

**UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS  
Western Division**

ROSIE D., et al.,	)	
	)	
Plaintiffs,	)	
	)	
v.	)	
	)	C.A. No.
DEVAL L. PATRICK, et al.,	)	01-30199-MAP
	)	
Defendants	)	
	)	
	)	

**Affidavit of Hannah Karpman**

I, Hannah Karpman, hereby depose and state as follows:

1. I am a fourth year doctoral student and National Institute on Alcohol Abuse and Alcoholism fellow at the Heller School for Social Policy and Management at Brandeis University, where I have focused my studies on children and adolescents' behavioral health and substance use. Prior to entering the PhD program, I was a program director at the Germaine Lawrence Community Based Acute Treatment program for 5 years. I hold an MSW from the University of Pennsylvania and a BA from Mount Holyoke College in Psychology and English. I am currently working as an intern on the staff of the Compliance Coordinator, Emily Sherwood.
  
2. I performed a search of peer reviewed academic literature to assess the availability of empirical evidence supporting the use of the Community Service Review, the Wraparound

Fidelity Index, the Team Observation Measure and the Child and Adolescent Needs and Strengths tool as evaluation tools.

3. I reviewed:

- The “Community Service Review Protocol Designed for the Rosie D. Remedy”
- The Resource Guide to Wraparound<sup>1</sup>
- Massachusetts Child and Adolescent Needs and Strengths (CANS) tool
- PsychoInfo, PubMed and Social Sciences Index (Academic databases)

4. *Review of the Literature*

- a. A search of the term “Community Service Review” in these databases resulted in no matches. I then searched the names of the authors of the tool, and this search did not reveal any material on this approach to evaluation. Specifically, the search of these databases yielded no studies that examined the internal or external validity of the CSR process, or the history or formulation of the process as it relates to children’s behavioral health. In addition, I searched “quality service review,” which seemed to be the forefather of this approach. Again I was unable to locate any literature in these databases regarding evaluation of children’s behavioral health services.
- b. A Google search identified several examples of the CSR protocol in use in other state child welfare systems and one evaluation of the tool, though it is important to note that the literature discussed here is not peer reviewed. This study examined the

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<sup>1</sup> Online resource of the National Wraparound Initiative ([www.nwi.pdx.edu](http://www.nwi.pdx.edu))

usefulness of the CSR as an evaluation or outcomes tool. Kershaw <sup>2</sup> field tested the QSR for use as a part of the Community-Based Care Statewide Evaluation in Florida.

- c. In contrast, a similar search for academic literature about the CANS assessment tool yielded three independent studies examining the internal and external validity of the assessment, as well as several articles where the CANS was the tool of choice to assess outcomes for children's behavioral health care variables or to predict care utilization<sup>3,4,5,6,7</sup>.
- d. Inter-rater reliability is a term for assessing the extent to which two CANS raters, working from the same information about the child, will rate the CANS the same. Lyons <sup>8</sup> examined inter-rater reliability of the CSPI, the immediate ancestor of the CANS, with item descriptions that are quite similar to the current version. In this

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<sup>2</sup> Kershaw, M., Armstrong, M., Vargo, A., Styles, M., & Whitlock, A. (2002) Quality service review field test report and recommendations for future use (submitted as a report to the Office of Mission Support & Performance, Florida DCF).

<sup>3</sup> Lyons, J., Epstein, R., & Jordan, N. (2010). Evolving systems of care with total clinical outcomes management. *Evaluation and Program Planning*, 33(1), 53-55. doi:10.1016/j.evalprogplan.2009.05.015.

<sup>4</sup> Lyons, J., Woltman, H., Martinovich, Z., & Hancock, B. (2009). An outcomes perspective of the role of residential treatment in the system of care. *Residential Treatment for Children & Youth*, 26(2), 71-91. doi:10.1080/08865710902872960.

<sup>5</sup> Welty, S. (2008). Psychometric properties of the child and adolescent needs and strengths---parent version. *Dissertation Abstracts International*, 69, Retrieved from PsycINFO database.

<sup>6</sup> Anderson, R. (2008). Finding the balance in evolving service sectors for youth with co-occurring disorders: Measurement and policy implications. *Residential Treatment for Children & Youth*, 24(3), 261-281. doi:10.1080/08865710802115759

<sup>7</sup> Anderson, R. (2004). Reliability of the child and adolescent needs and strengths scale. *Journal of Child and Family studies*. 12(3), 279-289.

