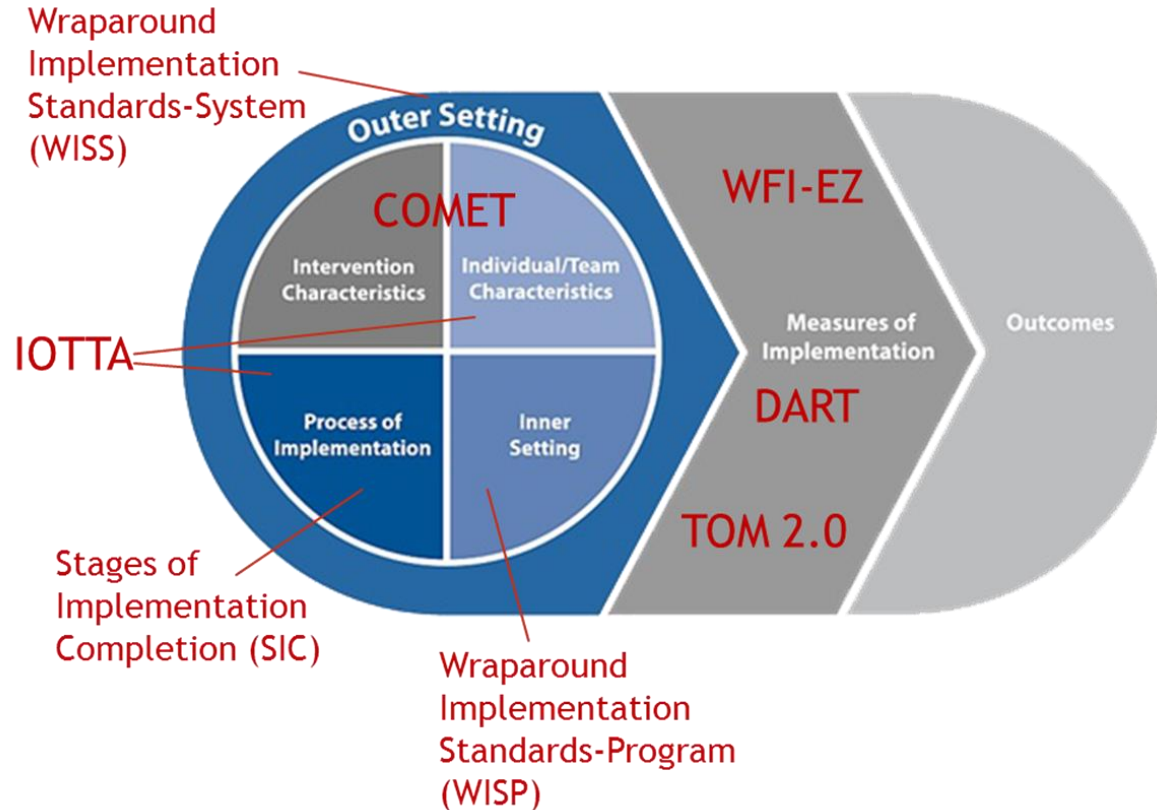


- Some of the measures are present throughout all three phases and others only one or two.
- Furthermore, the frequency and way in which a measure should be used may vary depending on the implementation phase.

