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Organizational-Level Strategies for Implementing Wraparound

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Welcome

Introductions

Implementation is influenced by numerous factors

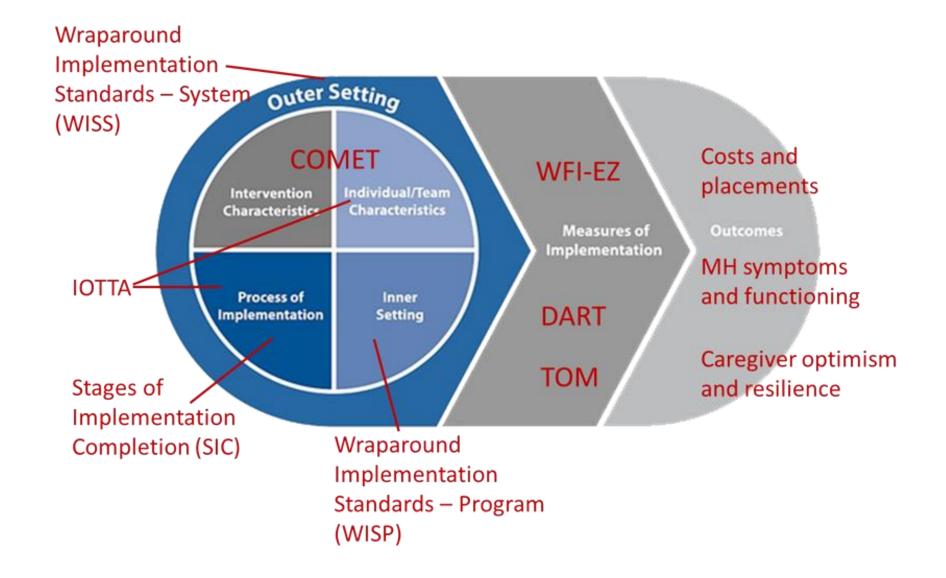
Consolidated Framework for Implementation Research

- Intervention characteristics
 - Quality, adaptability, complexity, etc.
- Outer setting
 - External policies, client needs, etc.
- Inner setting
 - Culture, climate, readiness, etc.
- Individual characteristics
 - Knowledge and beliefs, stage of change, self-efficacy, etc.
- Process
 - Planning, executing, evaluating, etc.



Wraparound Through an Implementation Science Lens





Inner and outer settings impact Wraparound implementation

Outer setting:

- Coordination of multiple systems
- Fiscal policies
- Political environment
- Workforce development support

<u>Inner settings</u>:

- Organizational policies and procedures
- Organizational culture and climate
- Staff competence and skills
- Leadership styles





Wraparound Implementation and Practice Quality Standards created to support analysis of crucial factors associated with success

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 (1:10)
- Workforce development (hiring, training and skill development)
- System policies that create climates and cultures that support practice implementation efforts and providers

National Standards

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

National Standards (cont.)

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.

National Standards (cont.)

Seven clear areas that need to be attended to while developing and implementing Wraparound.

- These include five implementation-related areas:
 - Four at the Wraparound provider-level:
 - 1. Competent Staff
 - 2. Effective Leadership
 - 3. Facilitative Organizational Support
 - 4. Utility-focused Accountability Mechanisms
 - One at the wider-community-level:
 - 1. Hospitable System Conditions
 - And two output-related areas:
 - 1. Fidelity: High-Quality Wraparound Practice
 - 2. Outcomes: Improved Youth and Family Functioning

Wraparound Implementation Standards – System (WISS)
Scoring Manual









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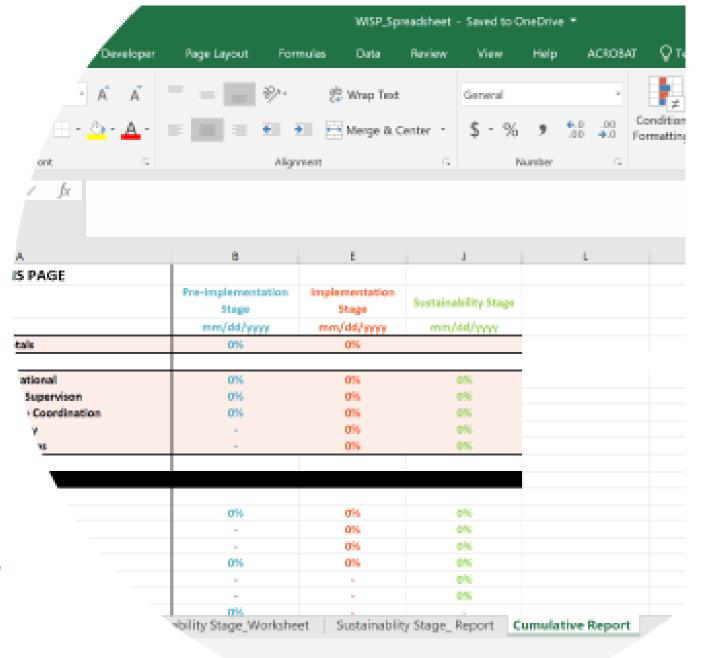
Wraparound Implementation Standards - Program (WISP) Scoring Manual

