

# WRAPAROUND FIDELITY INDEX SHORT FORM, V.1 (WFI-EZ)

*Last Updated*

**9/3/2020**

**MANUAL FOR TRAINING, ADMINISTRATION,  
AND SCORING OF THE WFI-EZ 1.0**



**Wraparound Evaluation and Research Team**

c/o Eric J. Bruns | Department of Psychiatry & Behavioral Sciences

University of Washington  
6200NE 74<sup>th</sup> Street  
Building 29, Suite 200  
Seattle, WA 98102

206-206-0999  
wrapeval@uw.edu  
[www.wrapinfo.org](http://www.wrapinfo.org)  
[www.wrapstat.org](http://www.wrapstat.org)

## Contents

<b>ACKNOWLEDGEMENTS .....</b>	<b>4</b>
<b>WFI-EZ V. 1.0   PREFACE.....</b>	<b>5</b>
<b>CHAPTER 1: QUALIFICATIONS FOR USE.....</b>	<b>6</b>
1. Management and Coordination.....	6
2. Sampling Plan.....	6
3. Interviewers.....	6
4. Scoring and Data Entry.....	7
5. Interpretation .....	7
<b>CHAPTER 2: INTRODUCTION TO THE WFI-EZ V.1 .....</b>	<b>8</b>
2.1 Description of the Wraparound Fidelity Index, Short Form .....	8
2.2 Organization of the WFI-EZ .....	8
2.2.1: WFI-EZ Subscales .....	9
<b>CHAPTER 3: CHARACTERISTICS AND PSYCHOMETRICS OF THE WFI-EZ .....</b>	<b>10</b>
3.1 Wraparound Fidelity Index .....	10
3.1.1 WFI versions 1 and 2.....	10
3.1.2 Psychometrics: Reliability and Validity of the WFI-4 .....	11
3.2 Pilot Study and Preliminary Psychometrics of the WFI-EZ .....	13
3.2.1 Development of Item Pool.....	13
3.2.2 Test of Pilot Version of WFI-EZ and Development of WFI-EZ v 1.0 .....	13
<b>CHAPTER 4: USES OF WFI-EZ RESULTS.....</b>	<b>14</b>
4.1 Program improvement.....	14
4.2 Research uses.....	14
4.3 WFI-EZ summary reports.....	15
<b>CHAPTER 5: PREPARING FOR AND ADMINISTERING THE WFI-EZ .....</b>	<b>16</b>
5.1 Project Approval .....	16
5.2 Sampling Plan.....	16
5.3 Approaching and Engaging Respondents.....	18
5.3.1 Engaging families in the fidelity evaluation.....	18
5.3.2 Identifying the appropriate caregiver .....	19
5.3.3 Collecting data from multiple caregivers. ....	19
5.3.4 Collecting data from youths. ....	19
5.3.5 Engaging wraparound care coordinators.....	19
5.3.6 Collecting data from team members.....	20
5.4 ID Numbers.....	20
5.5 Obtaining Consent .....	20
5.6 Administering the WFI-EZ.....	21
5.6.1 Paper Version.....	21
5.6.2 WrapStat Version .....	21

**APPENDIX A: STUDY SUMMARY AND CONSENT/ASSENT FORMS ..... 22**

**APPENDIX B: SCRIPTS OF INTRODUCTION..... 25**

**APPENDIX C: SCORING RULES (FOR NON-WRAPSTAT SITES)..... 29**

**APPENDIX D: AN INTRODUCTION TO WRAPAROUND ..... 34**

    D.1 Basic Description of Wraparound:..... 34

    D.2 The Ten Principles of the Wraparound Process..... 35

    D.3 Phases and Activities of the Wraparound Process..... 35

    D.4 Key Terms Used in Wraparound ..... 36

    D.5 Additional reading on Wraparound ..... 39

**APPENDIX E: REFERENCES ..... 40**

## ACKNOWLEDGEMENTS

***WERT would like to thank all the current collaborating wraparound programs that have contributed data to the pilot test of the WFI-EZ:***

AWARE, Inc., Kalispell, Montana; Monmouth Cares, West Long Branch, New Jersey; McMan Youth, Calgary, Alberta, Canada; Indiana University, Indiana's Intensive Community Based Services Team and CHOICES; Mason-Thurston County Wraparound Initiative, Washington; Partnership for Children of Essex County, New Jersey; EMQ Families First, Los Angeles, California

***WERT would also like to thank all the advisors who provided review of materials related to the WFI over the years:***

Jeanette Barnes, Laurie Beckel, Connie Conklin, Brittany Couch, Dan Embree, Kim Estep, John Franz, Sharon Gentree, Toni Issadore, Carol LaForce, Debbie Manners, Marlene Matarese, Janet McIntyre, Kristen Metcalf, Jennifer Mettrick, Pat Miles, Brad Norman, Marlene Penn, Michael Pullmann, Jim Rast, Gerry Rodriguez, Vicki Effland, Lisa Nagel, Trina Osher, Michael Tager, John VanDenBerg, Janet Walker, & Michelle Zabel

## WFI-EZ V. 1.0 | PREFACE

The Wraparound Evaluation and Research Team (WERT) would like to thank the National Wraparound Initiative and its advisors for their valuable input in creating this tool. Since 2006, Wraparound providers, evaluators, and local communities have been using the Wraparound Fidelity Index, version 4 to assess their fidelity to the Wraparound Model (Walker, Bruns, et al., 2004). Since then data for over 10,000 youth have been collected. While users found this tool beneficial in establishing and improving their Wraparound practice, some found the time and resource necessary to complete fidelity data collection via multi-informant interviews to be too cumbersome and time intensive. Hence, WERT set out to create a similar, yet more flexible, briefer, and therefore more feasible self-report measure, which could still capture the many perspectives of youth, family, Wraparound care coordinators, and other team members in a reliable and valid way.

In 2011-2012, a pilot version of the WFI-EZ was developed. The research team used a multi-round process of input from experts to develop an item pool of indicators of model-adherent wraparound. Based on the results, we developed a pilot version of WFI-EZ, and we asked the National Wraparound Initiative community for volunteer sites to pilot test the WFI-EZ. Many sites volunteered to be part of the pilot test. We are tremendously grateful for their participation!

Results were promising. Caregivers who used the measure overwhelmingly rated it as relevant to their services and easy to complete. Data analysis showed the WFI-EZ had strong internal consistency (Cronbach's Alpha = .937), and results of exploratory factor analysis (EFA) showed that most items had large salient loadings on the first factor exceeding .50. These two pieces of information provide evidence that the items are well-related to one another and that the measure is unidimensional. Additionally, total WFI-EZ scores and many item scores differentiated between wraparound sites implementing the full model vs. partial implementation sites ( $p < .01$ ). WFI-EZ scores were also associated with satisfaction and outcome items included in the pilot survey.

Analysis of results for individual items (variance, association with outcomes, alpha if deleted) and the EFA led us to reduce the number of core fidelity items to 25. We also used these results to assign each item to one of 5 fidelity domains that align with on a theory of change for wraparound implementation (Walker & Matarese, 2011): Effective strategies, Effective teamwork, Family- and strengths-driven, Needs-based, and Natural and community supports. Internal consistency for each of these 5-item scales was found to be adequate; however, continued testing is needed to confirm the reliability, predictive validity, and usefulness of this subscale structure.

Based on these results, we have further refined the WFI-Short Form (WFI-EZ) and are now supporting its use by the field as a way of conducting evaluations of wraparound fidelity for use in evaluation, research, and quality assurance. We thank you for your interest and welcome your feedback. Please feel free to contact us at any time at [wrapeval@uw.edu](mailto:wrapeval@uw.edu).

## CHAPTER 1: QUALIFICATIONS FOR USE

The WFI-EZ is a straightforward measure of wraparound implementation that can be self-administered or completed via interview. Any site interested in collecting fidelity information on adherence to the wraparound practice model and principles is eligible to use the WFI-EZ. In order to reduce burden to staff, team members, youth and families; increase consistency of data collection method; increase consistency, and reduce response bias, WERT recommends that the WFI-EZ be self-administered wherever possible. That said, the WFI-EZ can also be administered via interview, either for all respondents, or for those for whom reading comprehension is very low. However, we recommend that the administration method is as consistent as possible within an evaluation.<sup>1</sup> Where interviewing is used, researchers, evaluators, family members, students – even youths (with adequate training and supervision) – can conduct interviews.

**Below are a few criteria a community or program must meet before using the measure.**

### 1. Management and Coordination

***An individual with some background and experience in evaluation research or quality assurance and data management should lead the local effort.***

Those responsible for managing the overall evaluation project, including sample selection, administration of interviews, data entry, and data management should have training and/or experience in those particular areas. We have developed a Quick Guide and complete user's manual for those just starting the process. Though we can provide some support to WFI-EZ administration, WERT is not resourced to provide training in the WFI-EZ. It is expected that the materials provided, in the hands of an experienced evaluator or quality assurance manager, should suffice.

### 2. Sampling Plan

***In order to conduct a valid evaluation, it is necessary to administer the measures with a sample (of respondents, of team meetings) that is representative of the initiative or project overall.***

Put another way, if your administrations or interviews are completed with a “convenience sample” or if you only successfully complete interviews with respondents who are easy to reach, it is unlikely that the data will represent the reality of your project, and the perspectives of all your families and staff.

For more information, please see [5.2 Sampling Plan](#).

### 3. Interviewers

(Note that interviewers are **not required** for the WFI-EZ, which can be completed by the respondent on his or her own.)

