

WFI for CQI

Measuring Change in Wraparound Fidelity after Implementing Improvement Efforts



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Agenda

- Introduction to Family Voices Network of Erie County
- Wraparound process and measuring fidelity with WFI-4
- Themes from 2007 study, system improvements made
- Determine if results of 2008 study showed improvement
- Discuss future efforts

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Family Voices Network of Erie County

- Erie County Departments of Mental Health, Social Services, Juvenile Justice
- Six Care Coordination agencies implementing wraparound process
 - Roughly 5 to 10 care coordinators
 - Caseloads vary ~11 families

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Wraparound Process

- There are 10 principles of wraparound (handout)
- There are 4 phases of the process
 - Engagement – development of child and family team begins; shared vision; discovery of strengths, needs and culture (within first two weeks)
 - Plan development – create initial plan of care (within first two weeks, first month)
 - Plan implementation – initial plan carried out (longest period of time), changes made to plan on a regular basis to reflect needs
 - Transition – continual throughout to prepare family for passage from formal to natural/community supports (ongoing)

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Wraparound Fidelity Index-4

- Conversational interview
- Evaluates the degree to which a family's experience in wraparound conforms to a specific set of activities
- Main outcomes: overall score, scores for each phase of the process (High Fidelity: 85-100, Acceptable 75-85, Borderline 65-75)
- Interviews are conducted with care coordinators, caregivers and youth (>= 11 yrs)

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

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- *Engagement* – “Did you select the people who would be on your child and family team?”
- *Plan development* – “Does the plan include strategies for helping your child get involved with activities in the community?”
- *Plan implementation* – “Does the team evaluate progress towards the goals of the plan at every child and family team meeting?”
- *Transition* – “Will members of your team be there to support you when formal wraparound is complete?”

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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

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- ### Conducting WFI Study in 2007 and 2008
- **Method**
 - Convenience sample of parent/caregivers and youth enrolled. One sample conducted in summer of 2007 and one during summer of 2008.
 - Used WFI-4
 - **Procedures**
 - Trained 3 family members to conduct phone interviews
 - Interviewed parent/caregivers enrolled in FVN between 4-10 months by phone, youth >= age 11 if consent obtained by parent
 - Selected 20% of caseload for each agency providing wraparound
 - 6 agencies involved: interviewed care coordinators of all

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- ### Themes From 2007
- Based on results, improvements were made in:
 - *Training in transition planning* – a training was provided to care coordinators to enhance skill
 - *Orientation workshop*: Provided for parent/caregivers at intake to services. Now includes discussion of *all phases of wraparound*, including the meaning and purpose of *transition and transition planning*
 - *Transition* is discussed at each Child & Family Team Meeting from the 1st meeting

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- ### Current Research Question
- Did the wraparound care coordination process improve in 2008 after quality improvements were made as measured by the WFI-4?
 - **Method:**
 - Compared results from 2007 overall and phase scores to findings in 2008
 - Magnitude of change determined by using independent samples *t* - tests

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Respondent Demographics	2007	2008
Parent/Caregiver Interviews	105	107
Care Coordinator Interviews	105	107
# of unique Care Coordinators	31	48
Youth Interviews	33	22
% Male	65%	45%
Mean Age	15.1	14.8
	STD 1.7	STD 1.5
Gender of Youth in Services		
% Male	62%	69%
Race/Ethnicity of Youth in Services		
AA/Black	24.8%	22.4%
White	54.3%	58.9%
Hispanic	15.2%	12.1%
Other (NA, Asian)	5.8%	6.5%
Length of Time in Services	6.6 months	7.7 months
	STD 4.5	STD 3.1

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Total Mean Scores			
	2007	2008	P Value
Total Mean Scores	80.5	85.2	.001
Care Coordinator	87.7	90.7	.006
Caregiver	75.7	80.8	.01
Youth	73.3	77.2	.38

• Overall mean scores improved significantly from 2007 to 2008 for all respondent types except Youth

High Fidelity Acceptable Borderline

Engagement Phase Mean Scores			
	2007	2008	P Value
Care Coordinator	92.9	94.4	.22
Caregiver	81.8	86.6	.05
Youth	71.6	75.3	.53

• Engagement Phase improved slightly for each respondent group; significant improvement for caregiver

High Fidelity Acceptable Borderline

Planning Phase Mean Scores			
	2007	2008	P Value
Care Coordinator	87.0	90.1	.01
Caregiver	75.6	83.2	.001
Youth	72.3	77.5	.29

• Planning Phase improved from 2007 to 2008; significant for care coordinator and caregiver

High Fidelity Acceptable Borderline

Implementation Phase Mean Scores			
	2007	2008	P Value
Care Coordinator	89	92.1	.07
Caregiver	80.4	82.6	.33
Youth	81.8	82.6	.84

• Implementation Phase had slight improvements

High Fidelity Acceptable Borderline

Transition Phase Mean Scores			
	2007	2008	P Value
Care Coordinator	80.6	86.2	.02
Caregiver	62.8	69.8	.02
Youth	62.1	67.2	.52

• Transition Phase improved for each respondent type, significant for care coordinator and caregiver

High Fidelity Acceptable Borderline

Conclusion

Discussion

- Wraparound care coordination process improved after quality improvements were made to training and service delivery.
- WFI mean total scores and phase scores vary by respondent type
- Areas to celebrate:
 - Clinical significance: Improvements seen in total scores and each Phase and Total Scores
 - Statistical significance: Improvements seen in total, engagement, planning, transition (not plan implementation)

- Results of study were reviewed with multiple stakeholders (care coordinators, family organization, families, supervisors)
- Suggested areas for quality improvement from these meetings include:
 - Training of care coordinators, service providers, families and youth should:
 - Continue to focus on specific areas for improvement
 - Be offered more frequently, more accessible (web-based)
 - Youth engagement is an area of need for the community and efforts should be directed to improve in this area
 - Discussion will be held with focus group of youth to hear feedback/input on how to improve engagement

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Limitations

- Small sample size for youth
 - Decreased from 2007 -2008.
 - This may have influenced the results of the *t*-test (ability to detect differences in means)
- Care coordinators:
 - Interviewed too many times (learn instrument)
 - Possible bias as items on the WFI relate directly to their roles/responsibilities (self-rating)

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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/>

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