NOMINATING WRAPAROUND FOR THE FFPSA PREVENTION SERVICES CLEARINGHOUSE

October 2019

The National Wraparound Initiative, in collaboration with the National Wraparound Implementation Center and the Wraparound Evaluation and Research Team, has developed this document and supporting materials to assist states, other entities, and individuals who are interested in nominating **"Intensive Care Coordination Using High-Fidelity Wraparound"** for inclusion in Title IV-E Prevention Services Clearinghouse, which has been authorized under the Family First Prevention Services Act (FFPSA). Nominations must be submitted to PreventionServices@abtassoc.com before October 31st. The Clearinghouse reviews will determine which programs can be funded under FFPSA.

Our goal is to promote consistency across the various nominations, so that each nomination describes a model with a set of shared characteristics and a strong set of supportive research studies. We believe this will strengthen the case for including Wraparound in the Clearinghouse, and reduce potential confusion regarding different variants of Wraparound. We believe that consistency across nominations can be achieved if each of the nominations:

> *It is crucially important that Intensive Care Coordination using High-Fidelity Wraparound is included in the Clearinghouse, so that it can be funded under the FFPSA.*

» Refers to the approach using the same name: *"Intensive Care Coordination Using High-Fidelity Wraparound;"*

» Consistently and accurately cites the best research and endorsements, including controlled research studies that meet criteria, and listings on inventories or other clearinghouses that catalogue effective practices; and

» Emphasizes the availability of an array of implementation supports that are research based and aligned with implementation science, to ensure high-fidelity practice. These include:

› Descriptions of a clearly defined practice model;

› Protocols and manuals that provide a well-developed and clearly defined training, mentoring, and certification process for care coordinators and Wraparound supervisors;

› Reliable fidelity tools, as well as training on use of those tools, and reports from the data collected by those tools, to help sites respond quickly as problems are identified; and

› System and organizational assessments to help build supportive environments.

The sections that follow provide guidance regarding how to include this information in the sections of the nomination letter/email requested by the Clearinghouse. You are welcome to copy and use verbatim any of this text or supporting material as part of your nomination.

From the Clearinghouse call for nominations:

Name of program or service: Some programs or services have changed names or are known by multiple names. Please list all known names for the program or service and if applicable, specify the version or adaptation recommended for review.

Intensive Care Coordination Using High-Fidelity Wraparound is an effective, research-based strategy that aims to meet the complex needs of children and adolescents who are involved with several child and family-serving systems (e.g., mental health, child welfare, juvenile justice, special education, etc.); who are at risk of out of home and out of community placement; and/or who experience complex emotional, behavioral, or mental health needs.

This type of care coordination is a highly structured, team-based, collaborative approach that convenes families, providers, and key members of the family's social support network to build an individualized plan of care that incorporates formal services as well as natural supports and responds to the unique needs of the child and family. A dedicated care coordinator trained in fidelity Wraparound works with the child and family at home and in the community and ensures that the plan of care is being implemented and that the family finds the services and supports helpful.

Care coordinator to family ratios are small (typically, no more than 1:10), and care coordinators receive close clinical supervision and coaching. The child and family team continues to meet regularly to monitor progress and adjust the plan as necessary. The team continues its work until members reach a consensus based on progress monitoring data that a formal Wraparound care coordination process is no longer needed.

Other Known Names

The *Intensive Care Coordination Using High-Fidelity Wraparound* model supported by NWIC and that we are recommending for review is based on Wraparound practices that have been written about in published literature since the early 1990s. The practice has been referred to variously over the years, including *Wraparound, the Wraparound process, Wraparound approach, Wraparound services, intensive care coordination, individualized and tailored care*, and others. Variation in Wraparound practice models, terminology, and level of implementation support arose in part due to the lack of proprietary ownership of the model, which allowed for its broad dissemination into real world settings, but also led to a lack of quality control.

