WHO, WHAT, AND WHEN OF WRAPAROUND

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Retrospective Study

- Analyzes data obtained on youth who received wraparound (2004-2007) from EMQ Children & Family Services
- Focus: Identifying client and service variables associated with positive outcomes

EMQ Children & Family Services

- Private non-profit organization
- Provides community based mental health services to youth
- Serves Santa Clara, San Bernadino, Los Angeles, and Sacramento regions
- Sacramento County: Wraparound used as a strategy for hastening the transition of youth from residential to home care

Study Sample

- 176 youth provided wraparound, ranging in age from 7-18 years (mean = 14.6 years)
- Majority were male (56.7%)
- Majority were Caucasian (55.6%); sizable proportion African-American (32.6%)
- Primary diagnosis: Anxiety Disorder (39%); Mood Disorder (29%); Attention Deficit or Disruptive Behavior Disorder (20%); Psychotic Disorder (8%)

Study Sample Continued

- Majority referred by CPS (67.4%); fewer by Mental Health (27%), Probation (5.6%)
- High percentage (89%) lived in residential care at program entry
- Mean number of days youth had been in placement prior to referral = 721

Outcome Measures

- Goal attainment (had youth met service goals by discharge)
- Transition to home setting (had youth transitioned from residential program to family living situation by discharge)
- Improvements in functioning (pre-post CAFAS* scores)

* Child and Adolescent Functional Assessment Scale (Hodges, 1990)
**Independent Variables**

- **Client Variables**: Age, gender, ethnicity, level of functioning, diagnosis, # of collateral helpers
- **Service Variables**: Days in residential care prior to referral, adherence to elements of wraparound

**Wraparound Fidelity Index (3.0)**

Assesses adherence to elements of:
- Caregiver Voice and Choice
- Youth and Family Team
- Community-Based Services and Supports
- Cultural Competence
- Individualized Services and Supports
- Strengths-Based Services and Supports
- Natural Supports
- Continuation of Services and Supports
- Collaboration
- Flexible Resources and Funding
- Outcome-Based Services

* Administered to Facilitators and Caregivers every 6 months. Most recent scores entered into analysis.

**Results: Factors NOT Associated with Outcomes**

- Client age
- Gender
- Ethnicity
- Diagnosis
- Length of time in residential care prior to referral

**Factors Associated with Positive Outcomes**

1) **Lower Level of Functional Impairment at Entry**

- Mean CAFAS score was significantly lower for youth who transitioned to home setting ($t = 2.0; df = 134; p = .048$)

2) **Number of collateral helpers**

- Youth who met service goals had significantly higher # than those who did not ($t = -3.41; df = 108.06; p = .001$)
- Youth who transitioned to home setting had significantly higher # than those who remained in residential care ($t = -2.625; df = 116; p = .01$)

3) **Adherence to elements of wraparound**

**Relationship Between WFI Scores and Outcomes**

- **Caregiver As Respondent**: Total Fidelity was significantly higher for youth who **met service goals** ($p = .045$) and for those who **transitioned** to home setting ($p = .008$)
- Adherence to emphasis on Strength-Based services was significantly higher for youth who **transitioned** to home setting ($p = .012$)

- **Facilitator As Respondent**: Adherence to element of Strength-Based services and Child/Family Teamwork was significantly and positively associated with improved child functioning ($r = .243, p = .046; r = .274, p = .024$)
- Adherence to emphasis on Community-Based services was significantly higher for youth who **met service goals** ($p = .001$) and for those who **transitioned** to home setting ($p = .000$)
### Community-Based Services Element of WFI-3

- Hours spent by youth at community school; working at paying job; in job training
- To what extent services/supports for family are accessible
- To what extent team helps youth get involved in community activities
- Amount of time youth lived in community-based setting

* When last item eliminated from this element score: significantly higher for youth who met goals (p = .015) and youth who transitioned (p = .008).

### Binary Logistic Regression

<table>
<thead>
<tr>
<th>Predictor</th>
<th>% When High</th>
<th>% When Low</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Involvement</td>
<td>73.5</td>
<td>45.8</td>
<td>Transition to Home Setting</td>
</tr>
<tr>
<td>Community Involvement</td>
<td>75.6</td>
<td>45.8</td>
<td>Goal Attainment</td>
</tr>
<tr>
<td>Collateral Helpers</td>
<td>73.7</td>
<td>44.8</td>
<td>Transition to Home Setting</td>
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<tr>
<td>Collateral Helpers</td>
<td>79.8</td>
<td>38.8</td>
<td>Goal Attainment</td>
</tr>
</tbody>
</table>

### Conclusions

- WFI is a valuable tool for assessing wraparound fidelity
- Caregiver reports of adherence are important to obtain—appear to have a strong relationship to outcomes
- Cultivation of collateral helpers may be key in obtaining ultimate outcome
- Community involvement of youth and families in wraparound is tied to positive outcomes

### Implications for Practice

- Building a system of collateral supports for youth is important in achieving outcomes. Even when not present at team meetings, these helpers should be included in plan.
- Involving youth in community activities is key in promoting and sustaining transition to home setting.
- Feedback regarding caregivers view of adherence to wrap process should be given to providers.