

The Art & Science of Fidelity Assessment

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The Art & Science of Fidelity Assessment

Priming the Canvas

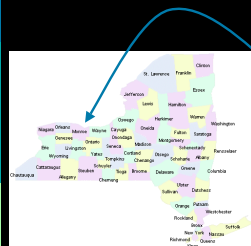
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Coordinated Care Services, Inc.



Objectives for this presentation

- Share the approach used in one community to assess fidelity to the Child and Family Team process
- Provide a useful framework for Continuous Quality Improvement (CQI) initiatives
- Highlight the art and science inherent in any well developed and effective CQI effort
- Relate lessons learned from attempting to concurrently engage in art and science

Monroe County, New York



- Upstate New York
- City of Rochester and surrounding area
- County Population: 730,807
- City Population: 215,093
- 19 school districts
- Funded Phase V SOC community (2005)

YFP Overview

- Care Coordination project serving 100 families
- Redeployed/hired staff from mental health, child welfare and juvenile justice
- Use of Child and Family Team process (wraparound)
- Population of focus: highest need cross-system youth at imminent risk of residential placement

YFP Outcomes

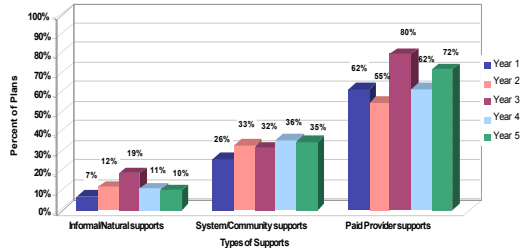
- Child & Family Functioning
- Consumer Satisfaction
- Cost Reduction
- Placement Reduction
- Fidelity to Practice Model

CQI Tips and Tricks

- Determine who it matters to and why
- Utilize existing opportunities
- Promote a dialogue/ask questions
- Follow a parallel process:
 - Identify strengths
 - Identify and prioritize needs
 - Brainstorm strategies
 - Test your hypothesis
 - Revisit and revise (if necessary)

Fidelity CQI Initiatives

Team Plans Using Informal, Community and Paid Supports



CQI Initiatives

Need: Increased participation of natural/informal supports

Response: Addition of Community Resource Coordinator

Response: Coaching for Care Coordinators on engagement and skills to build successful teams

CQI Initiatives

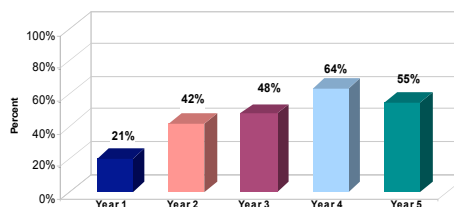
Need: High proportion of paid supports which may not be sustainable post-discharge

Response: Coaching/supervision focus on creating balance on teams

Response: Increase relationships with providers that are reimbursable through insurance

Response: Use of system of care workgroups and governance to develop systemic relationships

Percent of monthly CFT's held



CQI Initiatives

Need: Monthly team meetings (minimum) for all enrolled youth and families

Response: Coaching for Care Coordinators in team-based planning

Response: Social marketing of Child and Family Team (CFT) approach for families, providers and system partners

Response: Advocacy for CFT meeting to serve as required planning meeting for all

Lessons Learned

- Do not assume the data tells the story
- Develop multiple opportunities for conversations
- Integrate CQI into the day-to-day operations
- Be aware of the power of "subtle nuances"
- Use the "3 H's"
 - Humble
 - Honest
 - Human

The Art & Science of Fidelity Assessment

Selecting the Subject

Rusti Berent, Ph.D.
Children's Institute & University of Rochester

Objectives for this presentation

- To share the "nuts and bolts" of issues identified in this local evaluation and their resolution
- To underscore the value of broad stakeholder involvement
- To illustrate the roles and blending of art and science in a community project

The Evaluation Workgroup: A Study in the Art of Collaboration

- The Monroe County ACCESS Evaluation Workgroup was comprised of a diverse range of stakeholders including:
 - Family members
 - Public and private providers
 - Project Director
 - Clinical Director
 - TA Coordinator
 - Cultural and Linguistic Competence Coordinator
 - Evaluators

The Logic Model Is Our Friend

- Friends do not let friends evaluate without linking the evaluation to the logic model.
- Why? The logic model embodies the values of SOC as family driven, youth-guided, and culturally and linguistically competent.
- The logic model specifies strategies and outcomes.
- Problem: With a "candy store" full of many delicious choices, what should our subject be?
- Who, ultimately, makes decisions regarding what to study?