2019



Across Implementation Stages

- 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? Do we have continuous quality improvement measures solidly in place (Sustainability Phase)











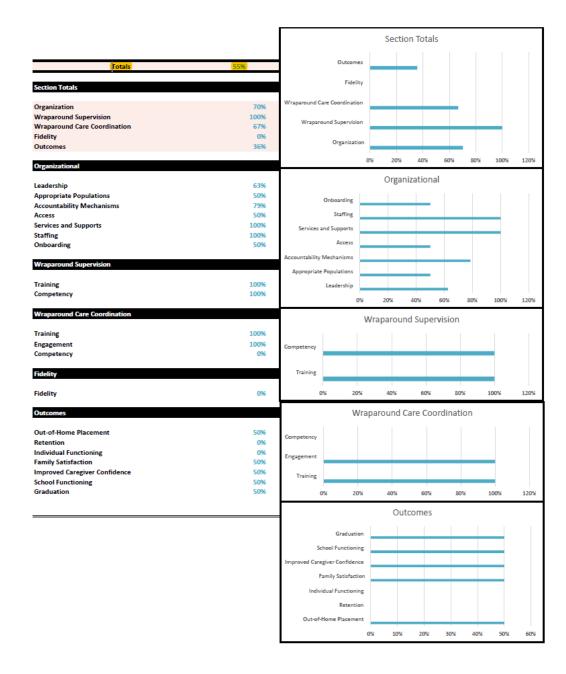
SITE

Pre-Implementation

Spring 2019

	ORGANIZATION Leadership	Avergaged Scores Across Sites	Percentage ZERO	e of Sites that ONE	Scored a: TWO						
Q1	Organization has identified an implementation team that includes executive leadership, mid management, supervisors and Care Coordinators (2B & 3E)	48%	40%	25%	35%	0%	20%	1 0%	MODES 60%	80%	100%
Q2	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)	63%	25%	25%	50%	Q1					
Q3	Leadership proactively works to resolve problems that may arise as Wraparound implementation begins (2A)	60%	30%	20%	50%						
Q4	Feedback loops are established around system level change needs (3E)	60%	25%	30%	45%	Q2					
	Total for Sub-Section	58%									
	Enrollment & Engagement:										
Q5	Procedures and policies are in place to manage referrals after initial eligibility (5G)	75%	10%	30%	60%	Q3					
Q6	Demonstration of a process to support Medicaid application for eligible referrals (5F)	76%	11%	26%	63%						
	Total for Sub-Section	76%				Q4					
	Services & Supports:										
Q7	Firewalls are established between any internal organizational service provision and care coordination effort (5G)	73%	15%	25%	60%	05					
	Total for Sub-Section	73%				Q5					
	Staffing:										
Q8	At least one Wraparound supervisor has been identified (3A)	95%	0%	10%	90%						
Q9	An adequate number of Care Coordinators have been identified (3A)	65%	20%	30%	50%	Q6					
	Total for Total for Sub-Section ub-Section	80%									
						Q7					
	Onboarding										

