Wraparound Fidelity Assessment System

**COMMUNITY SUPPORTS FOR WRAPAROUND INVENTORY (CSWI)**

**Collaborator’s Agreement**

[Name of organization or project]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will serve as a collaborating site for the National Wraparound Initiative, Community Supports for Wraparound Inventory (CSWI).

We understand that this agreement covers a single administration of the CSWI in our community (community meaning essentially one site, or “under" a single governing community team or other similar structure), and that this is NOT a license of any kind.

We also understand that successfully gathering data using the CSWI requires the support of a coordinator working in the local site to encourage participants to complete the measure. We understand and agree with the following terms:

1. We agree that we will adhere to the basic procedures and tasks required of communities taking part in the CSWI, as explained in the document *Tasks for Local Coordinator for the Community Supports for Wraparound Inventory* *(See attached)*.
2. We agree to allow the Wraparound Evaluation and Research Team (WERT) to collect and analyze CSWI data. We understand that findings from our community may be used in research reports, but that our community will not be identified by name unless we give permission to do so.
3. We understand that WERT staff will maintain the confidentiality of CSWI data.
4. We agree to assume responsibility for obtaining any required approval from any Institutional Review Boards (IRB) or Human Subjects Research Committees that are relevant to our organization, program, and/or evaluation project.
5. We agree to pay a fee of $1500 to help the Wraparound Evaluation and Research Team (WERT) defray the costs of managing the WFAS project, overseeing CSWI data collection, and writing reports. We understand that we will be invoiced for this amount after submitting this collaborator’s agreement.
   1. We understand that groups of related communities (e.g., a multi-site project or several communities within a state) that are collecting data simultaneously will pay $1500 for the first community and $1000 for each additional community. If we choose this option, we will be invoiced for the total amount after submitting this collaborator’s agreement.
6. We understand that a good response rate on the CSWI will depend on local efforts a) to identify respondents with relevant knowledge about implementation and b) to encourage these respondents to complete the CSWI.
7. We understand that the CSWI is provided on an “as is” basis, without warranty of any kind. The risk as to the performance of the CSWI is borne exclusively by us as the pilot site.
8. We understand that once data collection is complete, WERT will provide a written report summarizing findings and placing them in the context of national data.

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Signature of Authorized Representative Date

**Wraparound Fidelity Assessment System**

**Community Supports for Wraparound Inventory**

**Collaborator Information**

Note: If you prefer to send this information by email, feel free to email to [*wrapeval@uw.edu.*](mailto:wrapeval@uw.edu.)

|  |  |  |
| --- | --- | --- |
| Name of CSWI Contact |  | |
| Title |  | |
| Organization |  | |
| Webpage |  | |
| Address 1 |  | |
| Address 2 |  | |
| City |  | |
| State |  | |
| ZIP Code |  | |
| Phone Number (with Area Code) |  | |
| E-mail Address |  | |
| Fax Number |  | |
| Brief description of overall evaluation and/or how the CSWI data will be used |  | |
| Approximate data collection start date\* |  | |
| \*Related communities as described in 6a, above, must collect data simultaneously. | | |
| Please complete the section below with information about the community that will be participating in the CSWI. **Related communities as described in 6a, above, should complete the information in this section for each participating community or site**. (Paste additional copies of the table at the end of the document as needed.) | | | |
| Name of Project to be evaluated using CSWI | |  | |
| Population served by Project | |  | |
| Number of families served | |  | |
| Number of years this wraparound project has been in existence | |  | |
| Have there been prior wraparound projects or similar efforts (e.g. system of care, family decision meetings, other multi-system collaborative efforts)? If so, please describe briefly | |  | |
| Has this community received grants or other funding to support the development of the wraparound or related projects? (e.g., CMHS/SAMHSA funding, state grants, etc.) If so, please briefly describe the funding source and nature of funding, and give the year(s) funded by each source. | |  | |
| Estimated number participants to complete CSWI | |  | |
| Is the CSWI being used in conjunction with any other WFAS measures (WFI-4, WFI-EZ or TOM)? | |  | |