***Interviewers should be selected who have experience and comfort with interviewing youths, family members, and providers, or who can be trained and supervised closely until they do have such comfort.***

---

<sup>1</sup> We also recommend that, whether it is self-administered or conducted via interview, neutral/external evaluators provide the WFI-EZ to respondents. Initial research shows that even being handed the measure for self-completion by a member of a caregiver's provider agency can bias results in a positive direction compared to administration by a third-party evaluator.



If a local site chooses to use the interviewer approach, the interviewers should have training and/or experience interviewing respondents whose ages, languages, and backgrounds are similar to the WFI-EZ respondents they will be interviewing. Interviewers also need to be familiar with the WFI-EZ form and have a good understanding of the wraparound process itself. The more they have mastered this information, the better able they will be to establish rapport with respondents and answer any questions they may have.

#### 4. Scoring and Data Entry

***Unlike the WFI-4, the interviewer is not responsible for scoring items.*** Respondents are simply asked to answer all questions honestly and to tell the interviewer “which option is best.” All response options should be read with each item, to ensure consistency. All paper forms should be checked carefully before submitting or inputting data.

Our research team provides access to an online data entry and reporting system called WrapStat ([www.wrapstat.org](http://www.wrapstat.org)). Individuals at your site who are responsible for managing data in WrapStat, running reports, or entering data from hard copy forms can attend an introduction to WrapStat webinar. To find out when the next webinar is, please contact us at [wrapeval@uw.edu](mailto:wrapeval@uw.edu). Additionally, WrapStat includes a Resource Center which house a user manual, short training videos and supports for the users of the system.

#### 5. Interpretation

WFI-EZ data can be used for quality assurance, program evaluation, or research purposes. When respondents are informed that their care coordinator/staff person may see results, it could also be used for data-informed directive supervision. Regardless of its use, proper interpretation of WFI-EZ results requires familiarity with some research theory and methodology. For more information on interpretation of the WrapStat data reports and exports, please refer to the WrapStat User’s Manual.

Please contact WERT for any assistance or guidance around WFI-EZ data interpretation and/or use.

## CHAPTER 2: INTRODUCTION TO THE WFI-EZ V.1

### 2.1 Description of the Wraparound Fidelity Index, Short Form

The Wraparound Fidelity Index, Short Form (WFI-EZ) is a measure of adherence to the primary activities of the wraparound process on an individual child, youth, or family basis. The WFI-EZ is a self-administered version of the full Wraparound Fidelity Index (WFI-4), a structured interview that can be conducted with caregivers, youth, team members, and/or wraparound care coordinators/facilitators. The WFI-4 has demonstrated good test-retest reliability and internal consistency and is strongly associated with other measures of fidelity (e.g., expert review and team observation). Higher scores on the WFI-4 have been associated with more positive outcomes at the family, site, and even state levels (Bruns, 2005; Bruns 2010; Bruns & Sather, 2007; Bruns, Sather, & Pullmann, 2010; Bruns, Suter, & Leverentz-Brady, 2006; Effland, Walton, & McIntyre, 2011; Pullmann, Bruns, & Sather, 2013.)

The WFI-EZ can be self-administered or administered by a program staff member. The survey can be completed either online or by hand on a piece of paper. The survey can be completed by up to four types of respondents for each family: (1) parents or caregivers, (2) youths 11 years of age or older, (3) wraparound care coordinators, and (4) other wraparound team members. There is a separate form for each type of respondent. We believe it is important to gain the unique perspectives of these four informants to understand fully how wraparound is being implemented.

The WFI-EZ was designed to assess adherence to the activities of wraparound outlined in the previous section. The WFI-EZ also includes sections that briefly assess outcomes and satisfaction to the Wraparound process. This is for two main reasons: (1) we have observed that many programs and initiatives that assess wraparound fidelity neglect to assess these critical evaluation targets; and (2) including these brief assessments in the WFI-EZ will allow local sites – and our research team – to more readily and consistently evaluate the association between fidelity, satisfaction, and outcomes.

### 2.2 Organization of the WFI-EZ

There are four main sections in the WFI-EZ, and a section on the characteristics of the youth and his/her family and caregivers. It is important to note that not every respondent type will see every section. For example, team members and care coordinators do not provide satisfaction ratings, and youth do not provide information on outcomes such as arrests or school suspensions. A description of the sections of the WFI-EZ and is presented below.

- **Youth Information/Demographics– All Respondents (Number of items vary)**
  - At the beginning of the form, each respondent is asked to fill in relevant information about themselves and/or the child or youth whose wraparound process is being evaluated.

- **Section A: Basic Information (4 items) – All Respondent Types**
  - These questions concern the basic foundations of wraparound services (e.g., whether or not the family has a “wraparound team”, and whether or not that team has a written plan that describes strategies for the family).
- **Section B: Experiences in Wraparound (25 items) – All Respondent Types**
  - Section B is the core of the WFI-EZ. These items concern the respondent’s experience with the details of the wraparound process, the makeup of wraparound team, and the strategies of the wraparound plan. These questions can be further subdivided into five subscales, described below in **2.2.1**.
- **Section C: Satisfaction (4 items) – Caregiver and Youth forms only**
  - These items ask the caregiver or youth about their experiences in the wraparound process, and their perception of progress made as a result of the services received.
- **Section D: Outcomes (9 items) – Caregiver and Care Coordinators forms only**
  - Section D concerns some basic outcomes related to wraparound services. D1 through D4 ask the respondent about negative outcomes that may have occurred since the start of wraparound (e.g., police contact or expulsion from school). D5 through D9 ask about the youth’s functioning in home, school, relationships, and community. Item D5, which inquires about the impact of functioning problems on the parent or caregiver, is included only on the caregiver form.

At the end of sections B, C, and D respondents are given an opportunity to elaborate or leave additional comments related to the preceding questions.

### **2.2.1: WFI-EZ Subscales**

Items in Section B of the WFI-EZ are organized into five theory- and research-based *Key Element* subscales. The following are the items from each subscale.

1. Outcomes-based: B19, B20, B21, B24, B25
2. Effective teamwork: B2, B4, B7, B15, B22
3. Natural/Community Supports: B9, B10, B12, B16, B18
4. Needs-based: B5, B6, B8, B13, B23
5. Strength-and-family-driven: B1, B3, B11, B14, B17

## CHAPTER 3: CHARACTERISTICS AND PSYCHOMETRICS OF THE WFI-EZ

As a collaborating WFI-EZ user, you will be contributing data which will be used to formally assess the psychometrics of the WFI-EZ, and variation in fidelity across settings and types of youths. As mentioned in the Preface and acknowledgments sections of this Manual, our research team has benefited greatly from the contribution of WFI data from many communities across the country. These data allowed us to assess the psychometric characteristics of previous versions of the WFI, including reliability and validity. Such information has been instrumental to our revisions of the tool from version 1 to version 4, and finally, EZ. The following sections provide a summary of the reliability, validity, and psychometrics of the WFI and WFI-EZ.

### 3.1 Wraparound Fidelity Index

#### 3.1.1 WFI versions 1 and 2.

The full version of the WFI has gone through four revisions. On the first version of the WFI (WFI 1.0) only nine Elements were included. This first version was pilot tested in 1999-2000 and demonstrated adequate test-retest reliability and overall psychometric properties, though there were concerns regarding a “ceiling effect” and a lack of variability in scores. In addition, WFI fidelity scores were found to correlate well with an external fidelity criterion (ratings by an independent Wraparound expert who assessed fidelity using different methods).

The findings from the WFI 1.0, in combination with family and service provider focus groups, informed revision to the WFI 2.0. First, efforts were made to improve items and increase variability in responses by scripting items that were more stringent and specific to each element being assessed. Second, parents and wraparound care coordinators were asked questions on all 11 elements while youths were asked to report on eight.

A second revision (WFI 2.1) reflected minor changes in wording (in response to feedback from family members, providers, and survey administrators) and additional demographic questions. WFI 2.1 results from over 250 families in over a dozen Wraparound sites nationwide suggested that the revised WFI was vastly improved with respect to item score variability and internal consistency (Bruns, Burchard, Suter, Leverentz-Brady, & Force, 2004). Further, results of an additional study found that WFI 2.1 fidelity scores related to future outcomes for individual families – which are important criteria for a valid fidelity instrument (Bruns, Suter, Burchard, & Force, 2005). However, many WFI 2.1 items remained problematic, both with respect to their psychometric properties and their understandability to WFI interviewers and respondents. In order to build upon the success of the WFI versions completed to date as well as improve the tool wherever possible, many of these problematic items were replaced and revised, and the result was the WFI 3.0.

### 3.1.2 Psychometrics: Reliability and Validity of the WFI-4

In 2006 the WFI-4 was pilot tested and released for wide use. It marked a major change, in that it began to measure specific activities of Wraparound, rather than adherence to principles.

Unless a particular paper is specified, data below comes from a national sample of wraparound teams from 41 collaborating sites across North America. The data is derived from interviews with 1,234 care coordinators, 1,006 caregivers, and 221 team members.

**Reliability.** Reliability is a fundamental issue for measures such as the WFI. A reliable scale includes items that logically relate to the “latent variable” of interest (e.g., wraparound elements or overall wraparound fidelity). A reliable scale also will show temporal stability; that is, it will yield similar scores on separate occasions. Finally, a reliable scale will yield similar scores for different raters of the same phenomenon. In addition to increasing confidence that what is being measured is meaningful, a reliable scale also will have greater statistical power to detect differences between groups.

