National Wraparound Implementation Center

Advancing Systems Enhancing the Workforce Improving Outcomes

national wraparound initiative

How do Program and System Factors Influence Wraparound Implementation, Fidelity, and Sustainment?

Jonathan R. Olson, Alya Azman, and Eric J. Bruns

University of Washington and National Wraparound Implementation Center

Kim Estep and Kim Coviello

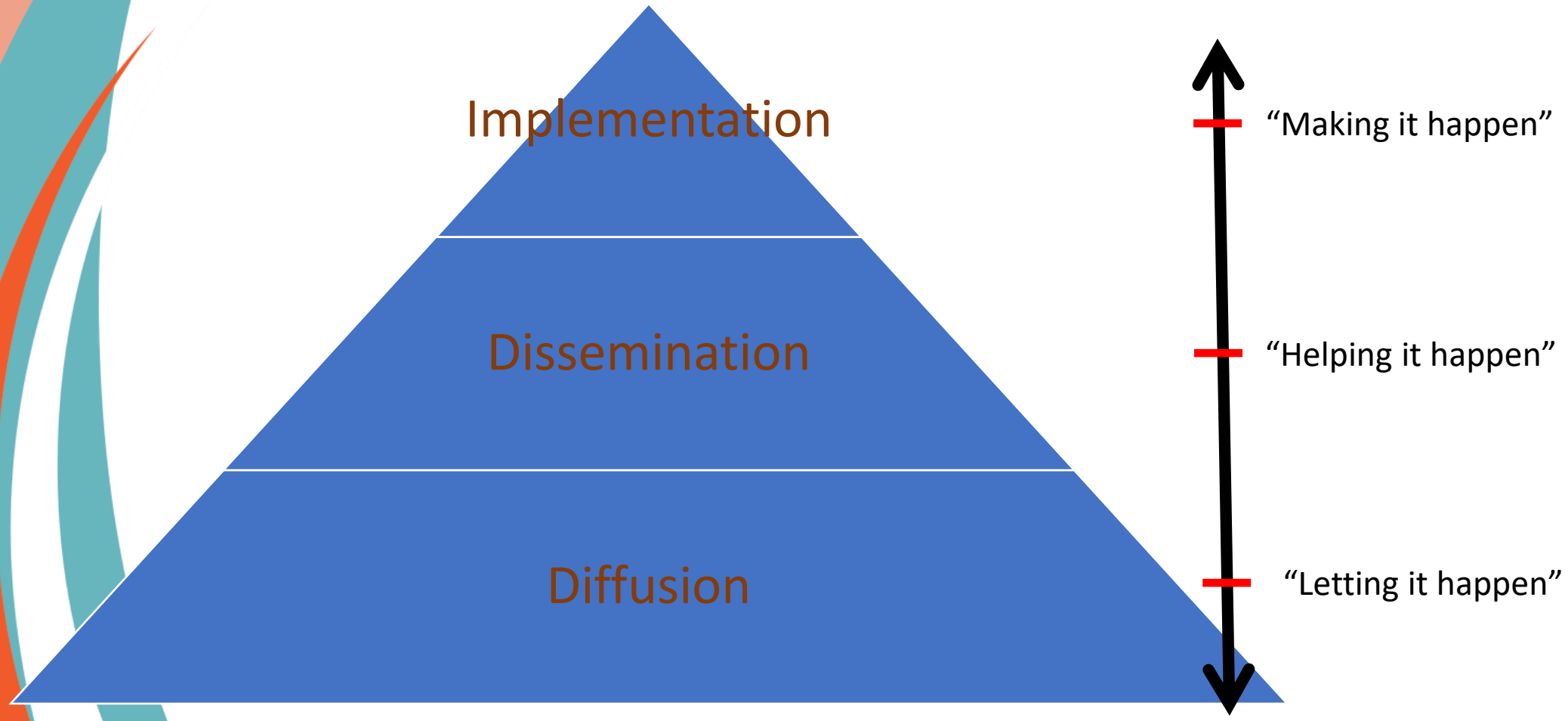
University of Maryland, Baltimore, and National Wraparound Implementation Center

University of Maryland School of Social Work
The Institute for Innovation & Implementation

Portland State University

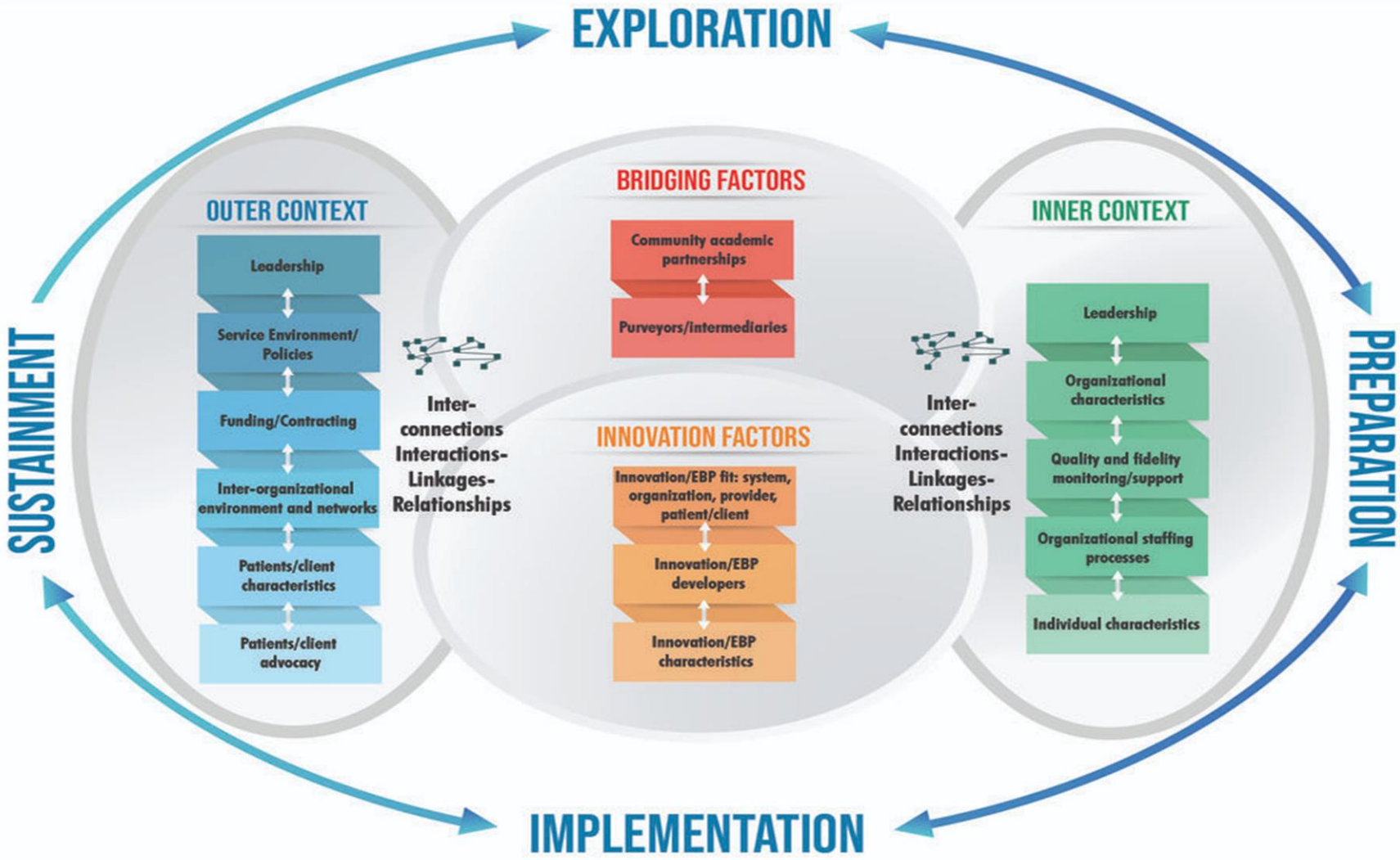
UW Medicine School of Medicine

Doing Whatever It Takes to "Make It Happen"