Since 2012 however, *Intensive Care Coordination Using High-Fidelity Wraparound* has been fully explicated with respect to phases and activities of the practice model as well as necessary program and system supports, including training, coaching, and technical assistance (TA) regarding installation and sustainment of the model. This definitional work was initially spearheaded by the National Wraparound Initiative (NWI) at Portland State University (https://nwi.pdx.edu).

Because of the many names that have been used to describe variants of this kind of care coordination for youth with complex needs, we suggest that the *Title IV-E Clearinghouse* refer to the model nominated here as *"Intensive Care Coordination Using High-Fidelity Wraparound."* This will ensure that states seeking to use this care coordination strategy under FFPSA are deploying the research-based version of Wraparound care coordination that is aligned with the research studies presented in this submission, and are supported by intensive and structured implementation strategies, examples of which are also provided in this submission.

From the Clearinghouse call for nominations:

> *Program or service area(s) addressed: Specify: [1] mental health prevention and treatment programs or services, [2] substance abuse prevention and treatment programs or services, [3] in-home parent skill-based programs or services, and/or [4] kinship navigator programs.*

Intensive Care Coordination Using High-Fidelity Wraparound fits in two of the four program/service areas covered by the federal *Title IV-E Clearinghouse.*

Specifically:

» Mental health treatment programs, and

» In-home parent skill-based programs or services

From the Clearinghouse call for nominations:

> *Evidence indicating that program or service is clearly defined and replicable: Please provide information about how the public can access written protocols, manuals, or other documentation that describes how to implement or administer the practice. This may include a copy of the material(s), a link, or information about where to download or purchase the material(s).*

Intensive Care Coordination Using High-Fidelity Wraparound is well-explicated, clearly defined, and replicable. An overview book, *The Resource Guide to Wraparound*, is available in chapter form online at the NWI website at https://nwi.pdx.edu/NWI-book/pgBookAndCompleteSections.php.[1] This book includes foundational information about the principles, practice model, theory of change, necessary implementation supports, and much more. The NWI website also includes a range of other resources including an *Implementation Guide: A Handbook for Administrators and Managers*, available at https://nwi.pdx.edu/wraparound-implementation-guide. Also on the website are links to journal articles presenting the results of research-based processes to define the principles and practice that served as the basis for this specific model of Wraparound.[2]

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1. Bruns, E. J., & Walker, J. S. (Eds.) (2014). *The Resource Guide to Wraparound*. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health.

2. Walker, J.S. & Bruns, E.J. (2006). Building on practice-based evidence: Using expert perspectives to define the wraparound process. *Psychiatric Services, 57*(11), 1579–1585. https://doi.org/10.1176/appi.ps.57.11.1579.

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*(1), 45–48. https://doi.org/10.1016/j.evalprogplan.2009.05.013.

Walker, J. S., & Bruns, E. J. (2008). *Phases and activities of the wraparound process: Building agreement about a practice model*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University. https://nwi.pdx.edu/pdf/PhaseActivWAProcess.pdf

NOTE: *In this section you should also emphasize implementation supports that contribute to high-quality replication. For example, states and communities using the model supported through NWIC have access to written protocols, manuals, assessment tools, and other documentation used by NWIC to support full implementation of the model. These resources are based on implementation science and designed to meet needs from pre-implementation through sustainment stages. NWIC offers a well-developed training, mentoring and certification process for care coordinators and Wraparound supervisors. Additionally, there are multiple method fidelity tools[3] (see https://depts.washington.edu/wrapeval), training on use of those tools, and reports from the data collected by those tools, available to help sites implement the model. There are also system and organizational assessments to help build supportive environments. The tools and standards are all research based and align with principles of implementation science. Lastly, there are videos, quarterly webinars, monthly newsletters and annual conferences with information on specific topics of implementation and program evaluation.* **In the "Supporting Material" section of this document, we have provided an annotated compendium of links to these resources and encourage states and others who are submitting Wraparound for review to use them as you see fit.**

NOTE: *In this section you may also want to provide information about the research evidence that demonstrates the effectiveness of Intensive Care Coordination Using High-Fidelity Wraparound. Suggested language is provided below.*

Evidence from Research Studies

As described by the systematic review published by Coldiron, Bruns, & Quick (2017),[4] the research base for *Intensive Care Coordination Using High-Fidelity Wraparound* has grown steadily, with 206 peer-reviewed articles published between 1990 and 2015. Among these studies were 22 controlled (experimental or quasi-experimental) studies, 15 of which showed positive results of Wraparound compared to the control or comparison condition. Although several studies found no differences between conditions, none of the 22 studies found better outcomes for the comparison group.

