



Session 19: Symposium
**Family Driven and Outcomes Based:
New Directions in Wraparound Research,
Practice, and Quality Assurance**

26th Annual USF Research and Policy Conference on
Children's Mental Health

Tampa, FL
March 4, 2013



The mission of the NWI is to promote understanding about the wraparound model and its benefits, and to provide the field with resources and guidance that facilitate high quality and consistent wraparound implementation.

The National Wraparound Initiative:

Supports **community planning and implementation**

Promotes **professional development** of wraparound staff

Helps ensure **accountability**

Convenes a vibrant and interactive **community of practice** around wraparound implementation

www.nwi.pdx.edu



Elements of this Symposium

- The old
 - Final results of a pilot test of the short form of the Wraparound Fidelity Index, Short Form (WFI-EZ)
 - Final results of psychometric, reliability, and validity testing of the Team Observation Measure (TOM)
- The new
 - Results of a pilot test of a new Information System for Wraparound (Wrap-TMS)
 - Introduction to a new effort to coordinate wraparound with evidence based treatment elements (Wrap+MAP)



WFI-EZ

Development, Pilot Testing, and Initial
Psychometrics of the Wraparound
Fidelity Index, Short Form

Eric Bruns, April Sather, Spencer Hensley, and
Michael Pullmann

University of Washington
Wraparound Evaluation and Research Team



ACKNOWLEDGEMENTS

*WERT would like to thank the following WFI collaborator sites who generously provided WFI-EZ data.
Without them, this research would not be possible!*

Wings for Children and Families, Bangor, ME

BHN, Springfield, MA

The Help Group, Van Nuys, CA Calgary HWFI, Alberta, Canada

AWARE, Inc., Kalispell, MT Success 4 Kids, Tampa, FL EMQ Families First, Los Angeles, CA

Thurston Mason County, Washington

Partnership for Children of Essex County, New Jersey

Monmouth Cares, West Long Branch, NJ

3 Rivers Wraparound, Kennewick, WA

Indiana University, Indiana's Intensive Community
Based Service team & CHOICES

Contra Costa County, CA

BJC HealthCare, St. Louis, MO

Choices INC, Washington DC

Kids Oneida, Utica NY VICTOR, Chico, CA

Columbiana Butler Douglas & Knox
Counties, Ohio

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Key aspects of the wraparound practice model, and measurement approaches

- Practice model
 - phases and activities
- Principles
 - cut across activities of the practice model

- Organizational and System-level supports
 - without which adherence to the principles and practice model is unlikely

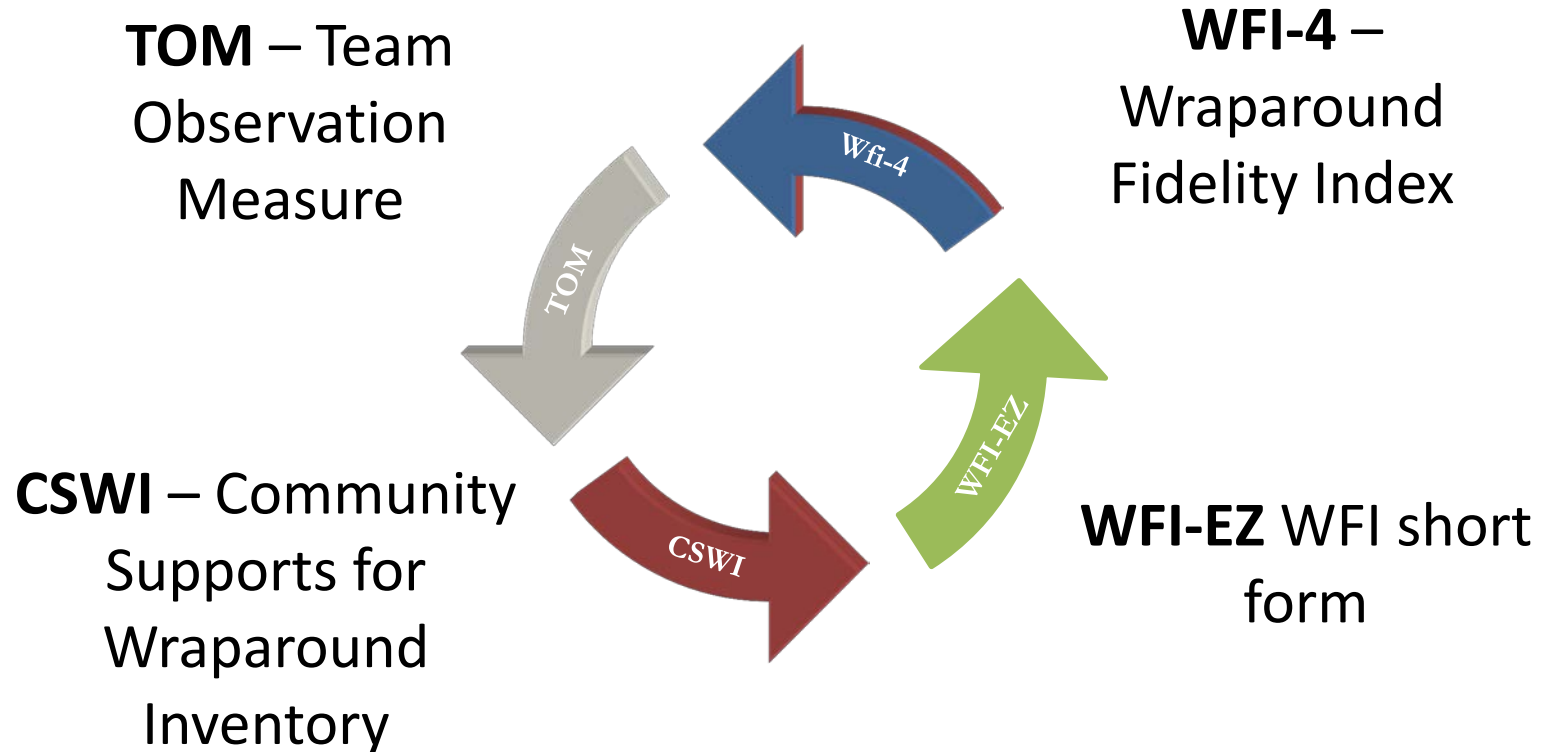
-
- Interviews with staff and families
 - Team Observation
 - Document review