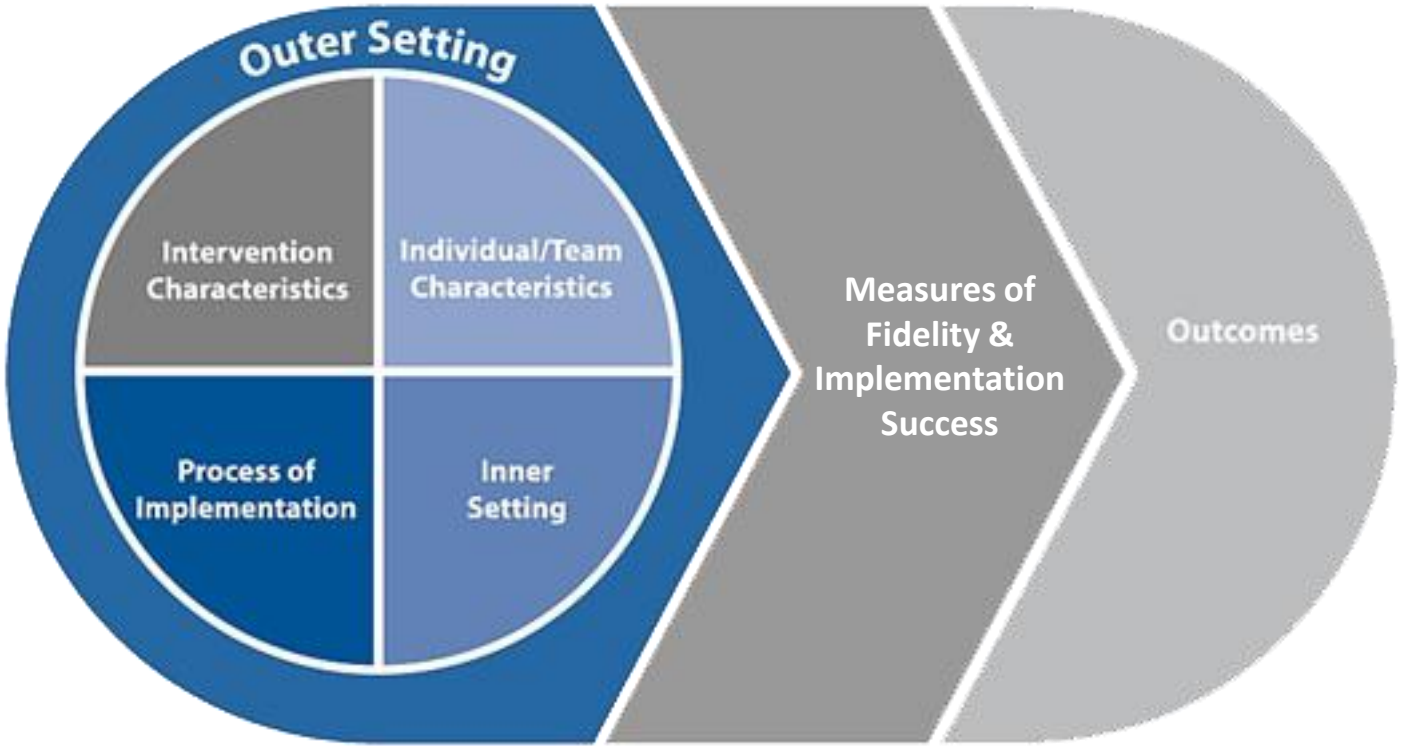


(Greenhalgh et al., 2004; Lomas, 1993)

Wraparound implementation depends on installing necessary supports across inner and outer settings



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



To What Do We Need to Attend In Order to "Make It Happen"?

NWIC/NWI Measures

- Outer setting (Systems/States) — **WISS, CSWI**
  - External policies, funding availability and rules
- Inner setting (Orgs./Programs) — **WISP, CREST**
  - Organizational culture, climate, readiness, supervision
- Intervention characteristics — **IOTTA**
  - Complexity, quality, adaptability
- Individual characteristics — **COMET**
  - Knowledge and beliefs, stage of change, self-efficacy
- Process — **SIC**
  - Implementation Planning, executing, evaluating
- Implementation Success and Outcomes — **WFI-EZ, TOM, DART WrapStat**
  - Fidelity, Satisfaction, Child/family wellness, Placements

Focus on Systems and Programs: Different States Have Different Approaches

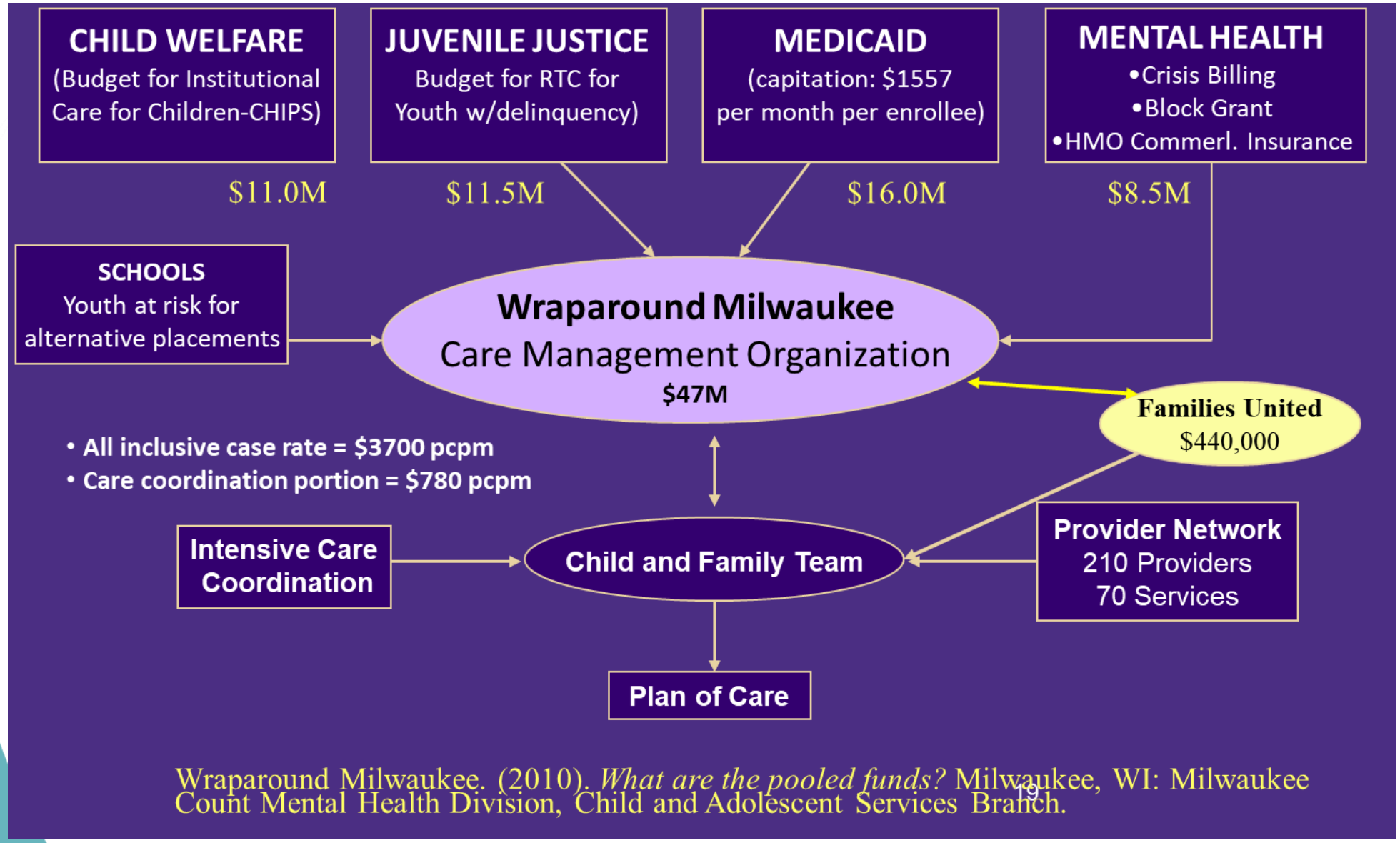
Care Management Entities (CMEs):

- Non-profit organizations or public agencies
- Serve as centralized “locus of accountability” for defined populations of youth with complex needs
- Contract with and manage provider networks
- Training, coaching, and supervision for CME staff and practitioners in the service array
- Convening of funders, system partners, stakeholders, advocates
- Supervisory support around one practice model

Community Mental Health Centers (CMHCs):