Narrowing the Field

- The following were some ideas that did not make the final cut:
 - Our community collaborative and its infrastructure
 - Cultural and Linguistic Competence across the system
 - Family and youth involvement
- Why?
 - Lack of reliable and valid tools
 - Unclear who should be surveyed
 - Unclear what results would mean or lead to

Selecting the Subject

- A constellation of events pointed to the child and family team (CFT) process:
 - Already studied locally through the Youth and Family Partnership (YFP)
 - The CFT embodies the core principles outlined in the logic model, is central to ACCESS, and is used across ACCESS agencies
 - Excellent tools exist: The Wraparound Fidelity Assessment System (WFAS)*
 - The results have immediate CQI application

* Bruns, E., Sather, A., Walker, J., & Rast, J., (2007). Wraparound Fidelity Assessment System. (Available from the University of Washington, Division of Public Behavioral Health and Justice Policy, Seattle, Washington 98102)

Science Kicks in

- Who should we sample?
- Which WFAS measures should we use?
- Should we link the study to the National Evaluation?
- Who should collect the data and how?
- Is this research?
- What are the budget implications?

Answering the Questions and Making Decisions

- The questions did not arise in a linear fashion and each decision had implications for other decisions.
- Very early we made a pivotal decision not to link the fidelity assessment to the national evaluation.

Research Gives Way to CQI

- A cross-sectional design was decided upon to track program improvements.
- An IRB protocol was crafted and submitted. We were advised that since the study was CQI, IRB approval was not needed.
- Families who have been in care coordination for three months or longer are randomly sampled from each of the care coordinators.
- We still use informed consent procedures for the families.

Conclusion

The Art of Collaboration + the Science of Research = Winning Solution

- Involving the workgroup increased buy-in and cooperation from all stakeholders.
- The result is a more focused study with results that will more likely be used.
- If we choose to publish the results, we will submit an IRB protocol based on using existing data.

Epilogue

- Seven interviewers and their supervisors were trained to achieve 80% reliability on the measures (more than 1/2 are family members).
- The data collection has begun and is expected to last about three months.
- The Evaluation Workgroup is being reorganized to embody CQI, TA, and Evaluation.
- Next year in Tampa, we hope to present results from Monroe County.
- Our neighbor, Erie County has been through this process and will share their results next.

The Art & Science of Fidelity Assessment

Paint by Number Using the WFI to Measure Fidelity

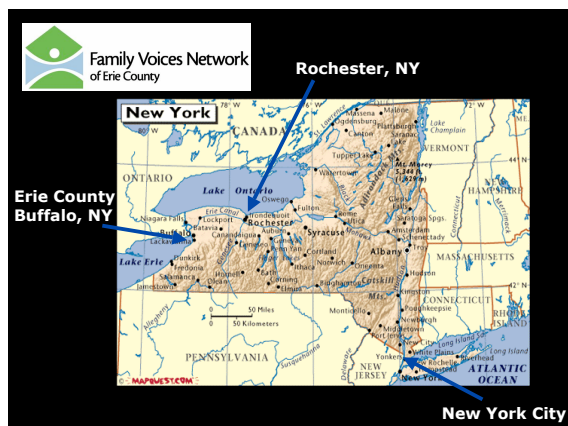
Joan B. Kernan: Evaluator
Vicki McCarthy: Key Family Contact
Marie Morilus-Black: Project Director



Objectives for this presentation

- How Family Voices Network selected the WFI
- How Family Voices Network conducted the WFI
- What were our findings
- What 'lessons learned' can be shared

WFI-4 : Copyright 2006 Wraparound Evaluation and Research Team/ Eric J. Bruns, Ph.D., Univ. of Washington; depts.washington.edu/wrapeval



Fidelity to the model:

- Original plans from our SAMHSA System of Care grant
- Strategic planning process – Logic Model
- Considered Wraparound Observation Form (WOF) & Wraparound Fidelity Index (WFI)

Objective

Measure 'fidelity' adherence to wraparound principles.

