Northern California Training Academy

The Wraparound Process

A Literature Review

UCDAVIS EXTENSION
CENTER FOR HUMAN SERVICES

www.humanservices.ucdavis.edu/academy

The Wraparound Process: A Literature Review

Kathy Cox, Ph.D., LCSW

Prepared for the Northern Directors Consortium
by the Center for Human Services
UC Davis Extension, University of California, Davis
July 2010

Funded by the
California Department of Social Services

Northern California Training Academy
Center for Human Services
UC Davis Extension, University of California
1632 Da Vinci Court, Davis, CA 95618

Introduction

The wraparound process is a strength-based, collaborative and team-based approach to individualized service planning for high-risk youth and families. It emerged in Alaska during the mid 1980s as a means of reducing the need for costly and restrictive out-of-home placements for youth with complex needs. Since that time, efforts to implement the wraparound process have rapidly expanded. Recent reports indicate that it is offered in 88% of the U.S. states as well as Canada, New Zealand and Norway (Suter & Bruns, 2009). In California, a majority of the 58 counties currently leverage AFDC-FC dollars (per SB 163 legislation), to provide wraparound services (California Department of Social Services, n.d.).

The literature concerning the wraparound process spans a period of over 14 years. It covers a wide range of content areas including model development and specification, outcomes with varying populations, meta-analysis of outcomes studies, development of fidelity measures, studies examining the relationship between model adherence and client outcomes and organizational issues impacting implementation. This review will provide a summary of articles and research in each of these content areas. It will also highlight resources available to agencies interested in developing high quality wraparound programs.

Model Development

Early literature offered a philosophical base for the wraparound process. VanDenBerg and Grealish (1996) provided a list of "framing elements" asserting that this service delivery approach is based in the community; individualized to meet the needs of youth and families; culturally competent; parent driven; inclusive of flexible, non-categorical funding; implemented on an interagency basis; unconditionally provided; focused on outcome measurement. More recently, national experts have specified ten principles guiding the process (Bruns et al., 2004) as well as its phases and activities (Walker et al., 2008). Moreover, a theory of change has been advanced that maps the routes to a number of ultimate outcomes such as stable home-like placements, increased assets, improved functioning, mental health and resilience (Walker, 2008).

Ten Principles of Wraparound

(Bruns et al., 2004)

- Family voice and choice
- Team-based
- Natural supports
- Collaboration
- Community-based
- Culturally competent
- Individualized
- Strength-based
- Unconditional
- Outcome-based

Phases and Activities of Wraparound **(Walker et al., 2008)**
Phase I: Engagement and Team Preparation ▪ Orient family to the process, explore strengths/needs/safety concerns ▪ Explore culture and vision of family ▪ Solicit participation of team members, arrange meeting logistics
Phase II: Initial Plan Development ▪ Determine ground rules for meetings, document strengths, create team mission ▪ Prioritize needs/goals, select strategies, assign action steps, create crisis/safety plan
Phase III: Implementation ▪ Carry out action steps, track progress, evaluate success of strategies ▪ Celebrate successes, consider new strategies, as needed ▪ Address issues of team cohesion
Phase IV: Transition ▪ Create transition plan, post-transition crisis management plan ▪ Modify wraparound process to reflect transition ▪ Celebrate successes

Outcome Studies

Nine outcome studies on wraparound using a control or comparison group design have been conducted. Four of these studied wraparound provided to youth in the child welfare system. The earliest of these four was a randomized control study that compared wraparound to standard practice foster care (Clark, Lee, Prange, & McDonald, 1996; Clark et al., 1998). Results indicated that children in wraparound had significantly fewer **placement changes** and **runaway days,** and older youth were significantly more likely to be in a **permanency plan** at follow-up. No between group differences were found with regard to internalizing problems although males in wraparound showed significantly greater improvement on **externalizing behaviors**. Subsequently, a matched comparison study examined the outcomes of child welfare youth in Nevada who received wraparound in relation to those who received mental health services as usual (Bruns, Rast, Walker, Bosworth, & Peterson, 2006; Rast, Bruns, Brown, Peterson, & Mears, 2007). Findings revealed that after 18 months, 82% of youth who received wraparound moved to a **less restrictive living situation** compared to 38% of those who received usual services. **Family members were identified as care providers** for 33% of the youth in wraparound compared to 19% for those in the comparison group. More positive outcomes were also found for the wraparound group on **school attendance and performance**. Another matched comparison study was conducted in Nevada that compared outcomes for youth who received wraparound with those who received traditional child welfare case management (Mears, Yaffe & Harris, 2009). Results showed that the wraparound group displayed significantly greater **improvements in functioning** (as assessed by the Child and Adolescent Functional Assessment Scale: CAFAS) than the comparison group. Youth who received wraparound also showed significantly greater movement toward **less restrictive living** (as measured by the