*Internal Consistency.* The WFI-4 total scores demonstrate high internal consistency as measured by Cronbach’s alpha, which ranged from .83 to .92 across respondent types. However, Phase-level subscale alphas were more moderate, between .51 and .82. Principle-level subscale scores were lower still, ranging from .30 to .60. These results support the idea that the WFI-4 is a unidimensional measure (that is, it measures a single underlying construct), but that there is less evidence to support the consistency of the phases and principle scores. Although these subscale scores may be useful in organizing presentation of results, the lack of stability means they may not be appropriate for between-group comparisons or other statistical procedures.

**Validity.** While reliability is concerned with how well a measure’s items are related to an underlying variable, validity is concerned with whether the variable that is being measured is truly the variable of interest. In the case of the WFI-4, we were concerned with whether the tool is a valid measure of adherence to the wraparound principles.

To assess this question, we can look to several types of studies involving the WFI. These include studies of:

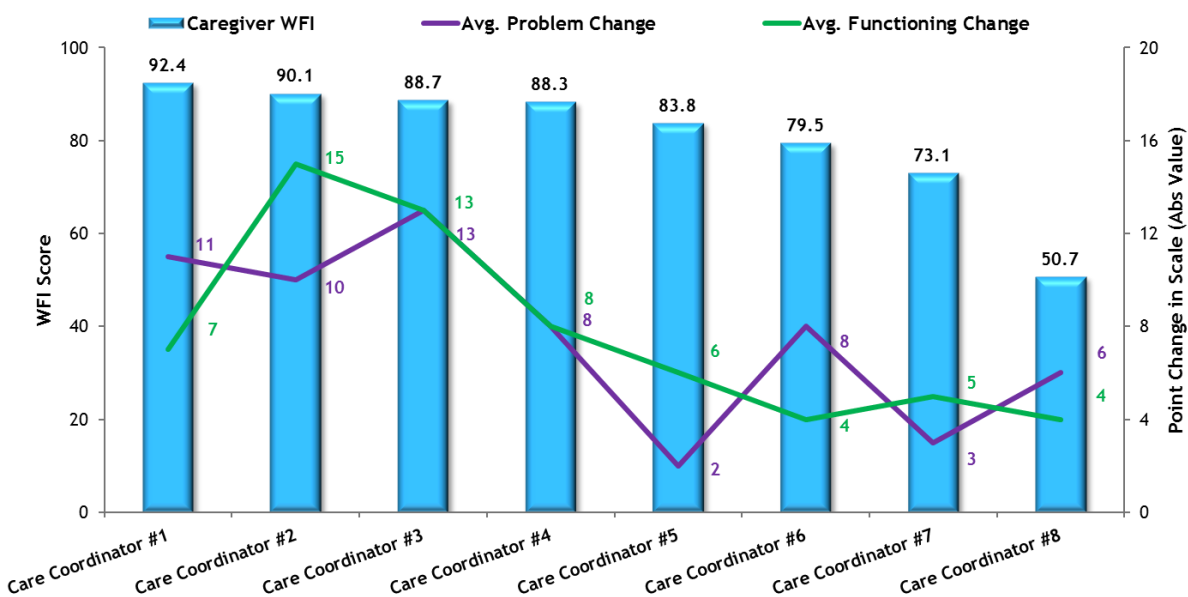
- Content validity (how well the WFI-4 items measure the domain of interest),
- Criterion-related validity (whether scores on the WFI are associated with a different measure of the same construct),
- Discriminant validity (whether scores on the WFI-4 discriminate between different types of conditions, such as wraparound vs. non-wraparound programs), and
- Construct validity (whether WFI-3 scores are associated with an external variable hypothesized to be related, such as child and family outcomes).

*Content Validity.* The face validity of the WFI can be demonstrated through a review of the history and revision of the measure. Throughout this effort, dozens of professionals from a range of perspectives have assisted with the development of the underlying practice model, as well as with the selection and wording of the 10 principles.

*Criterion-related validity.* Several studies have been conducted, and still more are underway, that examine the relationship between WFI scores and an alternative fidelity measure, the Team Observation Measure (TOM). Early results showed sites with high WFI scores tended to also have high TOM scores. The two measures were strongly correlated at the project level ( $r(8) = .857$ ;  $p < .01$ ). However, as more data has been examined, we have found inconsistent findings in terms of association between WFI-4 and TOM scores. In more recent analyses, correlation was found to be lower at the site level in some projects, but it was found to be higher in sites using external evaluators, versus those using supervisors or internal staff for TOM observations. Data analysis is ongoing in this area. For the most up to date details on this study, contact [wrapeval@uw.edu](mailto:wrapeval@uw.edu).

*Discriminant Validity.* The WFI-4 has demonstrated the ability to discriminate between wraparound and other types of services. In a recently completed randomized study, WFI scores were significantly higher for wraparound than for intensive case management (Bruns, Pullmann, et al., in review, [JCCAP]). The WFI also has been found to discriminate between wraparound sites that used intensive coaching and other staff supports and wraparound where such supports were not available (Bruns et al, 2008, JBHSR).

*Construct Validity.* Several studies have found relationships between scores on the WFI-4 and outcomes for children and families. Recently, several items on the WFI-4 have demonstrated relationships with outcomes such as goal attainment and maintenance in community living situations (Cox et al., 2009). Walton & Effland (2011) found that high WFI-4 scores were significantly related to positive behavioral and community functioning outcomes as assessed by improvement in scores on the Child and Adolescent Needs and Strengths (CANS) measure (Lyons, 2008). In 2008-2009, the Oklahoma System of Care (OSOC) piloted the WFI-4 in four sites with eight wraparound care coordinators. The OSOC also implemented the Ohio Scales (Dowell & Ogles, 2008) across all youth. Generally, as WFI-4 ratings were poorer, Ohio Scales improvement was smaller. See graph below (Vetter et al, 2013)



Item response theory procedures were used to examine the construct validity of the WFI-4. Analyses indicated that the data fit the assumptions of a Rasch partial credit model. The measure had acceptable model fit for persons (REAL RMSE = .36; INFIT MNSQ = 1.0; OUTFIT MNSQ = .94) and good level of consistency in ordering of person location estimates (REAL reliability = .79). Results also indicated very

good model= data fit for items (REAL&RMSE = .04; INFIT&MNSQ = .99; OUTFIT&MNSQ = .94). These results indicate that the WFI-4 items best “fit” a unidimensional construct. That the items, they “fit” a single construct better than they do a measure made up of several separate constructs, for example the 10 principles (Pullman et al, 2013).

## 3.2 Pilot Study and Preliminary Psychometrics of the WFI-EZ

### 3.2.1 Development of Item Pool

In 2011 an item pool of 50 potential items was created from previous iterations of the WFI and other wraparound materials. Eighteen wraparound experts rated the appropriateness and wording of the items and provided suggestions for additional items. From these results, a second pool of 61 items was created. Fifteen of the original expert panel provided a second round of feedback, resulting in 39-item pilot version of the WFI-EZ.

### 3.2.2 Test of Pilot Version of WFI-EZ and Development of WFI-EZ v 1.0

A study of this pilot version of the WFI-EZ was conducted in 2012 with 19 partner sites across the country. Sites received a longer pilot version of the WFI-EZ that included 39 items in Section B. These sites returned 224 surveys that were used in analysis.

Data from these families was used to narrow down the items for the final measure using a range of analyses. The goal in selecting items was to create a final test that could differentiate between differing levels of fidelity of services provided, and that captured a single construct.

Items with the following criteria were flagged as problematic: items with a high percentage of respondents who answered “Don’t Know,” items whose Kurtosis was  $>5.0$ , items whose Skewness/StdError  $>10.0$ , items whose item-total correlations were  $<.5$ , and items whose mean score was very close to the highest possible score. Additionally, researchers prioritized items that differentiated between one site known to implement only a selected range of wraparound activities (“partial wraparound”) and all other sites. Finally, researchers flagged items that were associated with outcome items included in the pilot measure.

Our pilot test showed that the WFI-EZ demonstrated strong internal consistency (Cronbach’s Alpha = .937). High internal consistency such as this provides evidence that the items on the measure are well related to one another, or that the measure has high *reliability*. Total scores differentiated between the “partial wraparound” site and others ( $p<.01$ ) and predicted scores on one of the four outcome questions ( $p<.05$ ).

Principal axis factoring provided some evidence that the measure is unidimensional: all but two items had large salient loadings on the first factor exceeding .50. However, this factor explained only 46.7% of the variance. Subscales, then, were determined based on both the theoretical relationships within the content of the items, as well as the degree to which items demonstrated moderate loadings (.3-.4) on secondary factors.

## CHAPTER 4: USES OF WFI-EZ RESULTS

After collecting fidelity data from caregivers, care coordinators, youth, and team members via the WFI-EZ, information obtained can be used for both program improvement and research.

### 4.1 Program improvement.

With respect to program improvement, sites or programs delivering services via the wraparound process can use results from the different versions of the WFI (WFI-4, WFI-EZ) as part of a quality assurance protocol. Individual item scores may be most useful for supervision, training, and human resource development. Reviewing the percent of respondents who gave desired responses to each item can illuminate areas of relative strength and weakness that can guide program planning, training, and areas of needed system development (e.g., financing, barrier busting, data system support).

