The Impact of Wraparound Services on Non-Typical Populations: Can We Bring These Youth Home?

Twylla Abrahamson, Kimberly Tyda, Daria Rostovtseva

Wraparound Is . . .

- Individualized, Strength and Community-Based
- Family Centered, and Needs Driven
- An "Unconditional" Commitment for Empowerment
- Become Independent of "Systems Supports"
- Outcome Based
- Accessibility, "Unconditional Support", Flexibility

Wraparound Sacramento

- Pilot study coordinated by the University of California at Berkeley
- Services Provided by four Sacramento agencies:
  - River Oak Center for Children*
  - Stanford Home for Children*
  - Eastfield Ming-Quong
  - Sacramento Children's Home
- Collaboration with departments of Mental Health, Probation, and Social Services

*Sources of data for current study

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Two Avenues for Admission

- Title IV-E
  - Primarily Child Protective Services and Juvenile Justice children
  - Federal funds
  - Pilot project that requires children referred to Wrap be randomized into the study project
    - If they don't make the experimental group, they get "customary" services

- SB 163
  - Primarily Mental Health referrals
  - Non-federal funds
  - No requirement to be in the study project
  - Do not need to be MediCal-eligible

Unique Population: Program Evolution

- Initially served high risk youth in community

- Inclusion of CPS and Probation youth

- High percentage of youth in out-of-home placement
  - "Bring 'em Home" Initiative
  - "Wrap for All" Initiative

Placement at Intake

Group Home 57%
Parent 28%
Foster Parent 3%
Relative 8%
Other Facility 3%
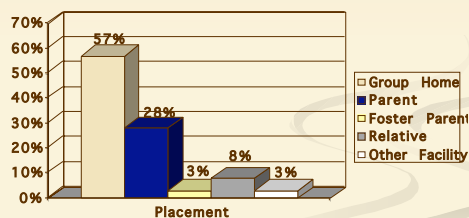
N = 102

Success in Wraparound

- Goals Are Met
- Transitioned to Community Resources
- Supports Available
- Outcomes Indicate Improvement
- **Youth steps-down into or maintains a community placement**

Previous Study

- Research questions:
    - Can Wraparound successfully serve this population of youth?
    - How do we measure "success"?

- Examined predictors of success at the annual assessment period and at discharge

Predictors of Success

- Most demographic factors were not related to success (child gender, ethnicity, age at admit)

- Diagnosis may be related to success

- Presence of certain risk factors is related to success

- **Referral Source (CPS, Mental Health, Probation) may also be related to success**

Current Research Questions

- Question 1: Are there differences in outcomes between the CPS, Probation and Mental Health referral groups?

- Question 2: Can children for whom Wraparound services were not originally designed (those in placement; often with no identified caregiver) achieve success in the program?

Discharged Youth and Families

- Analyses included families who had discharged from the services

- Data were available for 102 youth and families
    - Child Protective Services: 64
    - Children's Mental Health: 19
    - Probation: 18
    - Other: 1

Differences in Demographics

- Probation had significantly more girls than CPS and Mental Health $p<.05$

- Mental Health had significantly more Caucasian clients than CPS and Probation $p<.05$

- Probation clients were significantly older than CPS and Mental Health $p<.01$

Differences in Demographics

- Probation had significantly more strengths than Mental Health. p<.05 CPS did not significantly differ from either group

- Mental Health had significantly fewer risk factors than CPS and Probation p<.05

- Mental Health had lower scores in most family functioning domains, particularly in the area of Parent and Family Conflict
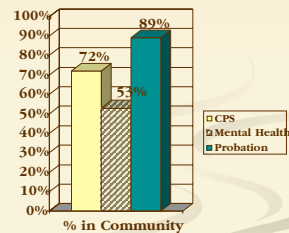
Outcomes

- Community or facility placement at discharge

- Reason for Discharge

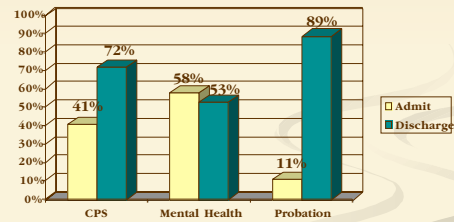- Behavioral Changes
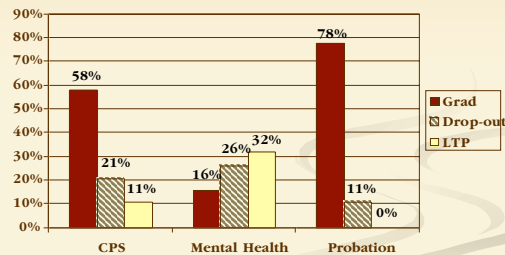 - CAFAS pre-post
  - CBCL pre-post

Placement at Discharge

- Probation and CPS youth were significantly more likely to be in the community (p's< .05)

- Mental Health Youth were significantly more likely to be in a facility placement (p<.05)

