



West Virginia Wraparound: Staying on Track with Data

West Virginia Provider Meeting

July 30, 2024

Natalie Richey & Eric J. Bruns

National Wraparound Implementation Center



**National
Wraparound
Implementation
Center**



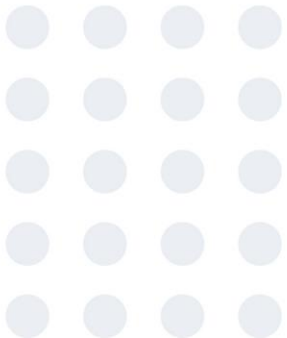






Agenda today!

- What is “High Fidelity” Wraparound and how is it different from case management?
- What is the big need we are meeting with Wraparound?
- Why is it so important to implement Wraparound with “high fidelity”?
- What are we learning from our data collection in WV?



What is Wraparound?

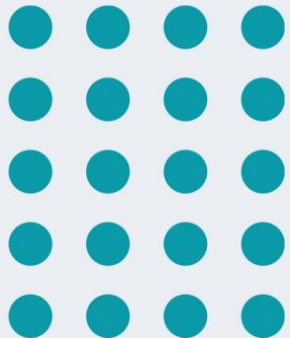
Wraparound is an ecologically based approach to care planning designed to support youth with complex needs and their families.

Wrap uses a dedicated care coordinator Who Deliberately organizes services and supports
In partnership with the child, youth, and/or family
To ensure continuity of care across settings
And Facilitate appropriate access and delivery of needed social, behavioral, and somatic health care.
Ongoing engagement, review, and adjustment of providers, natural supports, and other resources
Helps us to align needs with services and supports for families.

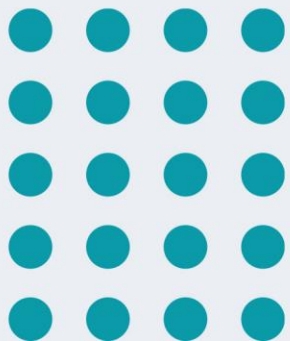
What is Care Coordination



What Is Wraparound... and what is it *Not*?



Case Management vs. Care Coordination



Care Coordination is *not* Case management

Case Management	Care Coordination
Focus on youth behaviors and strategies to fix them	Ecological focus inclusive of the whole family with focus on why behaviors occur
High staff ratios (1:25-50; sometimes higher)	Low staff ratios (1:8-10)
Based on some consistent practices	Requires full fidelity to a practice model that follows explicit steps and processes. In the process of being deemed evidenced-based (currently a research-informed approach).
Minimal requirement for contact	Child and Family team meetings required every 30/45 days; at least 1-2 additional face-to-face meetings with the youth and their caregivers/parents, minimum weekly telephonic contact
Used to serve all levels of care/intensity	Intensive process used primarily with individuals with intensive behavioral health needs
Often requires some broad based training	Requires intensive training, coaching and certification approach
May not have an evaluation component to ensure standardized best practice	Requires an evaluation to ensure hi-fidelity practice and skilled staff who meet standards

Care Coordination is *not* Case management

Makes decisions alone or in consultation with colleagues	Child and family team decision making inclusive of family voice and choice
Creates a plan for the family that has family tasks	Facilitates a process that builds a team of formal and natural supports and assigns team tasks
Works alone, consulting colleagues as needed	Part of a team
Creates plans with minimal family input	Learns and understands the family story and incorporates the family into all decision making
Focus on negative behaviors	Focus of strengths, positives, resiliency and understanding the reason behind the behavior
Assessment-driven engagement process	Multi-meeting engagement process to understand the full family story spanning to before the identified youth's birth through to the present reason for referral. Understanding of the entire family story not just the child and the coping mechanisms of the family unit.
Meetings with providers about the family without family	Not holding a meeting about the family without the family
Creates a plan that includes referrals to available services to address behavior	Creates a plan of care that is driven by underlying needs (behind the behavior) and incorporates outcomes, strengths, strategies which include formal services, community activities and natural supports that are determined by the team and tasks for which the entire team is responsible. The goal is still to decrease challenging behaviors, but through a very intensive, individualize evidence informed process.

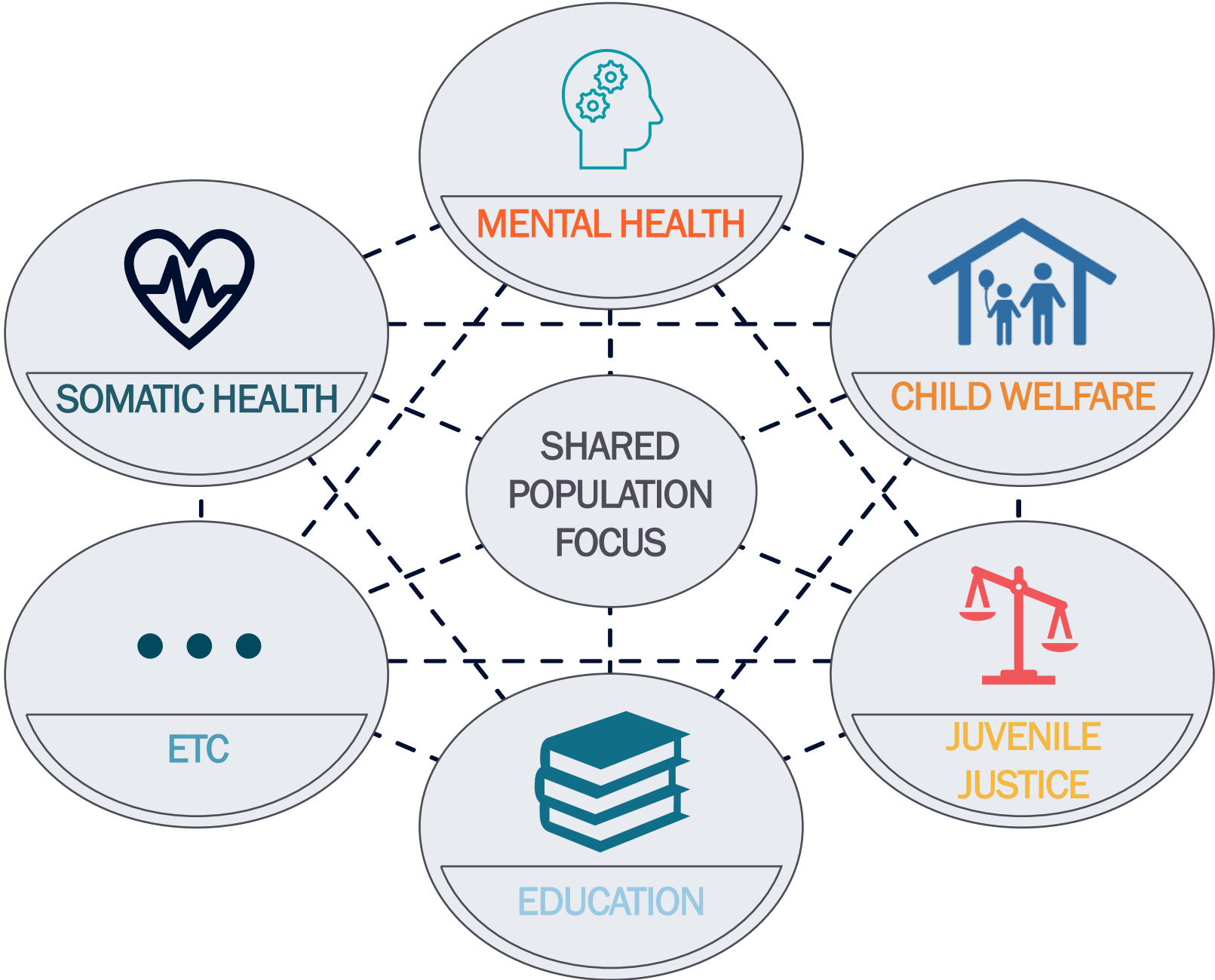
Care Coordination is *not* Case management

Utilization of available services	Responsibility to identify and build new services to enhance the service array
Standardized crisis plan if there is one at all)	Individualized crisis and safety plan that moves from least intensive to most restrictive strategies to prevent and stop a crisis. Inclusion of the team and all areas of a child's life in the crisis plan (home, school, etc).
Traditional "cookie cutter" services – over reliance on system responses	Use of both traditional/professional and informal supports (community and natural); normalizing approach
Focus on following the service plan and participating in services	Focus on transition and assistant the family in achieving self-efficacy
Not responsible for outcomes	Team tracks & is accountable for outcomes; families don't fail, plans fail & need to be changed
Minimal availability for after-hours crisis response	24/7 crisis response available where the family has someone to call to walk through the crisis plan if necessary in the hope of maintaining the child in the community (this may not include formal mobile crisis response)

Wraparound is not a program.

It is not Siloed.

No matter the funding stream, Wraparound supports the same population across systems



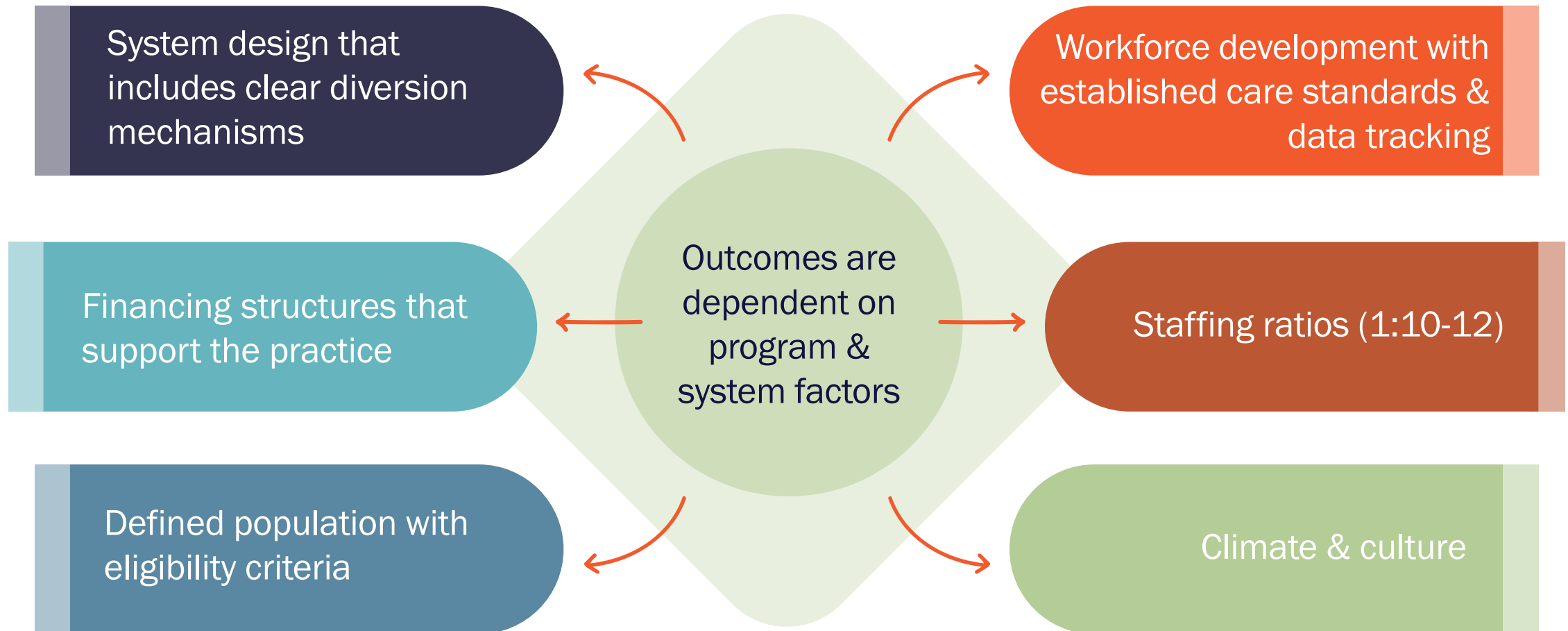
Wraparound is not about paperwork



(...It is about doing whatever it takes for families)

What is needed to assure good outcomes of Wraparound

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







Meta analysis in JAACAP found significant effects for Wraparound *Larger effects found in studies with more youth of color*

Olson, J. R., Benjamin, P. H., Azman, ... & Bruns, E. J. (2021). Systematic review and meta-analysis: Effectiveness of wraparound care coordination for children and adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 60(11), 1353-1366.