<sup>8</sup> Lyons, J. et al (2002). Use of measurement audit in outcomes management. *Journal of Behavioral Health Services and Research*. 29(1).

- study 353 clients received CSPI assessments at the point of intake over a period of two years. Retrospectively, researchers examined these 353 charts and re-rated them using the CSPI, having not seen the original assessment. The results between these two groups were then compared. The data indicated an overall reliability score of .72. The data also suggested reliability between agencies, suggesting that the tool could be in widespread use in a variety of settings and still maintain reliability.
- e. In a second study of CANS reliability, Anderson et al.<sup>9</sup> utilized a random selection of 60 actual cases to review. Her research team independently rated each case based on the admission note, then compared their ratings to the scores from the actual clinician for each case. Anderson's work suggests that the CANS can be consistently used across raters to assess a child's needs and strengths.
  - f. The Wraparound Fidelity Index (WFI) and the Team Observation Measure (TOM) were developed by Eric Bruns and others to assess the extent to which care coordination programs adhere to the principles, phases and activities of Wraparound as defined by the national Wraparound Initiative (NWI)<sup>10</sup>. According to Bruns, fidelity to the model is important for two reasons. First, the rapid expansion of self-described Wraparound programs in the past two decades showed wide variation in actual program activities, with many programs practicing in ways that diverge from

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<sup>9</sup> Anderson, R., et al (2003). Reliability of the child and adolescent needs and strengths-mental health scale. *Journal of Child and Family Studies*. 12(3).

<sup>10</sup> Bruns, E., Burchard, J., Suter, J et al (2004). Assessing fidelity to a community based treatment for youth. *Journal of Emotional and Behavioral Disorders*. 12(2). 79-89.

NWI standards. This makes it difficult to study the effects of a single practice.

Second, emerging research indicates that variations in fidelity across programs predict variations in program outcomes for youth.

- g. In examining the literature related to the Wraparound Fidelity Index, I found two peer reviewed articles that discuss the history and development of the WFI as well as issues related to measuring quality standards for Wraparound implementation in larger scale settings.<sup>11</sup> In addition, there is an emerging body of literature suggesting that the WFI can be used to examine system and program level variables that may impact the implementation of WFI.<sup>12,13</sup>
  
- h. The Team Observation Measure (TOM) assesses adherence to standards of high-quality wraparound during team meeting sessions. It was originally developed to be used by external evaluators, but has also been used by supervisors to help support coaching and supervision of wraparound staff. The TOM consists of 20 items, with two items dedicated to each of the 10 principles of wraparound. Each item consists of 3-5 indicators of high-quality wraparound practice as expressed during a child and family team meeting. Working alone or in pairs, trained raters indicate whether or not each indicator was in evidence during the wraparound team meeting session.

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<sup>11</sup> Bruns, E., Burchard, J., Suter, J et al (2004). Assessing fidelity to a community based treatment for youth. *Journal of Emotional and Behavioral Disorders*. 12(2). 79-89.

<sup>12</sup> Bruns, E., Suter, J., and Leveretz-Brady, K. (2006). Relations between program and system variables and fidelity to the wraparound process for children and families. *Psychiatric Services* 51(11). 1586-1593.

<sup>13</sup> Bruns, E., Suter, J., and Leveretz-Brady. (2008) Is it wraparound yet? Setting quality standards for implementation of the wraparound process. *The Journal of Behavioral Health Services & Research* .35(3). 240-252.

These ratings are translated into a score for each item as well as a total fidelity score for the session overall.

- i. Academic literature supports the reliability of the TOM.<sup>14</sup>

Signed under the pains and penalty of perjury, this 20<sup>th</sup> day of August, 2010

/s/ Hannah Karpman  
Hannah Karpman

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<sup>14</sup> Bruns, E., Sather, A., and Pullmann, M. (2010). *The Wraparound Fidelity Assessment System: Psychometric Analyses to Support Refinement of the Wraparound Fidelity Index and Team Observation Measure*. Poster presented at the 23rd Annual Systems of Care Conference Tampa, Florida, March 2010