Bi-weekly contact with expert content coach (1F, 4B)	2	100%	Cummins receives process based feedback via TOBI on all of their CMHW youth from their local coach
Total for Sub-Section		100%	
Total for Section		100%	
WRAPAROUND CARE COORDINATION			
Training			
Coaching includes formal assessment of practice at least once per quarter (1F)	2	100%	Cummins participates in on site local coaching on a monthly basis.
Bi-weekly contact with expert content coach (1F, 4B)	2	100%	Cummins receives process based feedback via TOBI on all of their CMHW youth from their local coach
Total for Sub- Section		100%	
Engagement:			
Child and family team meetings held regularly (at least every 30 to 45 days) to review and modify the plan of care (F1)	2	100%	At the beginning of the month, Lakisha talks with all of her WFs to put on a spreadsheet when the CFTM is scheduled for and where the CFTM is being held. She then goes back at the end of the month to make sure the CFTM happened and if it didn't, she discusses the barriers with the staff. Each WF has a whiteboard in their office as well that they write down the date, time, and location of their CFTMs for people to visually see when they are being held.
Total for Sub- Section		100%	
Competency:			
100% of CC with 6-8 months of wraparound experience demonstrate 50% skill attainment as measured by the COMET (F2 -	0	0%	WF's with 6+ experience are not at a 50% on COMETS as of yet. 1 WF has scored a 45%.
F8)		-	scorea a 45%.
Total for Sub- Section		0%	
Total for Section		67%	
FIDELITY			
FIDELITY FIDELITY			
WFI-EZ items A1 – A4 = 100% &	0	0%	DMHA holds a contract with WERT for the WFI-EZ. Data should be available in July of 2019
WFI-EZ meets or exceeds 70% (4C, F2 - F8; O1 & O6)	0	0%	July 0/ 2015
Total for Sub- Section	-	0%	
Total for Section		0%	
OUTCOMES			
Out-of-Home Placement			
5	1	50%	EMR does track the out of home placements, Lakisha does not track this
Fewer than 40% out-of-home placements per year (O6)			on her own.





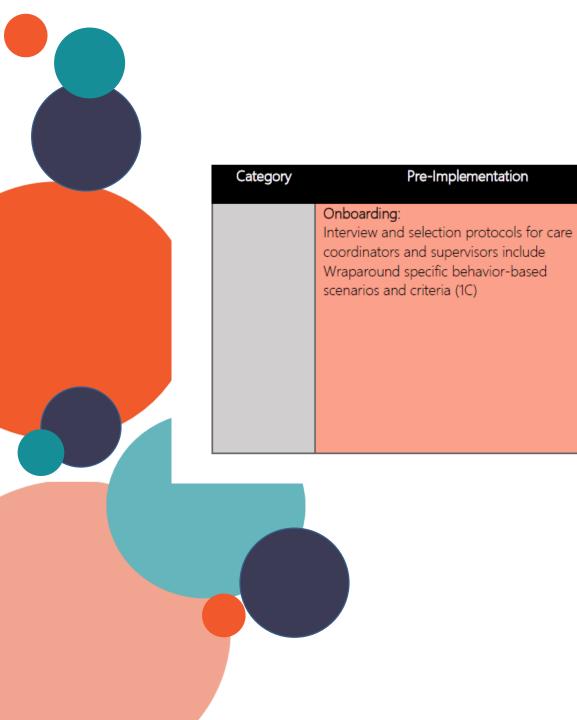
Wraparound Implementation Standards – Program (WISP)ⁱ Developmental Timeline by Implementation Standard Element

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

Category	Pre-Implementation	Implementation (0-9 months)	Sustainability (10-18 months)
		Electronic Health Record built or modified to	Outcomes, competency and fidelity data is
		support quality implementation of	routinely analyzed and shared with key
		Wraparound (4A)	agency and external stakeholders and used for Continuous Quality Improvement.
		Size of the child and family team is tracked and	Preferably, data is collected by an objective
		includes more than the care coordinator and	external party (4B - 4D)
		family (service providers on POC and at least one informal support should be present) (F3)	Size of the child and family team is tracked a
		one informal support should be present) (13)	includes more than the care coordinator and
		Critical incident reports are tracked and	family (service providers on POC and at least
		reviewed (5H)	one informal support should be present) (F3
		Disenrollment and re-enrollment is tracked	Critical incident reports are reviewed and
		and reviewed. (F8)	tracked (5H)
		Child serving agency involvement (JJ and CW)	Disenrollment and re-enrollment is tracked
		are reported (51)	and reviewed (F8)
			Child serving agency involvement (JJ and CV
			are reported (51)
		Access:	Access:
		Wraparound is publicized within the catchment	Families are seamlessly being enrolled and
		area of the organization and organization plans to develop on-going marketing (5G)	a comprehensive provider network has been created that includes formal and
			informal options (5G, 5H)
		Families have reliable access to information	
		about the organization and what it provides (e.g. organization marketing plan) (5G)	
		(c.g. organization marketing plan) (50)	
		Youth and families are engaged in	
		Wraparound within 10 days of referral (F1)	
		Initial Wraparound plan of care (POC) developed	
		within 30 days of being referred (F1)	