META-ANALYSIS



Systematic Review and Meta-analysis: Effectiveness of Wraparound Care Coordination for Children and Adolescents

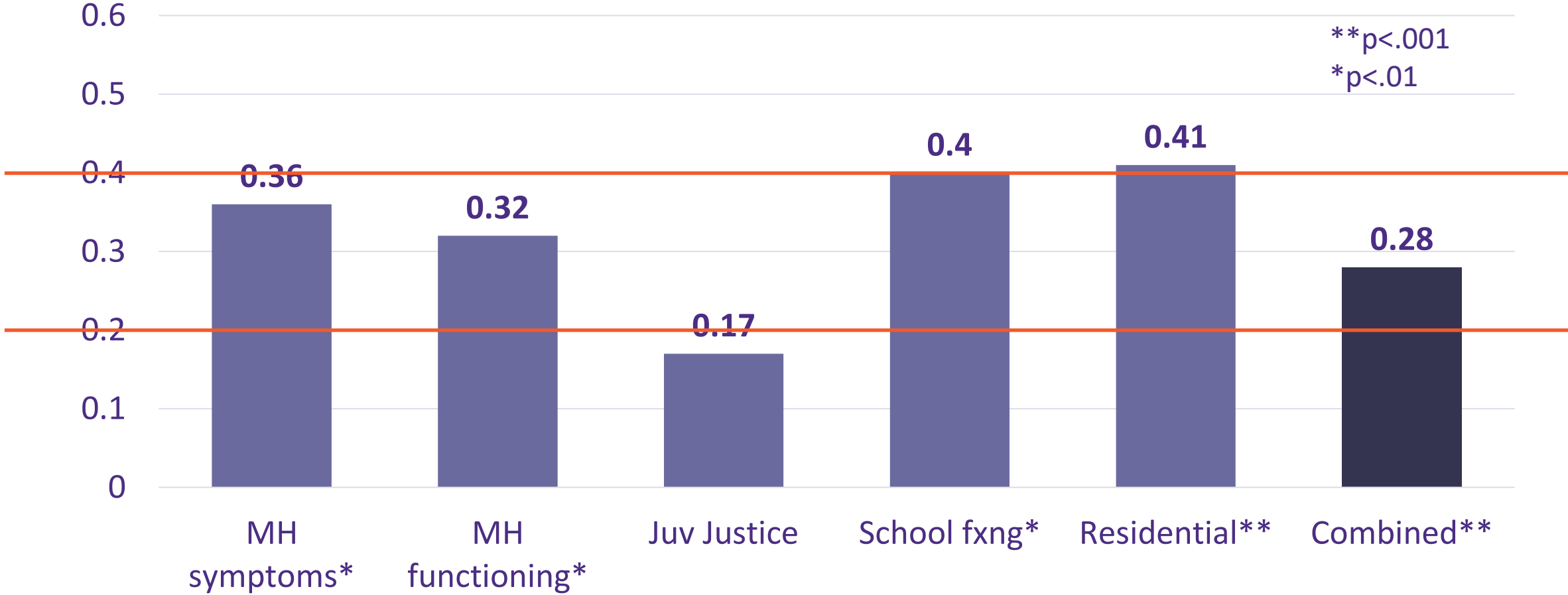
Jonathan R. Olson, PhD,  Philip H. Benjamin, MA, Alya A. Azman, BS, Marianne A. Kellogg, BA, Michael D. Pullmann, PhD,  Jesse C. Suter, PhD,  Eric J. Bruns, PhD 

Objective: Wraparound is a common method for coordinating care for children and adolescents with serious emotional disorders (SED), with nearly 100,000 youths served annually in the United States. The current systematic review and meta-analysis estimated effects on youth outcomes (symptoms, functioning, school, juvenile justice, and residential placement) and costs.

Method: A literature search identified 17 peer-reviewed and gray literature studies meeting criteria, which were coded on characteristics of sample, design, implementation, and outcomes. Random effects modeling was conducted using Comprehensive Meta-Analysis Version 3.0. Effect sizes were calculated using Hedges g . Homogeneity of effect sizes was assessed using Q statistics.

Wraparound Meta-Analysis found positive effects across an array of sentinel outcomes

Average Effect Sizes from Wraparound Meta-Analysis (2020)



Wraparound Outcomes:



Most studies demonstrate more positive effects for Wraparound compared to treatment as usual

Multiple types of outcomes more favorable for Wrap

Lower costs than treatment as usual

Effect sizes are larger for studies with more youth of color.

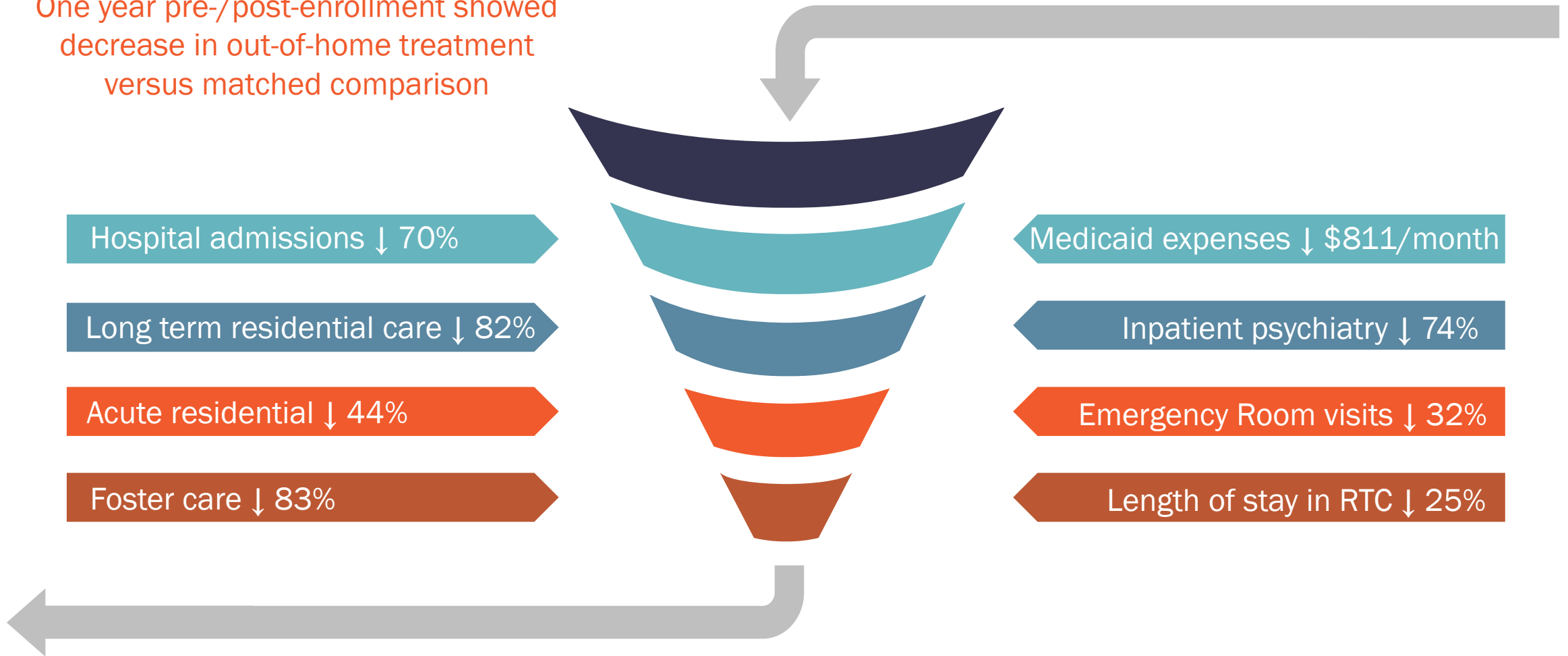


Overall, analyses demonstrate positive Wraparound outcomes

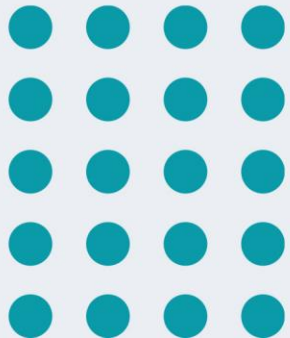
Local evaluations show well-implemented Wraparound reduces costs & improves outcomes



One year pre-/post-enrollment showed decrease in out-of-home treatment versus matched comparison



Why Do We Need High Fidelity Wraparound?



Implementing Wraparound with high fidelity is needed to improve outcomes for youth and families.

Average effect sizes (Hedges' g) across select outcomes



Results from Another State: Less than half of the organizations showed adequate fidelity

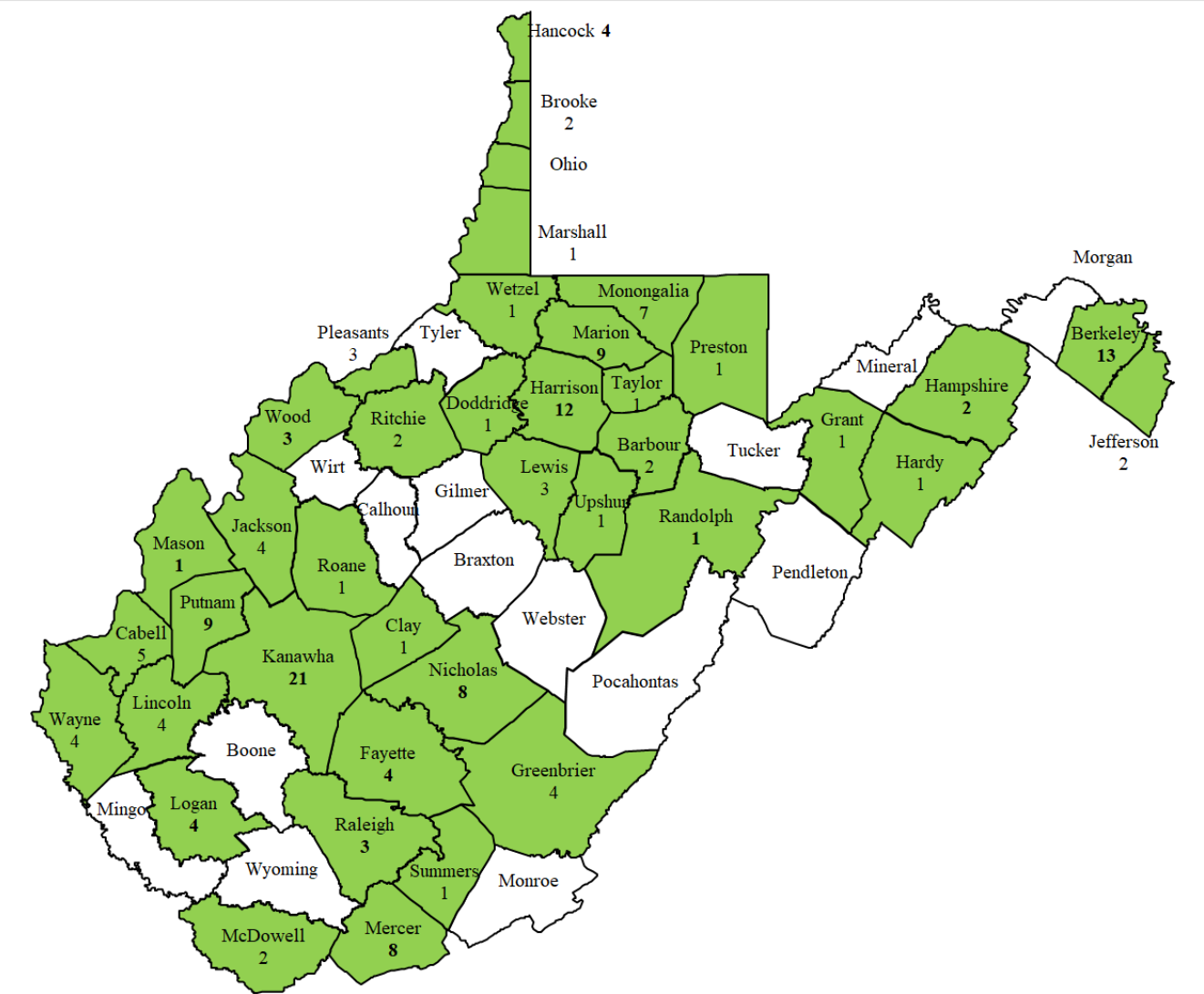


Adequate Fidelity





What About In West Virginia?