Another way that programs can use WFI-EZ scores is to evaluate their adherence to the wraparound activities and principles as compared to other communities nationally. For example, a site may want to compare its overall fidelity scores to mean scores for a national WFI-EZ sample. While WERT has produced such means for use in interpreting WFI-4 scores, WERT is still establishing these national means for the WFI-EZ, and these data will be available via WrapStat and online reports soon.

### 4.2 Research uses.

WFI-EZ data on adherence serves an important purpose for researchers. First, it has been frequently noted that clinical trials or other research protocols that attempt to measure outcomes related to an intervention must have adequate implementation data to allow for interpretation of results (Lourie, Stroul & Friedman, 1998; Schoenwald, 2011). Without methods for determining whether a treatment or process such as wraparound has been adequately implemented, researchers may not be able to explain outcomes that are found. For example, negative findings may be misinterpreted as evidence against a service's effectiveness when in fact the intervention was not implemented as intended. Second, researchers on youth and family service approaches may wish to use WFI-EZ data to measure the relationship between adherence to various Wraparound principles and outcomes, as a way to explore which aspects of service delivery are most important to achieving positive outcomes. A third example is that fidelity scores may be used as an indicator of the success of implementation supports being used in a program, organization, or state.



### 4.3 WFI-EZ summary reports.

WFI-EZ data can be translated into summary reports that can be used as part of an overall quality assurance plan. Recently, we have developed a web-based data entry and management system called WrapStat that allows licensed users to enter their data using a web portal that will compile their WFI-EZ data into one exportable database. This system allows the user sites to expediently produce customized reports.

**In order to gain access to WrapStat, contact the system administrator at [wrapeval@uw.edu](mailto:wrapeval@uw.edu). Users can attend a training webinar and access all available training resources on WrapStat. The system allows for multiple users for each Wraparound initiative/program, as well as multiple levels of data access.**

## CHAPTER 5: PREPARING FOR AND ADMINISTERING THE WFI-EZ

This chapter includes information on other types of preparation for interviewers as well as identifying and engaging respondents. It is important for those coordinating the WFI-EZ administration to review this chapter before collecting any data.

Unlike the WFI-4, the WFI-EZ can be completed by respondents themselves, either on paper or online. Sites may also choose to have program staff administer the survey to respondents by simply reading the items out loud.

However, keep in mind that the presence of staff may influence the respondent's ratings. It is recommended that respondents complete their surveys in privacy, with assurance of confidentiality. If another person must be present, it is important that this individual not be directly involved with the services and support that are being delivered to the family, and do not know the family personally. Ideally, this person will, however, be familiar with the wraparound process

### 5.1 Project Approval

Even before hiring or administration begins, an Institutional Review Board (IRB) or Human Subjects Research Committee may need to approve your site's evaluation. If your site is at or affiliated with a college, university, or research center you should have a local IRB. If so, you should obtain approval (or an exemption) from this entity prior to beginning a formal evaluation.

### 5.2 Sampling Plan

In order to conduct a valid evaluation using the WFI-EZ, it is necessary to administer the tool with a sample that is **representative** of the initiative or project overall.

One way to do achieve representativeness is to administer the measure(s) to every caregiver / youth / staff person involved, and/or to observe every team meeting that occurs. However, this is obviously infeasible for most wraparound projects. The alternative is to use a strategic sampling plan that achieves representativeness and then achieve a high (e.g., >80%) data collection completion success rate, to minimize response bias and further ensure representativeness.

Sampling plans cannot be "one size fits all": they must be based on local resources, information needs, and goals for the evaluation. Representativeness is of highest importance when creating your sampling frame. Achieving representativeness is far more important than the absolute number of families or team meetings included in your evaluation.

**Note:** One of WrapStat's many features, is the Evaluation Cycle tab. This feature is designed to help Wraparound initiatives with their sampling plan. When creating an evaluation cycle, users will establish a timeframe for data collection, select which programs to administer the tool to and establish the sampling criteria. Based on this information, WrapStat will randomly pull the sample from the youth

roster. Programs will then work to administer the tool for all participants in the sample. This feature will allow for a more rigorous sampling methodology and help Wraparound initiatives pull a more representative sample when administering the WFI-EZ.

### 5.2.1 Sampling FAQ

*How do I determine which families will complete a WFI-EZ?*

1. The sample should be a random selection (or at least representative) of the families served by the wraparound effort. Some example criteria are:
  - a. Length of enrollment in the program (e.g., “To be eligible for the assessment, youth must be enrolled in Wraparound for a minimum of 3 months, and a maximum of 15 months”).
  - b. Status in the program (often, the youth must be “active” in services, and not “discharged,” but a site may wish to get perspectives from recently completed or discharged families).
2. If the evaluation wants to generate reports and information about different levels of wraparound implementation (e.g. multiple provider agencies, counties, supervisors), the sample must be stratified or representative of each of these levels. That is to say, you would want to draw a random sample of adequate size (e.g., no fewer than 10) at each level of evaluation.
3. Once the sample is chosen, adequate effort must be expended toward obtaining a high completion rate. Ideally, at least 80% of all proposed data collection (e.g. the total number of WFI surveys to be completed or teams to be observed) should be completed. Seventy percent is probably ok. Below 60%, we begin to doubt the representativeness of the sample (and thus the validity of the evaluation), because it may be biased toward team meetings or interview respondents who are easier to reach or complete. **Ultimately, the data collection completion rate is more important than the number of youth/families in the sample.**
4. If fidelity data collection is going to proceed over time, then once a sampling method is determined, the same method should be used consistently across data collection waves. A site or program could systematically draw samples and complete interviews/observations on a set schedule (e.g., every year, every 6 months, every 2 years).

*How often should I administer the WFI-EZ?*

The WFI-EZ does not need to be completed more than once per youth/family. For small projects that wish to have consistent data available, surveys could be completed at multiple timepoints for the same family, but it is not necessary.

*When should I administer the WFI-EZ?*

Depending on size of the wraparound initiative, and the goal of the evaluation, sites may choose to collect data from all eligible families once per year, twice per year, etc. Or, they may choose to interview each youth/family at a certain time in their service (e.g., at 6 months or at 9 months).

*How many WFI-EZs do we need?*

When creating a sampling plan, make sure that you are aiming for a high response rate. We would rather see 12 surveys that represent an 80% response rate than 100 youth that only represent a 40% response rate. That said, a minimum of 10 observations or families at each level of evaluation interest is probably necessary. The table below describes minimum standards for sample size.

	N Served	Sample
What is the sample size	Up to 40 active families 40 and greater (These are minimum standards!)	Sample = all Sample = 40 or 30% of total youth served (active families), whichever is larger

*What if a family selected as part of the sample becomes ineligible or unreachable?*

If a selected youth and/or family cannot be contacted for interview, then select the next youth on the list, or replace with another randomly selected youth. If the desired sample rate has not been achieved at this time, select a new random set of youth, and proceed

## 5.3 Approaching and Engaging Respondents

The most accurate picture of adherence to Wraparound comes from gathering complete data from multiple respondents. Therefore, it is recommended that a program or initiative collect WFI-EZ data from wraparound care coordinators, caregivers, and youth (11 and older). Team member data may also be included but is perhaps less critical. Without multiple surveys, a single respondent's perspective will represent the assessment of quality and fidelity of wraparound for the entire family and team.

### 5.3.1 Engaging families in the fidelity evaluation.

Providing families with information about the fidelity evaluation process is crucial for motivating them to participate. The evaluation should be presented as an opportunity for families to share their voice and facilitate positive change in their community. It is important to emphasize the confidential nature of the surveys, as well as the extensiveness of the evaluation. For example, one should emphasize that the WFI-EZ is being administered to all (or a large number) of the families at the site and not just their family. Take the time to outline what your site's goals are for the evaluation (e.g., to improve services) and then respond to any questions or concerns they may have.

### **5.3.2 Identifying the appropriate caregiver**

The next step in collecting WFI-EZ data is to identify the appropriate respondent for the caregiver survey. In cases where there is only one primary caregiver the appropriate respondent is obvious. However, when there are more caregivers involved this process can become more difficult. *The recommendation is to collect data from a birth parent, unless she or he is uninvolved in the youth's life and/or wraparound process.* If the birth parent's rights have been terminated (or there is a plan to do so) then the youth's primary caregiver (e.g., foster parent, relative caregiver, group home staff person) should be given the caregiver survey. For older youth who are not living with a caregiver (e.g., emancipated or in an independent living program) it is still important to collect data from a caregiver figure if they remain involved in the team.

### **5.3.3 Collecting data from multiple caregivers.**

In some cases you may want to administer the WFI-EZ to multiple caregivers. For example, you may want information from both the birth parent and a foster parent. Or, you may wish to know the perspective of both a mother and father separately (or grandmother and grandfather, or other pairs of caregivers). While doing so may give you a more accurate picture of wraparound fidelity for that family, it is important to clearly and individually identify each of the caregivers on the WFI-EZ forms and when entering data.

### **5.3.4 Collecting data from youths.**

The only rule for administering the WFI-EZ to youth is that they be at least 11 years old. **If the youth is younger than 11, only the caregiver, wraparound care coordinators, and/or team member WFI-EZ's should be administered.**

### **5.3.5 Engaging wraparound care coordinators.**

As with caregivers and youths, wraparound care coordinators (or facilitators, or care managers) must be "on board" as stakeholders in the evaluation. Their investment and involvement is crucial to the process and it is recommended that ample time be taken to review the reasons for undertaking the evaluation. This should be done both through the care coordinators' staff meetings or supervision as well as when introducing the purpose of the WFI-EZ at the time of administration (i.e., in an informational letter or email that accompanies the link to a web based survey).

