Outcomes Based is the First Principle!
What you need to know about research, outcomes, and wraparound

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The NWI works to promote understanding about the components and benefits of wraparound, and to provide the field with resources to facilitate high quality and consistent wraparound implementation.

The national wraparound initiative

In 2004, stakeholders—including families, youth, providers, researchers, trainers, administrators and others—came together in a collaborative effort to better specify the wraparound practice model, compile specific strategies and tools, and disseminate information about how to implement wraparound in a way that can achieve positive outcomes for youth and families. The NWI now supports youth, families, and communities through work that emphasizes four primary functions:

- Supporting community-level planning and implementation
- Promoting professional development of wraparound staff
- Ensuring accountability
- Sustaining a vibrant and interactive national community of practice

The NWI is membership supported. You can join the NWI to help continue this important work!!

wraparound resources
The always-useful Resource Guide to Wraparound
NEW! NWI webinar slides and recordings
NEW! Summary of evidence for wraparound

upcoming trainings & events
NWI presents at California Wraparound Institute – June 7, 2010
Webinar: Accountability and Quality Assurance in Wraparound - June 15, 2010

KBCS radio featured a story on Washington State and the National Wraparound Initiative as the second feature of a two part series "Cruel Choices."
Wraparound Milwaukee in 2009 Visionaries video

members & affiliates section
NWI members and affiliates can log in here to access job postings, bulletin boards, the NWI blog, members and providers directories, “beta” versions of new resources, archived materials, and more...
What is research?

- “Research is formalized curiosity. It is poking and prying with a purpose.”
  --Zora Neale Hurston
Poking and prying with purpose: Research that answers some questions…

- Why wraparound?
  - Why do we need it?
  - Why do we think it works?
- So… does it work?
- Under what conditions?
- What is the purpose?
WHY WRAPAROUND?
Why do we need better approaches in children’s mental health?

- More money is spent on treatments for mental illness in children than any other childhood medical condition
  - Soni, 2009; AHRQ Statistics Brief #242

- On average, research shows that effectiveness of our treatments on children’s functioning is small to none
  - Weisz, Jensen-Doss, & Hawley, 2006
The costs of a poor response

- Emotional, behavioral and MH disorders in childhood/adolescence associated with:
  - School dropout
    - estimated cost to society: $243,000 - $388,000
  - Substance abuse
    - estimated cost to society: $370,000 - $970,000
  - Criminality
    - estimated costs to society of a ‘life of crime’: $1.3million - $1.5million

- Jones, Dodge, Foster, Nix, and the Conduct Problems Prevention Research Group (2002)
What is the Wraparound Process?

- Wraparound is a family-driven, team-based process for planning and implementing services and supports.
- Through the Wraparound process, teams create plans that are geared toward meeting the unique and holistic needs of these youth and their caregivers and families.
- The Wraparound team members meet regularly to implement and monitor the plan to ensure its success.

  - Team members include individuals relevant to the success of the identified youth, including his or her parents/caregivers, other family members and community members, mental health professionals, educators, system representatives, and others.
Why do we need Wraparound?

- Working with youths with complex needs and multiple system involvement is challenging and outcomes are poor
  - Child and family needs are complex
    - Youths with serious EBD typically have multiple and overlapping problem areas that need attention
    - Families often have unmet basic needs
  - Families are rarely fully engaged in services
    - They don’t feel that the system is working for them
    - Leads to treatment dropouts and missed opportunities
Why Wraparound? (continued)

- Systems are in “siloes”
  - Special education, mental health, primary health care, juvenile justice, child welfare each are intended to support youth with special needs
  - However, the systems also have different philosophies, structures, funding streams, eligibility criteria, and mandates

- These systems don’t work together well for individual families unless there is a way to bring them together
  - Youth get passed from one system to another as problems get worse
  - Families relinquish custody to get help
  - Children are placed out of home
Child Issues at Intake

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firesetter</td>
<td>15%</td>
</tr>
<tr>
<td>Adj. Sex Offender</td>
<td>17%</td>
</tr>
<tr>
<td>Sexual Abuse Victim</td>
<td>23%</td>
</tr>
<tr>
<td>Suicidal Behavior</td>
<td>29%</td>
</tr>
<tr>
<td>History of Sexual Misconduct</td>
<td>36%</td>
</tr>
<tr>
<td>Runaway Behavior</td>
<td>43%</td>
</tr>
<tr>
<td>Drug/Alcohol Abuse</td>
<td>46%</td>
</tr>
<tr>
<td>Severe Aggressiveness</td>
<td>62%</td>
</tr>
<tr>
<td>School/Community Concerns</td>
<td>87%</td>
</tr>
</tbody>
</table>