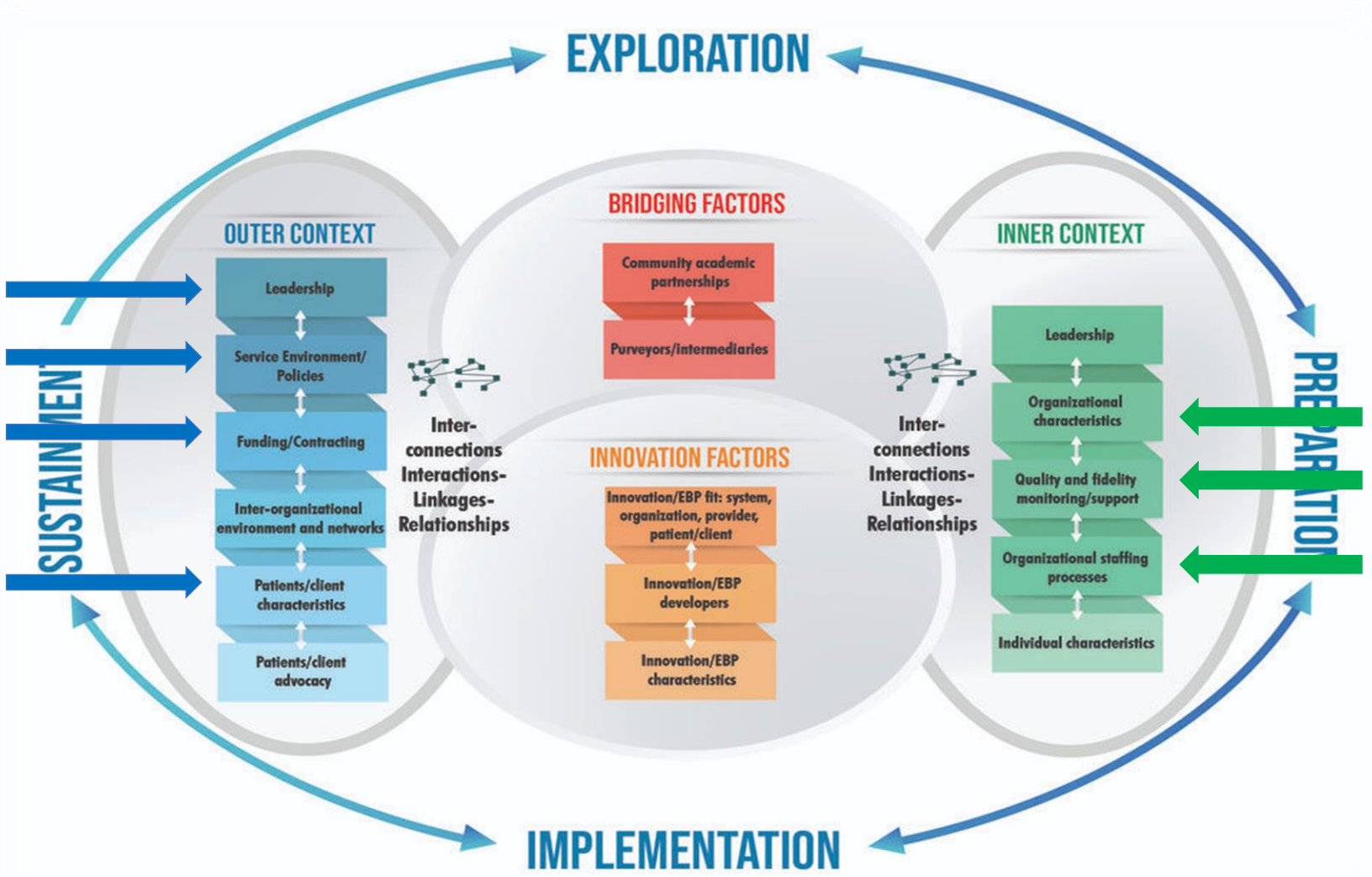
- Typically outpatient MH providers
- Non-profit or government entities
- Provide an array of mental health services
- No specialized unit for Care coordination – staff may “do it all”
- Usually use fee for service approach

Depiction of how a CME structure supports Wraparound implementation from Milwaukee County, WI



Wraparound Milwaukee. (2010). *What are the pooled funds?* Milwaukee, WI: Milwaukee Count Mental Health Division, Child and Adolescent Services Branch.

Use of CMEs provides for an array of outer setting and inner setting implementation strategies



Our research examined how system/program structures influence Wraparound implementation

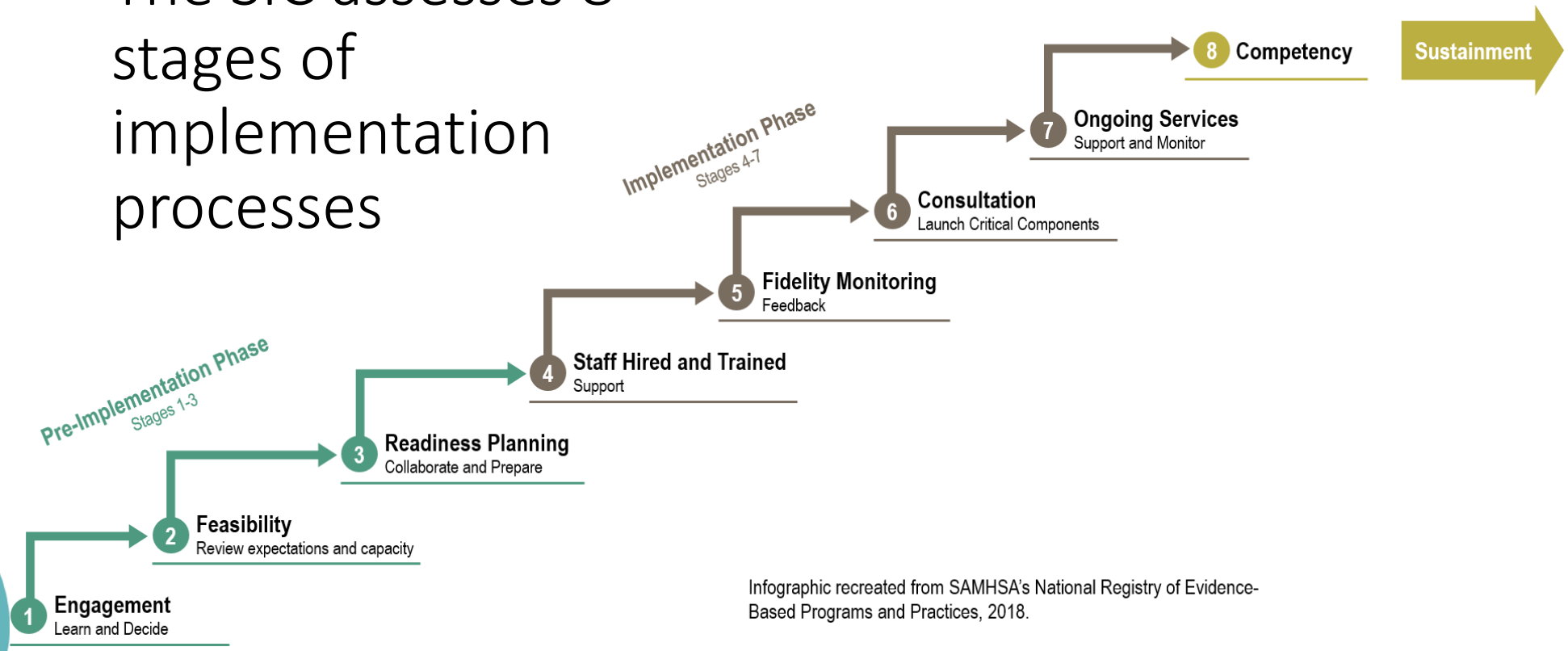
Hypotheses:

1. Compared to CMHC states, those with a CME structure will implement Wraparound:
   a. More completely
   b. Faster
   c. With more fidelity
2. Implementation duration will be higher for Wraparound compared to other manualized EBPs
3. Training outcomes will be more positive among CME states

Measures

1. Implementation progress:
   - Adapted Universal Stages of Implementation Completion (SIC; Saldana et al., 2012; 2020)
   - Data drawn from 8 states (4 CME, 4 CMHC)
2. Implementation fidelity:
   - Coaching Measure for Effective Teams (COMET; Hensley et al., 2015)
   - Data drawn from 9 states (5 CME, 4 CMHC)
3. Training impact:
   - Impact of Training and Technical Assistance (IOTTA) measure (Coldiron et al., 2015; Walker & Bruns, n.d.)
   - Data drawn from 8 states (4 CME, 4 CMHC)

