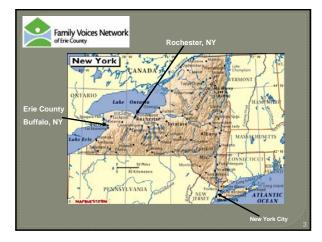


Agenda

- 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



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

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)

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

coordinators, caregivers and youth (>= 11 yrs)

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

22nd Annual RTC Conference Presented in Tampa, March 2009

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?'

WFI-4 Items per Wraparound Ph	FI-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			

Conducting WFI Study in 2007 and 2008

- 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 months by phone, youth >= age 11 if consent obtained by parent
- Selected 20% of caseload for each agency providing wraparound
- wraparound 6 agencies involved: interviewed care coordinators of all

Themes From 2007

- Training in *transition planning* a training was provided to care coordinators to enhance skil
- 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
- $\ensuremath{\textit{Transition}}$ is discussed at each Child & Family Team Meeting from the 1^{st} meeting

Current Research Ouestion

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

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

	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

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

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

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

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	
ransition Phase improved for each res rdinator and caregiver	pondent f	ype, sign	ificant for care	
High Fidelity Acceptabl	e	Bord	erline	

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
- 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)

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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:

- 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

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:

- Possible bias as items on the WFI relate directly to their roles/responsibilities (self-rating)

Well 4.0.
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