WK LAT Wraparound Tests of Change Evaluation Workplan

Draft – October 20, 2016

Introduction

This is an evaluation plan for the "WK LAT Medical Home, School and Community Wraparound Tests of Change" project (Wraparound project) funded by the provincial Shared Care Committee, a joint committee of Doctors of BC and the Ministry of Health working to improve health outcomes and the patient journey through the health care system, and implemented by the Kootenay Boundary Division of Family Practice (Division). This document will direct the evaluation efforts associated with the project. The evaluation has been designed to provide both process and outcome information to the program within the context of its goals and objectives.

This plan has been prepared in conjunction with the *Division Project and Committee Evaluation/QI Framework*, which outlines key evaluative goals, approaches, criteria, audiences, methodological approaches and core project indicators. This document provides an overview of the evaluation timeline, the Wraparound project and logic model, the unique project indicators, and specific methods and evaluation audiences. This plan is intended to be a living one, subject to occasional adjustments as both the project and evaluation are implemented.

Timeline for Evaluation

The overall timeline for the evaluation is as follows:

Milestone	Target Completion Date
Evaluation criteria developed	August 2016
Draft evaluation plan completed	August 2016
Draft evaluation indicators developed	August 2016
Evaluation plan approved	October 2016
Research instruments developed	September 2016 – December 2016
Baseline data collected	September 2016 – November 2016
Project data collected	December 2016 – March 2017
Interim reports to LAT	Regular intervals as data collection is completed
Project evaluation completed	April 2017

Overview of Project

The Wraparound project commenced in January 2016 with an orientation phase that ran until August 2016. Implementation will start in September 2016 and will run until April 2017. The overall purpose of the project is for the West Kootenay Local Action Team (WK LAT) to work collaboratively with key provincial, regional and community partners to undertake wraparound tests of change in school, medical home and community settings for a small sample group of youth with moderate to complex needs in the West Kootenay region. These tests of change will be led by members of the WK LAT.

The goal of the tests of change is to improve outcomes for youth and families by:

- Increasing coordination and information sharing between service providers involved in the life of the youth and their family;
- Encouraging professionals to take part in shared service planning with other agencies;
- Increasing informal social supports identified by the youth/family as part of a service delivery plan;
- Prioritizing service priorities suggested by the youth/family rather than those suggested solely by professionals; and
- Formalizing care pathways through Local Agreements.

Wraparound care is based on the premise that youth with a moderate to complex needs can be best supported by integrated, collaborative team-based support from service providers that is individualized to meet the needs of each youth and family and focuses on the strengths, voice and choices of the family.

Project Logic Model

Logic models are diagrams that illustrate the logical or causal relationships among the project context, inputs, activities, outputs, intermediate outcomes, and long-term impacts. They provide a high-impact visual snapshot of the project goals, assumptions, and intended results. The project logic model is provided on the final page of this plan.

Evaluation Methods and Indicators

This section outlines the evaluation methods, unique indicators and questions, and Division indicators to be assessed. The **unique indicators** were developed based on a review of the project proposal, other project documentation in consultation with the project lead and the project advisory committee. Some Division **core project indicators**, that relate to design, relevance, process, partnerships and cooperation, sustainability, and sharing of lessons learned, as outlined in the *Division Project and Committee Evaluation/QI Framework*, will also be assessed.

The WK LAT Wraparound project will be evaluated at both an individual and systems level, recognizing that it is both an individual-level intervention (creating a collaborative team and support plan for a youth and family) and a systems-level intervention (developing relationships and patterns of collaboration among communities and agencies). Thus in addition to providing improved individual-level services, wraparound attempts to change the overall system of care, and improved systems of care can in turn lead to improved individual outcomes.