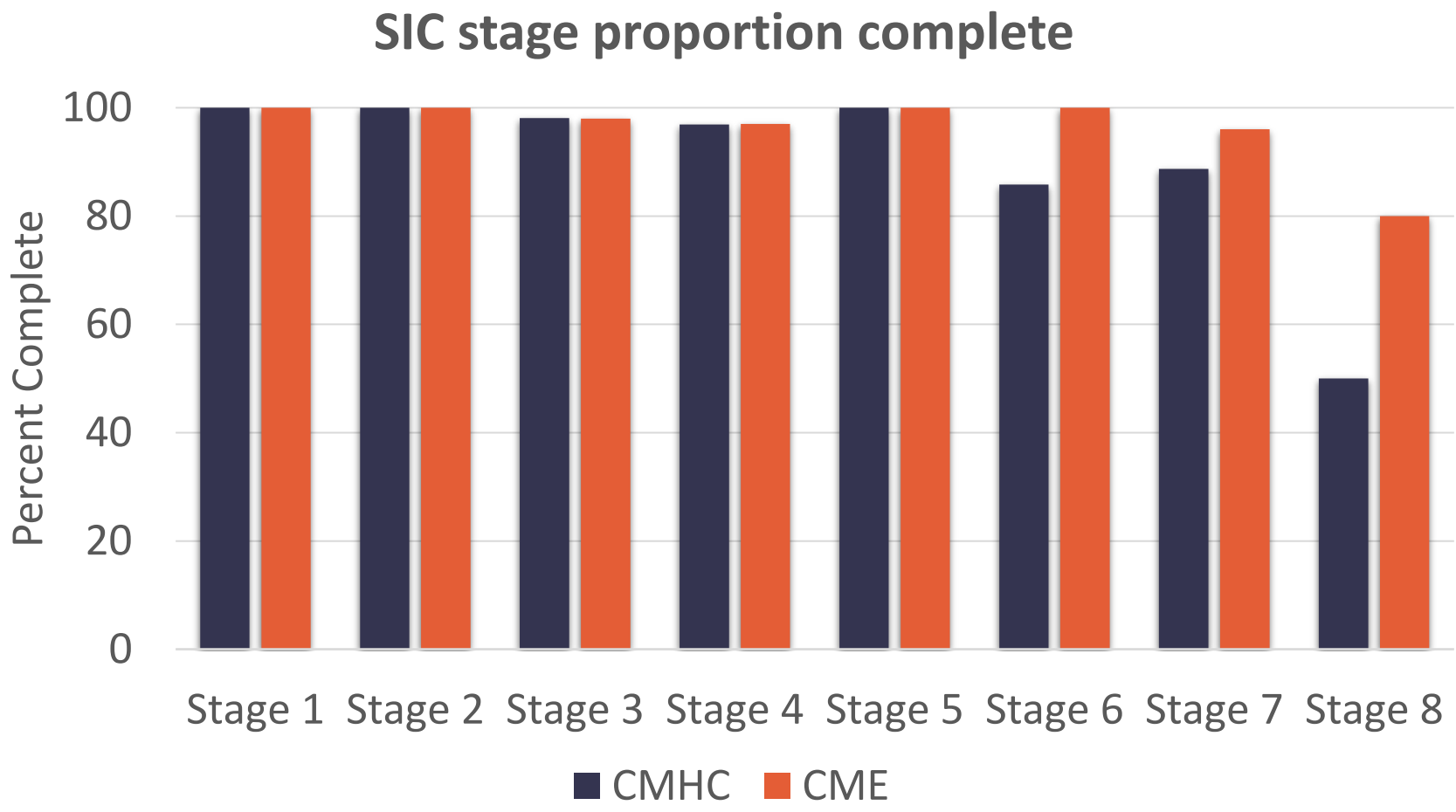
The SIC assesses 8 stages of implementation processes



Infographic recreated from SAMHSA's National Registry of Evidence-Based Programs and Practices, 2018.

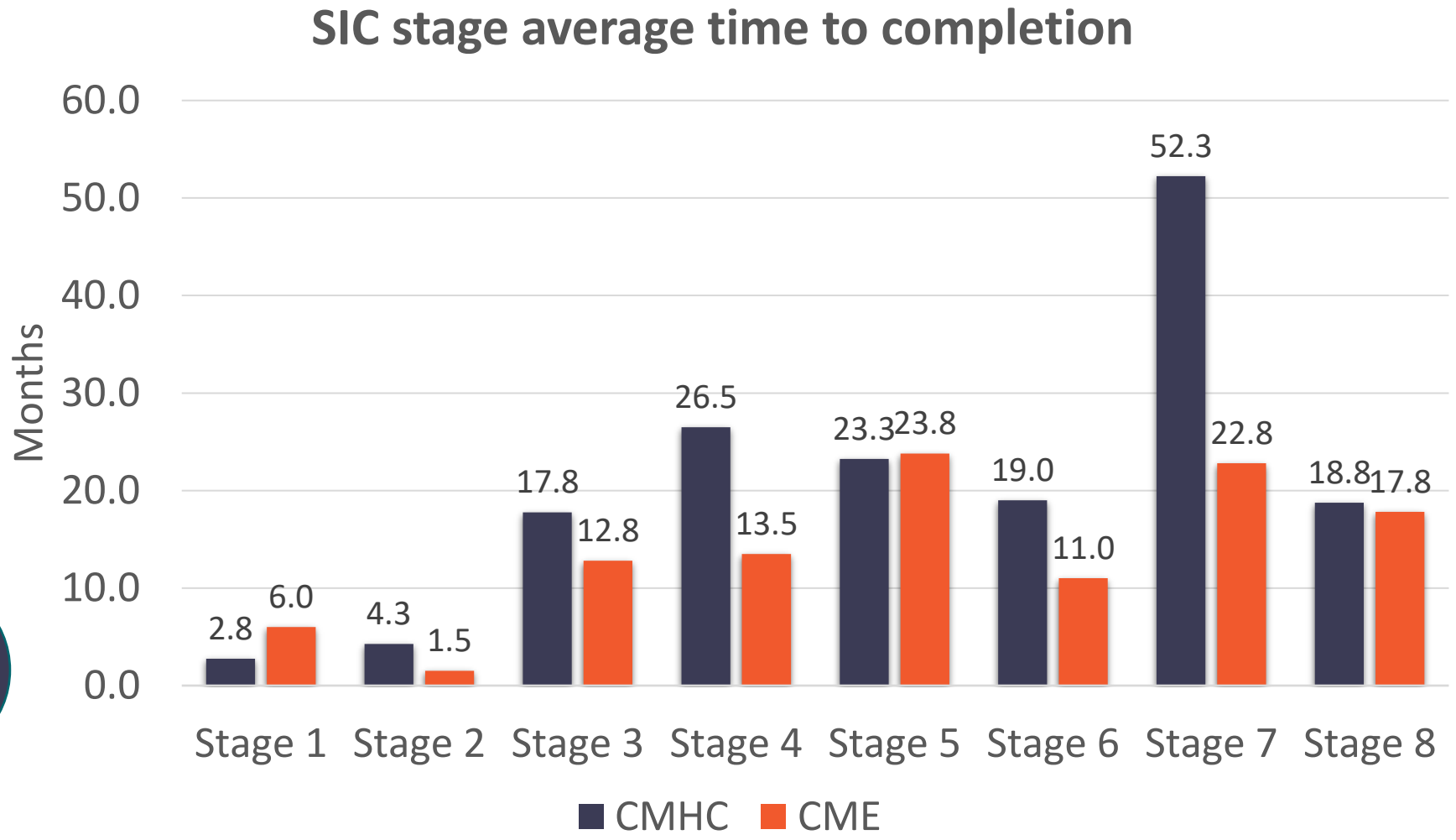
Results:

Although both CME and CMHC states completed early stages, CME states completed more tasks in the later implementation stages



Results:

Stage-level data suggest stage 4 (staff onboarding and training) and stage 7 (supporting ongoing services) were particularly challenging for CMHC states



Item level statistics help identify where slowdowns occur: In this case fidelity data collection, matching on COMET scores, and maintaining workforce stability

Months to complete Stage 7 by administrative structure:

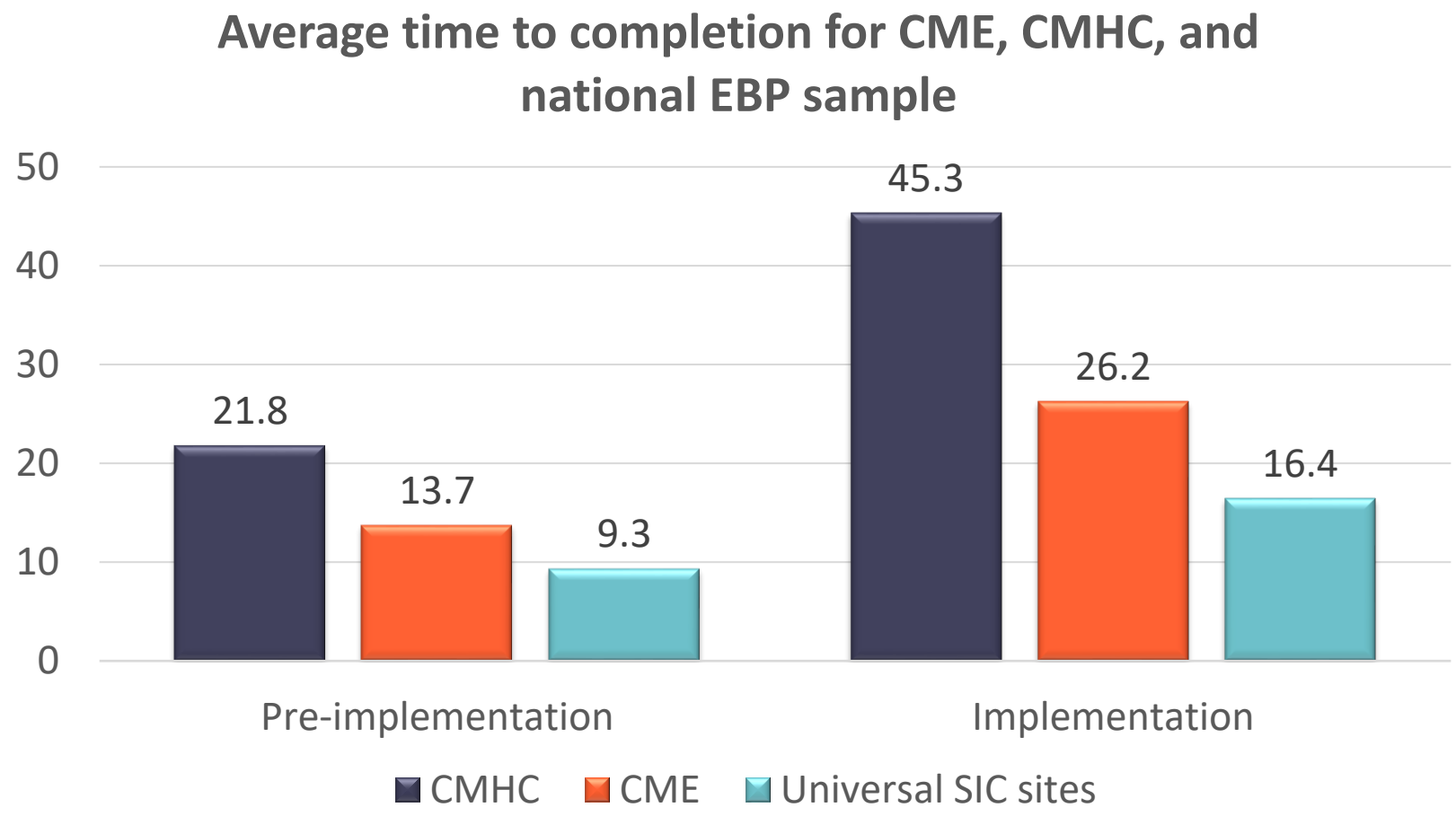
Item #	Item description	CMHC	CME
7.01	Date of first on site or virtual coaching	8	1
7.02	Date of second on-site or virtual coaching	9	2
7.03	Date of third on-site or virtual coaching	9.3	2.8
7.04	Date of First data review	15.3	4.3
7.05	Date of Second data review	15	6.7
7.06	Date of Third data review	15.5	9.3
7.07	Date fidelity data are collected and shared (COMET, DART, WFI-EZ, TOM)	40	25
7.08	Date of review of local coach plan and expectations	2.3	7
7.09	Date first local coach COMET scores are compared ("Matched") to national coach scores	23	10
7.10	Date Local and National coach match on COMET scores	23.3	8.5
7.11	Date SAS (coaching, communication, analysis) score of minimum of 9 out of 12 in 3 settings (e.g., CFT observes, supervision session)	19.3	9
7.12	Date state leaderships begins monitoring enrolled population to ensure all Wraparound criteria are met	5	5
7.13*	Date of first assessment of staff attitudes, beliefs, and culture (ABC) tool	33	1
7.14*	Date site demonstrated ability to maintain workforce stability and competence	66.5	10

*Valid data only available for 2 states for these items (most states did not complete these tasks

Results:

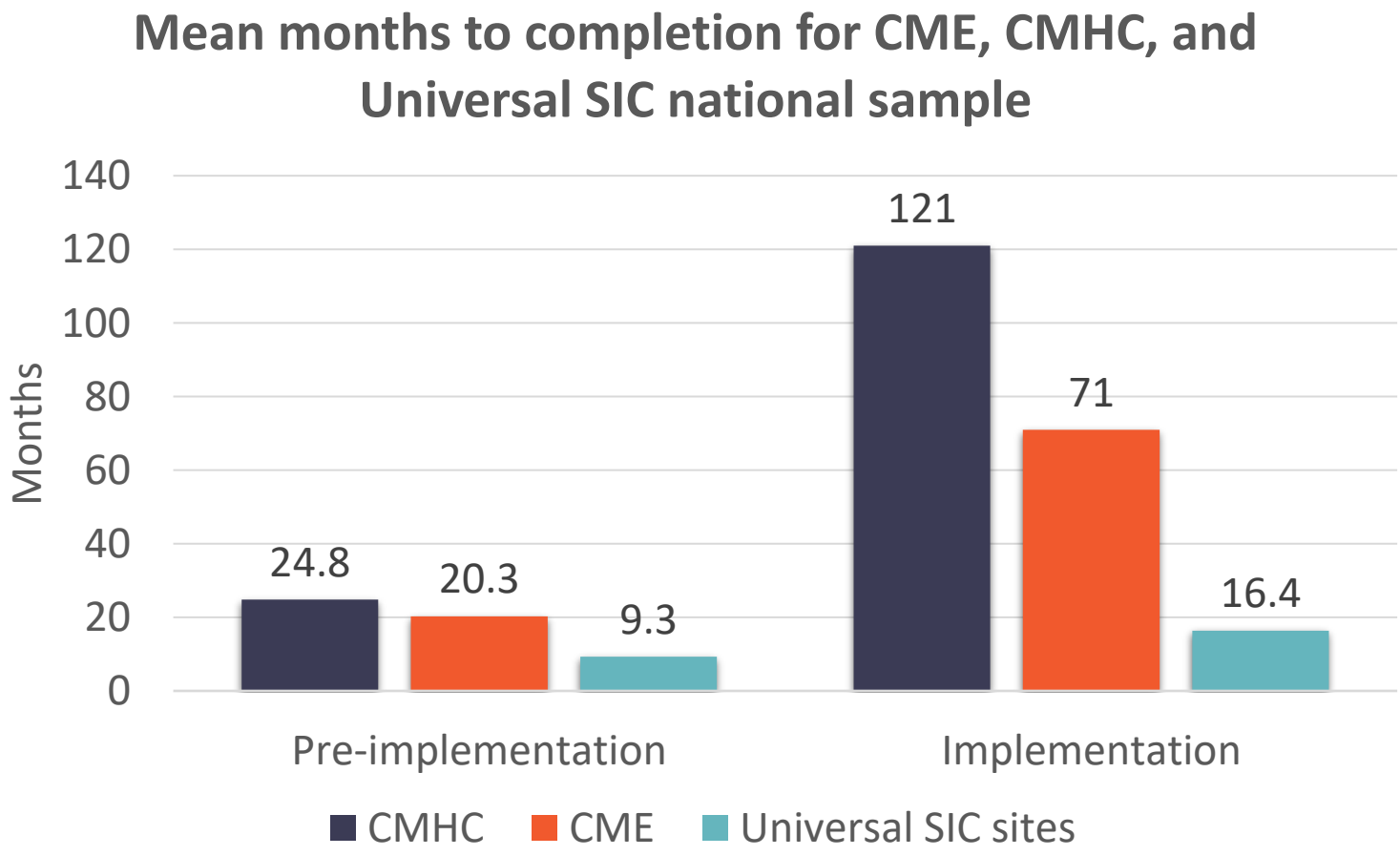
CMHC states took more months to move through pre-implementation and implementation SIC stages than CME states.