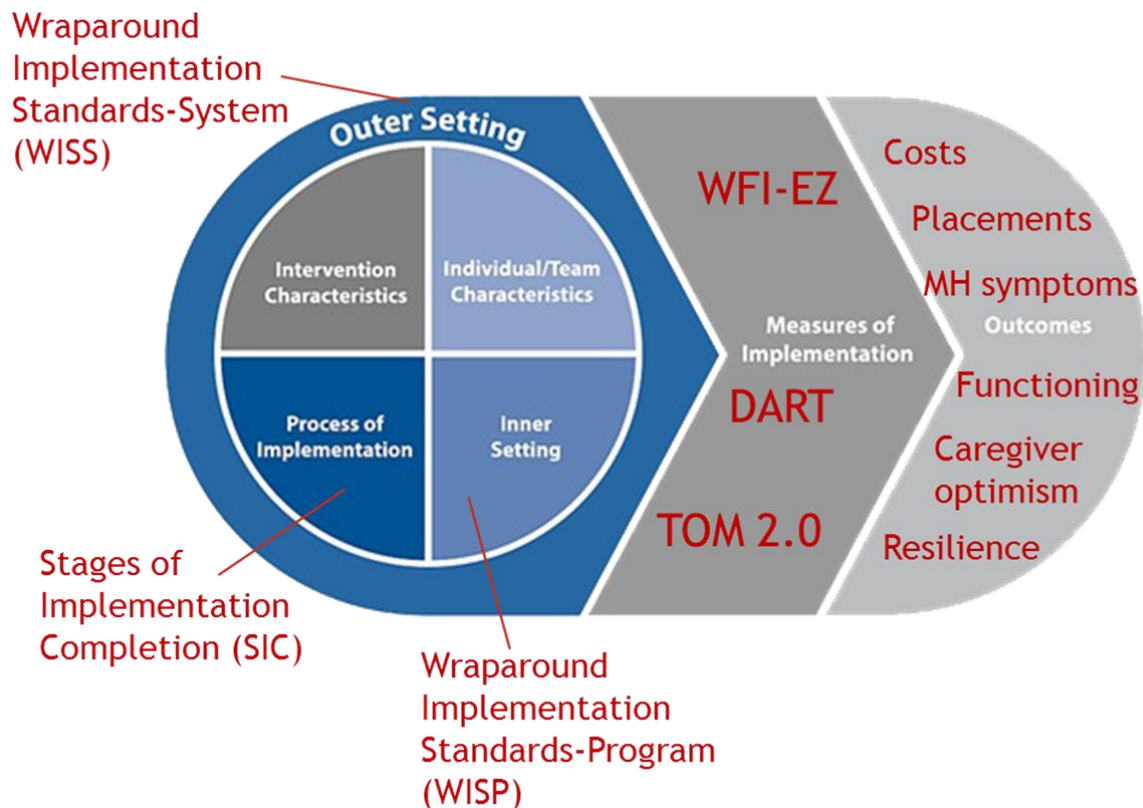
CFIR Model & Stages of Implementation: Pre-implementation



CFIR Model & Stages of Implementation: Implementation



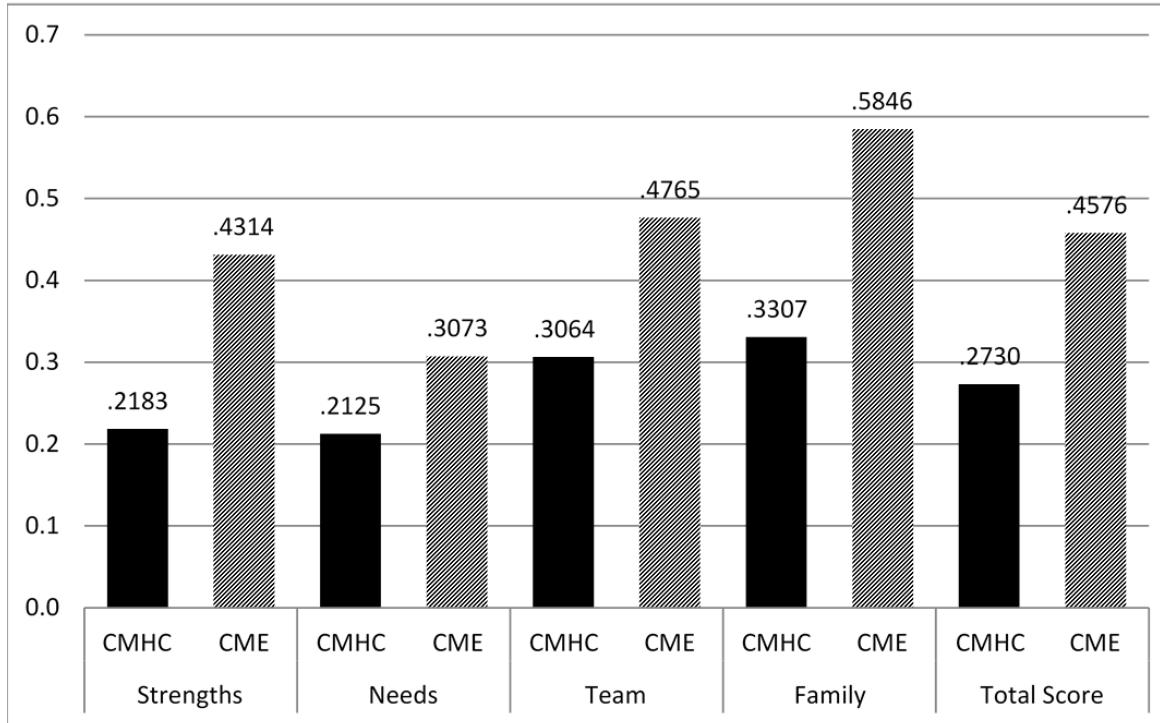
CFIR Model & Stages of Implementation: Sustainment