NOTE: *In the "Supporting Materials" section of this document, we provide references for 11 controlled (experimental or quasi-experimental) research studies that provide evidence for the positive effects of Intensive Care Coordination Using High-Fidelity Wraparound. We also provide a summary of all these studies, their methods, and findings. Although, as noted above, there are more controlled studies of Wraparound, this compendium only presents studies that:*

» *Evaluated impact on one or more of the outcomes targeted by the FFSPA (child safety, child permanency, child well-being, adult well-being);*

» *Implemented a version of care coordination for youth with complex needs that is consistent with Intensive Care Coordination Using High-Fidelity Wraparound, the practice model described by Walker & Bruns (2006) and Walker & Bruns (2008) and supported*

3. 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. https://doi.org/10.1037/a0031864.

Bruns, E. J., Weathers, E. S., Suter, J. C., Hensley, S., Pullmann, M. D., & Sather, A. (2014). Psychometrics, reliability, and validity of a wraparound team observation measure. *Journal of Child and Family Studies, 24*(4), 979–991 https://doi.org/10.1007/s10826-014-9908-5

4. Coldiron, J. S., Bruns, E. J., & Quick, H. (2017). Twenty-five years of Wraparound care coordination research: A comprehensive review of the literature. *Journal of Child and Family Studies, 26*(5), 1245–1265. https://doi.org/10.1007/s10826-016-0639-7.

by NWIC and for which implementation support resources are summarized here; and

» *Found significant outcomes in favor of the Wraparound condition.*

Listings on Inventories and Other Endorsements

» "Full Fidelity Wraparound" is listed as "evidence based," the highest rating afforded, on the Washington State Institute for Public Policy (WSIPP) *Inventory of Evidence-Based, Research-Based, and Promising Practices.*

» "Wraparound" is also listed as having "Promising Research Evidence" on the California Evidence Based Clearinghouse for Child Welfare. Please note that the original submission for CEBC did not include many of the studies listed in the Supporting Materials section. An updated submission is being prepared for the upcoming October 31, 2019 deadline. A higher rating is expected.

» At the federal level, the Department of Health and Human Services Department, Substance Abuse and Mental Health services Administration (SAMHSA) and the Centers for Medicare and Medicaid Services (CMS) jointly released an informational bulletin encouraging states to include *Intensive Care Coordination using High-Fidelity Wraparound* in their Medicaid state plans as a way to improve clinical youth outcomes in a cost-effective manner.[5] Both entities also fund numerous grants (or sometimes

waivers in the case of CMS) that reference and/or encourage use of Intensive Care Coordination using Wraparound in their proposals.

» In addition, reports of the U.S. Surgeon General's Office[6] and President's New Freedom Commission on Mental Health[7] have highlighted Wraparound as a promising practice.

» One of the original innovators of the defined model supported by NWIC, Wraparound Milwaukee, received Harvard's prestigious Innovations in Government Award in 2009.[8]

Use of the Model Across the Nation

Currently a form of Wraparound is practiced statewide by 27 states and operates in one or more local jurisdictions (typically counties) in another 20 states,[9] leaving just a small handful of states that have not invested in the model. Nearly 100,000 youths are estimated to be served by over 1000 unique programs nationally. The NWIC model of *Intensive Care Coordination using High-Fidelity Wraparound* has been implemented in 15 states and numerous local communities. At least eight state-level Centers of Excellence (COEs) have been established focused exclusively or partially on ensuring implementation of high-quality Wraparound (e.g., GA, MS, SC, TN, VA). These and many other states will likely write variations on the current letter directly recommending the inclusion of *Intensive Care Coordination Using High-Fidelity Wraparound*, or similar models, in the *Title IV-4 Prevention Clearinghouse.*