Category	Pre-Implementation	Implementation (0-9 months)	Sustainability (10-18 months)
	Services & Supports: Firewalls are established between any internal organizational service provision and care coordination effort (5G)	Services & Supports: Youth and families have access to a full array of services and supports with most services and supports provided external to the organization regardless of system involvement. (5G, 5H) Firewalls between care coordination and service provision are maintained and ensure family choice (5G, 5H)	
	Staffing: At least one Wraparound supervisor has been identified (3A) An adequate number of care coordinators have been identified (3A) Recruitment: The agency recruits, or has recruitment practices, for supervisors who have an understanding of Wraparound and experience working with youth with complex mental health needs (1B) The agency has recruitment practices for care coordinators who are creative, flexible and have experience working with youth with complex behavioral health needs (1B & 1C)	Staffing: Hiring, interviewing protocols, and job descriptions for care coordinators are created that are specific to the care coordinators job (1C) Job descriptions for Wraparound supervisors have been developed that include activities specific to that role and clear performance expectations have been established (1C) Personnel are overseeing hiring and onboarding practices (3E) Workforce development plan includes staffing projections and plans to support long-term organizational needs for supporting the number of families referred (3A) Staff Satisfaction: Care coordinators and supervisors are generally satisfied, there is a clear sense of mission and alignment with Wraparound (3C) and feel they have adequate resources (3B).	Staffing: Wraparound supervisor to care coordinator ratio does not exceed 1:6 (3A) Care coordinator (CC) to family ratio does not exceed 1:12 (3A) For organizations with 6 care coordinators or more, Wraparound supervisors exclusively support Wraparound (3A) Performance Assessment: Care coordinators' performance is assessed at least every six months using objective- measures (e.g. observations) that are tied to their job descriptions and quality indicators (1G)



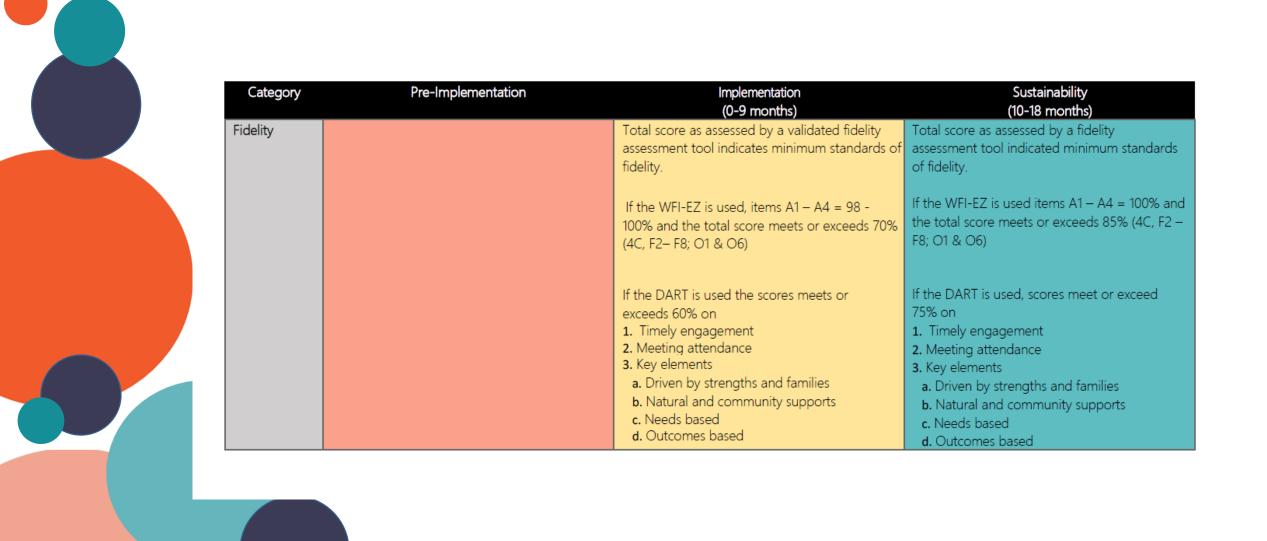
Sustainability Implementation (0-9 months) (10-18 months) Onboarding: Care coordinator onboarding plan in place that includes an initial apprenticeship (typically first 30-days prior to solely partnering with families), timeline for training completion, and expectations for performance (1D, 1E, & 1G) Fiscal Stability: Fiscal Sustainability: The organization has a sustainable funding The Wraparound provider is planning plan for the next 3 – 5 years (e.g. data on costs for sustainability by assessing cost of and cost-effectiveness are available and implementation efforts ensuring both indirect shared) (3D, 5F) and direct expenditures are supported by adequate funding streams.