So how does this all apply to real life Wraparound implementation efforts around the country?

One of our studies showed that COMET fidelity scores may be influenced by the “outer setting”

Figure 1. Mean COMET scores by administrative structure



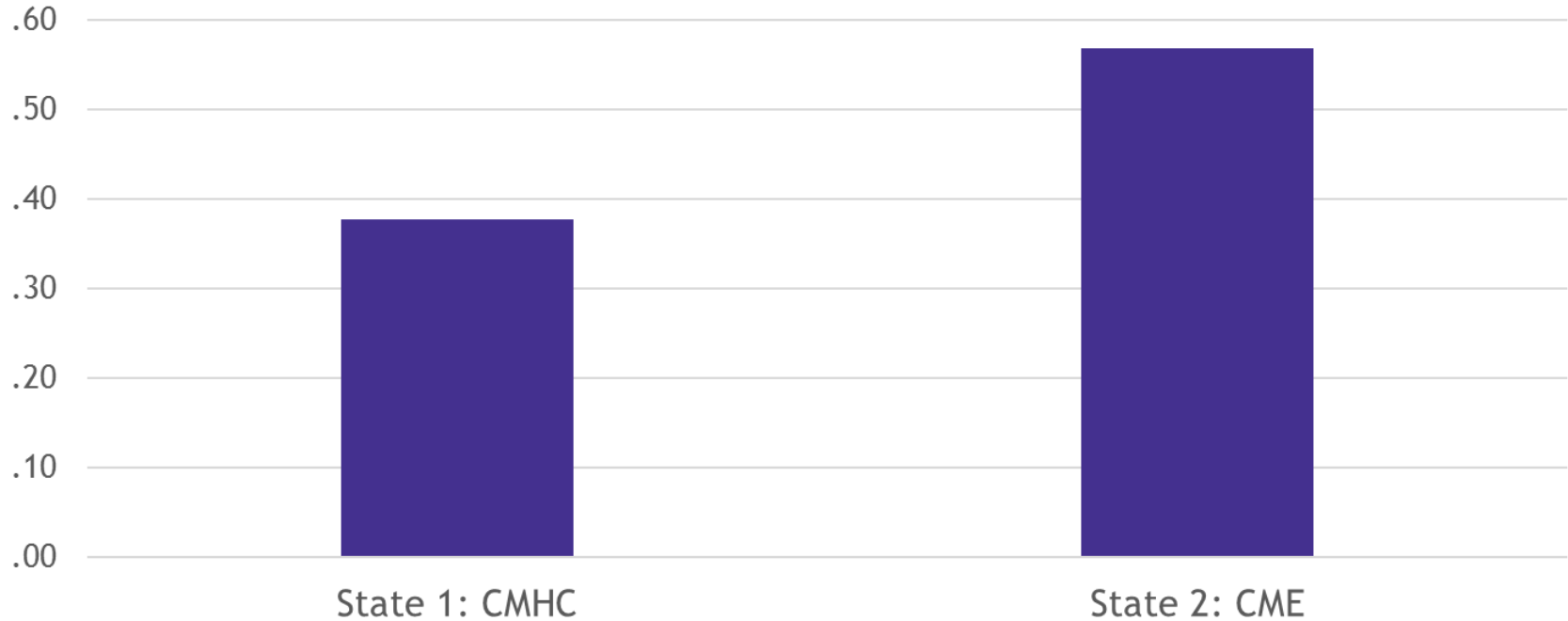
We can use a measure of implementation processes like the SIC to understand how outer settings might influence fidelity