-
- Key stakeholder survey/interview



Wraparound Fidelity Assessment System

www.wrapinfo.org





Previous Research

- WFI-4 shows good test-retest reliability and internal consistency
- WFI-4 shows significant association with alternate measures of fidelity
- Wraparound fidelity as assessed by the WFI-4 associated with level of community supports
- Higher fidelity associated with more positive outcomes



Shortcomings and Limitations of the WFI-4

- Ceiling effect bad and getting worse
 - Mean total WFI scores now approaching 80% of total possible and increasing every year
- Forms for CG, Y, WF, TM are not parallel
 - Makes interpretation confusing
- Requires trained interviewers to administer
- Interviews can take 45-60 minutes to administer (parents/caregivers)
- Interviews are resource intensive to schedule and conduct



Research Aims

- Develop a brief, self-report version of the WFI-4 that is reliable and valid
- In this initial study, we...
 1. Develop and report findings of the WFI-EZ Pilot Version, and
 2. Describe the process for item selection for the first official version, WFI-EZ 1.0



Methods

- Item pool
- Expert review and feedback
- Pilot data collection with national convenience sample
- User and respondent feedback
- Item Selection for final version
 - Item-level descriptive (variability, skewness, kurtosis, item-total correlations)
 - Reliability (Cronbach alpha)
- Examination of final version of WFI-EZ
 - Reliability
 - Principal axis factoring
 - Relationship to outcomes
 - Discriminatory ability



WFI-EZ, Pilot Version

CREATION OF ORIGINAL ITEM POOL



Expert Review Pool Items

- ‘Expert’ focus group responders went through two rounds of ITEM feedback.
 - Rated each item (0-4) for content and wording
 - Suggested alternative items
 - Provided qualitative feedback
- Round 1: 18 expert respondent
 - Feb – April 2011
 - 50 items
- Round 2: 15 expert respondents
 - Sept – Oct 2011
 - 61 items



Wraparound Fidelity Index – Short Form WFI-EZ, Pilot Version

FOR USE BY PROGRAM STAFF ONLY

This form was: Completed by the caregiver/parent Completed by program staff as part of an interview

Wraparound Fidelity Index Short Form (WFI-EZ)

This survey is for a caregiver of a youth in wraparound. We want to ask you about the experiences that you and your family have had as part of the Wraparound program. You do not have to answer any questions that you don't want to, and you may stop your participation at any time. At the end, we will also ask you what you thought about this survey, so that we can use your feedback to improve it.

Thank you very much for your time.

If you have any questions, please contact April Sather at (206) 685-2310, or wrapeval@u.washington.edu

Demographics

Youth/Family ID (The person who gave you this survey will give you this ID, or fill it in for you):

WONDERS ID (If different from Youth/Family ID):

Wrap-Facilitator ID (should match your WONDERS WFID)

Is your child of Hispanic descent?

Yes No

What is your child's birthday?

___/___/____ (MM/DD/YYYY)

How old is your child?

Child's Gender:

Male Female

How many months have you been participating in Wraparound? _____

What is the child's race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Mixed Race
- Other (please specify) _____

What is your relationship to the child?

- Birth parent
- Adoptive parent
- Foster parent
- Live-in partner of parent
- Sibling
- Aunt or uncle
- Grandparent
- Cousin
- Other family relative
- Step parent
- Friend (adult friend)
- Other (please specify): _____

Who has legal custody of the child?

- Two birth parents OR one birth parent and one step parent
- Birth mother only
- Birth father only
- Adoptive parent(s)
- Foster parent(s)
- Sibling(s)
- Aunt and/or uncle
- Grandparent(s)
- Friend(s)
- Ward of the state
- Other (please specify): _____

Section A: Basic Information

For the following questions, please respond either "Yes," or "No."

	Yes	No
A1: My family and I are part of a team (e.g., "wraparound team," "child and family team"), AND this team includes more people than just my family and one professional.	<input type="checkbox"/>	<input type="checkbox"/>
A2: Together with my team, my family created a written plan (e.g., "plan of care," "wraparound plan") that describes who will do what and how it will happen.	<input type="checkbox"/>	<input type="checkbox"/>
A3: My team meets regularly (i.e., at least every 30-45 days).	<input type="checkbox"/>	<input type="checkbox"/>



Wraparound Fidelity Index – Short Form

WFI-EZ - *Demographics*

Demographics

Youth/Family ID (The person who gave you this survey will give you this ID, or fill it in for you):

Is your child of Hispanic descent?