Category	Pre-Implementation	Implementation (0-9 months)	Sustainability (10-18 months)
Wraparound Supervision	Onboarding: Identified Wraparound supervisor(s) are oriented to the expectations of their jobs, including required participation in coaching support, training and daily supervision duties and responsibilities. (1D) Supervisors demonstrate strong conflict resolution and leadership skills (1B)	Training: 100% of supervisors have completed Introduction within 3 months of starting that position (1D) 100% of supervisors have completed Engagement within 2 months of completing Intro (1D) Wraparound supervisors have developed and delivered local booster trainings based on data trends they have identified within the organization (4B)	Training: 100% have participated in Intermediate practice one year from completion of Intro (1D) 100% have participated in Supervisors and/or Advanced Supervisors training annually (1D) Stable Workforce: Average tenure of Wraparound supervisor(s) is 2 or more years (1A)
		Competency: Supervision and expert coaching include formal assessment of practice at least once per quarter (1F) Monthly contact with expert content coach (1F, 4B)	Competency: 100% providing individual skill-based supervision at least 2 times a month and at least 1 group supervision per month utilizing the Wraparound Practice Improvement Tools (1F & 4B) 100% of supervisors score an average of 9 on the supervisory Assessment System (SAS) (1B, 1D, 1F, & 4B) At least one supervisor is making positive progress toward competency/supervisor certification (1G) At least one supervisor has achieved supervisor certification (1B – G, 4B)



Category	Pre-Implementation	Implementation (0-9 months)	Sustainability (10-18 months)
Wraparound Care Coordination	Onboarding: Identified care coordinators are oriented to the expectations of their jobs by a) participating in coaching support and b) participated in training prior to partnering with families (1D) Care coordinators have experience and attributes that align with successful support of youth with complex behavioral needs and their families (1B)	Training: 100% of care coordinators have completed Introduction within 3 months of starting that position (1D) 100% of care coordinators have completed Engagement within 2 months of completing Intro (1D) Engagement: Child and family team meetings held regularly (at least every 30 to 45 days) to review and modify the plan of care (F1) Competency: 100% of care coordinators with 6-8 months of Wraparound experience demonstrate 50% skill attainment as measured by the COMET (F2 -F8)	Training: 100% have participated in Intermediate one year from completion of Intro (1D) Competency: 100% with two (2) or more years of Wraparound experience demonstrate 80% skill attainment as measured by the COMET (F2 – F8; 1F & 1G) Stable Workforce: Care coordinator turnover is reasonably low (e.g. less than 25% per year) (1A)





Category	Pre-Implementation	Implementation (0-9 months)	Sustainability (10-18 months)
Outcomes		Out-of-Home Placement:	Out-of-Home Placement:
		Fewer than 40% out-of-home placements	Fewer than 20% out-of-home placements
		per year (O6)	per year (O6)
		Retention:	Retention:
		Less than 25% discharged unsuccessful before 3 months of enrollment (F1), and less than	Less than 15% discharge unsuccessful before 3 months of enrollment (F1), and less than
		30% discharge successfully before 6 months of	20% discharge successfully before 6 months
		enrollment (5A)	of enrollment (5A)
		Individual Functioning:	Individual Functioning:
		50% of youth enrolled experience improved	At least 70% youth enrolled experience
		functioning in behavioral and emotional functioning (O3 & O4)	improved functioning in behavioral and emotional functioning (O3 & O4)
			Family Satisfaction:
		Family Satisfaction: 75% of youth and families are satisfied with their	95% of youth and families are satisfied with their
		Wraparound experience and their progress while	Wraparound experience and their progress while
		in the program (O1)	in the program (O1)
		Improved Caregiver Confidence:	Improved Caregiver Confidence:
		50% of caregivers indicate improved	More than 70% of caregivers indicate
		confidence in their ability to manage problems and effectively address crises (O5)	improved confidence in their ability to manage problems and effectively address
		and effectively address crises (OD)	crises (O5)
		School Functioning:	School Functioning:
		30% or less of youth enrolled experience	Less than 20% of youth enrolled
		negative school interactions (e.g.	experience negative school interactions
		suspensions; O2)	(O2)
		Graduation:	Graduation: On average, at least 70% of families enrolled
		On average, at least 50% of families enrolled graduate successfully (O7)	graduate successfully (O7)
		graduite saccessiany (01)	Recidivism:
			Fewer than 20% return one year after
			graduation (O3)

Contact Information



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