N = 960

2004 Data
Family Issues at Intake

WRAPAROUND MILWAUKEE: FAMILIES EXHIBITING CONCERNS

n = 952
Families are not fully engaged

- Up to 60% of families drop out of services before they are finished
  - Kazdin et al., 1997

- Children from vulnerable populations are less likely to stay in treatment
  - Kazdin, 1993
The Challenge of full family engagement

Why do families drop out?
- Treatment is stressful
- Treatment seems irrelevant
- Poor relationship with therapist
- Concrete obstacles:
  - Time, transportation, child care, other priorities
## What families need vs. get

<table>
<thead>
<tr>
<th>Service</th>
<th>Need</th>
<th>Get</th>
<th>Difficult?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Ed svcs</td>
<td>86%</td>
<td>77%</td>
<td>48%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>85%</td>
<td>81%</td>
<td>41%</td>
</tr>
<tr>
<td>Counselor</td>
<td>84%</td>
<td>74%</td>
<td>43%</td>
</tr>
<tr>
<td>Respite</td>
<td>85%</td>
<td>17%</td>
<td>74%</td>
</tr>
<tr>
<td>Parent Support</td>
<td>83%</td>
<td>53%</td>
<td>66%</td>
</tr>
<tr>
<td>Sibling Support</td>
<td>65%</td>
<td>15%</td>
<td>69%</td>
</tr>
<tr>
<td>Advocacy svcs</td>
<td>65%</td>
<td>31%</td>
<td>64%</td>
</tr>
</tbody>
</table>

Friesen & Huff, 1996
Evidence-based parent engagement interventions (McKay & Bannon, 2004)

- Reminders reduced missed appointments by as much as 32%
  - Kourany et al., 1990; McLean et al., 1989; Shivack et al., 1989; & Sullivan

- Intensive family-focused telephone engagement showed 50% decrease in no-shows rates and 24% decrease in premature terminations
  - Szapocznik, 1988; 1997
The silo issue: Traditional services rely on professionals and result in multiple plans.
In wraparound, a facilitator coordinates the work of system partners and other natural helpers so there is one coordinated plan.
The system’s stake: An example from Washington State

- Coordination is difficult for kids who need mental health services from two or more administrations.
- Of the 116,209 served by CA, JRA, and/or MHD in 2003 (smaller circles), about 9 percent (4,030) of these children and youth received services from two or more administrations:
  - 3,547 From CA and MHD
  - 368 From JRA and MHD
  - 35 From CA and JRA
  - 80 From CA, MHD, and JRA

Diagram: Mental health services delivery
Why should we find a different way to serve these youth and their families?

- In Fiscal Year 2002, over \textbf{126,000} children and youth received services from three DSHS programs: CA, JRA, and/or MHD.
- \textbf{44,900} of these children and youth received at least one mental health service from one of the systems during that year.
- Collectively, the mental health services for those 44,900 young people \textbf{cost $169 million}.
- Half of that expenditure ($81 million) was spent on the \textbf{9 percent} who received mental health care from two or more programs.
Why should we find a different way to serve these youth and their families?

- In 2003, of the **39,361 children** and youth who used mental health services one program (CA, JRA, or MHD), **14 percent** spent some time in treatment or placement away from home.

- In 2003, of the **4,030 children** who used mental health care from two or three administrations, **68 percent** spent some time in treatment or placement away from home.

- Typically, those spending time away from home are in foster care, inpatient or residential treatment, or a JRA institution.
WHY DO WE THINK WRAPAROUND WORKS BETTER?

...Because its core elements are based on basic research
Wraparound overcomes key barriers to positive outcomes

- Grounded in a Strengths Perspective
- Driven by Underlying Needs
- Supported by an Effective Team Process
- Determined by Families
What’s Different in Wraparound?

- High quality **Teamwork**
  - Collaborative activity
  - Brainstorming options
  - Goal setting and progress monitoring
- The plan and the team process is **driven by and “owned” by the family and youth**
- Taking a strengths based approach
- The plan focuses on the **priority needs as identified by the family**
- A **whole family** focus
- A focus on developing **optimism and self-efficacy**
- A focus on developing **enduring social supports**
Research on Teamwork

- Team success is more likely when:
  - There is an overall, long-term goal or mission
  - There are clearly defined intermediate goals
  - Multiple options are generated
  - Team members share goals
  - Team members have shared expectations for how the team process will work
  - Progress is monitored
Research on voice and choice

- People who feel they chose an activity or option are more committed and have more success.
- People who feel included in a decision-making process are more likely to follow through.
Research on strengths