Care coordinators need to be reminded that WFI-EZ data will be used provide comprehensive (and confidential, in most WFI-EZ uses) feedback on how wraparound is being implemented and that the data can be used to identify and support training needs. WFI-EZ data may be submitted to supervising agencies or policy makers to help attest to the program's meeting standards of accreditation. Data can also be used to make the case for additional funding and support (e.g., greater flex funds, lower caseloads).

Engaging wraparound care coordinators is important not only to ensure their own participation in data collection, but also because they are in the best position to identify and enlist youth and family participation. The better wraparound care coordinators understand the process, the more they will be able to inform families and encourage them to share their voices and opinions about services.

### 5.3.6 Collecting data from team members.

The WFI-EZ can be administered to wraparound Team Members. The Team Member form can be used to understand the fidelity of your wraparound team from a unique perspective. These respondents should be **adult** participants of wraparound teams. Respondents can be professional members such as Parent Support Partners, Peer Support Partners, Mental Health Providers, or they can be natural support members such as neighbors or extended family. Some sites prefer to standardize the respondents for their Team Member forms, allowing only one respondent type (for example: Parent Partner); while others prefer to let any member of the team utilize this form. As with the other respondent types, team members should be provided information about the purpose of fidelity evaluation, and the confidentiality of their responses.

## 5.4 ID Numbers

It is absolutely essential that each family and care coordinators be provided a unique ID number and that these numbers are reliably used. These numbers will maintain the confidentiality of participants from WERT, and enable sites to connect their data to outside sources of information.

## 5.5 Obtaining Consent

Included in this User's Manual are examples of study summaries and consent/assent forms for caregivers, youth, wraparound care coordinators, and team members (Appendix A). The study summaries contain brief descriptions of the WFI-EZ and what participants should expect in the survey. In addition, the summary highlights confidentiality and the importance of caregiver and youth input. The summaries and consents can be modified to fit the purposes of your evaluation and the specific requirements of your jurisdiction or IRB. However, the elements of confidentiality and family input are crucial. Information statements should be provided to all respondents.

In addition, for many sites and many uses of the WFI-EZ, consent should be obtained before a survey is conducted. In some circumstances, surveys can be conducted if verbal consent has been given; however, this is contingent on approval from the host organization or IRB most closely affiliated with your program or evaluation team.

**Under most conditions, an Information Statement about the WFI-EZ survey should be provided. Under some conditions, consent (verbal or written) should be obtained from all respondents (youth, caregivers, wraparound care coordinators, and team members) before WFI-EZ data is collected.**

**We strongly recommend, when using paper forms, to fill in the ID Number of each respondent prior to providing them with the form**

**Depending on the context in which you are collecting data (i.e., for a formal research project versus quality improvement) and the opinion of your local IRB, written consent may be necessary.**

## 5.6 Administering the WFI-EZ

The WFI-EZ can be administered in two ways: using paper forms, or online using WrapStat.

### 5.6.1 Paper Version

There are paper forms of the WFI-EZ for Caregivers, Care Coordinators, Youth, and other Team Members. These surveys are available in both English and Spanish. If you would like to use the paper version of the WFI-EZ, administration is as easy as providing the respondent with the appropriate form, giving them a private place to complete it, and collecting the form back.

Although the survey was designed to be self-administered by respondents themselves, the paper version can also be administered by a staff member. In this case, the staff member will read the questions to the respondent, either in person or over the phone, and record his or her responses. If you need to assist a particular family or youth with the survey, please make sure someone who has not been involved with that family's services does so.

Finally, you will have to enter the data yourself. We recommend using WrapStat to store your data, where you will have access to reports and dashboards related to your WFI-EZ data.

### 5.6.2 WrapStat Version

WFI-EZ administration is fully integrated into WrapStat, our online data entry and tracking system that was launched September 2020. Through WrapStat you can send out the WFI-EZ surveys to respondents via the "Messaging Center." When respondents complete their survey online, data will be stored in WrapStat, alongside any paper data you have entered manually. For complete instructions on how to access and use WrapStat, access the *WrapStat User Manual*. If you have questions on administration, or need additional support around data entry, please contact WERT at [wrapeval@uw.edu](mailto:wrapeval@uw.edu).

## APPENDIX A: STUDY SUMMARY AND CONSENT/ASSENT FORMS

### **An Evaluation of Services and Supports for Children and Their Families (Evaluation Summary for Caregivers)**

**[Name of program or agency]** is committed to providing high-quality Wraparound care to the youth and families that we work with. We want to know about the level of quality of our Wraparound care. We also want to hear what our youth and families in our program think about our Wraparound care.

As a result, **[Name of program or agency]** is currently asking all its clients to help us to learn more about how well we are doing. To do this, we will ask you and your youth (if your youth is 11 years or older) to take a short survey about the quality of your youth's Wraparound care. This survey will take about 5-10 minutes to complete, and will ask about the type of care that your youth and family have received, and what you and your youth think about that experience. We will also ask your **[care coordinator/facilitator]** to do a similar survey. We will use the information we collect to help improve the quality of Wraparound care you and other families receive.

**All data will be anonymous.** At no time will any information be given to anyone in a way that can be linked back to your family. Your care coordinator will not know the information you give about services you receive.

You do not have to participate in this survey in order to receive services. If you do not want to participate, you can say no and there will be no change in the services you receive or how you are treated. You can also say no when you or your child is called and asked to participate in the survey. However, we hope that you will decide to help us to improve our services by participating.

***If you have questions about this program evaluation, you can call [Name of Evaluator or Program Director], {Title}, at [Phone Number].***

---

**I have read this information and/or have had it read to me:**

---

Signature of Parent/Caregiver/Legal Custodian

---

Date



Name of Youth (Please print)

**An Evaluation of Services and Reports for Children and their Families**  
*Caregiver Acknowledgement of Consent*

I have been given a description of this evaluation and had a chance to ask questions about it, and these have been answered to my satisfaction.

I understand what the procedures are and have had the potential risks and benefits explained to me. I also understand that my participation is voluntary, and that I may refuse to participate or withdraw at any time without penalty.

I understand that the findings from this evaluation may eventually be published, and that anything I say will remain confidential to the maximum extent allowable by law. All identifying information will be removed, and only group results will be reported.

I have been told that if I want to ask more questions about the evaluation I may contact **[Name of contact, name of agency, telephone number, mailing address]**. Or, that if I have special questions about my rights as a participant in a research project, that I may contact **[Name of IRB contact, telephone number, mailing address]**.

I agree to participate in this evaluation, and I have received a copy of this signed form.

Telephone number(s) where I may be reached:

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Address where I may be contacted:

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Name and Age of Youth

\_\_\_\_\_  
Signature

☐ I agree that my child may be asked  
to participate in this evaluation

## An Evaluation of Services and Supports for Children and their Families

### *Evaluation Summary and Assent for Youth*

**[Name of program or agency]** wants to know how good our Wraparound care is for young people like you. We also want to know what the youth in our program think about their time with us.

To hear your opinions about the Wraparound care you have been receiving, we would like to have you complete a short survey. This is a chance for you and other youth to let us know what you think about Wraparound care and what things you would like to see changed.

All of your answers will be kept completely confidential. We will not reveal your answers to anyone. We will only report what all the youth answered as a group.

To do this evaluation, a person will either call to ask you the questions, or have you answer the questions on a paper form or online. For example, they will ask if you are involved in deciding what services are most helpful for you. The survey takes about 5-10 minutes to complete.

If you agree to participate, you need to understand the following:

1. I may stop at any time, and it will not affect any of the services I am presently receiving.
2. Anything I say will be kept confidential. No one other than the people doing the evaluation will know how I answered the questions.
3. The information I provide will help improve services for other youth, like myself.

If you still agree to participate, please sign below:

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Name [Please print]

## APPENDIX B: SCRIPTS OF INTRODUCTION

## WFI-EZ WRAPAROUND CARE COORDINATOR SCRIPT

### Intro of self and agency and reminder about the study:

Hello, I'm \_\_\_\_ from \_\_\_\_\_ and I'm calling because you have agreed to participate in an evaluation of how Wraparound is being delivered in your county/district/state. Do remember being told about this evaluation project?

*<if no, give a short reminder of the evaluation>*

*<if yes>* Good. Then what I would like to do is ask some demographic questions about \_\_\_\_\_ *<youth's name(s)>* followed by the Wraparound Fidelity Index – short form, or WFI-EZ for short. The WFI-EZ is a short survey that asks some questions about the nature of Wraparound care delivery for a specific family. The survey takes about 5-10 minutes *<per youth>*, would now be a good time for you?

*<if not a good time>* I'd be glad to call back later. When would be a good time for you?

### Reminder of confidentiality and importance of participation:

Before we begin, I just want to remind you that this survey and everything you tell me will remain completely confidential. All of your answers will be reported along with the rest of the wraparound care coordinators' answers as group data. None of the information we collect will be used for individual performance reviews. The purpose of the evaluation is to understand how we can better serve families but also to understand how we can better train and support providers. The information you will share with us is very important to help identify program improvement objectives in the future, so we really appreciate your cooperation and participation.

Do you have any questions at this time?