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- Aunt or uncle
- Grandparent
- Cousin
- Other family relative
- Step parent
- Friend (adult friend)
- Other (please specify): _____



WFI-EZ- Pilot version

Section A – Basic Questions

Section A: Basic Information

For the following questions, please respond either “Yes,” or “No.”

	Yes	No
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A2: Together with my team, my family created a written plan (e.g., “plan of care,” “wraparound plan”) that describes who will do what and how it will happen.	<input type="checkbox"/>	<input type="checkbox"/>
A3: My team meets regularly (i.e., at least every 30-45 days).	<input type="checkbox"/>	<input type="checkbox"/>

Intended to represent “non-negotiables” of wraparound practice



WFI-EZ- Pilot version

Section B – Your Experience in Wrap

Section B: Your Experiences in Wraparound

For the following statements, please think about all of your experiences with wraparound. Indicate how much you agree with each statement. You will be asked whether you "Strongly Agree," "Mostly Agree," "Somewhat Agree," "Disagree," "Strongly Disagree," or "Don't Know."

	Strongly Agree	Mostly Agree	Somewhat Agree	Disagree	Strongly Disagree	Don't Know
B1: My wraparound facilitator explained clearly to me how wraparound would work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2: Our wraparound team's decisions are based on input from me and my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3: My family and I had a major role in choosing the people on our wraparound team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4: My wraparound team never meets without me and my family present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5: The strategies in our plan focus on meeting the needs that matter most to my family and me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***The Pilot version of the WFI-EZ included 39 items in Section B**



WFI-EZ- Pilot version

Section C – Team Meetings

Section C: Team Meetings

For the following questions, think about your wraparound team meetings. Indicate how often each of the following things happen during your team meetings

	Always	Usually	Sometimes	Rarely	Never	Don't Know
C1: Team members celebrate successes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2: Team members review what is in the wraparound plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3: Team members review and/or discuss strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4: Team members discuss progress toward meeting our family's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5: Team members assign specific tasks to team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6: Team members check on team members' progress doing their assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7: Team members talk about adding or changing team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8: My family and I report progress toward achieving our family's vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9: My family and I give feedback on the meeting process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10: Whenever necessary, we address problems in the plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11: When things are not working, we change what is in the wraparound plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WFI-EZ- Pilot version

Section D – Satisfaction and Outcomes

Section D: Brief Outcomes and Satisfaction

For the following questions, please respond either “Yes,” or “No.”

	Yes	No
D1: I am satisfied with the wraparound process in which my family and I have participated	<input type="checkbox"/>	<input type="checkbox"/>
D2: I am satisfied with my child or youth's progress since starting the wraparound process	<input type="checkbox"/>	<input type="checkbox"/>
D3: Since starting wraparound, our family has made progress toward meeting our needs	<input type="checkbox"/>	<input type="checkbox"/>
D4: Since starting wraparound, I feel more confident about my ability to care for my child/youth at home	<input type="checkbox"/>	<input type="checkbox"/>
D5: Since starting wraparound, my child or youth has had a new placement in an institution (such as detention, psychiatric hospital, treatment center, or group home)	<input type="checkbox"/>	<input type="checkbox"/>
D6: Since starting wraparound, my child or youth has been treated in an Emergency Room due to a mental health problem	<input type="checkbox"/>	<input type="checkbox"/>
D7: Since starting wraparound, my child or youth has had a negative contact with police.	<input type="checkbox"/>	<input type="checkbox"/>
D8: Since starting wraparound, my child or youth has been suspended or expelled from school.	<input type="checkbox"/>	<input type="checkbox"/>



WFI-EZ- Pilot version

Section E – Survey Satisfaction

Section E: Survey Satisfaction

Finally, we'd like to get your feedback about this survey. Your comments are very valuable to us.

	Strongly Agree	Mostly Agree	Somewhat Agree	Disagree	Strongly Disagree	Don't Know
This survey was easy to complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood all the items on this survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This survey took too long to complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found the questions on this survey relevant to me, my family, and our experiences in wraparound.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



RESULTS

1. PSYCHOMETRICS OF PILOT VERSION



Pilot Sites

- N = 224 WFI-EZ Pilot version forms
- Across 18 sites (US and Canada)

Site	N WFI-EZs	Percentage
1	4	2%
2	44	20%
3	10	5%
4	4	2%
5	3	1%
6	10	5%
7	9	4%
8	4	2%
9	2	1%
10	8	4%
11	9	4%
12	4	2%
13	4	2%
14	7	3%
15	47	21%
16	3	1%
17	11	5%
18	34	12%
Missing	7	3%



Demographics

Ethnicity	N	%
American Indian or Alaska Native	3	1.4%
Asian	1	.5%
Black or African American	33	15.3%
White	142	66.0%
Mixed Race	31	14.4%
Other	5	2.3%
Hispanic		
Yes	36	17%

Gender	N	%
Male	129	60%

Age	Range	SD
12.30	2-19	3.60
Mos. in Wrap		
16.73	3-72	13.65



Caregivers (Respondent) Relationship to Youth

	N	%
Birth parent	144	65.5%
Adoptive parent	27	12.3%
Foster parent	13	5.9%
Live-in partner of parent	0	0
Sibling	2	.9%
Aunt or uncle	7	3.2%
Grandparent	21	9.5%
Cousin	1	.5%
Other family relative	1	.5%
Step parent	1	.5%
Friend (adult friend)	0	0
Other	3	1.4%