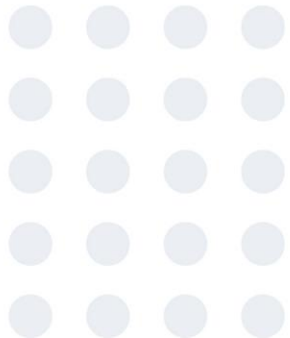
Number of WV Document reviews conducted by Marshall team, by county





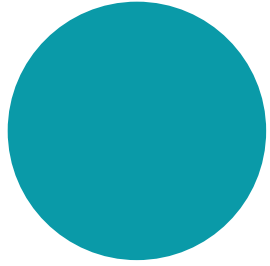
WV has an amazing data team!

- Hundreds of Document reviews provide details on all providers
- Hundreds of surveys completed by families show strengths and needs in families' own words
- Wraparound providers tracked on how well they meet organizational standards for quality services



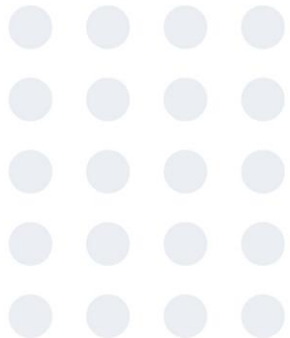
What are some things that are evaluated?

- Timeliness of care: How quickly do we get families help?
- Quality of teams and plans of care
- Who is participating on teams?
- Is care actually family and strengths driven?
- Is progress monitored?
- Are youth being kept “at home, in school, and out of trouble”?
- Are families satisfied with what they are receiving?

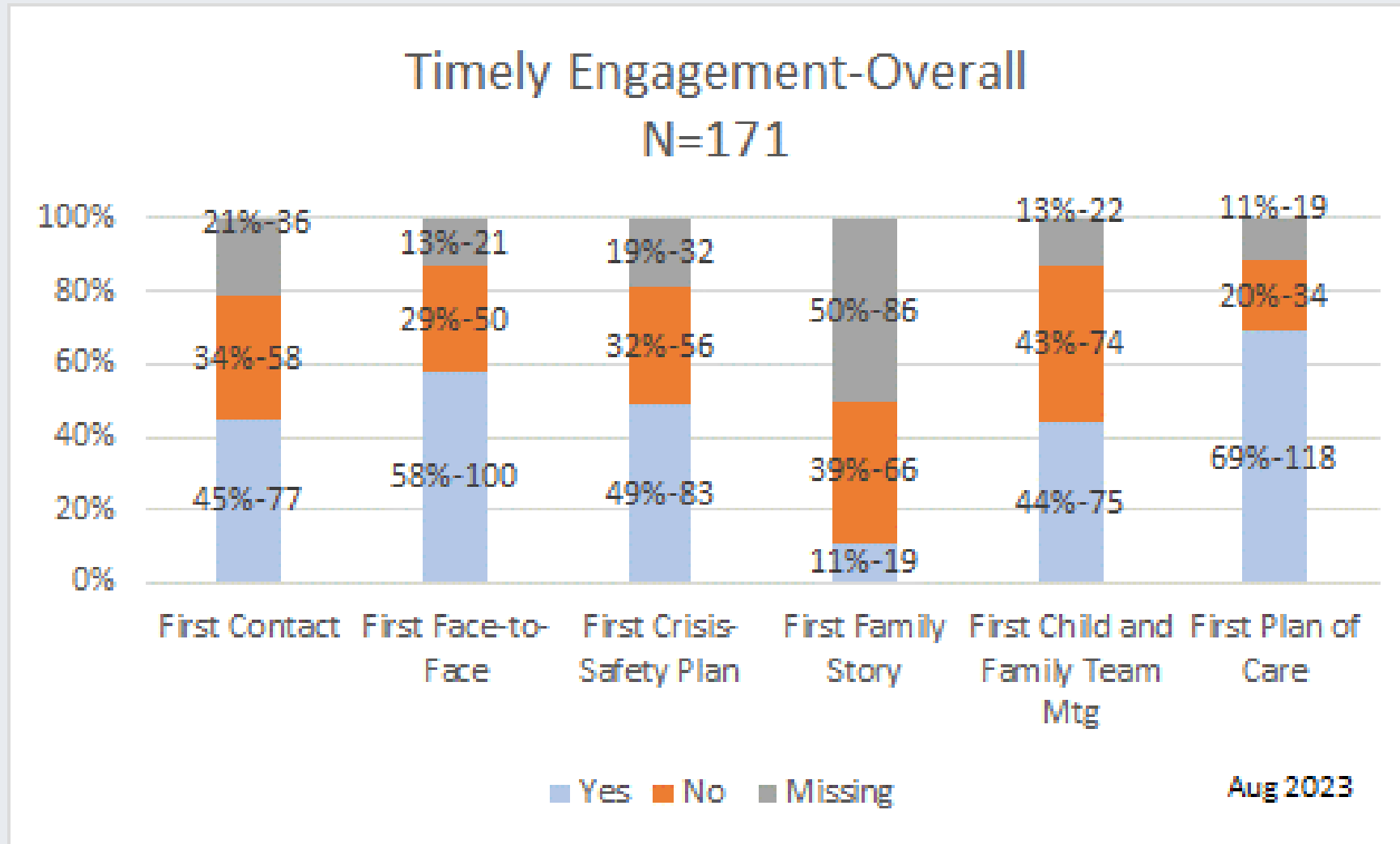


Timeliness Standards: Getting Families From “Hello” to “Help” to “Healing” and “Hope”

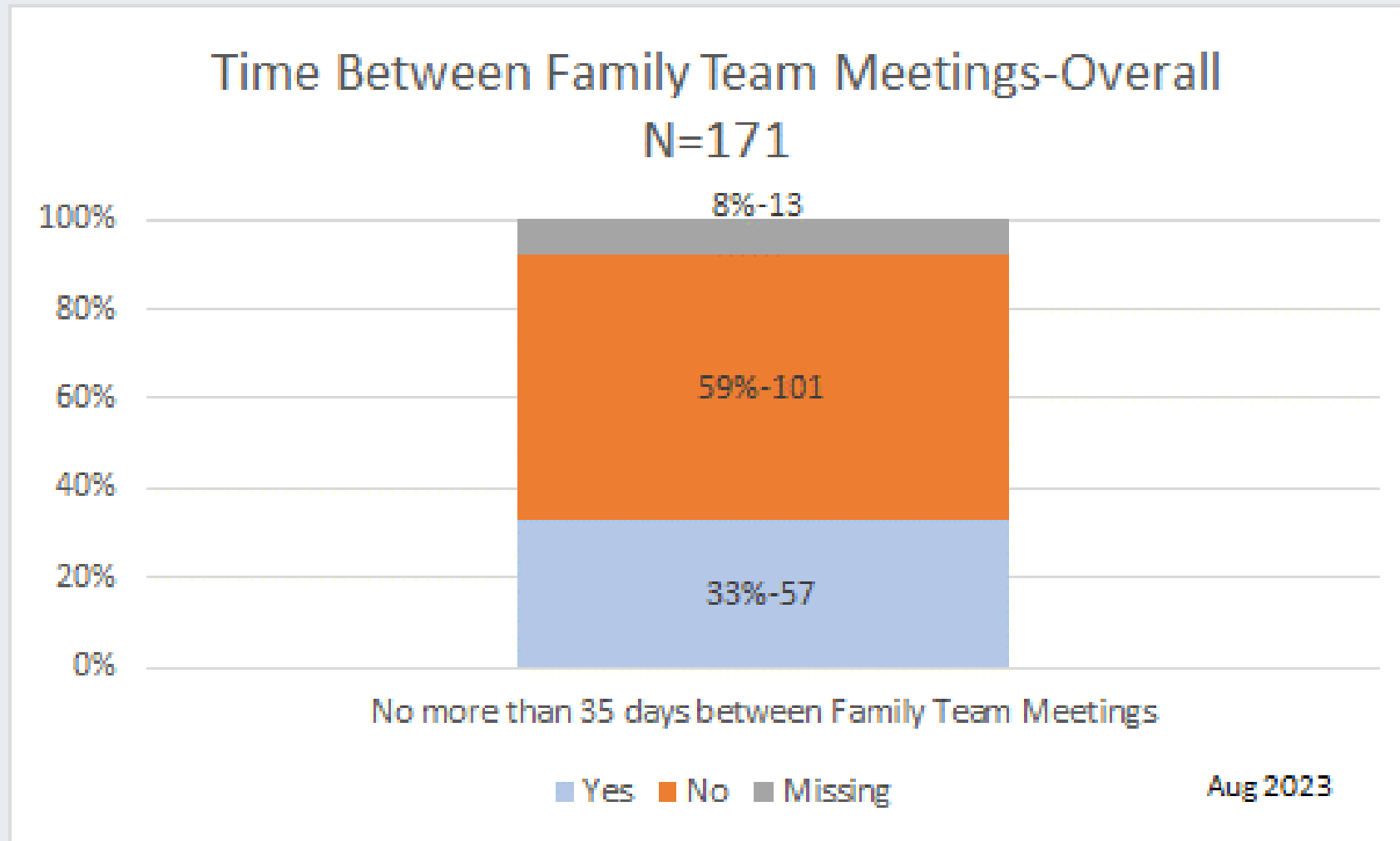
Standard	DART
First Contact	3 days from assignment
First Face-to Face	10 days from assignment
Crisis Plan	10 days from assignment
Family Story, Strengths, Needs, and cultural discovery	20 days from first face-to-face
First Child and Family Meeting	30 days from referral from face-to-face
First Plan of Care Completed	35 days from face-to-face
Plans of Care Reviewed	35 days from first child and family meeting