**[Remind the care coordinators about the youth and family for which she or he is being administered the WFI]**

**[Begin Survey]**

**Repeat for other youth on wraparound care coordinator's caseload. Thank them for their participation!**

### WFI-EZ Caregiver Script

#### Intro of self and agency and reminder about the study:

Hello, I'm \_\_\_\_\_ from \_\_\_\_\_ and I'm calling because we are doing a study looking at how services are delivered to families like yours in <agency/county/district/state>. <Wraparound care coordinator's name> should have told you about this study and had you read some information about it. Do remember [him/her/them] describing the study to you and agreeing to be surveyed?

<if no, give a short reminder of the evaluation>

<if yes> Good. Thank you for agreeing to participate. We really appreciate your willingness to take time to help us because your opinions about services are extremely important! The survey will take about 5-10 minutes. Would now be a good time for you?

<if not a good time> I'd be glad to call back later. When would be a good time for you?

#### Reminder of confidentiality and importance of participation:

Before we begin, I just want to remind you that everything you tell me will remain completely confidential. Your individual answers will not be shared with anyone except the people on the research team. What you say will be combined with information from other parents and caregivers and reported in a group report. We really want your honest answers about what you think and have experienced, and we really appreciate your cooperation and participation.

Do you have any questions at this time?

#### Begin Survey

Please answer the following questions about the services and supports your family has received since it began the wraparound process.

*(complete WFI-EZ portion)*

#### Thank them for their participation!

Thanks once again! What you have told me is very helpful and I appreciate your time and willingness to offer your opinions.

## WFI-EZ Youth Script

### Intro of self and agency and reminder about the study:

Hello, I'm \_\_\_\_ from \_\_\_\_\_ and I'm calling talk to you about the Wraparound care you receive. Your [caregiver/parent/foster parent] or <wraparound care coordinator's name> may have told you about taking this survey. Do remember [him/her/them] describing the study to you?

<if no, give a short reminder of the evaluation>

<if yes> Good. Thank you for agreeing to participate. We think it is great that you are willing to take time out to help us. Your opinions about services are extremely important! We are gathering information about young people's opinions so that we can improve Wraparound care. The survey will take about 5-10 minutes. Would you like to do it now?

<if not a good time> I'd be glad to call back later. Can you tell me a time that is good for you?

### Reminder of confidentiality and importance of participation:

Before we begin, I just want to remind you that this survey and everything you tell me will remain completely confidential. I will not tell anyone what you say about your Wraparound care and the people who help you. What you say will be combined with what other youths tell us as a collective voice. We really want your honest answers about what you think and have experienced and we really appreciate your cooperation and participation.

Do you have any questions about what we're going to do or how the information will be used?

### Begin Survey

Please answer the following questions about the care and supports you and your family have received since you began the wraparound process.

*(complete WFI-EZ portion)*

### Thank them for their participation!

Thanks once again! What you have told me is very helpful and I appreciate your time and willingness to offer your opinions.

## APPENDIX C: SCORING RULES (FOR NON-WRAPSTAT SITES)

## WFI-EZ Scoring Rules

Non-WrapStat sites

### Records to be Excluded from reports:

- Duplicate records – If 2 or more forms are completed for the same youth, under the same respondent, and each answer matches that of another form, then only one (TBD) of the forms will be included in the present report function. The duplicate records will be excluded.
- Too few days enrolled in wraparound – Records for which the entry for “days in wraparound” is less than 60 will be excluded
- Missing substantial data
  - a. Records for which 8 or more of the 25 items in **Section B** are missing or answered “don’t know” will be excluded (exclude the entire record)
  - b. Records for which 1 or more of the 4 items in Section A are missing – Section A will be excluded.
  - c. Records for which 1 or more of the 4 items in section C are missing – Section B will be excluded (youth and caregiver forms only)
  - d. Records for which 2 or more of the 9 items in section D are missing – Section D will be excluded (caregiver, care coordinators, and team member forms only).
- Uniform rating pattern – Records for which the same response is provided to all 25 items in section B (regardless of what the response is) will be excluded.

### Scoring Logic

- Section A
  - Scale 0-1
    - 0=No
    - 1=Yes
  - REPORT GENERATION:
    - Item level means score
      - Average of every valid (non-excluded) case for each individual item (A1-A4)
      - Frequencies of all Values (0 and 1).
- Section B
  - Scales
    - -2=Strongly Disagree
    - -1=Disagree
    - 0=Neutral
    - 1=Agree
    - 2=Strongly Agree
    - 666=Don’t know (Missing value)
  - Value for reverse scored items B2, B7, B12, B15, B17, B23
    - 2=Strongly Disagree
    - 1=Disagree



- 0=Neutral
- -1=Agree
- -2=Strongly Agree
- 666=Don't know (Missing value)
- Subscales
  - Outcomes-based: B19, B20, B21, B24, B25
  - Effective teamwork: B2, B4, B7, B15, B22
  - Natural/Community Supports: B9, B10, B12, B16, B18
  - Needs-based: B5, B6, B8, B13, B23
  - Strength-and-family-driven: B1, B3, B11, B14, B17
- REPORT GENERATION
  - Item level means
    - Average of every valid case for each individual item (B1-B25)
    - Values between -2 and +2
  - Mean total score (expressed as percent of total possible):
    - Convert 2 to -2 scale to: 0, 1, 2, 3, 4
      - 2 = 0
      - 1 = 1
      - 0 = 2
      - 1 = 3
      - 2 = 4
    - Mean Percentage – After excluding cases per rules above, calculate mean of the non-missing items and divide by 4.
      - WFIEZ individual total score =  $(\text{Average } (B1, B2, B3, \dots B25))/4$
      - This will give you a value between 0 and 1.00. Please convert to a percentage to value between 1 and 100, and will represent the % out of total possible for that respondent's survey
  - Key Element scores
    - Outcomes-based: B19, B20, B21, B24, B25
      - $\text{Average } (B19, B20, B21, B24, B25)/4$
      - This will give you a value between .01 and 1.00. Please convert to a percentage to value between 1 and 100, and will represent the % out of total possible for the Outcomes Based Key Element
    - Effective teamwork: B2, B4, B7, B15, B22
      - $\text{Average } (B2, B4, B7, B15, B22)/4$
      - This will give you a value between .01 and 1.00. Please convert to a percentage to value between 1 and 100, and will represent the % out of total possible for the Effective Teamwork Key Element
    - Natural/Community Supports: B9, B10, B12, B16, B18
      - $\text{Average } (B9, B10, B12, B16, B18)/4$
      - This will give you a value between .01 and 1.00. Please convert to a percentage to value between 1 and 100, and will represent the % out of total possible for the Natural/Community Supports Key Element
    - Needs-based: B5, B6, B8, B13, B23
      - $\text{Average } (B5, B6, B8, B13, B23)/4$

- This will give you a value between .01 and 1.00. Please convert to a percentage to value between 1 and 100, and will represent the % out of total possible for the Needs Based Key Element
  - Strength-and-family-driven: B1, B3, B11, B14, B17
    - Average (B1, B3, B11, B14, B17)/4
    - This will give you a value between .01 and 1.00. Please convert to a percentage to value between 1 and 100, and will represent the % out of total possible for the Strength and Family Driven Key Element
- Section C - Satisfaction
  - Scales
    - -2=Strongly Disagree
    - -1=Disagree
    - 0=Neutral
    - 1=Agree
    - 2=Strongly Agree
    - 666=Don't know (Missing value)
  - REPORT GENERATION
    - Item level means
      - Average of every valid case for each individual item (C1-C4)
      - Values between -2 and +2
    - Mean Total Satisfaction Score
      - Convert 2 to -2 scale to: 0, 1, 2, 3, 4
        - 2 = 0
        - 1 = 1
        - 0 = 2
        - 1 = 3
        - 2 = 4
      - Satisfaction Section C individual total = (Average (C1 ... C4))/4
      - This will give you a value between .01 and 1.00. Please convert to a percentage to value between 1 and 100, and will represent the % out of total possible for that respondent's Satisfaction Score.
    - Frequencies of values between -2 and 2, plus "Don't know"
- Section D Outcomes
  - School and community outcomes (items D1-D4)
    - Scale 0-1
      - 0=No
      - 1=Yes
      - 666=Don't Know (Missing variable)
    - REPORT GENERATION:
      - Item level means score
        - Frequencies (yes, no, Don't know) across all valid cases for each item (D1-D4)
        - Values between 0 and 1.
      - Note that there is no scale score for this subsection, only item level summaries

- Functioning outcomes (items D5-D9)
  - Scale 0-3
    - 3= Very much
    - 2= A good deal
    - 1= A little bit
    - 0= Not at all
    - 666=Don't Know (Missing variable)
  - REPORT GENERATION
    - Item level means score
      - Average of every case for each individual item (D5-D9 – CG form; D6-D9 – WF form)
    - Frequencies of values between 0 and 3 and “Don't know”.

## APPENDIX D: AN INTRODUCTION TO WRAPAROUND

In order to appropriately understand and administer the WFI-EZ, it is essential that the user have some knowledge about Wraparound itself. In the following pages, descriptions of wraparound are provided. Since 2003, the NWI has undertaken a series of consensus-building and research projects to better define the principles, phases and activities, and necessary support conditions for the wraparound process. You can view the results of this initiative at the project's home page at <http://www.nwi.pdx.edu>. A summary of the principles of wraparound as defined by the members of the NWI is presented next.

### **D.1 Basic Description of Wraparound:**

Wraparound is an intensive, holistic method of engaging with individuals with complex needs (most typically children, youth, and their families) so that they can live in their homes and communities and realize their hopes and dreams.