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5. May 7, 2013, CMS and SAMHSA jointly released informational bulletin based on CMHI and PRTF Demonstration programs. https://www.medicaid.gov/federal-policy-guidance/downloads/cib-05-07-2013.pdf

6. Report of the Surgeon General on Mental Health. (2003). https://profiles.nlm.nih.gov/spotlight/nn/catalog?utf8=%E2%9C%93&exhibit_id=nn&search_field=all_fields&q=2000+mental+health

7. The 2003 President's New Freedom Commission on Mental Health Report.

https://county.milwaukee.gov/ImageLibrary/User/jmaher/backgrounndocuments/Presidents_New_Freedom_Report.pdf

https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.54.11.1467

8. https://www.innovations.harvard.edu/wraparound-milwaukee

9. Sather, A. & Bruns, E. J. (2016). National Trends in Implementing Wraparound: Results of the State Wraparound Survey, 2013. *Journal of Child and Family Studies, 25*(10), 3160–3172. https://doi.org/10.1007/s10826-016-0469-7

Supporting Materials

A. Supporting Material for *Intensive Care Coordination Using High-Fidelity Wraparound*

B. Research Studies Supportive of *Intensive Care Coordination Using High-Fidelity Wraparound*

C. Key Characteristics of Research Studies Supportive of *Intensive Care Coordination Using High-Fidelity Wraparound*

A. Supporting Material for *Intensive Care Coordination Using High-Fidelity Wraparound*

Model Explication and General Implementation Support

1. ***The Ten Principles of the Wraparound Process***

   https://nwi.pdx.edu/pdf/TenPrincWAProcess.pdf

2. ***Key Elements of the Wraparound Process***

   https://docs.wixstatic.com/ugd/272564_2b46097ee7e149018a0fdd33a4b54121.pdf

3. ***Phases and Activities of the Wraparound Process***

   https://nwi.pdx.edu/pdf/PhaseActivWAProcess.pdf

4. ***Wraparound Implementation Guide – A Handbook for Administrators and Managers***

   https://nwi.pdx.edu/wraparound-implementation-guide

5. ***The Wraparound Process Users Guide: A handbook for Families.*** Available in Spanish and English.

   https://nwi.pdx.edu/pdf/Wraparound_Family_Guide09-2010.pdf

   https://nwi.pdx.edu/pdf/SpanishWraparoundGuide09-2010.pdf

6. ***Wraparound Implementation and Practice Quality Standards***

   https://nwi.pdx.edu/pdf/Wraparound-implementation-and-practice-quality-standards.pdf

7. ***NWI Webinars***

   https://nwi.pdx.edu/previous-nwi-webinars

Training, Consultation, and Workforce Development

8. ***Workforce Training and Certification – Overview of the National Wraparound Implementation Center (NWIC) approach***

   https://www.nwic.org/workforce-development

9. ***Core Wraparound Trainings and Course Descriptions***

   https://docs.wixstatic.com/ugd/272564_229abdf2f2b94459813d6a7e87fcd16f.pdf

10. ***National Wraparound Practitioner/Local Coach Certification Guide*** (only relevant for sites that contract with NWIC for workforce development)

    https://docs.wixstatic.com/ugd/272564_90565cd33c2c4cabbaa970d389f5617e.pdf

11. ***National Wraparound Practitioner: Continued Education and Certification Renewal Guide*** (only relevant for sites that contract with NWIC for workforce development)

    https://depts.washington.edu/wrapeval/content/evaluation-training-and-coaching

12. **Data-Informed Coaching and Skill Development:** NWIC Wraparound Practice Improvement Tools: The Coaching Observation Measure for Effective Teamwork (COMET) and Impact of Training and Technical Assistance (IOTTA)

    https://depts.washington.edu/wrapeval/content/evaluation-training-and-coaching

Wraparound Fidelity Assessment System (WFAS) Tools

13. **Wraparound Fidelity Index – Short Version (WFI-EZ).**[10] Self-reported surveys completed by team members. Versions are available in Spanish and English for the Youth, Care Coordinator, Caregiver and other Team members. Well-established validity and reliability.[11,12,13]

    https://depts.washington.edu/wrapeval/training-material-category/wraparound-fidelity-index-short-version-wfi-ez