Restrictiveness of Living Environment Scale: ROLES). No differences were found in child behavior (as measured by the Child Behavior Checklist: CBCL). A larger matched comparison study (n = 102) was recently conducted in Los Angeles County that compared outcomes and cost for youth discharged from wraparound to those of youth discharged from residential care (Rauso, Ly, Lee, & Jorosz, 2009). Preliminary data analyses revealed that 58% of youth discharged from wraparound had their child protective services **case closed** within 12 months compared to 16% of youth discharged from group home care. Further examination pertained only to cases that remained open to child welfare for at least 12 months (n = 43 wraparound cases; 177 group home cases). Results here showed that the wraparound graduates had significantly fewer **out of home placements** and total **mean days in residential care** than youth discharged from group homes. During the 12 month follow-up period, 77% of the wraparound youth were placed in **less restrictive living situations** while 70% of those who were discharged from residential care (RCL 12-14) were placed in more restrictive environments. The **average post graduation cost** for youth in the wraparound group was calculated to be $10,737 compared to $27, 383 for youth in the comparison group.

A meta-analysis was recently conducted on effectiveness studies of wraparound, as implemented with youth in mental health, juvenile justice and/or child welfare systems (Suter & Bruns, 2009). Included in this analysis were seven experimental and quasi-experimental group comparison studies completed between 1986 and 2008. Results demonstrated wraparound's potential for positive impact particularly as it relates to **maintaining youth in their homes and communities**. Two studies were included in this meta-analysis that focused on the outcomes of wraparound-like services as provided in rural areas. However, both evidence limitations with regard to the implementation of services that adhered to the wraparound model. First, a

randomized control study compared family-centered, intensive case management to family based treatment provided to youth referred to out of home care in rural regions of New York (Evans, Armstrong, Kuppinger, Huz, & McNulty, 1998). More favorable outcomes were found for children in wraparound-like services on **role performance, behavior** and **overall functioning** as measured by the CAFAS. No significant group differences were found with regard to levels of family cohesion. The reported average annual **cost** for children who received intensive case management was $18,000 as compared to $51,959 for family based treatment. This study was limited by high levels of attrition in both experimental and control groups. Second, Bickman and colleagues (2003) conducted a 5-year evaluation of the cost-effectiveness of a congressionally mandated demonstration project that encompassed primarily rural regions across 16 states. This study compared the outcomes of "non-traditional" wraparound-like services (i.e., psychiatric in-home services, respite care, crisis stabilization, foster and group care) to treatment as usual for child and adolescent military dependents with mental health or substance abuse problems. The demonstration project was found to be more expensive than the comparison services. No significant differences between groups were found in functioning, symptoms or life satisfaction. However, close examination of this study reveals that the demonstration services may have been mislabeled as wraparound as many were incongruent with the core principles of the model (Suter & Bruns, 2009). There was "no evidence that wraparound teams were formed or met regularly to plan and review progress" (p. 346). In fact, many of the case managers did not live in the same state as the children and families they served.

Treatment Fidelity

It is increasingly understood that studies of the wraparound process must demonstrate that the services provided conform to the basic elements of the model. A variety of fidelity measurement tools have been developed for this purpose. The most widely used are part of the Wraparound Fidelity Assessment System (WFAS) created by the Wraparound Evaluation and Research Team at the University of Washington that is affiliated with the National Wraparound Initiative (see www.nwi.px.edu). This system includes the Wraparound Fidelity Index (WFI), the Team Observation Form (TOM) and the Community Supports for Wraparound Inventory (CSWI).