Results – Section A

Item	Yes	%	SD	Missing
A1. My family and I are part of a team AND this team includes more people than just my family and one professional.	209	94	.24	1
A2. Together with my team, my family created a written plan that describes who will do what and how it will happen	217	97	.16	1
A3. My team meets regularly (i.e., at least every 30-45 days)	215	96	.20	0



Results – Section B

Item	Mean	SD	Missing/DK
B1. My WF explained clearly to me how wraparound would work	3.51	.88	3
B2. Our wraparound team’s decisions are based on input from me and my family	3.70	.62	2
B3. My family and I had a major role in choosing the people on our wraparound team	3.21	1.13	5
B4. My wraparound team never meets without me and my family present	3.67	.68	14
B5. The strategies in our plan focus on meeting the needs that matter most to my family and me	3.64	.72	2
B6. My wraparound team brainstorms a lot of strategies to meet our needs before selecting a course of action	3.54	.81	0
B7. My wraparound team came up with creative ideas for our plan that were different from anything that had been tried before	3.18	.95	2
B8. Wraparound addresses the needs of my entire family, not just those of my child	3.37	.90	5



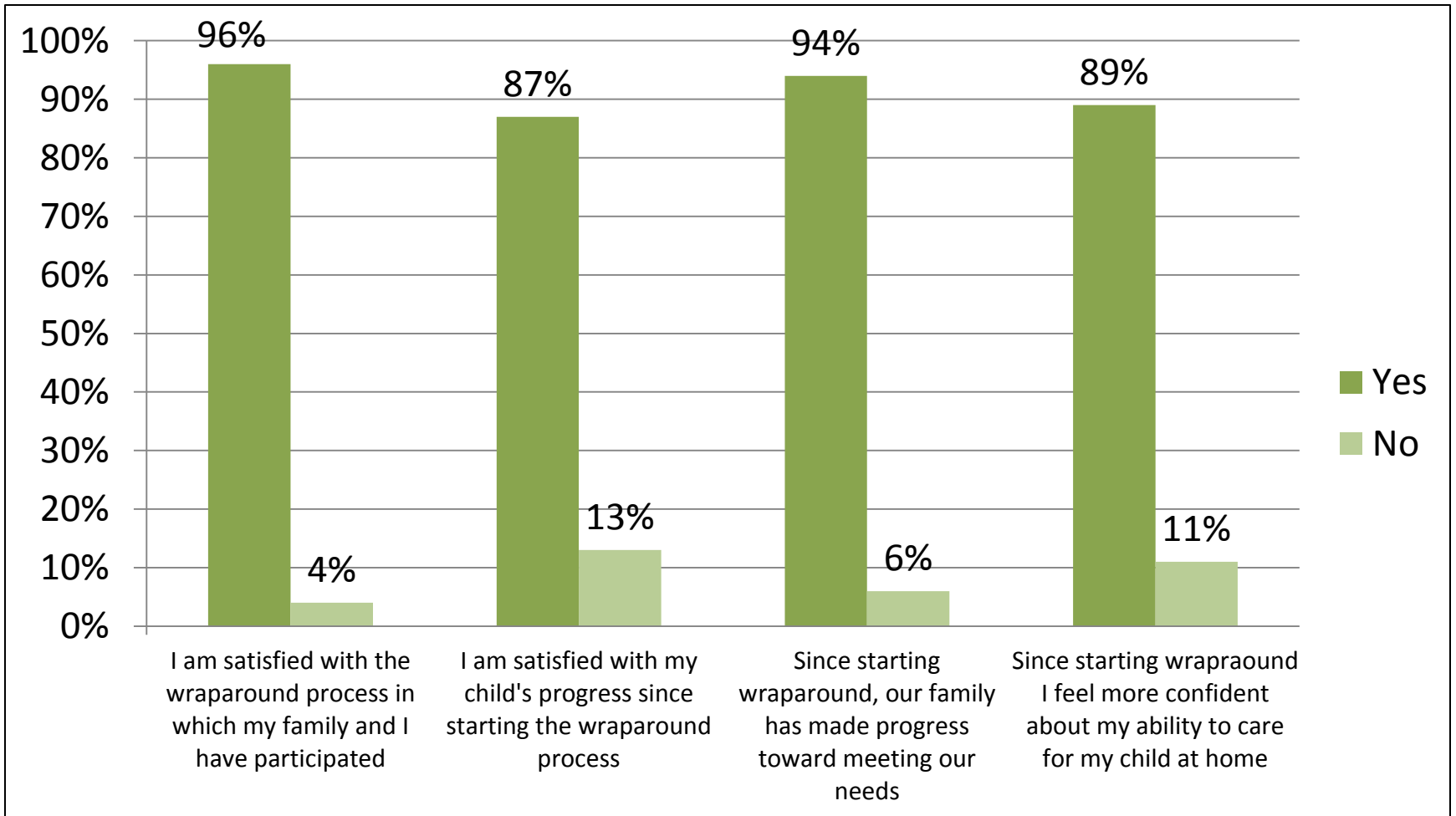
Results – Section B

Item	Mean	SD	Missing/ DK
B35: Our wraparound team has talked about how we will know it is time for me and my family to transition out of formal wraparound.	2.97	1.18	12
B36: My family created a "vision statement" that describes what we hope to achieve through the wraparound process.	3.21	1.05	24
B37: Participating in wraparound has given me confidence that I can manage future problems	3.28	.89	8
B38: During wraparound meetings, my family reports on how much progress has been made on meeting our needs.	3.55	.79	3
B39: With help from our wraparound team, we have been able to get community support and services that meet our needs	3.17	1.03	7