All Wraparound implementation efforts took significantly longer than other EBPs



Results:

Implementation Took Even Longer when Wraparound-specific activities are considered



Examples of Wraparound-specific SIC items*:

- Date Local Wraparound Organization expectations defined
- Date Care Coordinator onboarding process established
- Date Staff skill-building expectations defined
- Date of first engagement training
- **Date of first intermediate/advanced training (2 separate items)**
- Date first local wraparound coach trained on their role
- Date of first advanced training
- **Date state established a CQI plan**
- **Date Wraparound plan of care represents locus of planning for all systems and provider organizations in the system of care**
- Date state leadership monitors to ensure Wraparound criteria met
- Date assessment of staff attitudes, beliefs, and culture (ABC) tool
- Date demonstrated ability to maintain stability and competence
- Date fidelity criteria are met
- **Date workforce is stable**

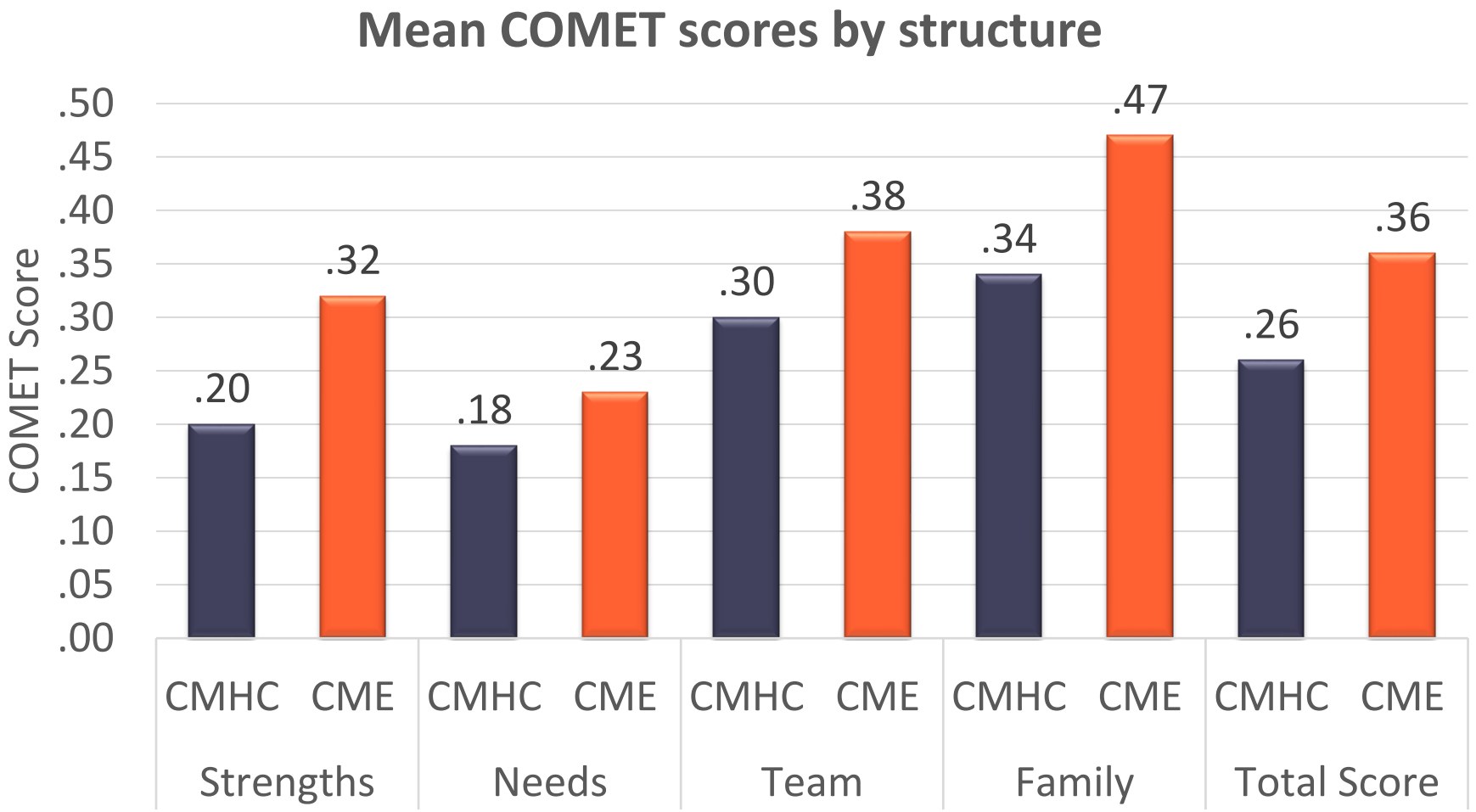
*highlighted items are those that were most likely to prolong the implementation process for states

The COMET assesses implementation skill attainment among Wraparound facilitators

- Completed by an external NWIC expert
- Focuses on key implementation elements:
  1. Determined by families
  2. Grounded in a strengths perspective
  3. Driven by underlying needs
  4. Supported by an effective team process

S2. Ability to identify and extract functional strengths from the story told from multiple perspectives (Ph1)	Skilled wraparound staff should be prepared to gather a variety of perspectives in identifying strengths. This may include speaking with a variety of family members, system partners or other team members. Regardless of how the story is told care coordinators should identify functional strengths that could be deployed as part of a Wraparound plan. Scoring: 'Demonstrated' if the practitioner is able to integrate the perspectives of all team members in terms of relationships and patterns and expresses the added perspectives in terms of strengths of the family. This should also be reflected in the strengths list on the POC. 'Not Demonstrated' if the practitioner is caught up in behaviors and only sees deficits of the family. If they only include events or information related to the youth referred. They are not able to identify strengths gathered from other team members. It is not reflected in the strengths list on the POC.
 Family story or narrative, timeline, strengths list	

Results: **CME states showed higher fidelity scores on the Coaching Observation Measure of Effective Teamwork (COMET)**



Results:

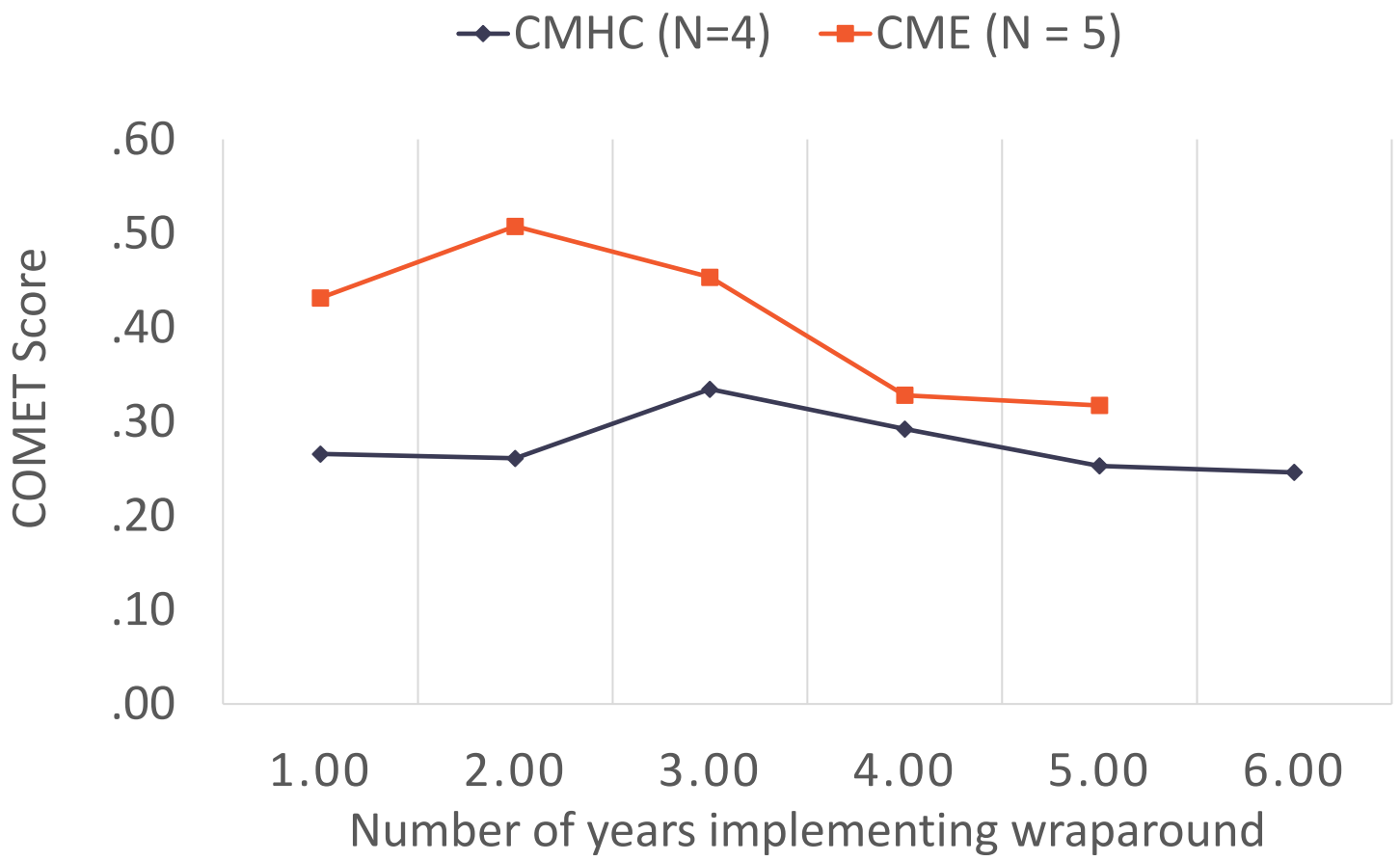
Random intercept multilevel models suggest that administrative structure influences implementation fidelity even after accounting for nested data structures