Method: Convenience sample of parent/caregivers and youth enrolled in Family Voices Network care coordination and their care coordinators (also referred to as wraparound facilitator).

Measures: WFI-4

Table 1. WFI-4 Items per Wraparound Phase

Phases of Wraparound	Parent/caregiver, Care Coordinator # items	Youth # items
Engagement	6	6
Plan Development	11	8
Plan Implementation	15	13
Transition	8	5
Total Items	40	32

Procedures

- Received IRB approval
- Trained 3 family members to conduct phone interviews
- Interviewed parent/caregivers enrolled in FVN between 4-6 months by phone, youth >= age 11 if consent obtained by parent
- Selected 30% of caseload for each agency providing wraparound, 6 agencies involved
- Interviewed care coordinators of all parent/caregivers interviewed
- Informed consent process completed by phone before interview

Main Outcome Measures

- By respondent group (parent/caregiver, youth, care coordinator)
 - Mean phase (or domain) score
 - Total score

Findings

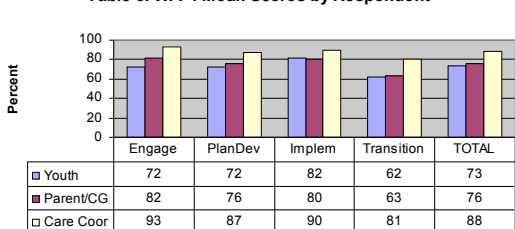
Table 2. Respondent Demographics

Parent/caregiver Interview n=105	Youth Interview n=33	Care Coordinator Interviews n=105
81.3% bio/adoptive parent 3% foster parent 15.2% other family member	65% Male 35% Female 15 - average age (range 11 - 18)	31 different care coordinators 3.4 average # interviews each
Race/ethnicity of youth in services: 26% AA/Black 56% White 15% Hispanic 3% Native American		Length of time in FVN: 6.6 months (SD=4.5)

Findings continued

Combined Total WFI Score was 81 (SD=9).

Table 3. WFI-4 Mean Scores by Respondent



Results presented to...

- Executive Committee
- Management Team
- Care Coordination CEO Committee
- Care Coordinators Committee
- Families CAN family organization
- Social Marketing and Evaluation sub-committee (includes youth)

Recommendations

- WFI mean total scores should be in the 'acceptable' range or greater for each agency
- Emphasis made on transition phase, transition discussion begins at intake, discussed at every child & family team meeting
- Care coordination training includes transition planning
- Families CAN now includes transition planning in their Orientation Workshop for families, and began offering transition planning seminars for care coordinators
- Youth director formed a new advisory committee to brainstorm ideas to help increase youth engagement and participation in process.

Lessons Learned

- WFI-4 pilot was an excellent choice
- Hiring family members has added benefits
- Administration and training takes lots of time, requires practice
- Continuous quality improvement process needs refinement



References

Bruns E, Suter J, Force M, Sather A, Leverenz-Brady K (2006). *Wraparound Fidelity Index 4.0*. Manual for Training, Administration, and Scoring of the WFI 4.0.

Walker J, Rast J, Bruns E, Sather A, Pirtle K, Orlando R, White G. *Using Evaluation to Implement Wraparound and Sustain Fidelity*. Intensive workshop on Methodology, 20th Annual Systems of Care Research Conference, Tampa, FL, March 7, 2007.

Walker JS, Bruns EJ, Rast J, VanDenBerg JD, Osher TW, Koroloff N, et al. (2004). *Phases and activities of the wraparound process*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

Walker JS. (2008). *How, and Why, Does Wraparound Work: A Theory of Change*. Portland, OR: National Wraparound Initiative, Portland State University.

National Wraparound Initiative. Web site:
<http://www.rtc.pdx.edu/nwi/>