

**Wraparound Maine Evaluation:
Preliminary Outcomes for the First 118 Families**



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Developed by:

Kimberly Pukstas, Ph.D.
Senior Research Associate

Michelle Lamm, M.S.W.
Research Assistant



UNIVERSITY OF
SOUTHERN MAINE

**Muskie School of Public Service
University of Southern Maine
45 Commerce Drive, Suite 11
Augusta, Maine 04330**

(207) 626-5200, FAX (207) 626-5210, TTY (207) 626-5282

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TABLE OF CONTENTS

Purpose of this Report	1
Background	1
Methods	2
Strengths and Limitations	2
Figure 1: Evaluation Response Rate Formula	2
Table 1: Variation in Response Rates for Report Data Sources	3
Participant Enrollment	4
Table 2: Number of Families Being Served by Wraparound Maine Sites	4
Figure 2: Referral Sources for Wraparound Maine Families	4
Figure 3: Referral Source Variation by Sites	5
Demographics of Participants	5
Table 3: Wraparound Maine Youth Demographics	5
Figure 4: Site Variation in Age of Youth	6
School Performance	6
Figure 5: Caregiver School Attendance Reports	7
Figure 6: Frequency of School Concerns Reported to Caregivers	7
Figure 7: Number of New Meds Prescribed to Youth	8
Figure 8: Experiences of Youth in the 12 Months Prior to Wraparound	8
Figure 9: Average Number of Days Youth Spent in Placement in the Prior Year	9
Youth Experiences During Wraparound	9
Figure 10: Experiences of Youth During the Wraparound Process	10
Families at Discharge	11
Table 4: Youth Enrollment Data by Site	11
Figure 11: Average Flex Funds Spent Per Discharged Family	11
Table 5: Reason for Discharge	12
Figure 12: Wraparound Maine Statewide Discharge Status	12
Figure 13: Average Flex Funds Spent By Discharge Status	13
Figure 14: Average Length of Stay and Discharge Status	13
Figure 15: Length of Stay for Families Who Withdraw	14
Wraparound Fidelity	15
Figure 16: Caregiver Reports of Wraparound Fidelity	16
Figure 17: Caregiver Reports of Fidelity by Wraparound Principle	16
CAFAS Outcome Measures	17
Figure 18: Changes in CAFAS Scores Between Enrollment and Discharge	18
Figure 19: Pre- and Post Wraparound CAFAS Scores	18
Changes in Youth Status	19
Figure 20: Changes in Living Status	19
Figure 21: Discharge Status for Youth Living in a Residential Setting at Enrollment	19
Figure 22: Changes for Youth Living in a Community Setting at Enrollment	20
Figure 23: Changes in System Involvement Between Enrollment and Discharge	20
Summary of Findings	21
Next Steps	21
References	22

Wraparound Maine Evaluation: Preliminary Outcomes for the First 118 Families

Purpose of this Report:

This report is an overview of evaluation data collected by the University of Southern Maine (USM) in partnership with the Maine Department of Health and Human Services, Office of Child and Family Services (OCFS). The findings are part of an ongoing statewide evaluation as Maine continues to expand its wraparound system of care across the state. Additional information regarding the quality of care provided by Wraparound Maine agencies can be found in a separate process report (Pukstas & Lamm, 2008).

As of February 2009, approximately 250 families have enrolled in Wraparound Maine. This report documents the early experiences and preliminary outcomes from the first 118 families to be discharged from Wraparound Maine. The discussion includes an analysis of outcome data derived from multiple sources including administrative data and the self-reports of participating families. This report focuses on the changes experienced by participants within the time span between enrollment in Wraparound Maine and discharge. This report does not include any long-term outcomes for participating families beyond the first month following discharge.

Background:

In 2007, the Maine Department of Health and Human Services, Office of Child and Family Services, established a high-fidelity, community-based wraparound initiative to improve the lives of children and families in Maine. The project, commonly referred to as “Wraparound Maine”, is considered to be an intensive level of care for youth with complex needs and is expected to serve as an alternative to residential treatment. The target population includes youth, ages 5 -18, with serious emotional or behavioral disturbance who are either in residential care or at high-risk of such placement.

Wraparound Maine began by serving six diverse communities, geographically dispersed throughout the state. Gradual expansion continues with the introduction of three new sites in the spring of 2009. The first Wraparound Maine family was enrolled in March 2007. Later that year, OCFS partnered with the University of Southern Maine to conduct periodic process and outcome evaluations of the wraparound sites. This report details the outcome findings for the first 118 families served. Evidence of family improvement will be reported through the use of administrative data including agency intake records, discharge records, and scores derived from the Child & Adolescent Functional Assessment Scale (CAFAS). In addition, family members completed surveys at enrollment, three months, and again discharge to record their wraparound experiences.