To assist the evaluator in developing and implementing this evaluation plan, an evaluation subcommittee was established consisting of the two wraparound coaches (Resource and Parent coach) hired as part of the wraparound tests of change, the wraparound advisor, and a psychologist who is a member of the LAT. The evaluation subcommittee reviewed this plan and key evaluation instruments to be utilized in collecting baseline data. The evaluation subcommittee will continue to review evaluation instruments as the evaluation proceeds. The evaluation plan was also reviewed by the LAT.

Evaluation Methods

Key evaluation methods to be utilized include:
- Assessments of youth and their family at the beginning and end of the project using standardized assessments of functioning, depression, empowerment and parenting morale to be completed by the parents, guardians, clinicians and/or youth (see list of assessments below);
- Interviews with key family members of each youth at the end of the project;
- One focus group with the LAT near the end of the project;

- Interviews with wraparound service coordinators and other wraparound team members at the end of the project;
- Collection of administrative data with regard to number of youth served, number of service providers/community partners engaged, number of wraparound meetings etc.;
- Ongoing liaison with the LAT and project lead; and
- Review of relevant project documentation.

As per the *Division Project and Committee Evaluation/QI Framework* this evaluation will be developmental. Thus if new and useful avenues for data collection arise during the project, they may be added to the evaluation methods as appropriate.

Unique Indicators and Questions

Not all of the indicators below may be fully measured depending on data availability. The indicators deemed most important, that the most resources will be put into measuring, are bolded.

Criterion	Unique Project Indicators	Method	Instruments Required
Impact	• **Improvement in youth functioning and outcomes** • **Improvement in family functioning and outcomes** • Reduction in parenting stress and improved psychological well-being of family members • Changes in service provider collaboration and system of care	• Pre- and post assessments of youth and family functioning using standardized scales • Interviews with wraparound coordinators • Interviews with key family members • Interviews with key service providers	• Package of assessments for wraparound coordinator • Package of assessments for key family members • Wraparound coordinator interview guide • Key family member interview guide • Key service provider interview guide
Effectiveness	• **# of youth and families served by wraparound prototype** • **# of service providers/ community partners engaged in wraparound prototype** • **# of hours committed to the wraparound prototype by service providers/community partners** • # of wraparound case meetings with all partners present • Number of assessments conducted, drawing on parents' expertise	• Administrative data kept by wraparound coordinators	• Form/survey for wraparound coordinators
	• Degree of participation of families in wraparound planning and implementation oversight • **Degree of coordination and information sharing between service providers involved in the life of the youth and family** • **Perceived fidelity of tests of change with wraparound principles, including strengths based respect for youth and families** • **Perceived improvement in youth care**	• Interviews with wraparound coordinators • Interviews with key family members • Interviews with key service providers	• Wraparound coordinator interview guide • Key family member interview guide • Key service provider interview guide
	• # of hours of wraparound training provided • Types of wraparound training provided and resources shared • Effectiveness of wraparound training provided • Effectiveness of triage/referral process developed • Effectiveness of privacy and information guidelines developed	• Focus group with WK LAT • Interviews with key service providers • Interviews with project lead • Care pathway mapping	• Focus group questions • Care pathway mapping process • Key service provider interview guide

• Effectiveness of implementation of wraparound via local coordinators supported by Resource and Parent Coach • **Effectiveness of overall wraparound approach in a school, community and medical-home settings** • **Common features of care pathways mapped for each wraparound case** • **# of care pathways formalized through local agreements**	

Division Indicators

The goals of the Wraparound project line up most with the following two Division key outcomes:

1. Improved quality of care, and
2. Increased equity in health outcomes; and

As such, it is proposed that the following draft Division indicators be considered in the Wraparound project evaluation:

4.0 Improved quality of care
4.3 Perception of relationships among providers with respect to integrated team based care
4.4 Perception of quality of care
4.5 Patient satisfaction with care received
5.0 Increased equity in health outcomes
5.1 Perception of support from other health care providers when treating vulnerable patients
5.2 Perception of equity in health outcomes
5.5 Degree of application of poverty/vulnerable population lens in Division project and initiative planning and delivery

Note that there is overlap among these indicators and the core and unique project indicators with respect to patient satisfaction and relationships among providers.