- Reframing and taking a strengths-based approach to behaviors:
  - Helps family members and team members to realize behavior is malleable
  - This increases motivation to address them

- In general, strengths focus in services
  - Is associated with greater social support
  - Is associated with greater feelings of optimism and empowerment
Focusing on priority needs

- Increases perceptions of relevance, which...
- Increases motivation and outcomes
  - ...as does taking a whole family approach.
Active participation, making choices, experiencing success, lead to…

- Self-efficacy
  - Which is associated with greater optimism, less depression, social support

- Greater follow through
Social support

- Leads directly to:
  - greater morale
  - Better health
  - Coping
  - Recovery from mental illness
What does all of this accomplish?
Research indicates two main pathways to outcomes

Theory of change: Outline

Ten Principles

Effective, values-based teamwork

Phases and activities

Services and supports work better, individually and as a “package”

High quality, high fidelity wraparound process

Participation in wraparound builds family assets/capacities

Positive child/youth and family outcomes
Ten principles of the wraparound process

Model adherent wraparound
• Youth/Family drives goal setting
• Single, collaboratively designed service plan
• Active integration of natural supports and peer support
• Respect for family’s culture/expertise
• Opportunities for choice
• Active evaluation of strategies/outcomes
• Celebration of success

Phases and Activities of the Wraparound Process

Ten principles of the wraparound process

Theory of change for wraparound process

Short term outcomes:
• Better engagement in service delivery
• Creative plans that fit the needs of youth/family
• Improved service coordination
• Follow-through on team decisions
• Family regularly experiences success/support

More effective services:
• Participation in services
• Services that “work” for family

Family assets:
• Achievement of team goals
• Increased social support and community integration
• Improved coping and problem solving
• Enhanced empowerment
• Enhanced optimism/self-esteem

Long term outcomes:
• Stable, home-like placements
• Improved mental health outcomes (youth and caregiver)
• Improved functioning in school/vocation and community
• Improved resilience and quality of life

From Walker (2008)
Core components of the wraparound theory of change

- Services and supports *work better*:
  - Focusing on *priority* needs as identified by the family
  - Creating an *integrated plan*
  - Greater *engagement and motivation* to participate on the part of the family

- The process *builds family capacities*:
  - Increasing *self-efficacy* (i.e., confidence and optimism that they can make a difference in their own lives)
  - Increasing *social support*
Outcomes of Wraparound

Does wraparound work?
For whom?
What leads to positive outcomes?
Outcomes of wraparound (9 controlled, published studies to date; Bruns & Suter, 2010)

- Better functioning and mental health outcomes for wraparound groups (NV, MD, NYS, elsewhere)
- Reduced recidivism and better juvenile justice outcomes (Clark Co., Washington)
- Higher rates and more rapid achievement of permanency when implemented in child welfare (Oklahoma)
- More successful integration of adult prisoners into the community (Oklahoma)
- Reduction in costs associated with residential placements (Milwaukee, LA County, Washington State, Kansas, many other jurisdictions)
Results from Nevada:
More community based, better functioning (Bruns, Rast et al., 2006)
Results from Clark County, WA
Improving juvenile justice outcomes (Pullman et al., 2006)

- Connections group (N=110) 3 times less likely to commit felony offense than comparison group (N=98)
- Connections group took 3 times longer on average to commit first offense after baseline
- Connections youth showed “significant improvement in behavioral and emotional problems, increases in behavioral and emotional strengths, and improved functioning at home at school, and in the community”
# Meta analysis of Seven Published Controlled Studies of Wraparound (Suter & Bruns, 2009)

<table>
<thead>
<tr>
<th>Study</th>
<th>Target population</th>
<th>Control Group Design</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bickman et al. (2003)</td>
<td>Mental health</td>
<td>Non-equivalent comparison</td>
<td>111</td>
</tr>
<tr>
<td>2. Carney et al. (2003)</td>
<td>Juvenile justice</td>
<td>Randomized control</td>
<td>141</td>
</tr>
<tr>
<td>4. Evans et al. (1998)</td>
<td>Mental health</td>
<td>Randomized control</td>
<td>42</td>
</tr>
<tr>
<td>5. Hyde et al. (1996)</td>
<td>Mental health</td>
<td>Non-equivalent comparison</td>
<td>69</td>
</tr>
<tr>
<td>6. Pullman et al. (2006)</td>
<td>Juvenile justice</td>
<td>Historical comparison</td>
<td>204</td>
</tr>
</tbody>
</table>
Wraparound Effect Size Findings