The Wraparound Fidelity Index 4.0 is a set of interviews that are completed with 4 different respondents: caregivers, youth, wraparound facilitators and team members. Interview questions are tied to the 10 principles of the wraparound process. This instrument has been found to possess high internal consistency and good inter-rater reliability. A variety of studies have also demonstrated its construct, criterion related and discriminate validity (Wraparound Evaluation and Research Team, 2010). The Team Observation Form is completed by external raters who measure adherence to high-fidelity wraparound during team meetings. It consists of 20 items with two devoted to each of the 10 wraparound principles. Each item includes 3-5 indicators of high quality practice. Pilot testing of this measure is currently underway. The Community Supports for Wraparound Inventory evaluates the extent to which a local system supports the implementation of wraparound across a variety of domains such as funding, community partnership and accountability. This tool is based on the necessary conditions for wraparound identified by Walker, Koroloff and Schutte (2003). All three of the WFAS measures are aimed at advancing program implementation and quality improvement as well as evaluation.

Research has begun to demonstrate the relationship between adherence to the wraparound principles and outcomes. Brun, Suter, Force and Burchard (2005) evaluated a federally funded wraparound program in rural Midwestern United States for youth with a diagnosable mental health disorder. Model adherence in this study was measured using the WFI. Results indicated that fidelity to the wraparound process was significantly associated with satisfaction with services and satisfaction with the child's progress 6 months later, as reported by the caregiver. High adherence was also significantly related to lower levels of restrictiveness of living, as reported by the wraparound facilitator. Cox, Baker and Wong (2010) examined data gathered on children and adolescents who participated in the wraparound process in Sacramento County. Here, youth goal attainment and success in transitioning from residential care to a home setting was predicted by high adherence to the element of wraparound planning that focuses on enhancing youth and family involvement in community activities.

Organizational Context

Several articles have discussed organizational context and readiness to implement wraparound. Walker, Koroloff and Schutte (2003) assert that high-quality implementation of wraparound requires extensive organizational and systems level support needed to overcome "inter-agency barriers, funding exigencies, and skepticism regarding the effectiveness of family-centered, strength-based practice" (p.4). They offer a conceptual framework that specifies the necessary conditions that must be in place for a wraparound program to thrive. At the organizational level, these authors propose the following conditions:

- Lead and partner agency support for the core values of wraparound
- Lead agency provision of training and supervisory support for the model
- Lead and partner agency collaboration to support their workers as team members
- Lead and partner agency provision of working conditions that promote quality performance and reduced burnout
- Lead agency commitment to needs-driven/strengths-based/culturally-competent practice
- Lead agency inclusion of community and natural supports in the service planning process
- Lead agency development of clear policies for flexible funding required to meet the unique needs of families
- Lead agency monitoring of adherence to the model and the effectiveness of services delivered.

Research conducted by Bruns, Suter and Leverantz-Brady (2006) confirms the importance of organizational and system variables in supporting the implementation of wraparound services. Interviews were conducted with program administrators and families receiving services from eight agencies across the United States. Findings revealed a significant association between the

number of system supports available and fidelity ratings by caregivers. Results also suggest that having “wraparound-specific supports in place, such as interagency collaboration, flexible funding, and mandates for engaging natural supports may be particularly strong predictors of wraparound adherence” (p.1591). An evaluation of Nevada’s child welfare system reform reinforces the importance of implementation analysis as it concerns the wraparound process (Bruns et al., 2006). The authors describe the use of data to quantify the need for mental health services and advocate for service expansion. They also illustrate how data collection efforts were used to evaluate the impact of wraparound, assess the fidelity of services delivered and determine the infrastructure reforms needed to support quality service.

Conclusion

The wraparound process holds potential for having a positive impact on youth and families in the child welfare systems of Northern California, particularly as it relates to reducing the need for out-of-home placement. To ensure high quality services, it is important that organizational resources be mobilized to provide training and supervisory support to wraparound providers and to monitor treatment fidelity. Also key is the development of interagency partnerships and collaboration as well as policies for utilizing flexible funding and for promoting the inclusion of natural supports in the service delivery process. Such efforts are likely to pave the way for successful implementation of this promising practice.

References

Bickman, L., Smith, C., Lambert, W.E., & Andrade, A.R. (2003). A congressionally mandated wraparound demonstration. *Journal of Child and Family Studies,* 12, 135-156.