Assessments to be Utilized

The following assessments are to be utilized with the youth, parents, and clinicians. Most of the scales will be utilized pre- and post-intervention, while a small number will only be implemented post-intervention. For those scales undertaken pre- and post-intervention, paired t-tests will be undertaken in association with the data to assess the significance of change as a result of the wraparound process. In addition, scores from some of the assessments will be compared to known ranges for the assessments to provide a sense of where the family is on the scales utilized.

All of these scales are free for use, with the exception of the the Family Empowerment Scale (FES), for which permission has been received for use, and the Beck Depression Inventory (BDI), which was purchased for use. These scales were reviewed in detail by the project evaluation sub-committee with a goal of ensuring that the smallest possible number of scales were employed while still measuring key factors. All of the assessments were beta tested with the appropriate audience (youth and parents) to confirm that completing the assessments will not take longer than fifteen minutes.

Youth

Symptoms and Functioning Severity Scale (SFSS) Youth version – Pre and post intervention

This assessment will be implemented online via Checkbox Survey to be completed by the youth at the request of a wraparound coach. Parents will be provided with a letter with a link to the survey, explaining the evaluation and requesting their youth's participation.

Parents

Symptoms and Functioning Severity Scale (SFSS) Adult caregiver version – Pre and post intervention
Parenting Morale Index (PMI) – Pre and post intervention
Family Empowerment Scale (FES) – Pre and post intervention
Beck Depression Inventory (BDI) – Pre and post intervention
Medicine Wheel Program Evaluation – Pre and Post intervention
Professional and Parent Alliance Scale (PAPAS) – Post intervention
Client satisfaction (developed by evaluator) – Post intervention

Only one parent per youth will be asked to complete the assessments, although both will be permitted to if they wish to do so. These assessments will be administered in person on paper by the wraparound coaches pre-intervention, and the evaluator post-intervention. All analysis will be done by the evaluator.

Wraparound Coordinator/Clinicians

Symptoms and Functioning Severity Scale (SFSS) clinician version – Pre and post intervention

The SFSS will be administered to the wraparound coaches online and may also be administered to relevant clinicians.

Fidelity Indexes to be Utilized

The wraparound process will also be evaluated for fidelity to wraparound principles (e.g. taking a strengths-based approach, ensuring the family is a full and active participant in every level of the wraparound process, being inclusive of natural supports and community services as well as formal service providers, ensuring cultural competency). While a few fidelity indexes exist, such as the Wraparound Fidelity Index (WFI) and the Wraparound Observation Form (WOF), they are either too expensive, or impractical for use in this setting, requiring for example observation of every wraparound team meeting. As a result, a similar checklist of fidelity will be developed by the project evaluator to be implemented with the wraparound coaches, parents, and service providers via interviews at the end of the project, to assess the degree to which the West Kootenay Wraparound Tests of Change were implemented in accordance with wraparound principles.

Confirming Care Pathways through Local Agreements

As part of the provincial Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative in conjunction with the Ministries of Education, Health and Children and Family Development are encouraging the Collaborative LATs to sign off on clearly defined pathways to mental health and substance use care and supports within their communities. The goal of these pathways is to create teams of informal and professional supports to provide wraparound care to children, youth and families and to align with the government's goals of Patient Medical/Primary Care Homes.

As a result, as part of the evaluation, the number of care pathways formalized through formal agreements will be documented. In addition, and to assist in the process of formalizing care pathways, efforts will be made to map the unique care pathway of each of the families involved in the wraparound process in order to identify common features in order to help with the identification of potential formal care pathways.