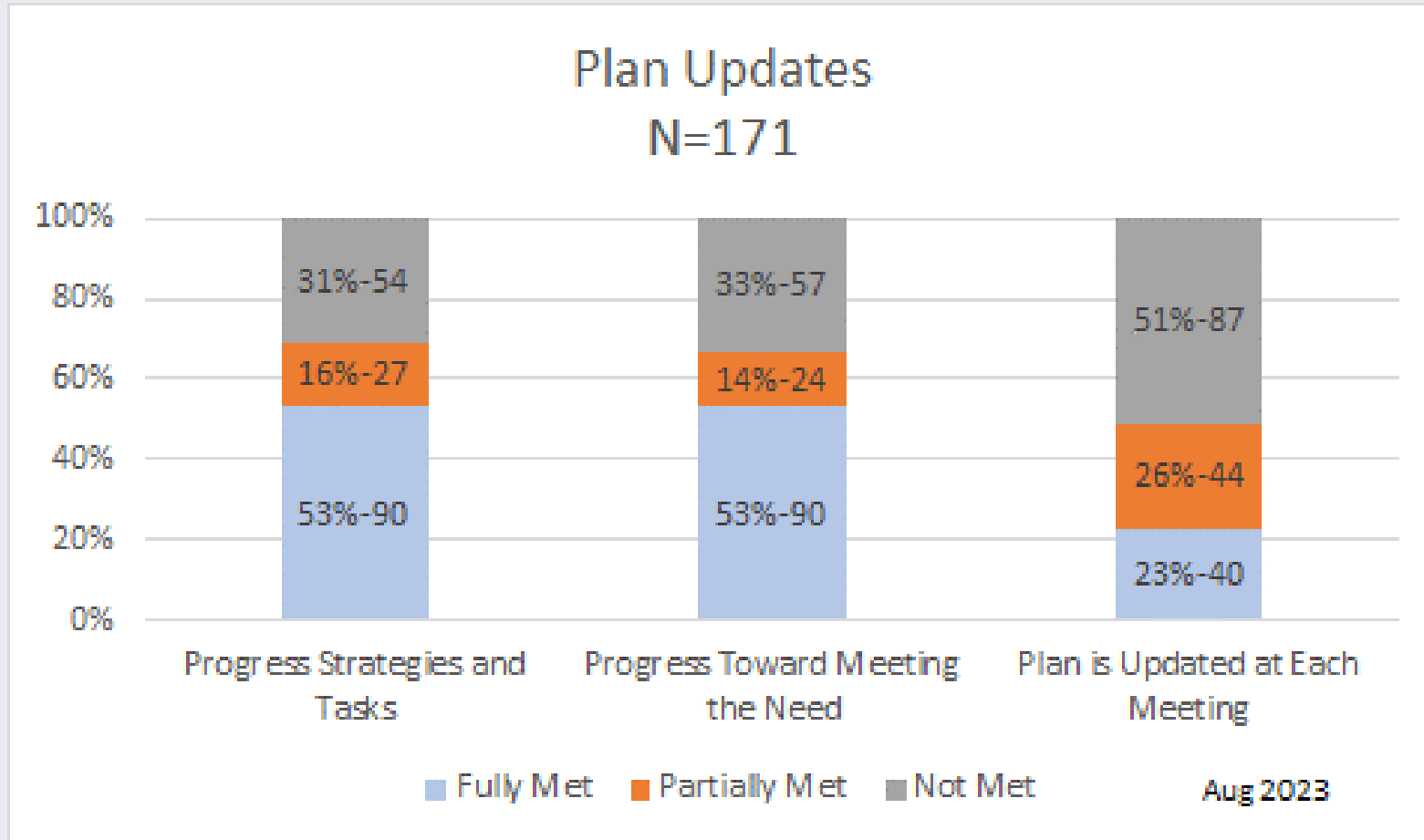
Timeliness Results from WV



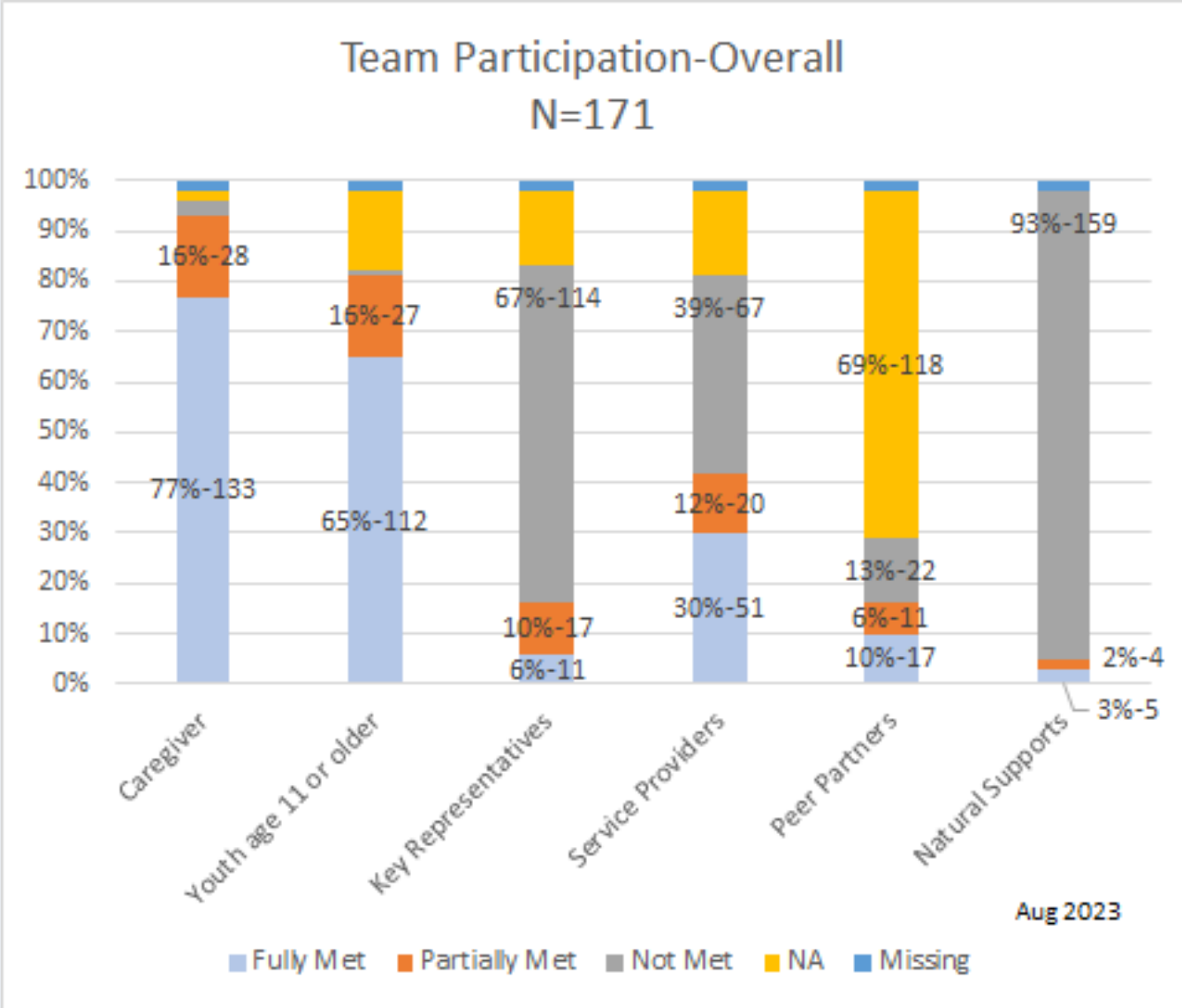
Time Between Meetings



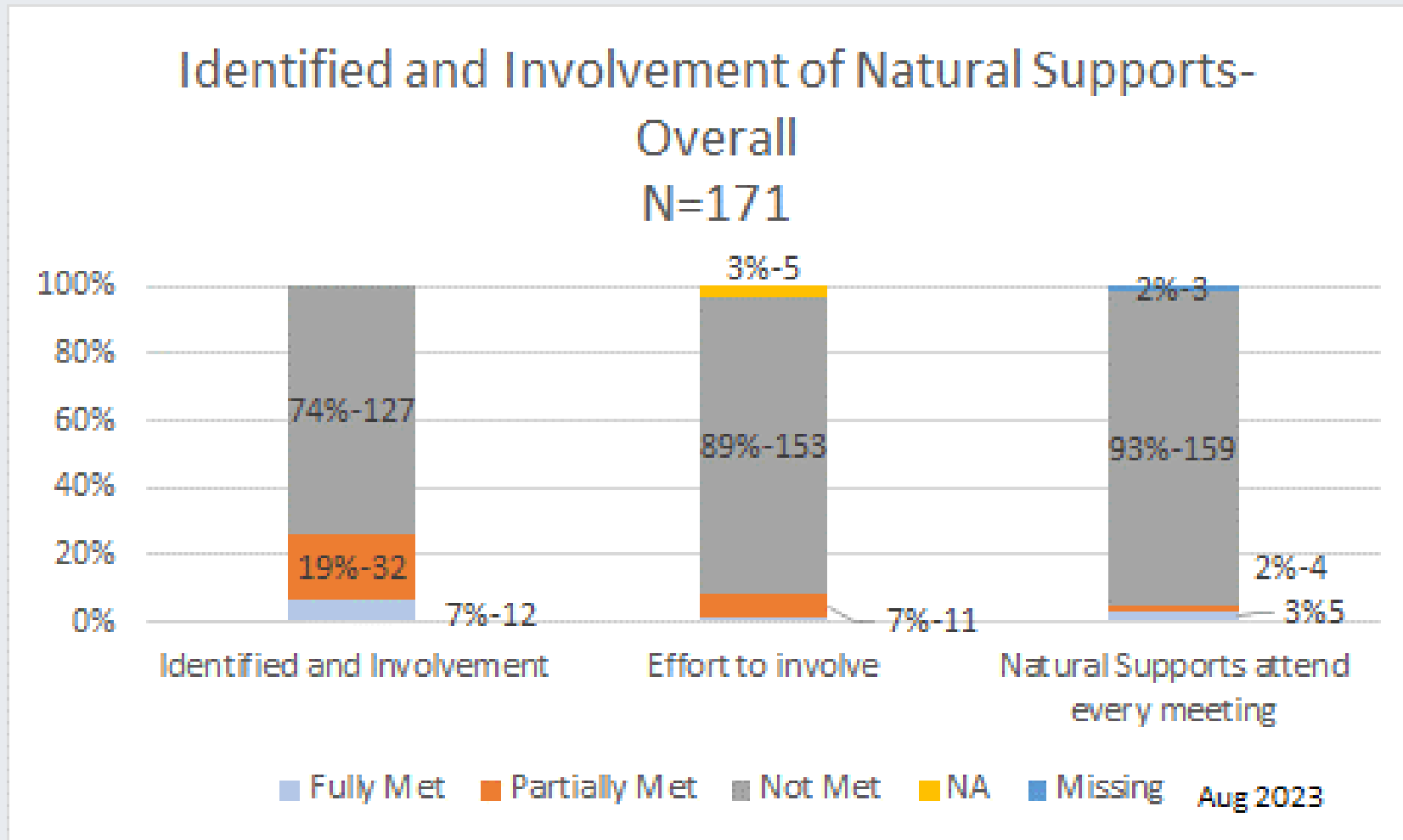
Measuring Progress During and Between Meetings