- Large = 0.8
- Medium = 0.5
- Small = 0.2

N Studies: 6 3 3 3 7

- Functioning: 0.28
- Juvenile Justice: 0.29
- School: 0.31
- Living Env.: 0.36
- Mean ES: 0.31
Meta analysis finds significant effects

- Recent meta-analysis found significant, medium-sized effects in favor of wraparound for Living Situation outcomes (placement stability and restrictiveness).
- A significant, small to medium sized effect found for:
  - Mental health (behaviors and functioning)
  - School (attendance/GPA), and
  - Community (e.g., JJ, re-offending) outcomes
- The overall effect size of all outcomes in the 7 studies is about the same (.35) as for “evidence-based” treatments, when compared to services as usual (Weisz et al., 2005)

Suter & Bruns (2009)
UNDER WHAT CONDITIONS

Does wraparound actually work well?
Outcomes depend on implementation.

Studies indicate that Wraparound teams often fail to:

- Incorporate full complement of key individuals on the Wraparound team;
- Engage youth in community activities, things they do well, or activities to help develop friendships;
- Use family/community strengths to plan/implement services;
- Engage natural supports, such as extended family members and community members;
- Use flexible funds to help implement strategies
- Consistently assess outcomes and satisfaction.
Wraparound Fidelity Assessment System

www.wrapinfo.org or http://depts.washington.edu/wrapeval

TOM – Team Observation Measure

CSWI – Community Supports for Wraparound Inventory

WFI-4 – Wraparound Fidelity Index

DRM - Document Review Measure

Chapter on fidelity measurement: http://www rtc.pdx.edu/NWI-book/Chapters/Bruns-5e.1-(measuring-fidelity).pdf
What is the connection between fidelity and outcomes with wraparound?

- Provider staff whose families experience better outcomes were found to score higher on fidelity tools (Bruns, Rast et al., 2006).
- Wraparound initiatives with positive fidelity assessments demonstrate more positive outcomes (Bruns, Leverentz-Brady, & Suter, 2008).
Higher fidelity is associated with better child and youth outcomes

<table>
<thead>
<tr>
<th>Average level of fidelity on the Wraparound Fidelity Index</th>
<th>Percent showing improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Fidelity (&gt;85%)</td>
<td>82%</td>
</tr>
<tr>
<td>Adequate Fidelity (75-85%)</td>
<td>69%</td>
</tr>
<tr>
<td>Borderline (65-75%)</td>
<td>65%</td>
</tr>
<tr>
<td>Not wraparound (&lt;65%)</td>
<td>55%</td>
</tr>
</tbody>
</table>

Effland, McIntyre, & Walton, 2010
What PRACTICE LEVEL elements are associated with the best outcomes?

- Being OUTCOMES BASED (Cox et al, 2009; Effland & Walton, in press)
  - Setting goals/identifying priority needs and tracking progress
- Focus on STRENGTHS (Cox / Effland)
- Connection to COMMUNITY and NATURAL SUPPORTS (Cox / Effland)
### Mean WFI scores by Principle and Respondent (N=2200)

<table>
<thead>
<tr>
<th>Principle</th>
<th>WF</th>
<th>CG</th>
<th>Y</th>
<th>TM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Voice &amp; Choice</td>
<td>90</td>
<td>78</td>
<td>82</td>
<td>85</td>
</tr>
<tr>
<td>2 Team Based</td>
<td>84</td>
<td>71</td>
<td>58</td>
<td>76</td>
</tr>
<tr>
<td>3 Natural Supports</td>
<td>73</td>
<td>47</td>
<td>70</td>
<td>65</td>
</tr>
<tr>
<td>4 Collaborative</td>
<td>92</td>
<td>80</td>
<td>77</td>
<td>90</td>
</tr>
<tr>
<td>5 Community Based</td>
<td>78</td>
<td>60</td>
<td>68</td>
<td>72</td>
</tr>
<tr>
<td>6 Culturally Competent</td>
<td>96</td>
<td>85</td>
<td>90</td>
<td>93</td>
</tr>
<tr>
<td>7 Individualized</td>
<td>76</td>
<td>61</td>
<td>65</td>
<td>72</td>
</tr>
<tr>
<td>8 Strengths Based</td>
<td>90</td>
<td>79</td>
<td>79</td>
<td>86</td>
</tr>
<tr>
<td>9 Persistent/Unconditional</td>
<td>88</td>
<td>54</td>
<td>84</td>
<td>83</td>
</tr>
<tr>
<td>10 Outcomes Based</td>
<td>81</td>
<td>56</td>
<td>61</td>
<td>70</td>
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<tr>
<td>TOTAL</td>
<td>85</td>
<td>74</td>
<td>74</td>
<td>80</td>
</tr>
</tbody>
</table>
What does it take to get high fidelity scores?