Stage	Variable	Months in each stage	
		CMHC	CME
1	Engagement	<1	<1
2	Feasibility Assessment	1	<1
3	Readiness Planning	27	6
4	Hiring and Training	48	5
5	Fidelity Monitoring Established	17	3
6	Program Start-Up	9	5
7	Ongoing Service Delivery	79	3
8	Demonstration of Competency	29	6

SIC data from two example states show less time to completion in the CME state

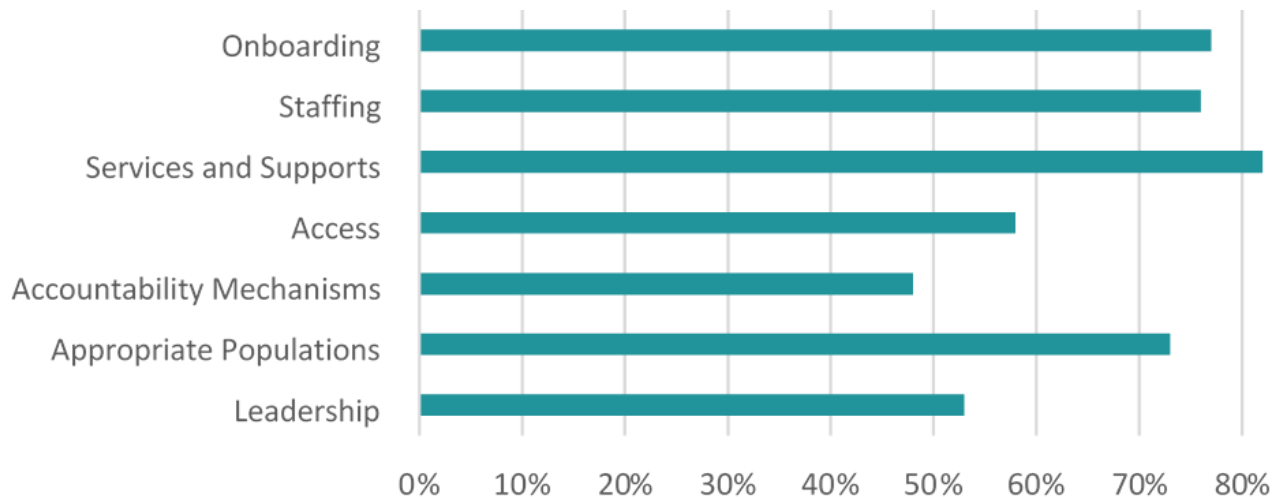
The CME state that had lower “time to completion” scores on the SIC had higher fidelity scores on the COMET

COMET Data: Mean Total Wraparound Fidelity Scores by State



Next, we can use WISP data to understand the reasons behind SIC and COMET scores in the CMHC state

- Here are “inner setting,” organization-level data (WISP) for the CMHC state:



- We see that the Accountability and Leadership scores are rather low

ORGANIZATIONAL	Notes/ Justification		
Leadership:			
Executive leadership, supervisors and Care Coordinators are routinely engaged in discussion around implementation (2B & 3E)	0	0%	No current structure for ongoing implementation team.
The organization has taken specific steps to translate the Wraparound philosophy into policies, practice elements and achievements and agency staff are informed of Wraparound practice expectations (5E)	1	50%	Dan will look and provide what policies are in place.
Leadership recognizes a Wraparound Plan of Care (POC) structures and coordinates the work of all services and providers on behalf of a youth and family and has made steps to ensure the Wraparound POC serves as the primary plan of care (5D)	1	50%	
Leadership takes an active role in planning for quality installation of Wraparound by effectively addressing barriers as they come up during Wraparound implementation (2C)	1	50%	Steps being taken to overcome implementation barriers, but in early stages. Including county leadership in meetings to review barriers, but no official plan in place to address barriers.
Total for Sub-Section		38%	
Appropriate Population			
Youth & families enrolled meet all criteria of medical necessity and complex behavioral needs for Wraparound (5A)	2	100%	Yes, determined by CANS.
Total for Sub-Section		100%	
Accountability Mechanisms:			
Processes in place to track child-level outcomes for all youth in Wraparound (4A & 4D)	2	100%	Spreadsheet to track outcomes for all youth in Wraparound.
Processes in place to share data elements and progress toward successful implementation (4B)	0	0%	
Electronic Health Record built or modified to support quality implementation of Wraparound (4A)	0	0%	Nothing modified in the EMR.
Size of the child and family team is tracked and includes more than the care coordinator and family (service providers on POC and at least one informal support should be present) (F3)	1	50%	Completed month by month, but not tracked per WF or caseload.
Critical incident reports are tracked and reviewed (5H)	0	0%	Each WF tracks responses on their own.
Recidivism in any service is tracked and reported (F8)	0	0%	
Child serving agency involvement (JJ and CW) are reported (5I)	0	0%	
Total for Sub-Section		21%	

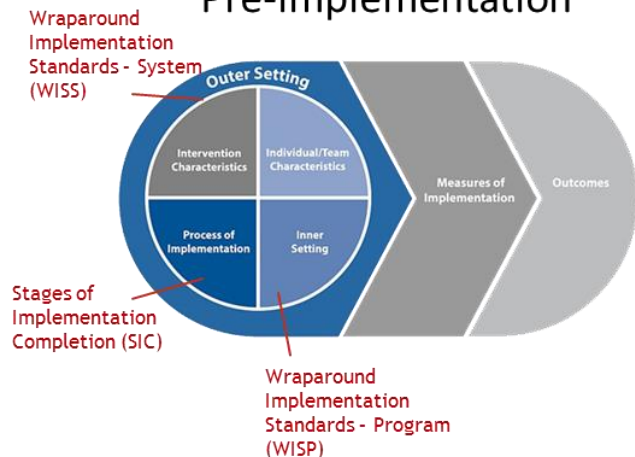
- Item-level results for Leadership and Accountability show specific organizational practices that are missing
- This sets the stage for individualized coaching and improvements in implementation practices

How might this case study apply more broadly?

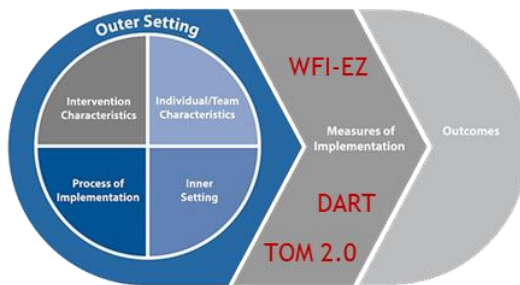
- This case study shows how we can use implementation process data (SIC) to understand variations in fidelity scores (COMET)
- It also shows that we can use measures of the inner setting (WISP) to identify areas in need of coaching support
- We can follow a similar process to examine relations among training data (IOTTA), outer settings (WISS), other aspects of fidelity (WFI-EZ, DART, TOM) and ultimately youth and family outcomes

The specific measures we use to answer our questions will vary across stages of implementation:

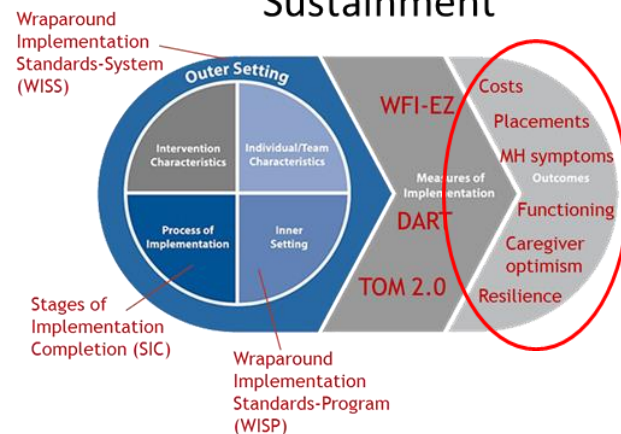
Pre-implementation



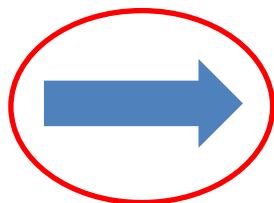
Implementation



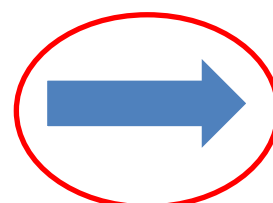
Sustainment



Implementation
Measures



Fidelity
Measures



Outcome
Measures

Handout: Implementation Measures

WERT/NWIC Tools & Implementation Phases - Draft 1.21.20

	NWIC Site?	Phase 1 Pre-Implementation	Phase 2 Implementation	Phase 3 Sustainment
Implementation Support / Workforce Development	NWIC	Sites use NWIC hiring guide and train staff using NWIC resources. <i>IOTTA – measures impact of trainings for cc's/sups</i> <i>W-SIC – continuous</i>	<i>COMET – coaching existing care coordinators (CC)/train local coaches to become certified</i> <i>IOTTA – measures impact of trainings for CC's/sups.</i> <i>W-SIC – continuous</i> <i>STEPS, CREST, SAS & CUBE – for supervisors</i>	Local coaches maintain NWIC certification and use NWIC tools in local training and coaching (potentially COMET/IOTTA). <i>W-SIC – until completed</i>
	Non-NWIC	No tool – just a tip: Find training, coaching and supervision support through another entity or develop your own – based on Wraparound Principals and key elements. Need some sort of standardized system.	Continue to train, coach and supervise as needed	Continue to train, coach and supervise staff
Environment (inner & outer settings)	NWIC	<i>WISS – baseline – 2 quarters</i> <i>WISP – baseline – 2 quarters</i>	<i>WISS – Quarterly</i> <i>WISP – Quarterly</i>	<i>WISS – quarterly and then move to Annually</i> <i>WISP – quarterly then move to Annually</i>
	Non-NWIC	Choose to: Use a WERT resource: <ul style="list-style-type: none"> WIPS Tool WrapSTAR Process Or - Self-administer <i>WISS/WISP</i> –freely avail. Or - Develop own assessment using: <ul style="list-style-type: none"> Wraparound Practice Standards 	Whatever route is chosen – we recommend re-assessing supportiveness of program and state environment and continuing to make needed changes – at least once a year	Same as in Phase 2
Program Fidelity	NWIC	Prepare for administering Fidelity assessments: <ul style="list-style-type: none"> Identify assessments will use – we recommend at least using both the WFI-EZ and DART 1.0 Train staff on administration& data collection Determine sampling plan Prepare scripts and protocols, incentives etc. 	If a small program (<25) administer to all youth, otherwise administer to a random sample of youth. <i>WFI-EZ – (administered at 3-9 months in Wraparound)</i> <i>DART 1.0 – (ideally administered at post discharge)</i> <i>(NOTE: TOM 2.0 not recommended since will have more detailed COMET data which can be used for essentially the same purposes)</i>	Annually? <i>WFI-EZ – assess team members' satisfact. w/ process</i> <i>TOM2.0 – If no longer using COMET</i> DART 1.0 – to ensure needed documentation is occurring and program is maintaining or improving its fidelity
	Non-NWIC	Choose to: License and use WERT Tool(s) <ul style="list-style-type: none"> WFI-EZ TOM 2.0 and/or DART 1.0 Or use other Fidelity tools out there?? (Vroom?) Or develop own assessment using: <ul style="list-style-type: none"> Wraparound Practice Standards 	If use WERT Tools – process is same as above. Recommend using one or more of the following: WFI-EZ DART 1.0 TOM 2.0 - (administered at 3-4 months)	If using WERT – process is same as above.

Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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