Team Participation

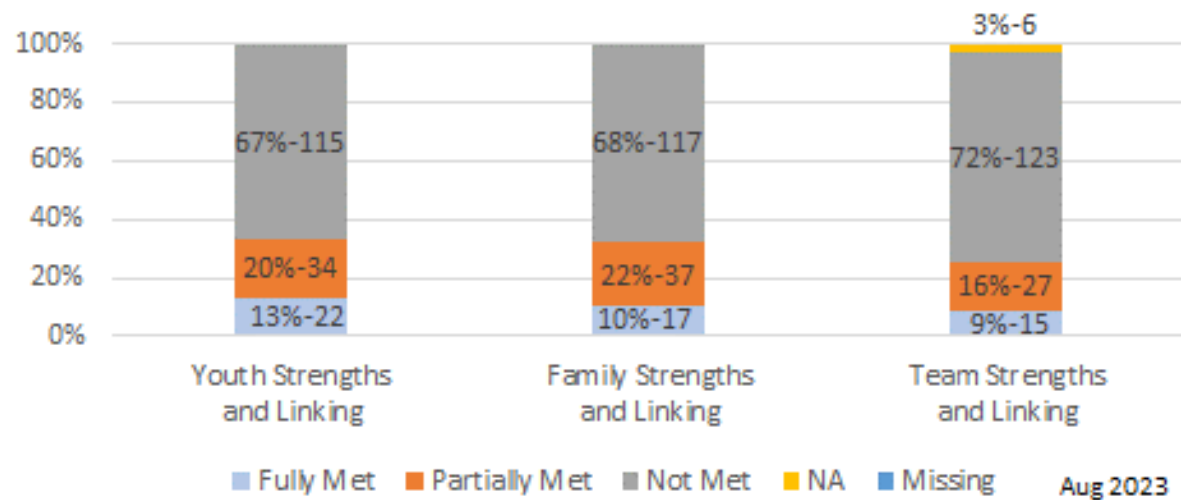


Involving Natural Supports

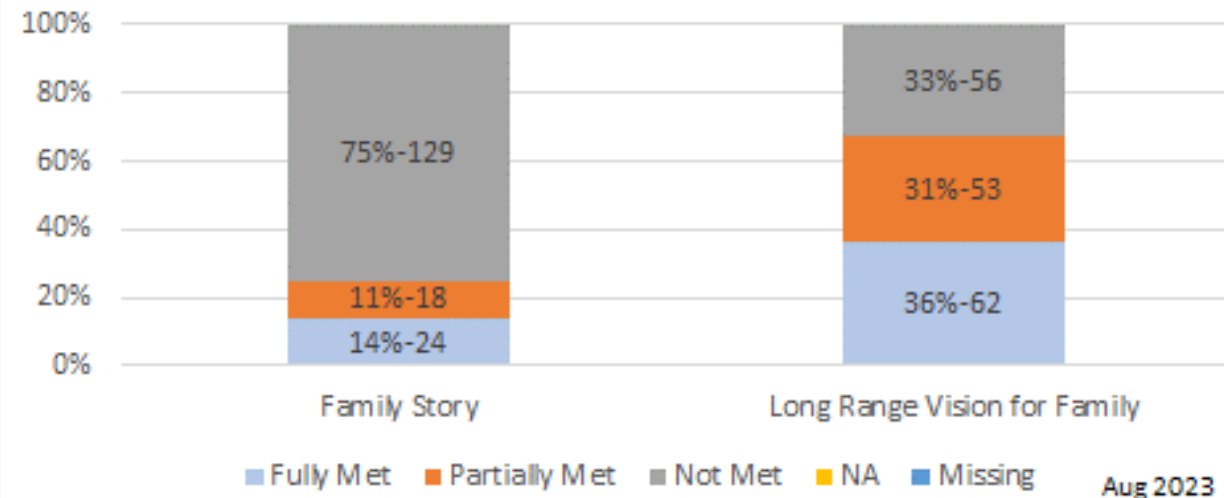


Driven by the Family and their Strengths

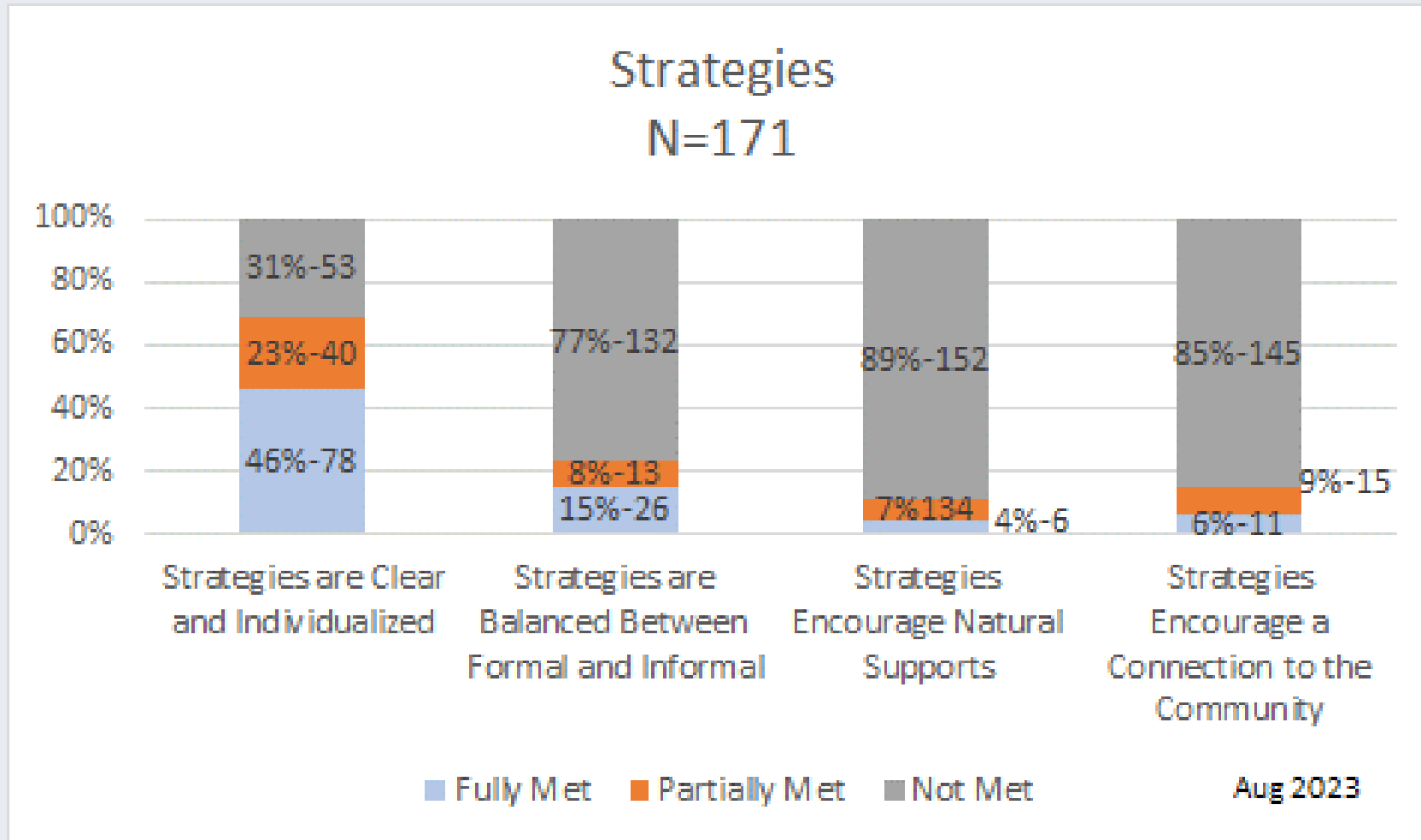
Strengths Identified and Linked to the Plan of Care-Overall
N=171



Family Story, Culture, Values, Beliefs and Vision Overall
N=171

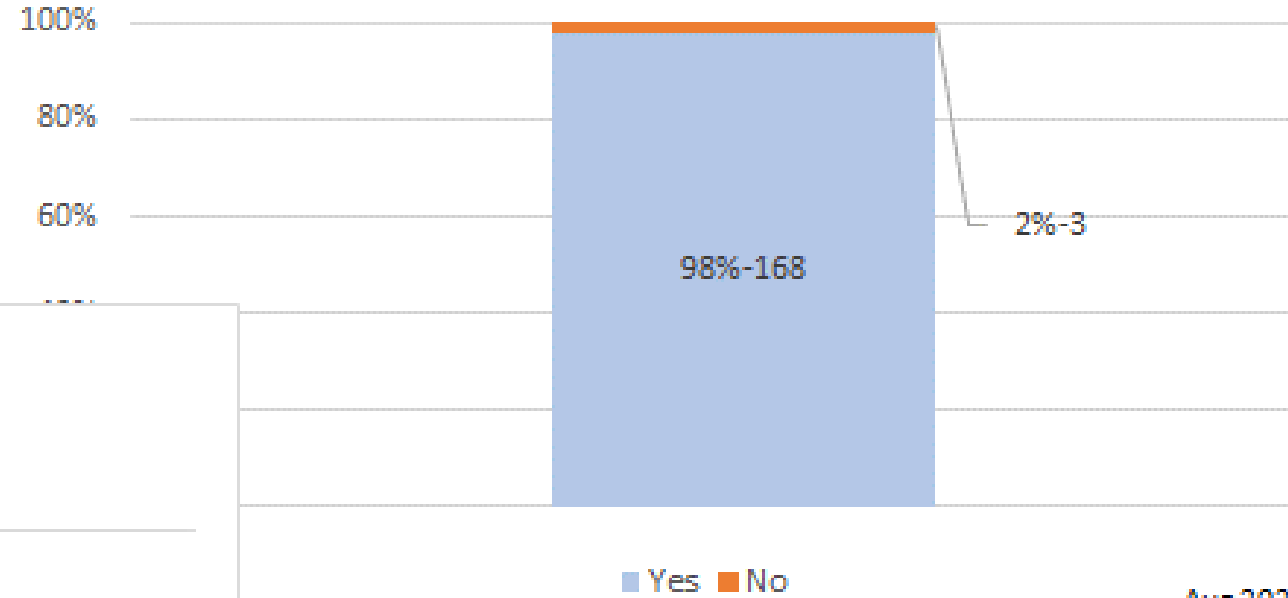


Effective Strategies in Plan of Care

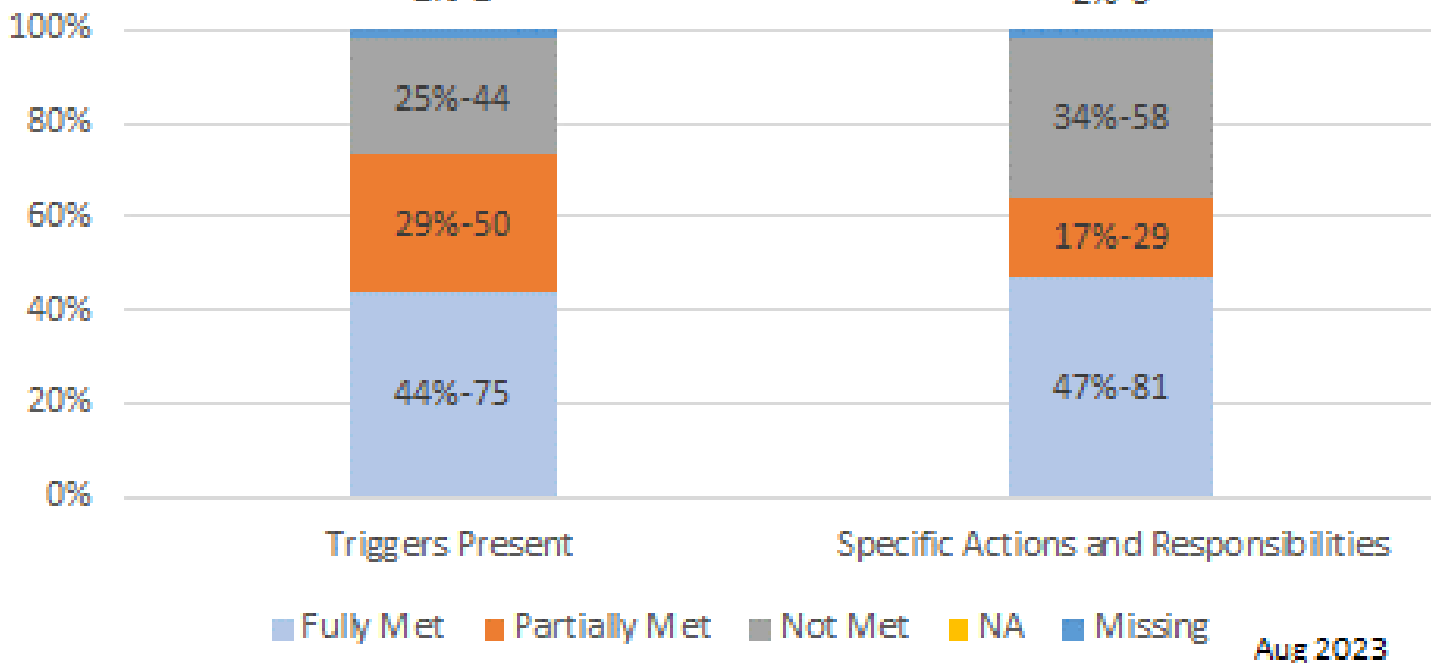


Crisis Planning

Is there a Crisis/Safety Plan Present-Overall
N=171



Crisis/Safety Plan-Overall
N=171

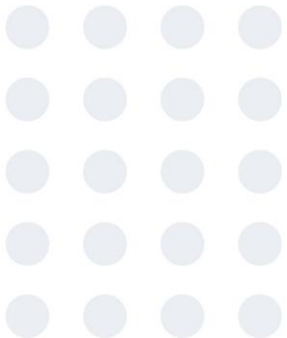


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What Does It Look Like for Families?

- “When our family began meeting with our Wraparound provider, Maddie, our foster child, Brenda, had recently come back from in-patient stay after a suicide attempt. Maddie carefully guided us to and through healing. As we are now preparing for reunification, it gives me great comfort to know that Maddie and Wraparound will continue to support Brenda and her biological family throughout this process.”

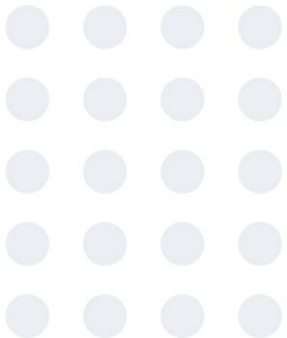


What Does It Look Like for Families?

- “This program has been the best thing that can happen to a family. Our Wraparound team has been a blessing for my family, in helping us to get over the rough spots there was.”
- “Rhonda has been wonderful. She helped introduce our family to a therapy/school program for our son that has changed all our lives for the better. We have seen a real improvement in our son. We have met with Rhonda several times and she calls to check in with us frequently. She always ask if we need anything. This service has been great.”

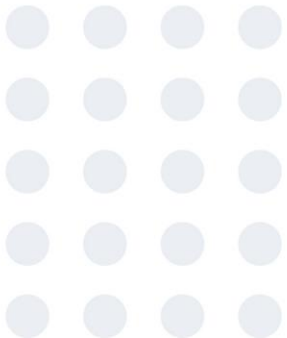
What Does It Look Like for Families?

- “If my family and I are currently involved in the wraparound program, this is the first time I've ever heard the name of the program or been informed that I was involved in it. If I am involved in this program, I feel that I am not receiving many of the services that were mentioned in this survey.”