Results – Section D

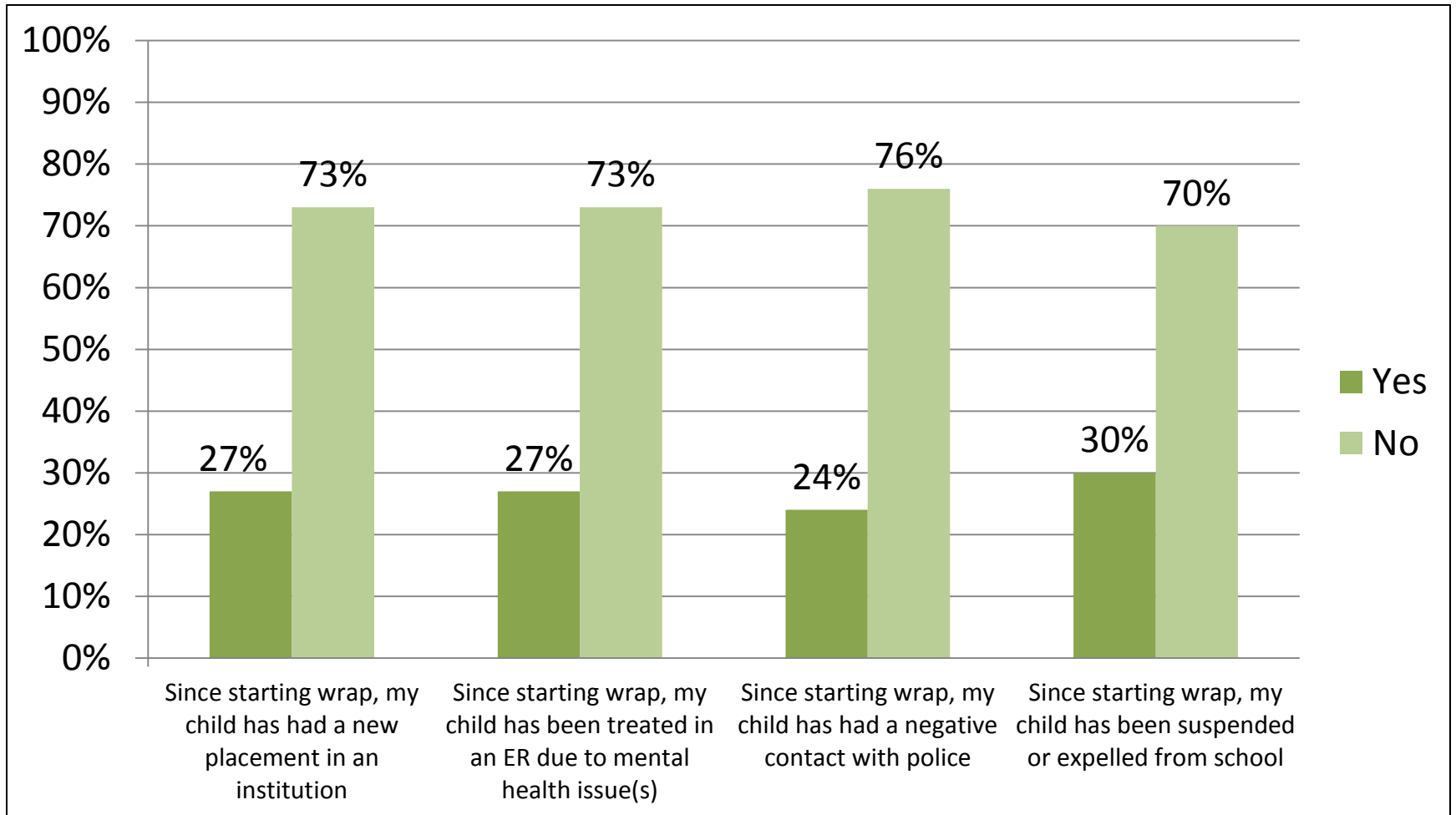
Satisfaction





Results – Section D

Outcomes





W E R T

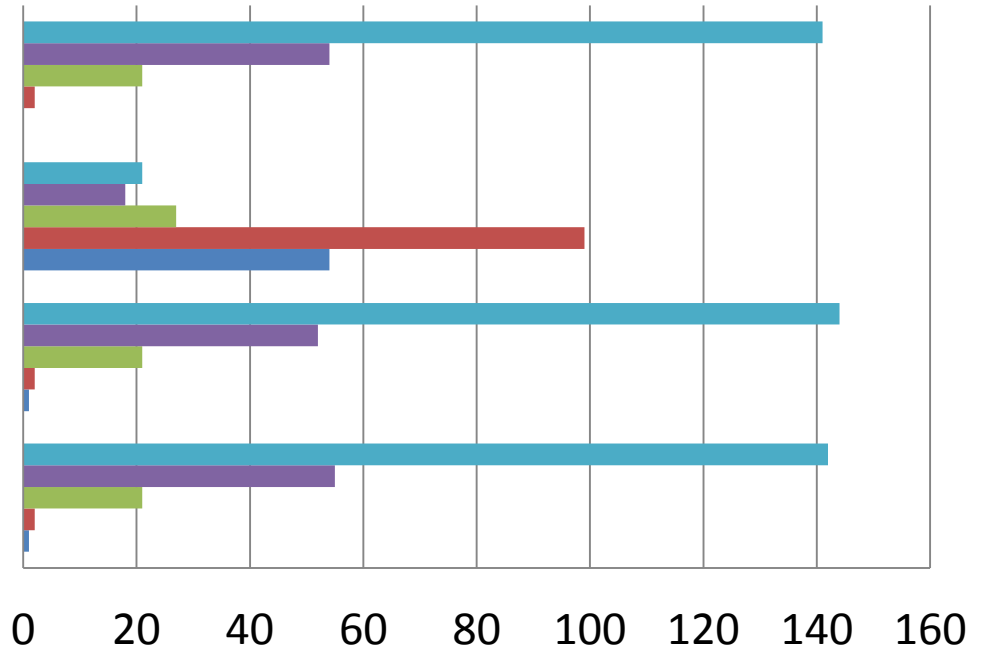
Section E – Survey Satisfaction

I found the questions in this survey relevant to our experiences in wrap

This survey took too long to complete

I understood all the items on this survey

The survey was easy to complete

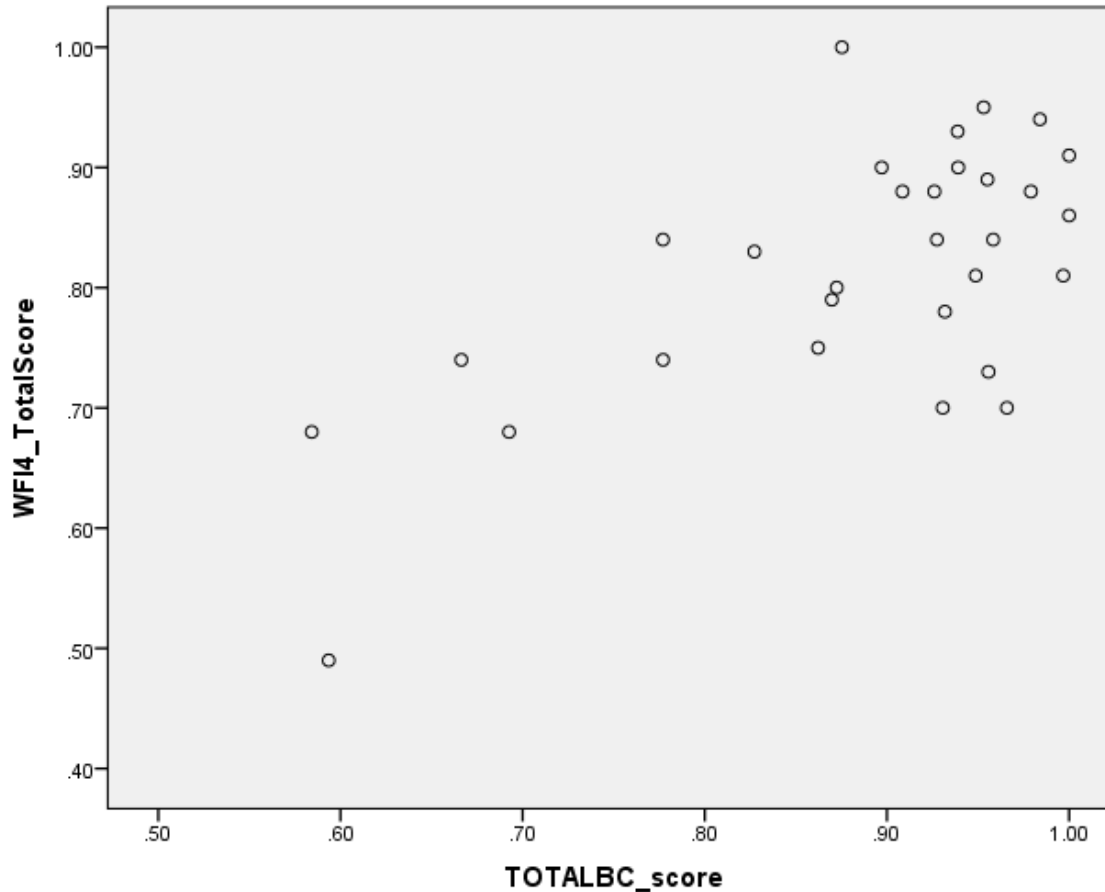


	The survey was easy to complete	I understood all the items on this survey	This survey took too long to complete	I found the questions in this survey relevant to our experiences in wrap
Strongly Agree	142	144	21	141
Mostly Agree	55	52	18	54
Somewhat Agree	21	21	27	21
Disagree	2	2	99	2
Strongly disagree	1	1	54	0



WFI EZ and WFI-4 Correlation

	Correlation	N
Pearson Correlation	.643**	30





RESULTS

2. SELECTION OF FINAL ITEMS



Item-Level Analyses

- Section B started with 39 items
- Goal was to have 20-25 items in this section
- We examined:
 - Basic frequencies
 - Skewness and Kurtosis
 - Item-total correlations
 - Comparison between a “semi-wraparound” site (no support to implement full NWI model) and other sites
 - Predictive ability on outcomes items (Section D)
 - Cronbach alphas
 - Exploratory factor analyses



Criteria for Item Selection

- Items were flagged as problematic for several reasons:
 - High % of “Don’t Know” responses
 - High % of missing responses
 - Kurtosis > 5.0
 - Skewness/Std Error > 10.0
 - Item-total correlations < 0.5
 - Mean score close to highest possible score (ceiling effect)
 - High alpha-if-item-deleted



Measure-Level Analyses

- After examining and selecting items, we examined 20 and 23-item versions of Section B.