14. **Team Observation Measure 2.0 (TOM 2.0).**[10] Observational measure of model adherence with well-established reliability and validity.[14] Link below provides the tool, training protocol, training videos, training PowerPoint, and User manual. Must pass a test to become a certified user.

    https://depts.washington.edu/wrapeval/training-material-category/team-observation-measure-tom

15. **Document Assessment and Review Tool (DART).**[10] Link below provides access to the DART User Manual, The DART Tool/Form.

    https://depts.washington.edu/wrapeval/training-material-categories/document-assessment-and-review-tool-dart

Conferences

16. **National Wraparound Implementation Academy, Baltimore Maryland.** Bi-annual training event that convenes wraparound staff (care coordinators, parent and youth partners), supervisors, mangers, administrators, policy makers, researchers, and evaluators to receive skills-based training and learn from the field's foremost experts in Wraparound and Systems of Care.

    https://www.nwic.org/2019-academy

    https://www.nwic.org/previous-academies

10. Available for use via license with the University of Washington, Wraparound Evaluation and Research Team (see: https://depts.washington.edu/wrapeval/content/becoming-wfas-collaborator)

11. Bruns, E. J., Burchard, J. D., Suter, J. C., 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*(2), 79–89. https://doi.org/10.1177/10634266040120020201

12. Bruns, E. J., Suter, J. C., & Leverentz-Brady, K. M. (2008). Is it wraparound yet? Setting fidelity standards for the wraparound process. *Journal of Behavioral Health Services and Research, 35*(3), 240–252. https://doi.org/10.1007/s11414-008-9109-3

13. 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. https://doi.org/10.1037/a0031864

14. Bruns, E. J., Weathers, E. S., Suter, J. C., Hensley, S., Pullmann, M. D., & Sather, A. (2014). Psychometrics, reliability, and validity of a wraparound team observation measure. *Journal of Child and Family Studies, 24*(4), 979–991. https://doi.org/10.1007/s10826-014-9908-5

B. Research Studies Supportive of *Intensive Care Coordination Using High-Fidelity Wraparound*

1. 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*(3–4), 141–142. Doi: 10.1007/s10464-006-9074-z. https://onlinelibrary.wiley.com/doi/full/10.1007/s10464-006-9074-z

2. Carney, M. M., & Butell, F. (2003). Reducing juvenile recidivism: Evaluating the wraparound services model. *Research on Social Work Practice, 13*(5), 551–568. Doi: 10.1177/1049731503253364. http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.916.7660&rep=rep1&type=pdf

3. Clark, H. B., Lee, B., Prange, M. E., & McDonald, B. A. (1996). Children lost within the foster care system: Can wraparound service strategies improve placement outcomes? *Journal of Child and Family Studies, 5*(1), 39–54. Doi:10.1007/BF02234677. https://www.researchgate.net/publication/226241921_Children_lost_within_the_foster_care_system_Can_wraparound_service_strategies_improve_placement_outcomes/link/02e7e53c966585ccd5000000/download

4. Cordell, K. D., & Snowden, L. R. (2017). Reducing mental health emergency services for children served through California's Full Service Partnerships. *Medical Care, 55*(3), 299–305. Doi: 10.1097/MLR.0000000000000641. https://insights.ovid.com/pubmed?pmid=27579908