Fixed Effects	Estimate	SE	t	p
Intercept	.125	.137	.911	.403
Time (Number of Years)	-.006	.004	-1.343	.179
Medicaid Expansion (Yes/No)	.012	.068	.183	.862
Median Income (Dollars)	<.001	<.001	.992	.364
Political Party Control (Republican/Divided)	-.188	.100	-1.885	.103
Administrative Structure (CME/CMHC)	.220	.063	3.483	.022
Time by Administrative Structure	.030	.013	2.359	.018

Random Effects	Estimate	SE	Z	p
Individuals	.034	.001	23.694	<.001
Organizations	.007	.002	3.394	.001
States	.002	.003	.769	.442

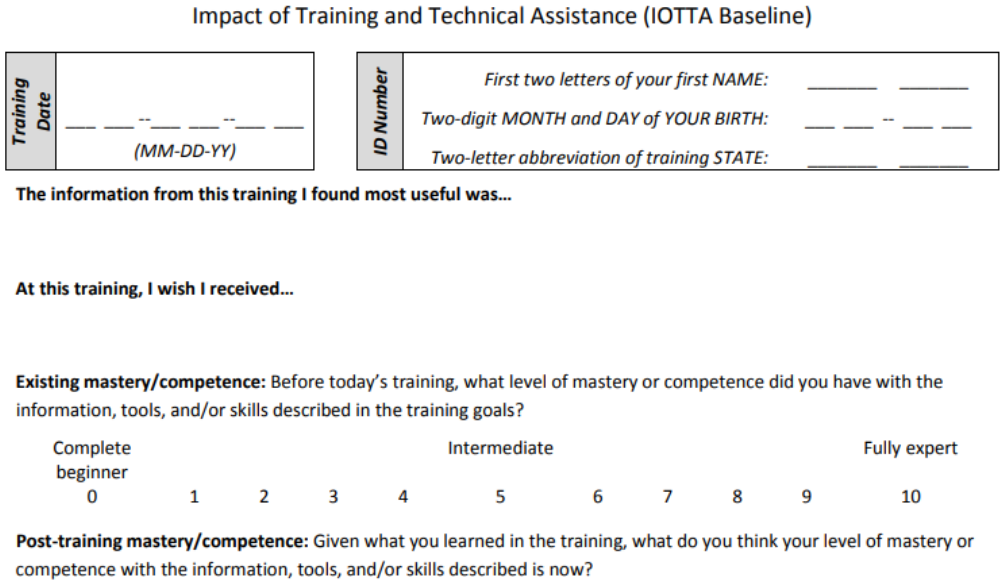
Results:

CME states showed immediate benefit to skill development… but decreases over time



The IOTTA assesses perceptions of Wraparound training outcomes

- Self-report survey completed by participants
- Focuses on outcomes such as:
  1. Quality of trainings
  2. Competence/mastery of content
  3. Impact on practice



Impact of Training and Technical Assistance (IOTTA Baseline)

Training Date	ID Number
__ __ -- __ __ -- __ __ (MM-DD-YY)	First two letters of your first NAME: _____ _____ Two-digit MONTH and DAY of YOUR BIRTH: __ __ -- __ __ Two-letter abbreviation of training STATE: _____ _____

The information from this training I found most useful was…

At this training, I wish I received…

Existing mastery/competence: Before today's training, what level of mastery or competence did you have with the information, tools, and/or skills described in the training goals?

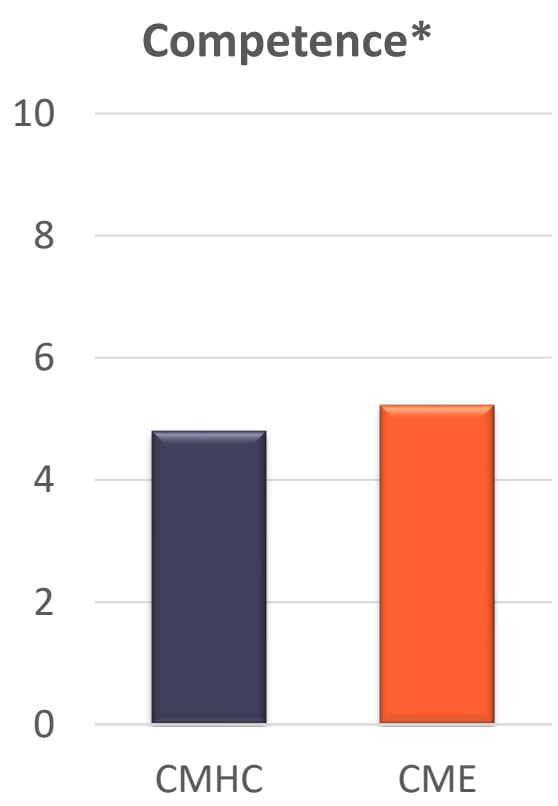
Complete beginner — Intermediate — Fully expert

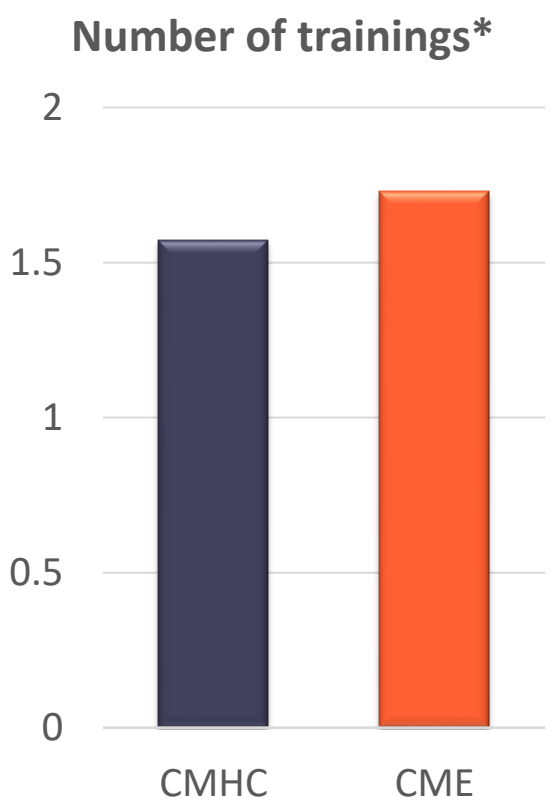
0 1 2 3 4 5 6 7 8 9 10

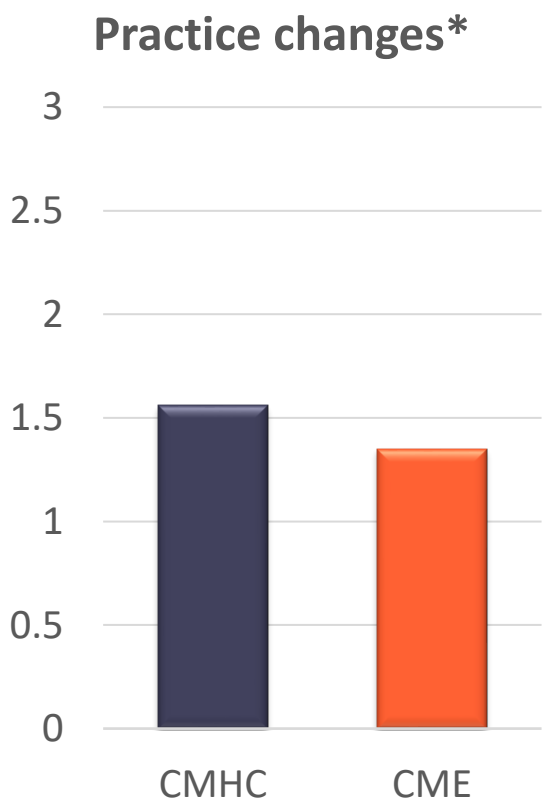
Post-training mastery/competence: Given what you learned in the training, what do you think your level of mastery or competence with the information, tools, and/or skills described is now?

Results:

Trainees from CME states attended more trainings
Reported greater competence and
Made fewer practice changes than trainees from CMHCs







*Scores drawn from the IOTTA measure
*$p < .05$

NWIC/UW/NWI research is contributing greatly to the Dissemination and Implementation Research base!