% in Community — CPS 72%, Mental Health 53%, Probation 89%

Changes in Community Placement

Admit / Discharge — CPS: 41%, 72%; Mental Health: 58%, 53%; Probation: 11%, 89%

Reason for Discharge

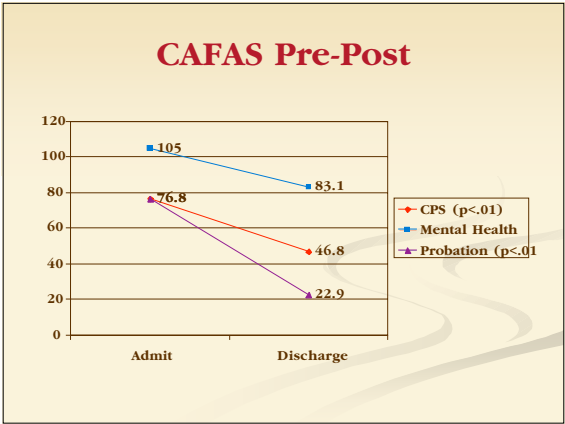Grad / Drop-out / LTP — CPS: 58%, 21%, 11%; Mental Health: 16%, 26%, 32%; Probation: 78%, 11%, 0%

Child and Adolescent Functional Assessment Scale (CAFAS) K. Hodges 1995

- Clinician/facilitator scored tool

- Designed to assess problem behaviors in children ages 6 through 18

CAFAS Pre-Post

Child Behavior Checklist (CBCL)
Achenbach & Edelbrock, 1983

- Parent completed measure

- Designed to assess competencies and behavior problems in children ages 4-18

Total CBCL Score Pre-Post

CBCL Pre-Post

Internalizing Problems   Externalizing Problems
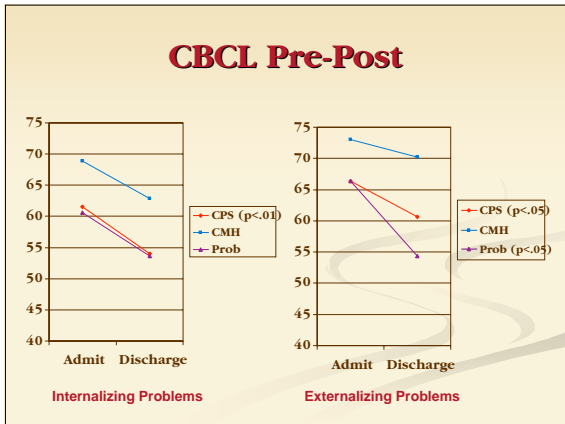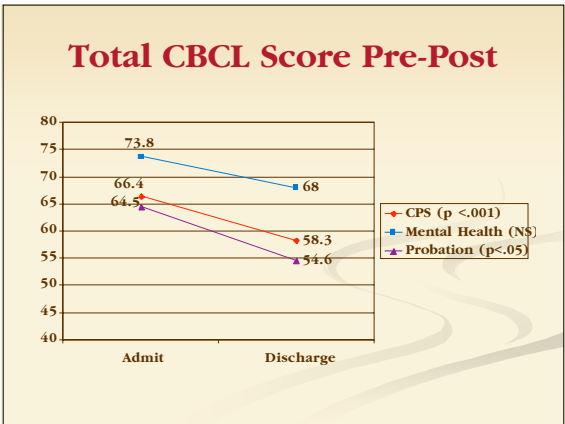
Wraparound Fidelity Index *Burchard 2002*

- Parent Voice and Choice   - Youth and Family Team
- Community Based Services   - Cultural Competence
- Individualized Services   - Strength Based Services
- Natural Supports   - Continuation of Care
- Collaboration   - Flexible Resources
- Outcome Based Services

Each element score is between 0 and 8

Higher scores indicate higher levels of model fidelity

Includes data from versions 2.1 and 3.0

WFI by Referral Group
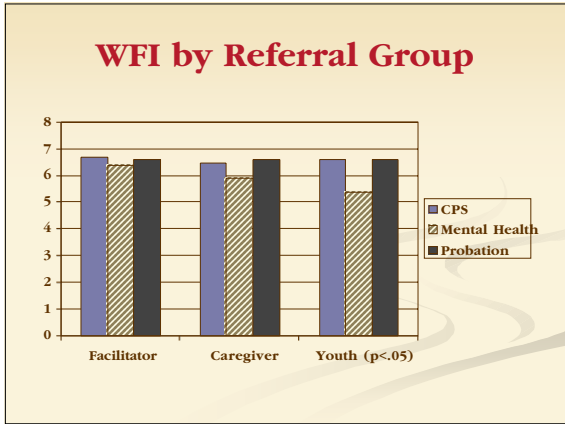
WFI and Outcomes

- WFI scores were related to reason for discharge (Graduation vs. Drop-outs)

- Parent Total Fidelity scores were significantly lower for families who dropped out than for families who graduated ($p < .001$)

- Youth Total Fidelity scores were significantly lower for families who dropped out than for families who graduated ($p < .05$)

- There were no differences in Resource Facilitator Total Fidelity Scores

Summary and Future Research

- Question 1: Yes, there are differences between the referral groups in success rates

- Question 2: Can Wrap serve the unique population: Yes, in many cases we can achieve success with part of this population.