	20 item WFI-EZ	23 item WFI-EZ
Cronbach's alpha	.937	.940
Variance explained by 1 factor	46.7%	47.9%
Outcomes Relationships (p value)		
Child treated in emergency room	.419	.359
Child had negative police contact	.057	.055
Child expelled or suspended from school	.979	.942
“Semi-wrap” vs. Wraparound sites (p value)	.009	.011



RESULTS

3. PSYCHOMETRICS OF THE FINAL VERSION



WFI-EZ v. 1.0

- Section A: Basic Information (non-negotiables; 4 items)
- Section B: Your Experiences in Wraparound (25 items)
- Section C: Satisfaction (4 items)
- Section D: Outcomes (9 items)



WFI-EZ v 1.0

- The final version of Section B has **25 items**, based on the item selection examined in the 23-item version of the pilot previously examined
 - Section C was eliminated due to poor variability and psychometrics
 - One items from Section C was incorporated into Section B
 - Seven items were re-worded so that they could be reverse scored.
 - Seven additional items were re-worded for increased clarity



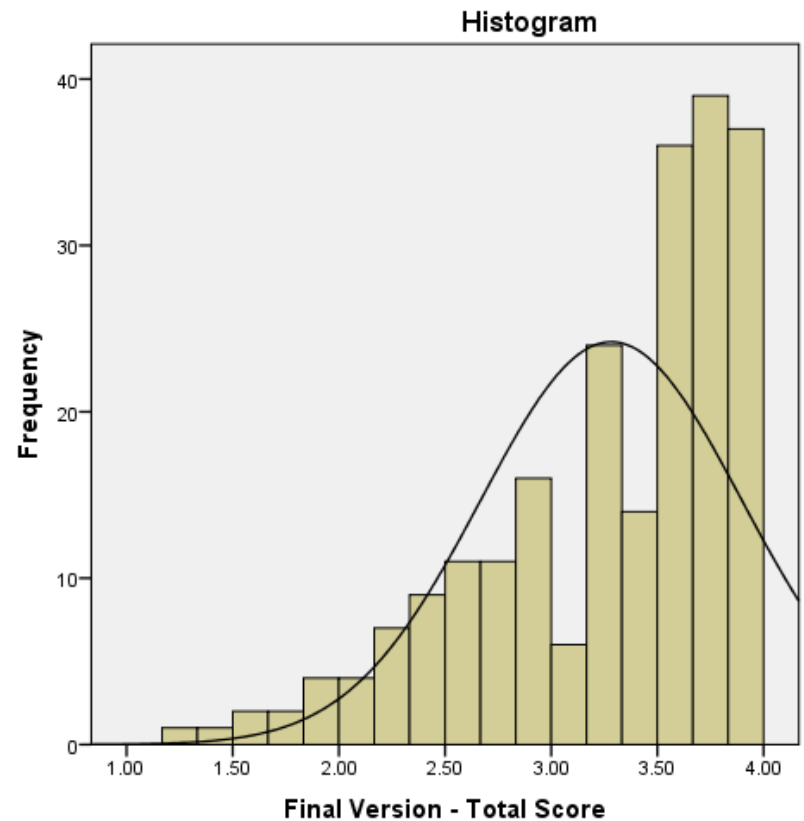
Section B

Characteristics of items retained

	Mean	SD
Total Score	3.28	.62

Cronbach's Alpha	.945
% Variance explained by 1 factor*	46.78%

*Principal axis factoring. Most items had large, salient loadings on the first factor $>.50$.





Section B - Results

	Total Score Mean		
Outcomes Relationships	Yes	No	P value
Child treated in emergency room	3.21	3.36	.182
Child had negative police contact	3.14	3.33	.056
Child expelled or suspended from school	3.28	3.28	.997
	Wrap	Semi-wrap	
Wraparound vs. "Semi-wraparound"	3.33	3.10	.018



Section B – Subscales

- Section B provisionally includes five domains subscales, each with five items
- Domains were constructed based on
 - examination of item loadings from exploratory factor analysis and
 - alignment with Essential Processes in the wraparound theory of change

Domain	alpha
1. Effective plan	.820
2. Effective teamwork	.787
3. Natural/Community Supports	.663
4. Needs-based strategies	.805
5. Strength-and-family-driven	.716



Section C

- 4-item section concerned with the respondent's satisfaction with the wraparound process.

Section C: Satisfaction

For the following statements, please think about your satisfaction with wraparound. Indicate how much you agree with each statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
C1: I am satisfied with the wraparound process in which my family and I have participated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2: I am satisfied with my child or youth's progress since starting the wraparound process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3: Since starting wraparound, our family has made progress toward meeting our needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4: Since starting wraparound, I feel more confident about my ability to care for my child/youth at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Section D: Outcomes

- Assessment of sentinel outcomes (4)
- Interference in functioning across settings (4)
 - Items derived from the Strengths and Difficulties Questionnaire (SDQ).
- Caregiver distress (1)

Section D: Outcomes

For the following questions, please respond either "Yes," or "No."