5. Grimes, K. E., Schulz, M. F., Cohen, S. A., Mullin, B. O., Lehar, S. E., & Tien, S. (2011) Pursuing cost-effectiveness in mental health service delivery for youth with complex needs. *The Journal of Mental Health Policy and Economics, 14*(2), 73–83. PMID: 21881163. http://childrenshealthinitiative.org/wp-content/uploads/2017/03/Pursuing-cost-effectiveness-in-mental-health-service-delivery-for-youth-with-complex-needs.pdf

6. McCarter, S. A. (2016). Holistic representation: A randomized pilot study of wraparound services for first-time juvenile offenders to improve functioning, decrease motions for review, and lower recidivism. *Family Court Review, 54*(2), 250–260. Doi: 10.1111/fcre.12216. https://onlinelibrary.wiley.com/doi/pdf/10.1111/fcre.12216

7. Mears, S. L., Yaffe, J., & Harris, N. J. (2009). Evaluation of Wraparound services for severely emotionally disturbed youths. *Research on Social Work Practice, 19*(6), 678–685. Doi:10.1177/1049731508329385. https://journals.sagepub.com/doi/pdf/10.1177/1049731508329385

8. Pullman, M. D., Kerbs, J., Koroloff, N., Veach-White, E., Gaylor, R., & Sieler, D. (2006). Juvenile offenders with mental health needs: Reducing recidivism using Wraparound. *Crime and Delinquency, 52*(3), 375–397. Doi:10.1177/0011128705278632. https://journals.sagepub.com/doi/pdf/10.1177/0011128705278632

9. Rast, J., Bruns, E. J., Brown, E. C., Peterson, C. R., & Mears, S. L. (2008). *Outcomes of the wraparound process for children involved in the child welfare system: Results of a matched comparison study.*

10. 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. *Report on Emotional & Behavioral Disorders in Youth, 9,* 63–75. https://pdfs.semanticscholar.org/d8ae/a1c35995ad0385a33bce6f6cc14bc96bce51.pdf

11. Schneider-Munoz, A. J., Renteria, R. A. M., Gelwicks, J., & Fasano, M. E. (2015). Reducing Risk: Families in Wraparound Intervention. Families in Society: *The Journal of Contemporary Social Services, 96*(2), 91–98. Doi: 10.1606/1044-3894.2015.96.18. https://journals.sagepub.com/doi/pdf/10.1606/1044-3894.2015.96.18

C. Key Characteristics of Research Studies Supportive of *Intensive Care Coordination Using High-Fidelity Wraparound*

Citations	Date of Publication	Source of Publication	Study Design	
1. 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*(3–4), 141–142. https://onelibrary.wiley.com/doi/full/10.1007/s10464-006-9074-z	2006	Peer-reviewed journal	QED	
2. Carney, M. M., & Butell, F. (2003). Reducing juvenile recidivism: Evaluating the wraparound services model. *Research on Social Work Practice, 13*(5), 551–568. http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.916.7660&rep=rep1&type=pdf	2003	Peer-reviewed journal	RCT	
3. Clark, H. B., Lee, B., Prange, M. E., & McDonald, B. A. (1996). Children lost within the foster care system: Can wraparound service strategies improve placement outcomes? *Journal of Child and Family Studies, 5*(1), 39–54. Doi:10.1007/BF02234677. https://www.researchgate.net/publication/226241921_Children_lost_within_the_foster_care_system_Can_wraparound_service_strategies_improve_placement_outcomes/link/02e7e53c966585ccd5000000/download	1996	Peer-reviewed journal	RCT	

TABLE NOTES: RCT = Random Control Trial; QED = Quasi-Experimental Design; TAU = Treatment as Usual

	Comparison Group	Targeted Outcomes	Sample Size	Duration of Effects
	TAU	Child Well-Being – *(behavioral and emotional functioning, social functioning, substance use or misuse, educational achievement, delinquent behaviors (truancy))* Child Permanency – *(residential/living arrangements)*	65	18 months (residential placements, overall functioning, school outcomes)
	TAU	Child Well-Being – *(delinquent behavior)*	141	18 months
	TAU	Child Permanency – *(child placement)* Child Well-Being – *(delinquent behavior)*	132	2.5 years