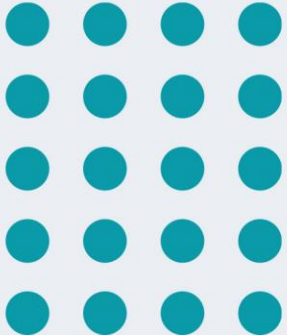
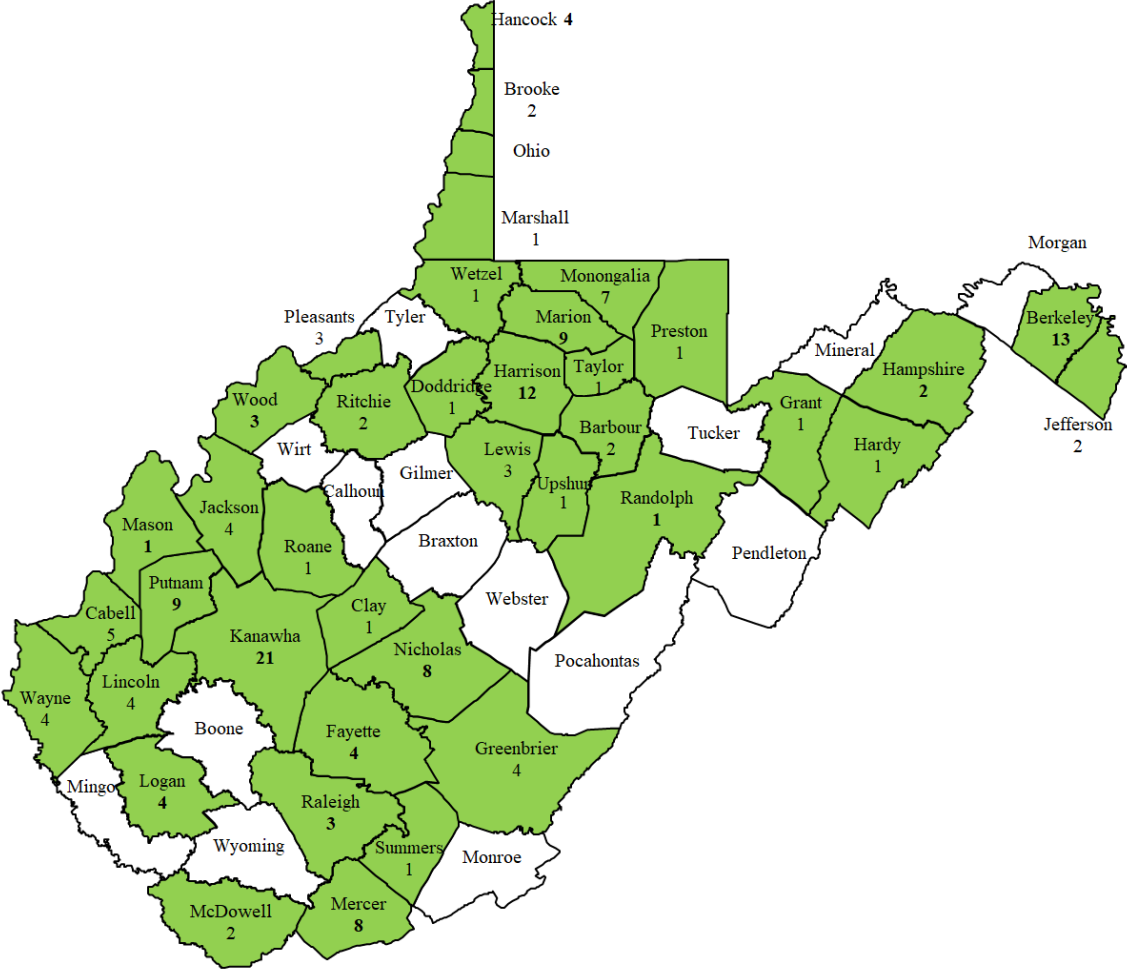


What Does It Look Like for Families?

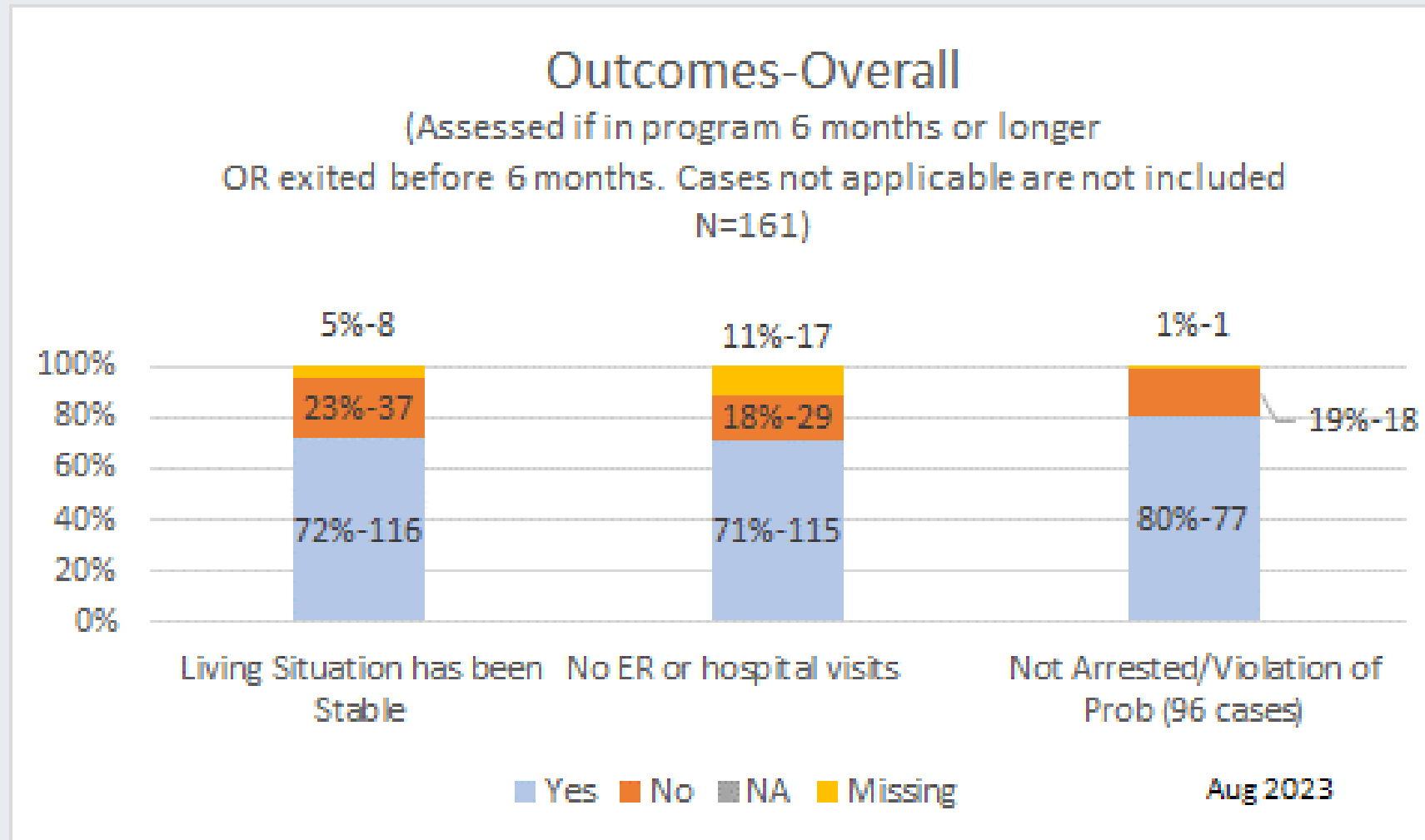
- “The program keeps encouraging my teen to leave home early to join the workforce before they are mature or developed enough to succeed. My teen has absolutely no idea of career path, what is required to succeed in even a basic job environment or how to handle working with other members in a daily work environment... but they keep pushing this”