- The administrative and fiscal structures associated with CMEs may have promoted:
  - Slightly more complete implementation of Wraparound
  - Faster completion of Wraparound-specific implementation tasks
  - Better adherence to Wraparound implementation standards
- Wraparound implementation takes considerably longer than typical manualized EBPs
  - Wraparound is a fundamental system reform effort

Implications: System and organization context is critical

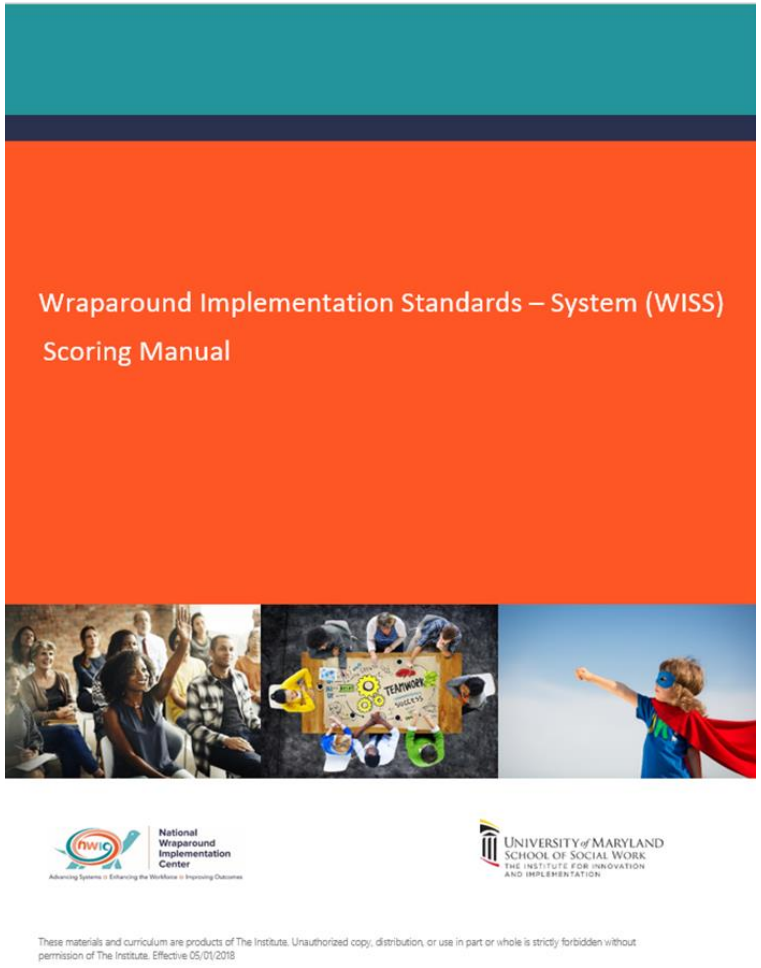
- The policy and funding context can be difficult to influence
  - However, defining and installing needed structures can be achieved and implemented
- Include systems-level administrative and fiscal structures in implementation plans
- Develop installation checklists and measures at the system and program levels
- Systems and organizations need ongoing CQI evaluation plan
- Ongoing coaching and training remains critical to avoid the drop in CME fidelity scores over time

Continued research

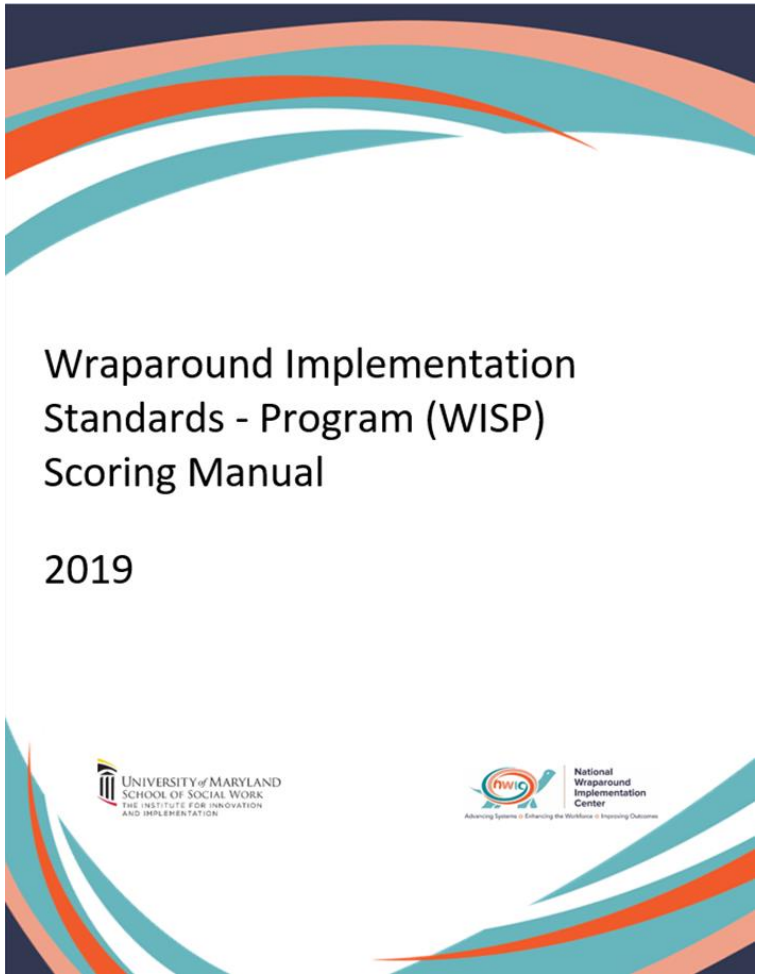
- Future work on this project will:
  - Include a larger sample of states
  - Incorporate additional measures of inner and outer settings
    - Data drawn from assessments of Wraparound implementation standards at the system and organization levels
  - Consider additional measures of implementation quality
  - Incorporate outcomes measures (e.g., discharge disposition, rate and length of out of home placement)

Implementation Context - Tool Guides

WISS Guide
(Outer/Systems Context)



WISP Guide (Inner/Organizational Context)



WERT Wraparound Evaluation & Research Team

Wraparound Implementation Standards-System (WISS)

Category	Pre-Implementation	Implementation (0-9 months)	Sustainability (10-18 months)
System's role	**Leadership:** Executive leadership has designated appropriate staff with necessary authority to lead the cross-systems initiative and manage the implementation. (2A, 2C) 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) System leadership brings system child serving agencies, families and youth together regularly to collaboratively plan or govern SOC implementation. (5C & 5E) System establishes workforce development plan that ensures ongoing access to training and expert coaching (1D, 1F, 1G). 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)	**Leadership:** System leadership is working to operationalize the system design, build needed infrastructure and establish financing mechanisms. (5B, 5E, 5F) System leadership is working to develop the service array and provider network to fill identified gaps in the system of care. (5H) System leadership is reviewing progress reports on wraparound implementation and addressing any identified system level barriers. (2A) System leadership has taken specific steps to translate the Wraparound philosophy into system level policies and practice guidance. (5E) 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) System ensures workforce is being trained and coached around expected practice elements (1D, 1F, 1G). Internal agency staff receive regular communications from system leadership regarding progress of implementation and expectations. (1A, 2B)	**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) Provider network and service capacity is regularly monitored and array of services and supports is on target for adequate development. (5H)

Wraparound Implementation Standards-Program (WISP)

Category	Pre-Implementation	Implementation (0-9 months)	Sustainability (10-18 months)
Organization	**Leadership:** Organization has identified an implementation team that includes executive leadership, mid management, supervisors and care coordinators (2B & 3E) 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) Leadership proactively works to resolve problems that may arise as Wraparound implementation begins (2A) Feedback loops are established around system level change needs (3E) **Enrollment & Engagement:** Procedures and policies are in place to manage referrals after initial eligibility (5G) Demonstration of a process to support Medicaid application for eligible referrals (5F)	**Leadership:** Executive leadership, supervisors and care coordinators are routinely engaged in discussion around implementation (2B & 3E) 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) 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) Leadership takes an active role in planning for quality installation of Wraparound by effectively addressing barriers as they come up during Wraparound implementation (2C) **Appropriate Population** Youth & families enrolled meet all criteria of medical necessity and complex behavioral needs for Wraparound (5A) **Accountability Mechanisms:** Processes in place to track child-level outcomes for all youth in Wraparound (4A & 4D) Processes in place to share data elements and progress toward successful implementation (4A, 4B, and 4D)	**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) 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) **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)

February 4, 2021
12:30 PST/3:30pm EST

State and Organizational Level Strategies for Implementing High Quality Fidelity Wraparound

https://theinstitute.umaryland.edu/2021traininginstitutes/

Kim Estep and Sara Strader
The Institute for Innovation and Implementation
School of Social Work, University of Maryland

Questions

Contact Information

National Wraparound Implementation Center (NWIC)
www.nwic.org
Email: nwic@ssw.umaryland.edu

The Institute for Innovation and Implementation
University of Maryland, School of Social Work
525 W. Redwood St
Baltimore, MD 21201-1023
Email: theinstitute@ssw.umaryland.edu
Website: www.ssw.umaryland.edu/theinstitute

UNIVERSITY of MARYLAND SCHOOL OF SOCIAL WORK
THE INSTITUTE FOR INNOVATION & IMPLEMENTATION

Portland State UNIVERSITY

UW Medicine SCHOOL OF MEDICINE