Since the term was first coined in the 1980s, “wraparound” has been defined in different ways. It has been described as a philosophy, an approach, and a service. In recent years, wraparound has been most commonly conceived of as an intensive, individualized care planning and management process. Wraparound is not a treatment per se. The wraparound process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family. Additionally, wraparound plans are more holistic than traditional care plans in that they are designed to meet the identified needs of caregivers and siblings and to address a range of life areas. Through the team-based planning and implementation process, wraparound also aims to develop the problem-solving skills, coping skills, and self-efficacy of the young people and family members. Finally, there is an emphasis on integrating the youth into the community and building the family's social support network.

The values of wraparound, as expressed in its core principles, are fully consistent with the system of care framework. Wraparound's philosophy of care begins from the principle of “voice and choice,” which stipulates that the perspectives of the family—including the child or youth—must be given primary importance during all phases and activities of wraparound. The values associated with wraparound further require that the planning process itself, as well as the services and supports provided, should be individualized, family driven, culturally competent, and community based. Additionally, the wraparound process should increase the “natural support” available to a family by strengthening interpersonal relationships and utilizing other resources that are available in the family's network of social and community relationships. Finally, the wraparound process should be “strengths based,” including activities that purposefully help the child and family to recognize, utilize, and build talents, assets, and positive capacities.

In 2004, the National Wraparound initiative fully described the 10 Wraparound Principles, subjecting them to a consensus building process and an explication of some of the challenges in achieving them in “real world” practice. ([nwi.pdx.edu/wraparoundbasics.shtml](http://nwi.pdx.edu/wraparoundbasics.shtml)). These principles are presented below (Walker, Bruns, et al., 2004).

## D.2 The Ten Principles of the Wraparound Process

1. *Family voice and choice.* Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.
2. *Team based.* The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.
3. *Natural supports.* The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.
4. *Collaboration.* Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.
5. *Community-based.* The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.
6. *Culturally competent.* The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.
7. *Individualized.* To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.
8. *Strengths based.* The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.
9. *Unconditional.* Despite challenges, the team persists in working toward the goals included in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer required.
10. *Outcome based.* The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

## D.3 Phases and Activities of the Wraparound Process

The following section presents a summary of the work of the National Wraparound Initiative in specifying the typical activities of a high-quality wraparound process. It is important for those who are administering the WFI-EZ to have a good understanding of these "phases and activities" of wraparound, because many of the items in the WFI-EZ are based on the assumption that the wraparound process should consist of some type of expression of these activities.

Before presenting the results of this consensus process, a few clarifying comments are necessary. First, the activities linked below identify a care coordinator as responsible for guiding, motivating, or undertaking the various activities. This is not meant to imply that a single person must facilitate all of the activities, and we have

not tried to specify exactly who should be responsible for each activity. The various activities may be split up among a number of different people. For example, on many teams, a parent partner or advocate takes responsibility for some activities associated with family and youth engagement, while a care coordinator is responsible for other activities. On other teams, a care coordinator takes on most of the facilitation activities with specific tasks or responsibilities taken on by a parent, youth, and/or other team members. In addition, facilitation of wraparound team work may transition between individuals over time, such as from a care coordinator to a parent, family member, or other natural support person, during the course of a wraparound process.

Second, the families participating in wraparound are diverse in terms of their structure and composition. Families may be a single birth or adoptive parent and child or youth, or may include grandparents and other extended family members as part of the central family group. If the court has assigned custody of the child or youth to some public agency (e.g., child protective services or juvenile justice), the caregiver in the permanency setting and/or another person designated by that agency (e.g. foster parent, social worker, probation officer) takes on some or all of the roles and responsibilities of a parent for that child and shares in selecting the team and prioritizing objectives and options. As youth become more mature and independent, they begin to make more of their own decisions, including inviting members to join the team and guiding aspects of the wraparound process.

Third, the use of numbering for the phases and activities linked below is not meant to imply that the activities must invariably be carried out in a specific order, or that one activity or phase must be finished before another can be started. Instead, the numbering and ordering is meant to convey an overall flow of activity and attention. For example, focus on transition activities is most apparent during the latter portions of the wraparound process; however, attention to transition issues begins with the earliest activities in a wraparound process.

Finally, though the following description of the “Phases and Activities of the Wraparound Process” focuses on what needs to happen in wraparound; it is equally important to attend to how the work is accomplished. Merely accomplishing the tasks is insufficient unless this work is done in a manner consistent with the 10 principles of wraparound. As a research team member or evaluator charged with assessing the adherence to the wraparound process for individual families, it will be important for you to have a solid grounding in both the principles as well as activities of wraparound.

For a full description of the Phases and Activities, see: <http://www.nwi.pdx.edu/pdf/TenPrincWAProcess.pdf>

## **D.4 Key Terms Used in Wraparound**

In describing wraparound, in this manual and on the WFI-EZ forms, many terms are used that may be unfamiliar. The following table is designed to give the reader exposure to some of the key terms used in Wraparound as well as systems of care for children and families. If you are confused about other terms that we have not defined here, please contact our research team.

## Definitions of Key Wraparound Terms

Wraparound Term	Definition
<b>Action steps</b>	Statements in a wraparound plan that describe specific activities that will be undertaken, including who will do them and within what time frame.
<b>Community</b>	The neighborhood, city, town, village, or rural area where the child/family chooses to live. We use the broader term <i>community</i> rather than city or town, because families have different perspectives of what their communities include. Community may also refer to the network of social supports upon which the family relies.
<b>Care Coordinators</b>	A person who is trained to coordinate the wraparound process for an individual family. This person may also be called wraparound facilitator, navigator, wraparound specialist, or something else. The person in the facilitator role may change over time, depending on what the family thinks is working best. For example, a parent, caregiver, or other team member may take over facilitating team meetings after a period of time.
<b>Formal supports</b>	Services and supports provided by professionals (or other individuals who are “paid to care”) under a structure of requirements for which there is oversight by state or federal agencies, national professional associations, or the general public arena.
<b>Informal resources or supports</b>	These are resources that already exist in the family, their support network, or in their community. They often cost little or nothing and provide support to the family. This term can also be used to refer to friends or advocates of the family. For example, a caregiver may sometimes ask a neighbor to take her child out on an activity. Similarly, a community may have a strong community center or library that provides activities that the family likes to do.
<b>Life domains</b>	Areas of daily activity critical to healthy growth and development of a child or successful functioning of a family. Life domains include such areas as safety, school/work, health, social/fun, a place to live, legal issues, culture, emotions, transportation, and finances.
<b>Mission Statement</b>	A statement crafted by the wraparound team that provides a one or two sentence summary of what the team is working toward with the youth and family.
<b>Natural supports</b>	See also <i>informal resources or supports</i> . Individuals or organizations in the family’s own community, kinship, social, or spiritual networks, such as friends, extended family members, ministers, neighbors, local businesspersons or shopkeepers, etc.
<b>Outcomes</b>	Child, family, or team goals stated in a way that can be observed and measured.
<b>Plan of Care</b>	A dynamic document that describes the family, the team, and the work to be

<b>(Wraparound Plan)</b>	undertaken to meet the family's needs and achieve the family's long-term vision. Since families are constantly changing, the plan should always be updated to reflect changes in strengths, resources, needs, or goals. Also called <i>individualized plan</i> , <i>integrated plan</i> , and <i>Wraparound plan</i> .
<b>Respondent</b>	The person responding to the survey (e.g., using the WFI-EZ): a caregiver, youth, wraparound care coordinator, or other team member.
<b>Strengths</b>	Strengths are the assets, skills, capacities, actions, talents, potential and gifts in each family member, each team member, the family as a whole, and the community. In wraparound, strengths help family members and others to successfully navigate life situations; thus, a goal for the wraparound process is to promote these strengths and to use them to accomplish the goals in the team's plan of care.
<b>Supports and services</b>	This phrase refers to the full complement of formal services and informal supports received by the child or family.
<b>Vision</b>	A statement constructed by the youth and family (with help from their care coordinator and possibly the wraparound team) that describes how they wish things to be in the future, individually and as a family.
<b>Wraparound Team</b>	A group of people – chosen with the family and connected to them through natural, community, and formal support relationships – who develop and implement the family's plan, address unmet needs, and work toward the family's vision.
<b>WrapStat</b>	The online data and reporting system where WFI-EZ is stored. <a href="http://www.wrapstat.org">www.wrapstat.org</a>



## D.5 Additional reading on Wraparound

The above orientation to the wraparound process is derived primarily from the basic materials developed by the National Wraparound Initiative and should enable successful administration of the WFI-EZ; however, the additional materials below will expand an understanding of the wraparound process for those interested.