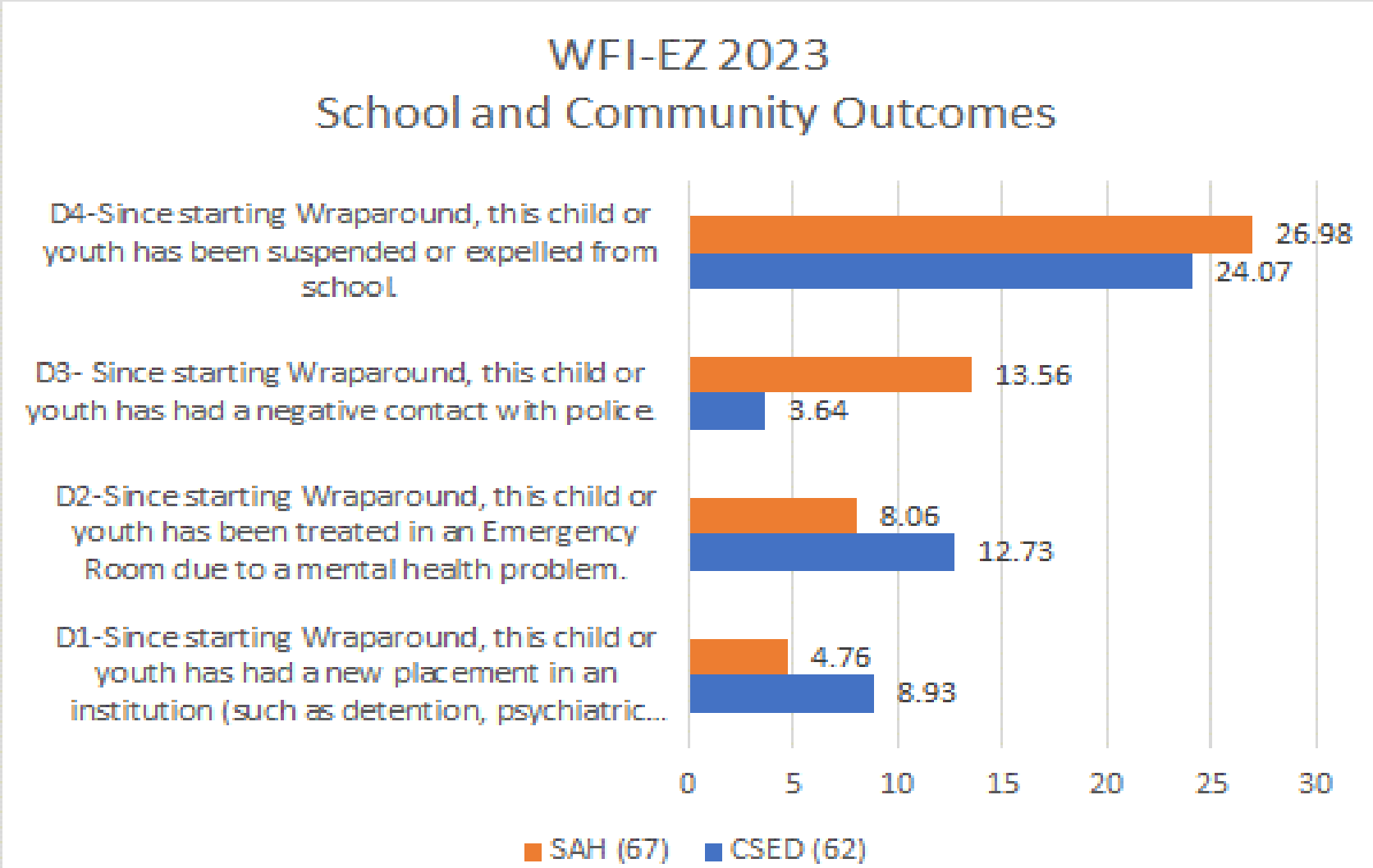
Outcomes for WV



“At Home, In School, and Out of Trouble”? What the documentation says



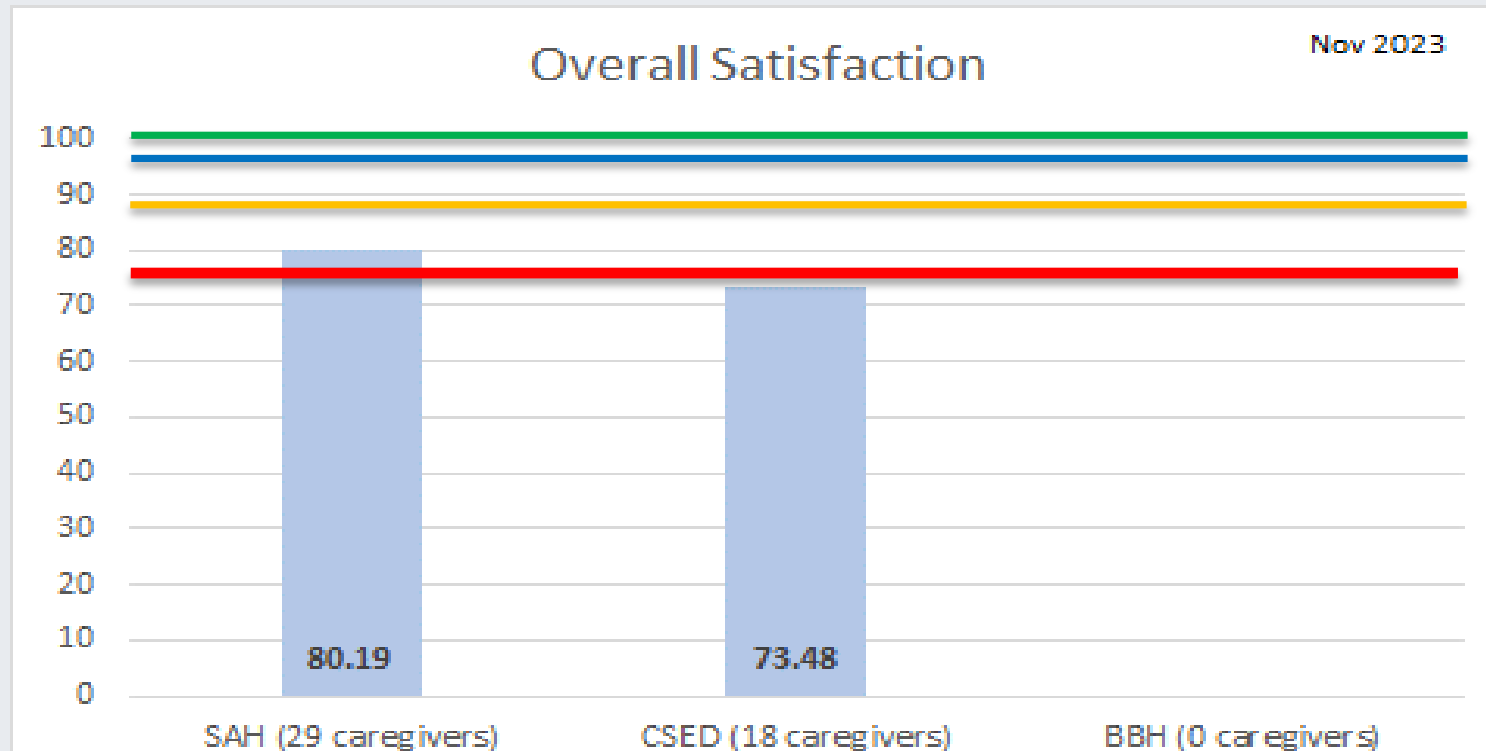
What the Families Report



Caregiver Satisfaction below expectations

Satisfaction Questions

- C1-I am satisfied with the Wraparound process in which my family and I have participated.
- C2-I am satisfied with my youth's progress since starting the Wraparound process.
- C3-Since starting Wraparound, our family has made progress toward meeting our needs.
- C4-Since starting Wraparound, I feel more confident about my ability to care for my youth at home.



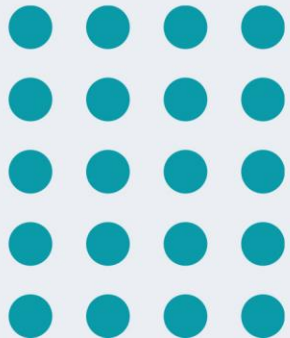
High Fidelity (93.75-100)

Adequate (87.5-93.74)

Borderline (75-87.49)

Inadequate (0-74.99)

What We Can Do From Here



Recommendations based on data

- Hire a WV State Wraparound program director
- Establish a CQI committee for Wraparound in WV
- Authorize and resource statewide oversight of Wraparound across all Bureaus / funding streams
- Translate the Wraparound philosophy into concrete policies, practices, and achievements
- Educate leaders of child-serving agencies and other funding sources on wraparound requirements
- Align funding with elements of the practice model wherever possible
- Require consistent, centralized data entry for CQI and evaluation

Recommendations based on data

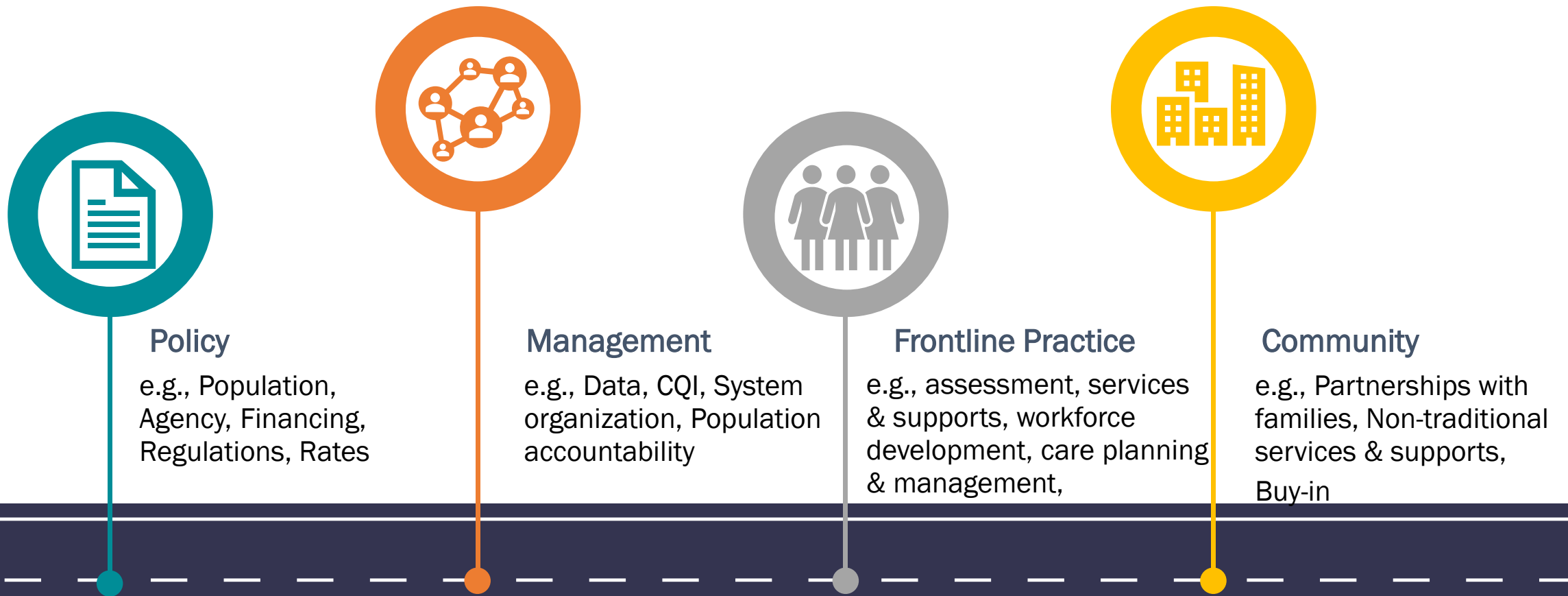
- Assure standardized documentation across funding sources
- Require a process for seamless transition from one facilitator to another
- Ensure standardized evidence-based fidelity tools are utilized
- Support the effective use of CANS
- Ensure appropriate referrals made to Wraparound
- Provide training specific to needs of Wraparound facilitators
- Find every possible avenue to reduce facilitator paperwork



At the state or systems level:

Wraparound is a system-level intervention that requires significant reconfiguration of organizations and systems to achieve the fidelity necessary to meet the needs of youth and families

System Transformation



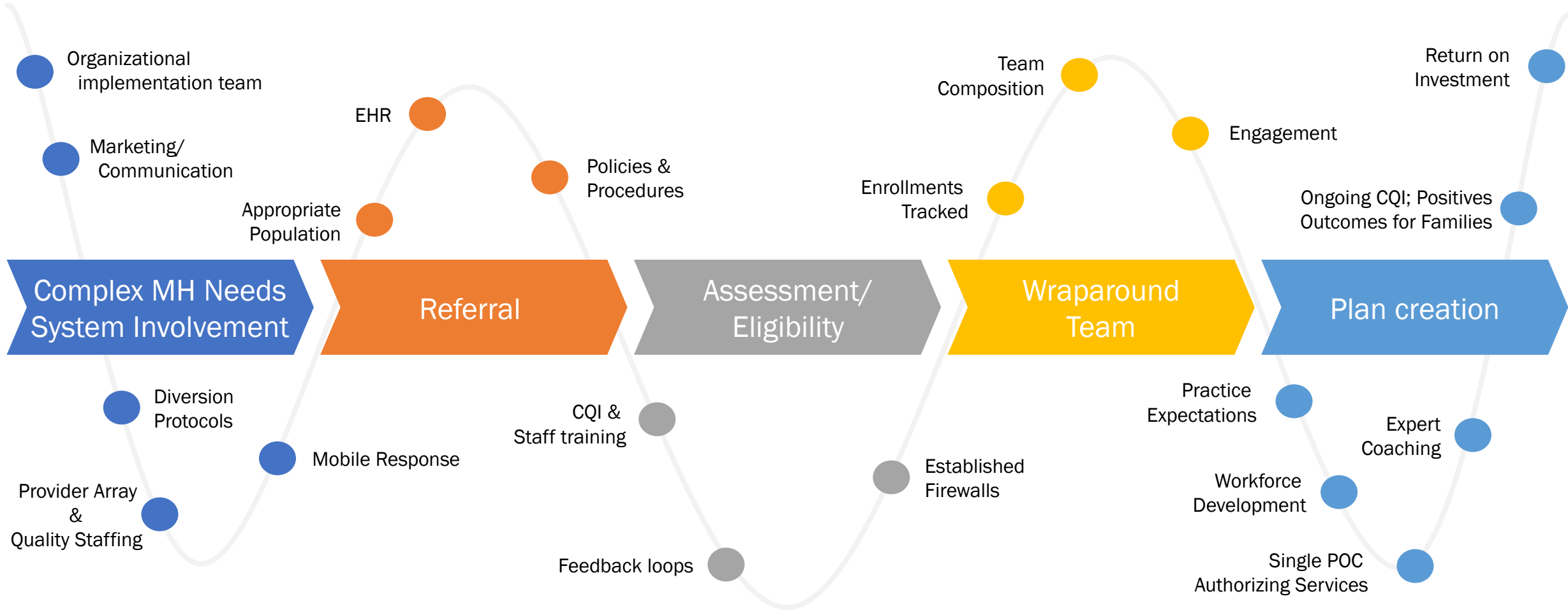


At the provider or organization level:

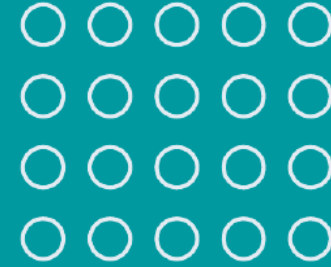
At the *local and/or provider level*, Wraparound is used to support a population of youth whose needs exceed the resources and expertise of one organization. Organizations work to bring relevant providers, community members and other informal supports together to provide families an experience unlike traditional outpatient services.



Wraparound Youth and Family Pathway



Program Considerations



National Wraparound Implementation Center Wraparound Implementation Standards - Program (WISP)



**National
Wraparound
Implementation
Center**

Advancing Systems ◦ Enhancing the Workforce ◦ Improving Outcomes

Manual; Edition 2.0

Structure of the WISP

Categories are assessed across three phases of implementation: Pre-Implementation, Implementation, and Sustainability

Organization

- Leadership
- Appropriate Population
- Accountability Mechanism
- Access
- Services & Supports
- Staffing
- Staff Satisfaction
- Onboarding