Evaluation Hours

Based on the budget, the following allocation of hours is proposed:

Activity	Hours
Evaluation Plan Development	9
LAT Meeting Attendance	15
Research Instrumentation Development (Surveys, Interview guides)	9.5
LAT Focus Group Planning	3
LAT Focus Group Implementation	2
LAT Focus Group Data Analysis	2
Pre and Post- Assessment Package Development	4
Pre- and Post-Assessment Data Analysis	6
Interviews with Key Family Members of Youth Served Scheduling	4
Interviews with Key Family Members of Youth Served x12	24
Interviews with Key Family Members Analysis	5
Interviews with Wraparound Coordinators and Service Providers Scheduling	4
Phone Interviews with Wraparound Coordinators and Service Providers x12	12
Interviews with Wraparound Coordinators and Service Providers Analysis	5
Liaising with Wraparound Coordinators regarding Administrative data	4
Review of Project Documentation	4
Mid-term Reports	6
Final Report	14
Liaising with Project Lead	5
Contingency and Capture of Emergent Data	4
Total	**141.5**

This budget is flexible and hours within it will be reallocated as needed. The remainder of the budget is allocated for expenses for travel to and from LAT meetings and meetings with the wraparound advisor, and travel to interview the caregivers of the youth.

Ethical Considerations

The project was screened for ethics using the ARECCI (A pRoject Ethics Community Consensus Initiative) guidelines. Based on the screening, the project was found to be a quality improvement or program evaluation project of minimal risk to participants. The ARECCI Guidelines for Quality Improvement and Evaluation Projects were consulted and will be followed in the development of research instrumentation and to address issues of informed consent and data storage and analysis. The results will not be generalizable and will be focused only on the local context. Any further issues of ethics, privacy and consent will be identified through liaison with the advisory committee and working groups and will be treated with due respect and importance.

WK LAT Wraparound Tests of Change Logic Model

Overall Project Goal:
To work collaboratively with key provincial, regional and community partners to undertake wraparound tests of change in school, medical home and community settings for a small sample group of youth with moderate to complex needs.

Context
The barriers to receiving timely and integrated mental health and substance use services in the West Kootenay region include wait lists for services, lack of coordination of services, and communication issues between service agencies. Family-centred and determined wraparound services are considered among the most effective interventions for children with complex multi-agency needs.

Inputs
Shared Care funding, Project Lead time, Division resources, Stakeholder engagement, Physician, community, agency and family leadership and resources, Action Team time and expertise

If we:
(Interventions, Activities)

We will:
(Behaviour change)
(Intermediate outcomes)

Which will:
(Impacts)
(Ultimate outcomes)

If we:

- Provide training and mentoring on family-centred practice and wraparound to a multi-disciplinary action team to build relationships and skills
- Develop formal and informal policies with regard to the triage and referral processes, information sharing, and supports for families
- Undertake school, community and medical home based family-centred wraparound processes with a small sample of youth with moderate to complex needs with local coordinators supported by a Resource and Parent Coach
- Develop care pathways and local agreements to formalize family-centred wraparound processes in the WK region

Generating: (Outputs) trained professionals, formal and informal policies regarding triage, referral and information sharing, completed wraparound processes, care pathways and local agreements

We will:

- Increase coordination, collaboration, and information sharing among all service providers involved with youth and families
- Increase shared service planning among service providers involved with youth and families
- Increase informal social supports activated in service delivery plans
- Reduce stresses and increase the satisfaction of youth and families regarding care and service provision
- Increase the focus on service priorities identified by the youth/family rather than professionals

Which will:

For Patients
- Improve health outcomes for youth in the region
- Reduce hospital admissions and ED visits for youth in the region
- Increase the ability of physicians, specialists, and service agencies to provide collaborative care
- Reduce stresses, build on family strengths and improve the psychological well-being of family members

For Healthcare professionals
- Increase the satisfaction of physicians, specialists, and service agencies that they are providing quality care

For the System
- Reduce healthcare costs and increase the efficiency of rural health care