Bruns, E. J, Rast, J., Peterson, C., Walker J., & 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,* 38, 201-212.

Bruns, E. J., Suter, J.C., Force, M.M., & Burchard, J.D. (2005). Adherence to wraparound principles and association with outcomes. *Journal of Child and Family Studies,* 14, 521-534.

Bruns, E.J., Suter, J., & Leverentz-Brady, K. (2006). Relations between program and system variables and fidelity to the wraparound process for children and families. *Psychiatric Services,* 57, 1586-1593.

Bruns, E.J. & Walker, J.S., Adams, J., Miles, P., Osher, T.W., Rast, J., VanDenBerg, J.D. & National Wraparound Advisory Board (2004). *The ten principles of the wraparound process.* Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health, Portland State University. Available from: http://www.rtc.pdx.edu/NWI-book.

CA Department of Social Services (n.d.). *Family-centered services: Wraparound.* Retrieved from: www.dss.cahwnet.gov

Clark, H. B., Prange, M. E., Lee, B., Stewart, E. S., McDonald, B. B., & Boyd, L. A. (1998). An individualized wraparound process for children in foster care with emotional/behavioral disturbances: Follow-up findings and implications from a controlled study. In M. H. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for children and youth with emotional and behavioral disorders and their families: Programs and evaluation best practices* (pp. 513–542). Austin, TX: Pro-ED, Inc.

Clark, H. B., Lee, B., Prange, M. E., & McDonald, B. B. (1996). Children lost within the foster care system: Can wraparound service strategies improve placement outcomes. *Journal of Child and Family Studies*, 5, 39–54.

Cox, K., Baker, D. & Wong, M. (2010). Wraparound retrospective: Factors predicting positive outcomes, *Journal of Emotional and Behavioral Disorders,* 18, 3-13.

Evans, M. E., Armstrong, M. I., Kuppinger, A. D., Huz, S., & McNulty, T. L. (1998). Preliminary outcomes of an experimental study comparing treatment foster care and family-centered intensive case management. In M. H. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for children and youth with emotional and behavioral disorders and their families: Programs and evaluation best practices.* (pp. 543-580). Austin, TX: Pro-ED, Inc.

Mears, S. L., Yaffe, J., & Harris, N. J. (2009). Evaluation of wraparound services for severely emotionally disturbed youths. *Research on Social Work Practice, 19,* 678-685.

Rast, J., Bruns, E. J., Brown, E. C., Peterson, C. R., & Mears, S. L. (2007). *Impact of the wraparound process in a child welfare system: Results of a matched comparison study.* Unpublished program evaluation.

Rauso, M., Ly, T. M., Lee, M. H., & Jarosz, C. J. (2009). Improving outcomes for foster care youth with complex emotional and behavioral needs: A comparison of outcomes for wraparound vs. residential care in Los Angeles County. *Emotional & Behavioral Disorders in Youth*, 9, 63-68, 74-75.

Suter, J.C. & Bruns, E.J. (2009). Effectiveness of the wraparound process for children with emotional and behavioral disorders: A meta-analysis. *Clinical Child and Family Psychology Review*, 12, 336-351.

VanDenBerg, J.E. & Grealish, E.M. (1996). Individualized services and supports through the wraparound process: Philosophy and procedures. *Journal of Child and Family Studies,* 5, 7-21.

Walker, J. S. (2008). How, and why, does wraparound work? A theory of change. In E. J. Bruns & J. S. Walker (Eds.), The resource guide to wraparound. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health, Portland State University. Available from http://www.rtc.pdx.edu/NWI-book.

Walker, J. S., Bruns, E. J., & National Wraparound Initiative Advisory Group. (2008). Phases and activities of the wraparound process: Building agreement around a practice model. In E. J. Bruns & J. S. Walker (Eds.), The resource guide to wraparound. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and

Children's Mental Health, Portland State University. Available from http://www.rtc.pdx.edu/NWI-book

Walker, Koroloff, & Schutte (2003). Implementing High-quality Individualized Service/Support Planning: Necessary Conditions. Portland OR: RTC on Family Support and Children's Mental Health

Wraparound Evaluation and Research Team (2010, March). *Wraparound Fidelity Index, version 4.0: Summary of relevant psychometrics, reliability, and validity studies.* Seattle WA: University of Washington School of Medicine.