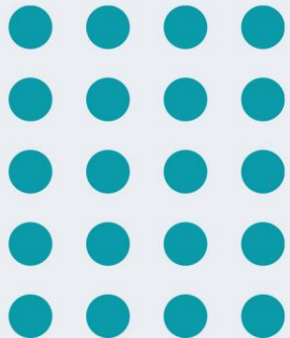
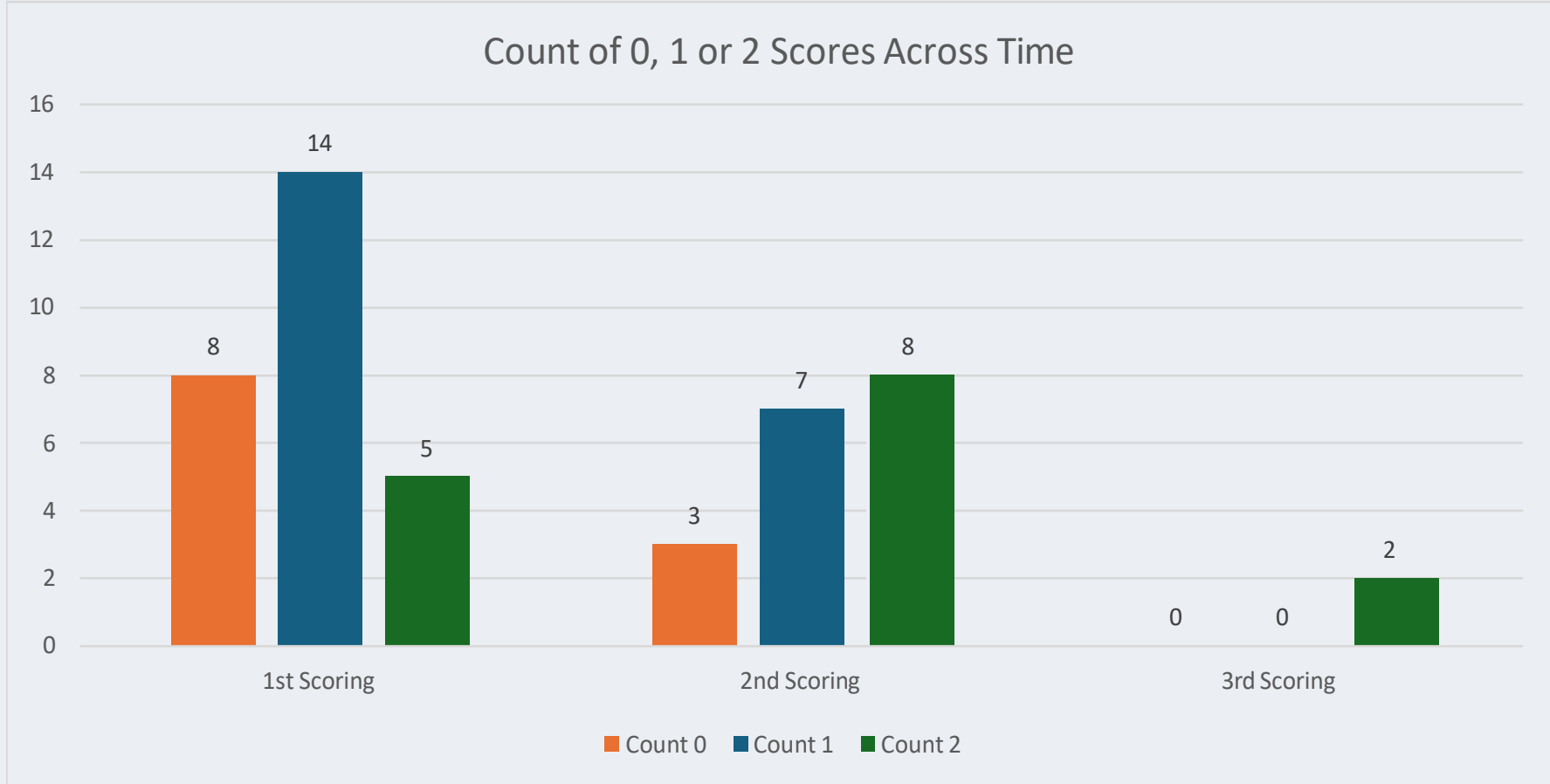
Wraparound Supervisor

- Training
- Competence

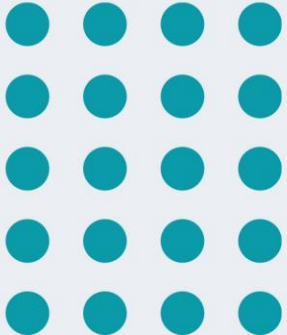
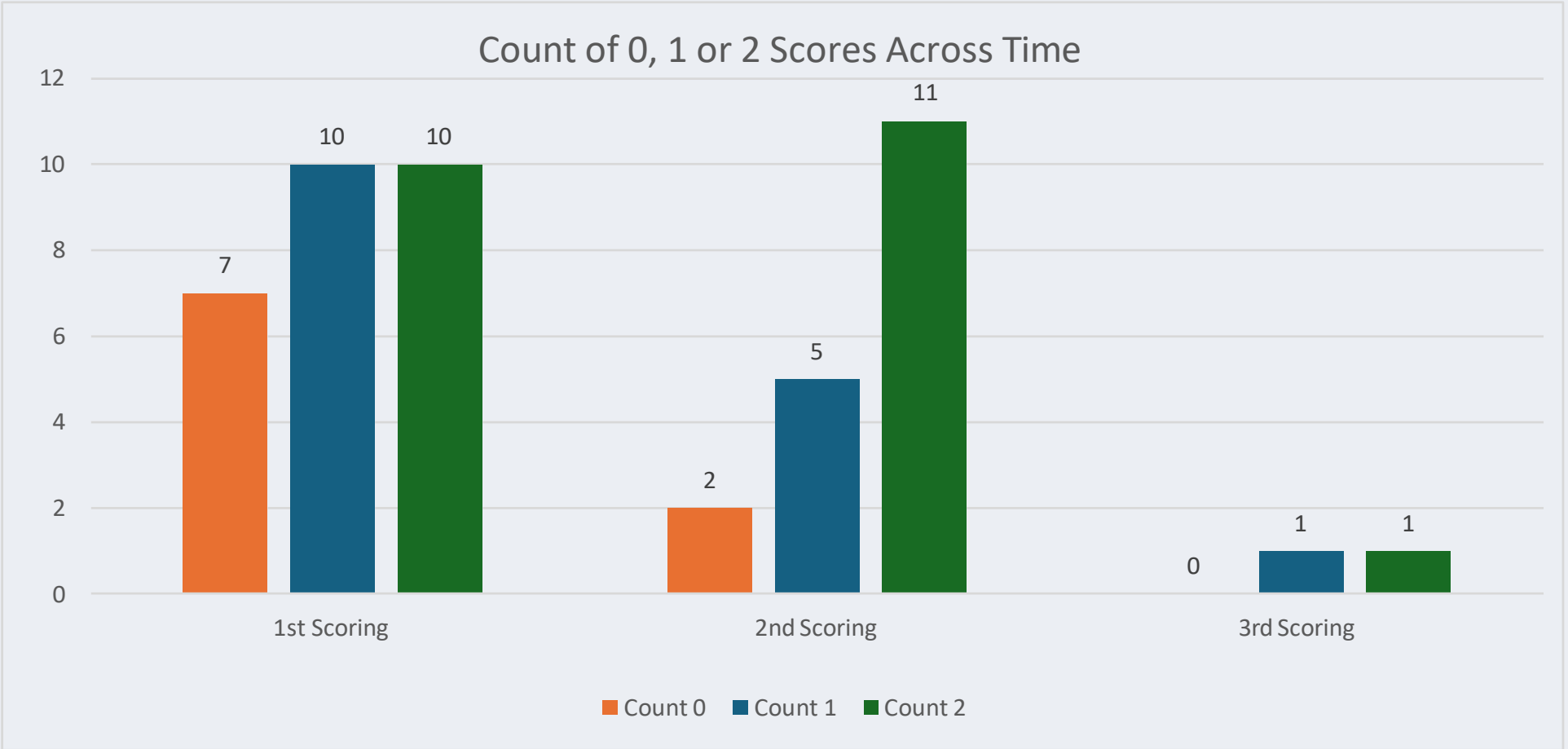
Wraparound Care Coordinator

- Training
- Competence
- Engagement

(ORG- S:1) At least one Wraparound Supervisor has been identified (3A).



(ORG-S:2) An adequate number of Care Coordinators have been identified (3A).5H).



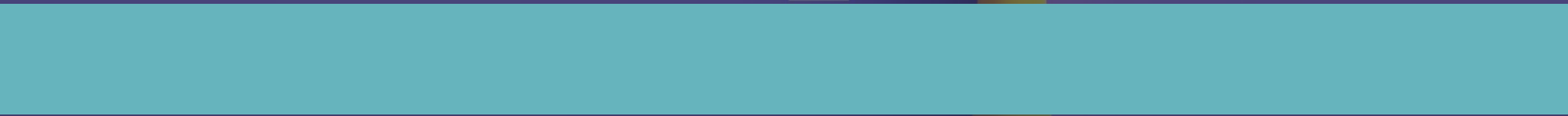
WV Program Assessment Provides Important Information

- Caseloads often 15:1 or higher – doesn't allow high-fidelity Wraparound
- Supervisors and Facilitators often have to serve multiple roles in their organization
- Lack of regular supervision and coaching
- Some teams (CSED) can only meet every 90 days
- System partners don't actively participate
- Turnover is high; excessive paperwork is a cause

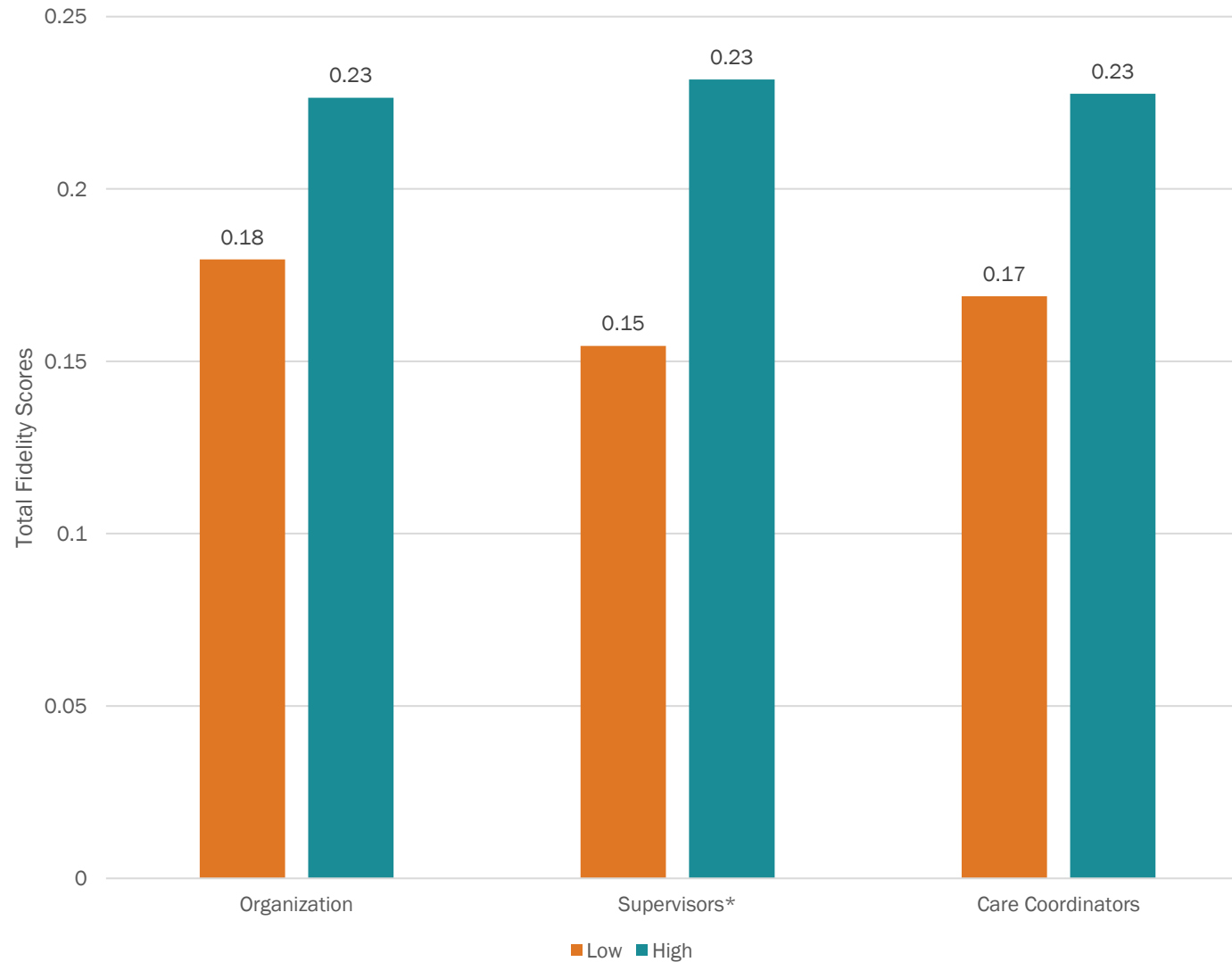




What does the research
tell us?



Total Fidelity Scores Based on High/Low Scores on WISP Domains



Higher Program Scores leads to Better Fidelity

...

and More Positive Family Outcomes



Wraparound is a system intervention. Systems need to be assessed and reconfigured to successfully implement Wraparound.



Providers must collaborate with policy makers and system administrators to ensure resources are available that facilitate the delivery of high-quality Wraparound and meet the needs of youth and families in their communities.



Evaluating fidelity and outcomes can provide the state and WPOs with data-driven guidance in developing the necessary supports and implementation strategies to ensure that Wraparound meets the needs of youth and families

Implications for West Virginia!