- Walker, J. S., Koroloff, N., & Schutte, K. (2003). Implementing high-quality collaborative individualized service/support planning: Necessary conditions. Portland OR: Research and Training Center on Family Support and Children's Mental Health.
- A family member's guide to wraparound – based on the National Wraparound Initiative model: Miles, P., Bruns, E.J., Osher, T.W., Walker, J.S., & the National Wraparound Initiative Advisory Group (2006). The Wraparound Process User's Guide: A Handbook for Families. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University. (Available at [http://nwi.pdx.edu/pdf/Wraparound\\_Family\\_Guide09-2010.pdf](http://nwi.pdx.edu/pdf/Wraparound_Family_Guide09-2010.pdf)).
- An article about measuring treatment fidelity that references the Wraparound Fidelity Index as an example: Bruns, E. J., Burchard, J. D., Suter, J.S., & Force, M.D. (2005). Measuring fidelity within community treatments for youth: Challenges and strategies. In Epstein, M. Kutash, K. & Duchnowski, A. (Eds.) Outcomes for Children and Youth. Austin, TX: Pro-ED.
- Dennis, K. W., & Lourie, I. S. (2006). Everything is normal until proven otherwise. Washington, DC: Child Welfare League of America.
- The Resource Guide to Wraparound. A collection of articles, tools, and resources that represent the expertise, experience, and shared work of the members of the National Wraparound Initiative. Bruns, E.J., and Walker, J.S. (Eds.) (2008). The resource guide to wraparound. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health. (Available at <http://nwi.pdx.edu/NWI-book/index.shtml>).
- How, and Why, Does Wraparound Work: A Theory of Change. Walker, J.S. (2008). (Available at <http://nwi.pdx.edu/pdf/howandwhywraparound.pdf>).
- An article about the evidence base for Wraparound: April 2010. Bruns, E.J. & Suter, J.C. (2010). (Available at [http://nwi.pdx.edu/NWI-book/Chapters/Bruns-3.5-\(evidence-base\).pdf](http://nwi.pdx.edu/NWI-book/Chapters/Bruns-3.5-(evidence-base).pdf)).
- Bruns, E. J., & Walker, J. S. (2010). Defining practice: Flexibility, legitimacy, and the nature of systems of care and wraparound. *Evaluation and Program Planning*, 33, 45-48.
- Walker, J. S., Koroloff, N. K., & Bruns, E. J. (2010). Defining “necessary” services and supports: Why systems of care must take direction from service-level processes. *Evaluation and Program Planning*, 33, 49-52.
- Poncin, Y. & Woolston, J. (2010). Systems of care, wraparound services, and home-based services. In: Dulcan's textbook of child and adolescent psychiatry. Dulcan, M.K. (Ed.). Arlington, VA, US: American Psychiatric Publishing, Inc., 925-938.
- An entire special issue about research on the wraparound process and how this research can inform the wraparound intervention. The introductory article can be found at: Bruns, E. J. & Walker, J. S. (2011). Research on the wraparound process: Intervention components and implementation supports. *Journal of Child and Family Studies*, 20(6), 709-712.

## APPENDIX E: REFERENCES

- Achenbach, T. M., McConaughy, S. H., & Howell, C. T. (1987). Child/adolescent behavioral and emotional problems: Implication of cross-informant correlations for situational specificity. *Psychological Bulletin*, 101, 213-332.
- Bruns, E.J., Burchard, J.D., Suter, J.S., Leverentz-Brady, K., & Force, M.D. (2004). Assessing fidelity to a community-based treatment for youth: The Wraparound Fidelity Index. *Journal of Emotional and Behavioral Disorders*. 12(2), 79-89.
- Bruns, E.J., Rast, J., Walker, J.S., Peterson, C.R., & Bosworth, J. (2006). Spreadsheets, service providers, and the statehouse: Using data and the wraparound process to reform systems for children and families. *American Journal of Community Psychology*.
- Bruns, E.J., Suter, J.C., Burchard, J.D., Leverentz-Brady, K. & Force, M. (2004). Assessing fidelity to a community-based treatment for youth: the Wraparound Fidelity Index. *Journal of Emotional and Behavioral Disorders*, 12, 69-79.
- Bruns, E.J., Suter, J.S., Force, M.D., & Burchard, J.D. (2005). Fidelity to the wraparound process and its association with child and family outcomes. *Journal of Child and Family Studies*.
- Bruns, E.J., Suter, Rast, J., Walker, J.S. & Zabel (2006). Wraparound Fidelity Index, version 4. Results of an Initial Pilot Test. National Wraparound Initiative & Systems of Care. Presentation, retrieved from the web September 1, 2006 from:  
[http://depts.washington.edu/wrapeval/docs/FINAL\\_WFI4poster.ppt](http://depts.washington.edu/wrapeval/docs/FINAL_WFI4poster.ppt)
- Bruns, E. J., Suter, J. C., & Leverentz-Brady, K. M. (2006). Relations between program and system variables and fidelity to the wraparound process for children and families. *Psychiatric Services*, 57(11), 1586-1593. doi: 10.1176/appi.ps.57.11.1586
- Bruns, E. J., & Sather, A. (2007). *User's Manual to the Wraparound Team Observation Measure*. Seattle, WA: University of Washington, Wraparound Evaluation and Research Team, Division of Public Behavioral Health and Justice Policy.
- Bruns, E. J., Leverentz-Brady, K. M., & Suter, J. C. (2008). Is it wraparound yet? Setting quality standards for implementation of the wraparound process. *Journal of Behavioral Health Services & Research*, 35(3), 240-252.
- Bruns, E. J. (2010). *Wraparound Fidelity Index, version 4: Summary of relevant psychometrics, reliability, and validity studies*. Seattle: Division of Public Behavioral Health and Justice Policy, University of Washington. Retrieved from [http://depts.washington.edu/wrapeval/docs/Psychometrics\\_WFI\\_April\\_26\\_2010.pdf](http://depts.washington.edu/wrapeval/docs/Psychometrics_WFI_April_26_2010.pdf)
- Bruns, E. J., Sather, A., & Pullmann, M. D. (2010). *The Wraparound Fidelity Assessment System: Psychometric analyses to support refinement of the Wraparound Fidelity Index and Team Observation Measure*. Paper presented at The 23rd Annual Conference, A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, FL.
- Bruns, E. J., Pullmann, M. D., Brinson, R. D., Sather, A., & Ramey, M. (revision under review). Effectiveness of wraparound versus case management for children and adolescents: Results of a randomized study.

Burchard, J. D., Bruns E. J., & Burchard, S. N. (2002). The Wraparound approach. In B. Burns and K. Hoagwood (Eds.), *Community-Based Interventions for Youth with Serious Emotional Disturbance*. Oxford University Press.

Burns, B. J. & Goldman, S. K. (1999). Promising practices in Wraparound for children with serious emotional disturbance and their families. *Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Vol. IV*. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Cox, K., Baker, D., & Wong, M.A. (2009). Wraparound Retrospective: Factors Predicting Positive Outcomes. *Journal of Emotional and Behavioral Disorders*, 18(1), 3-13.

Dowell, K. A. & Ogles, B. M. (2008). The Ohio Scales Youth Form: Expansion and Validation of a Self-Report Outcome Measure for Young Children. *Journal of Child and Family Studies*, 17, 291-305.

Faw, L. (1999). The state wraparound survey. In B. Burns & C. K. Goldman (Eds.) Systems of care: Promising Practices in Children's Mental Health, 1998 series, Vol. IV. Washington D.C.: Center for Effective Collaboration and Practice, American Institutes for Research.

Effland, V. S., Walton, B. A., & McIntyre, J. S. (2011). Connecting the dots: Relationships among stages of implementation, wraparound fidelity, and youth and family outcomes. *Journal of Child and Family Studies*.

Ferguson, C. (2004). California's title IV-E child welfare waiver demonstration project evaluation: An analysis of wraparound in Alameda County. In C. Newman, C. Liberton, K. Kutash, & R.M. Friedman (Eds.), *The 17<sup>th</sup> Annual Research Conference Proceedings: A System of Care for Children's Mental Health*. Tampa: University of South Florida, Florida Mental Health Institute Research and training Center for Children's Mental Health.

Lourie, I. S., Stroul, B. A., & Friedman, R. M. (1998). Community-based systems of care: From advocacy to outcomes. In M. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for Children and Youth with Behavioral and Emotional Disorders and Their Families: Programs and Evaluation Best Practices*. Austin: Pro-Ed Publishing. (pp. 513-542).

Lyons, J.S. (2008). CANS and ANSA Instruments: History and Applications. In Lyons, J.S. Weiner, D.A. (Eds). (2008), *Behavioral Healthcare, Assessment, Service Planning, and Total Clinical Outcomes Management*. Kingston, New Jersey, Civic Research Institute.

Pullmann, M. D., Bruns, E. J., Sather, A. K. (2013). Evaluating Fidelity to the Wraparound Service Model for Youth: Application of Item Response Theory to the Wraparound Fidelity Index. *Psychological Assessment*, 25(2), 583-598. doi: 10.1037/a0031864.

Rast, J., Peterson, C.R., Earnest, L., & Mears, S. (2004). Service process as a determinant of treatment effect – the importance of fidelity. In C. Newman, C.J. Liberton, K. Kutash, & R.M. Friedman (Eds.), *The 16<sup>th</sup> Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base*. Tampa: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

Rider, F., O'Day, K., & Rast, J. (2004). Project MATCH: Fidelity and outcomes. Paper presented at the 17th Annual Research Conference: Systems of Care: Building the Research Base, Tampa, FL.

Vetter, J., Diaz, J., Phillips, K., Strait, S., Stretch, G., White, L., & Tong, K. (2013). Using the Ohio Scales for Assessment and Outcome Measurement in a Statewide System of Care. Paper presented at the 25<sup>th</sup> Annual Children's Mental Health Research & Policy Conference in Tampa, FL.

Walker, J. S., & Matarese, M. (2011). Basing organization of the wraparound workforce on a research-based theory of change. *Journal of Child and Family Studies*.

Walton, B., McIntyre, J., & Effland, V. (2010). Wraparound Implementation in Indiana: Essential Components and Results. Paper presented at 23rd Annual Children's Mental Health Research Conference, Tampa, FL