	Yes	No	Don't Know
D1: Since starting wraparound, my child or youth has had a new placement in an institution (such as detention, psychiatric hospital, treatment center, or group home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2: Since starting wraparound, my child or youth has been treated in an Emergency Room due to a mental health problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3: Since starting wraparound, my child or youth has had a negative contact with police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4: Since starting wraparound, my child or youth has been suspended or expelled from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A Great Deal	Quite a Lot	Only a Little	Not at All	Don't Know
<i>Currently, my child or youth experiences...</i>					
D5: Difficulties that upset or distress me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6: Difficulties that interfere with home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7: Difficulties that interfere with learning at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D8: Difficulties that interfere with his or her friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9: Difficulties that interfere with community activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Summary

- The WFI-EZ v1.0 shows promise
 - Endorsement by experts
 - Strong Internal consistency for total scores and domains
 - Differentiates between sites with robust vs. no human resource support for full fidelity wraparound teams
 - Strong correlation with WFI-4 interview total scores
 - Positive response from respondents
 - Time-efficient
- Concerns
 - Items continue to be skewed – ceiling effects will likely persist



Other Forms

- The Caregiver Form was used as a model for Youth and Facilitator Forms.
 - The Youth Form underwent a review by 6 current or previous wraparound-involved youth, who provided feedback on each item for language and clarity.



Other Forms

- All three forms have been translated into Spanish

Formulario Breve para el Índice de Fidelidad del Wraparound (WFI-EZ) FORMULARIO DEL CUIDADOR

Este formulario es para el cuidador de un joven en wraparound. Deseamos preguntarle sobre las experiencias que usted y su familia han tenido como parte del programa Wraparound, para que podamos mejorarlo. No está obligado a responder ninguna pregunta que no desee, y puede finalizar su participación en cualquier momento.

Muchas gracias por su tiempo.

Datos demográficos

ID del joven/familia (La persona que le dio esta encuesta le dará este ID, o lo completará por usted):

ID del Facilitador Wrap (debe coincidir con su WONDERS WFID)

Ubicación del sitio Wraparound:

¿Cuándo es el cumpleaños del niño/a?
____/____/____ (MM/DD/AAAA)

¿Su chico es de ascendencia hispana?
 Sí No

¿Qué edad tiene el niño/a?

¿Cuál es la raza del niño/a?

- Indígena Americano o Nativo de Alaska
 Asiática
 Negro o Afroamericano
 Nativo de Hawai o de otras Islas del Pacífico
 Blanco
 Raza mixta
 Otro (especificar) _____

Género del niño/a:
 Masculino Femenino

¿Cuántos meses lleva la familia participando en Wraparound?

¿Quién tiene la custodia legal del chico?

- Los dos padres biológicos O un padre biológico y un padrastro/madrastra
 Sólo madre biológica
 Sólo padre biológico
 Padre(s) adoptivo(s)
 Padre(s) de crianza
 Hermano/a (s)
 Tía y/o tío
 Abuelo/a(s)
 Amigo/a(s)
 Guarda del estado
 Otro (especificar):

¿Que relación tiene Ud. con el niño/a?

- Padre biológico
 Padre adoptivo
 Padre de crianza
 Compañero de vida de padre o madre
 Hermano/a
 Tío o tía
 Abuelo/a
 Primo/a
 Otro pariente de la familia
 Padrastro/madrastra
 Amigo/a(s)
 Guarda del estado
 Otro (especificar):

Sección A: Información Básica

Para las siguientes preguntas, responda "Sí" o "No".

	Sí	No
A1: Mi familia y yo somos parte del equipo (ej. "equipo wraparound", "equipo y familia del niño/a"), Y este equipo incluye a más gente que sólo mi familia y un profesional.	<input type="checkbox"/>	<input type="checkbox"/>
A2: Junto con mi equipo, mi familia creó un plan escrito ("plan de cuidado" o "plan wraparound") que describe qué hará cada uno y cómo debe hacerse.	<input type="checkbox"/>	<input type="checkbox"/>
A3: Mi equipo se reúne con regularidad (por ejemplo, al menos cada 30-45 días)	<input type="checkbox"/>	<input type="checkbox"/>
A4: Las decisiones del equipo wraparound se basan en los datos dados por la familia.	<input type="checkbox"/>	<input type="checkbox"/>



WrapTrack



- The WFI-EZ has been integrated into WrapTrack, our online data entry and management system.

Assessment Name: WFI-EZ - Caregiver Form Youth Name: 465421328, 465421328

Demographics | Section A | Section B | Section C | **Section D**

Section D: Outcomes:

For the following questions, please respond either "Yes," or "No."

	Yes	No
D1: Since starting wraparound, my child or youth has had a new placement in an institution (such as detention, psychiatric hospital, treatment center, or group home)	<input type="checkbox"/>	<input type="checkbox"/>
D2: Since starting wraparound, my child or youth has been treated in an Emergency Room due to a mental health problem	<input type="checkbox"/>	<input type="checkbox"/>
D3: Since starting wraparound, my child or youth has had a negative contact with police	<input type="checkbox"/>	<input type="checkbox"/>
D4: Since starting wraparound, my child or youth has been suspended or expelled from school	<input type="checkbox"/>	<input type="checkbox"/>

Currently, my child or youth experiences...	A Great Deal	Quite a Lot	Only a Little	Not at All	Don't Know
D5: Difficulties that upset or distress me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6: Difficulties that interfere with home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7: Difficulties that interfere with learning at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D8: Difficulties that interfere with his or her friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9: Difficulties that interfere with community activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any additional comments about your satisfaction with wraparound, or about what has happened to your child/youth since the start of wraparound?

Undo Save Clear Close