Citations	Date of Publication	Source of Publication	Study Design	
4. Cordell, K. D., & Snowden, L. R. (2017). Reducing mental health emergency services for children served through California's Full Service Partnerships. *Medical Care, 55*(3), 299–305. https://insights.ovid.com/pubmed?pmid=27579908	2017	Peer-reviewed journal	QED	
5. Grimes, K. E., Schulz, M. F., Cohen, S. A., Mullin, B. O., Lehar, S. E., & Tien, S. (2011). Pursuing cost-effectiveness in mental health service delivery for youth with complex needs. *Journal of Mental Health Policy Economics.14*(2),73–83. PMID: 21881163. http://children-shealthinitiative.org/wp-content/uploads/2017/03/Pursuing-cost-effectiveness-in-mental-health-service-delivery-for-youth-with-complex-needs.pdf	2011	Peer-reviewed journal	QED	
6. McCarter, S. A. (2016). Holistic rep-resentation: A randomized pilot study of wraparound services for first-time juvenile offenders to improve function-ing, decrease motions for review, and lower recidivism. *Family Court Review, 54*(2), 250–260. Doi: 10.1111/fcre.12216. https://onlinelibrary.wiley.com/doi/pdf/10.1111/fcre.12216	2016	Peer-reviewed journal	RCT	
7. Mears, S. L., Yaffe, J., & Harris, N. J. (2009). Evaluation of Wraparound services for severely emotion-ally disturbed youths. *Research on Social Work Practice, 19*(6), 678–685. Doi:10.1177/1049731508329385. https://journals.sagepub.com/doi/pdf/10.1177/1049731508329385	2009	Peer-reviewed journal	QED	

TABLE NOTES: RCT = Random Control Trial; QED = Quasi-Experimental Design; TAU = Treatment as Usual

	Comparison Group	Targeted Outcomes	Sample Size	Duration of Effects
	TAU	Child Well-Being – *(behavioral and emotional functioning)*	464,880	8.5 years
	TAU	Child Permanency – *(child placement)* Child Well-Being – *(behavioral and emotional functioning)*	20,283	12 months
	TAU	Child Well-Being – *(behavioral and emotional functioning and social functioning)*	29	6 months
	TAU	Child Permanency – *(residential placement)* Child Well-Being – *(behavior and emotional functioning, social functioning, educational achievement and attainment)*	126	6 months

Citations	Date of Publication	Source of Publication	Study Design	
8. Pullman, M. D., Kerbs, J., Koroloff, N., Veach-White, E., Gaylor, R., & Sieler, D. (2006). Juvenile offenders with mental health needs: Reducing recidivism using Wraparound. *Crime and Delinquency, 52*(3), 375–397. Doi:10.1177/0011128705278632. https://journals.sagepub.com/doi/pdf/10.1177/0011128705278632	2006	Peer-reviewed journal	QED	
9. Rast, J., Bruns, E. J., Brown, E. C., Peterson, C. R., & Mears, S. L. (2008). *Outcomes of the wraparound process for children involved in the child welfare system: Results of a matched comparison study.*	2008	Submitted for peer review	QED	
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TABLE NOTES: RCT = Random Control Trial; QED = Quasi-Experimental Design; TAU = Treatment as Usual

	Comparison Group	Targeted Outcomes	Sample Size	Duration of Effects
	TAU	Child Well-Being – *(delinquent behavior)*	204	>24 months
	TAU	Child Permanency – *(residential placement)* Child Well-Being – *(behavior and emotional functioning, social functioning, educational achievement and attainment)*	67	18 months
	Recent discharge from residential care	Child Permanency – *(residential placement)*	312	12 months
	TAU	Child Safety – *(child maltreatment)*	308	6 months

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Suggested Citation

National Wraparound Initiative, National Wraparound Implementation Center, & Wraparound Evaluation and Research Team. (2019). *Nominating Wraparound for the FFPSA Prevention Services Clearinghouse.* Portland, OR: National Wraparound Initiative.

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