- Training and coaching found to be associated with gains in fidelity and higher fidelity
- Communities with better developed supports for wraparound show higher fidelity scores
Hospitable System
* Funding, Policies

Supportive Organizations
* Training, supervision, interagency coordination and collaboration

Effective Team
* Process + Principles
Types of program and system support for Wraparound

1. **Community partnership**: Do we have collaboration across our key systems and stakeholders?

2. **Collaborative action**: Do the stakeholders take concrete steps to translate the wraparound philosophy into concrete policies, practices and achievements?

3. **Fiscal policies**: Do we have the funding and fiscal strategies to meet the needs of children participating in wraparound?

4. **Service array**: Do teams have access to the services and supports they need to meet families’ needs?

5. **Human resource development**: Do we have the right jobs, caseloads, and working conditions? Are people supported with coaching, training, and supervision?

6. **Accountability**: Do we use tools that help us make sure we’re doing a good job?
Organizational and system-level supports predict fidelity

Wraparound Projects (N=6) with coaching to certification: Mean WFI scores

<table>
<thead>
<tr>
<th></th>
<th>Facilitator</th>
<th>Caregiver</th>
<th>Youth</th>
<th>Team Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fidelity projects</strong></td>
<td>80%</td>
<td>76%</td>
<td>76%</td>
<td>84%</td>
</tr>
<tr>
<td><strong>Nati Mean</strong></td>
<td>80%</td>
<td>72%</td>
<td>71%</td>
<td>69%</td>
</tr>
</tbody>
</table>
Summary: What Leads To Outcomes?

Program and System Supports

Training, Coaching, and Quality Assurance

Adherence to a clear theory- and research based wraparound service model

Positive Outcomes!
Caregiver WFI Fidelity over time in Nevada

- 2001 - initiation of pilot: 64%
- 2002 - after intensive training: 72%
- 2004 - after introduction of coaching: 86%
- 2008 - after state went to scale (from 34 to 400 youths): 72%
Team Observation Results from Nevada

![Bar Chart](image)

<table>
<thead>
<tr>
<th>Total TOM % Fidelity</th>
<th>Nat'l mean</th>
<th>78</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrap in NV</td>
<td>63</td>
<td></td>
</tr>
</tbody>
</table>

Mean over 3 waves of data collection
What was no longer happening?

- Families identifying team members
- Natural supports being meaningfully involved
- Effective crisis planning taking place
- Teams developing statements of mission, goals, or priority needs
- Teams finding creative, individualized ways to meet needs
- Youth involved in community activities
- Team members following through on tasks
- Effective transition planning
What happened to the outcomes?
Average functional impairment score from the CAFAS

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>6 mos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrap gone to scale (2008)</td>
<td>118</td>
<td>105</td>
</tr>
<tr>
<td>Wrap pilot (2005)</td>
<td>109</td>
<td>75</td>
</tr>
</tbody>
</table>

Bruns, Pullmann, Sather, Brinson, & Ramey, in submission
WHAT ARE THE TAKE HOME POINTS?
Promote the Positive
Promote the positive

- Reference the research base
  - On the theory and why it is sound
  - On the outcomes and how you will achieve them
  - On SYSTEM and PRACTICE LEVEL fidelity, and how important it is to maintain these things
Avoid Drift
Avoid Drift

- Set clear expectations in job descriptions, hiring, and supervision
- Measure implementation and outcomes
- Set up systems for data-driven coaching and supervision
See the Forest...
...and the trees
See the forest and the trees

- Ensure attention to the systems that support wraparound implementation
  - Community oversight
  - Fiscal issues
  - THE SERVICE ARRAY
  - Training and coaching

- Collect data at a system level…
  - As you plan, to keep people focused
  - Over time, to keep yourselves on track
FOCUS...
On what matters
Focus on what matters

- Regardless of what model you use, or what trainers...
  - Set goals and monitor progress
  - Establish expectations for effective teamwork
  - Maintain a strengths perspective
  - Connect youths and families to community and natural supports

- Ensure there are:
  - Evidence based clinical interventions
  - Flexible responses to meet youth and family needs
the national wraparound initiative

In 2004, stakeholders—including families, youth, providers, researchers, trainers, administrators and others—came together in a collaborative effort to better specify the wraparound practice model, compile specific strategies and tools, and disseminate information about how to implement wraparound in a way that can achieve positive outcomes for youth and families. The NWI now supports youth, families, and communities through work that emphasizes four primary functions:

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