Methods:

This report summarizes evaluation data collected between September 2007 and February 2009. Data was obtained through a variety of sources:

1. **Administrative Data** – Providers electronically track the basic elements of service provision and submit these records monthly to OCFS and the evaluation team. These records include: dates of referral, enrollment and discharge; demographics and living situation; the extent of youth involvement with state agencies; and flex fund spending.
2. **Family Surveys** – Upon intake and discharge, a designated caregiver completes a survey detailing observations about school performance and service utilization. Copies of the survey are mailed to the evaluation team for analysis.
3. **Wraparound Fidelity Index** – After three months of participation in Wraparound Maine, a designated caregiver, a team member and the youth complete an interview with a lead agency staff member (not the youth’s wraparound facilitator). The interview collects information on whether the family is receiving wraparound in accordance with the national wraparound principles. Copies of the completed interviews are mailed to the evaluation team for analysis.
4. **Child & Adolescent Functional Assessment Scale** – Upon intake, discharge, and every six months in between, the Wraparound Maine provider completes a validated, clinical assessment of youth functioning. The instruments are mandated by Children’s Behavioral Health (CBH) and the Office of Quality Improvement. Data exports were provided to the evaluation team for analysis.

Strengths and Limitations:

An accurate interpretation of the report findings requires an examination of the evaluation plan’s strengths and limitations. A relative strength of the evaluation plan is that it seeks to collect a comprehensive list of variables from a wide variety of data sources. By using this method, the evaluation does not risk an over-reliance on one perspective or data source. Since the goals of Wraparound Maine are far-reaching, the evaluation plan was designed to include a broad list of performance measures.

However, this relative strength can become a weakness when the data collected is incomplete. To address this limitation, the evaluation team calculates response rates to monitor the generalizability of the results (refer to Figure 1 for the response rate formula).

Figure 1: Evaluation Response Rate Formula

$$\text{Response Rates} = \frac{\text{Number Completed}}{\text{Number Expected} - \text{Number Ineligible}}$$

Statewide results suggest there are challenges to maintaining a commitment to data collection throughout the course of wraparound, particularly at the transition stage. Overall, the response rates for the initiative tend to be higher at enrollment and then steadily decrease as the families near discharge. The one exception to this trend would be the administrative datasets that were provided on all of the participating families (100%). As a general guideline, readers of this report should be cautious in their interpretation of results when they are based on less than 70% of respondents. Along these lines, data from the family discharge survey should be interpreted with extreme caution because the available data represents less than half of the families that have been discharged¹.

Table 1: Variation in Response Rates for Report Data Sources

Site	Response Rates					
	Admin. Data	Intake Survey	Intake CAFAS	WFI Caregiver	Discharge CAFAS	Discharge Survey
Aroostook	100%	88%	96%	71%	83%	60%
Cumberland	100%	72%	52%	52%	17%	47%
Knox/Waldo	100%	33%	38%	50%	63%	14%
Penobscot	100%	83%	76%	61%	73%	45%
Sagadahoc	100%	100%	83%	83%	67%	50%
York	100%	43%	85%	33%	62%	13%
Statewide	100%	77%	74%	61%	62%	45%

¹ To help guide the reader, all findings that are based on the family discharge survey will be footnoted.

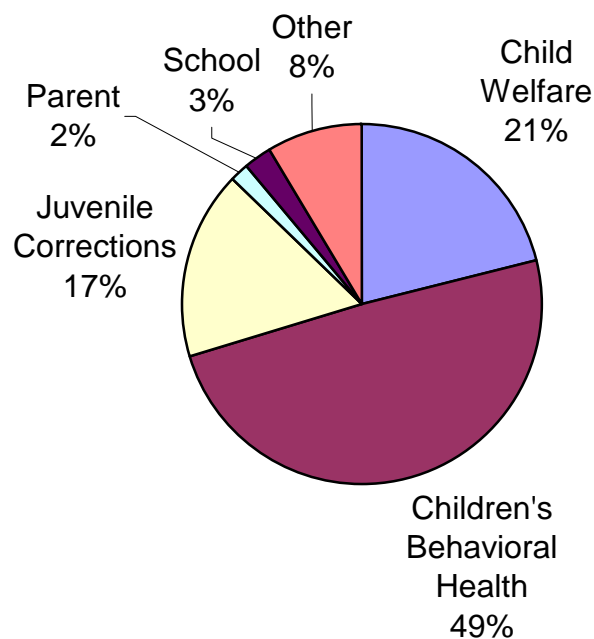
Participant Enrollment:

During this reporting period, the wraparound lead agencies could serve 120 families at any given time. There is no central intake for Wraparound Maine. Referrals can originate in several state agencies including Child Welfare, Children’s Behavioral Health and Juvenile Justice. Almost half of all referrals to date have come from Children’s Behavioral Health. Additionally, parents and schools can directly refer to the program. As of February 2009, approximately 250 families have enrolled in Wraparound Maine. Of these, 118 had been discharged from the initiative.

Table 2: Number of Families Being Served by Wraparound Maine Sites

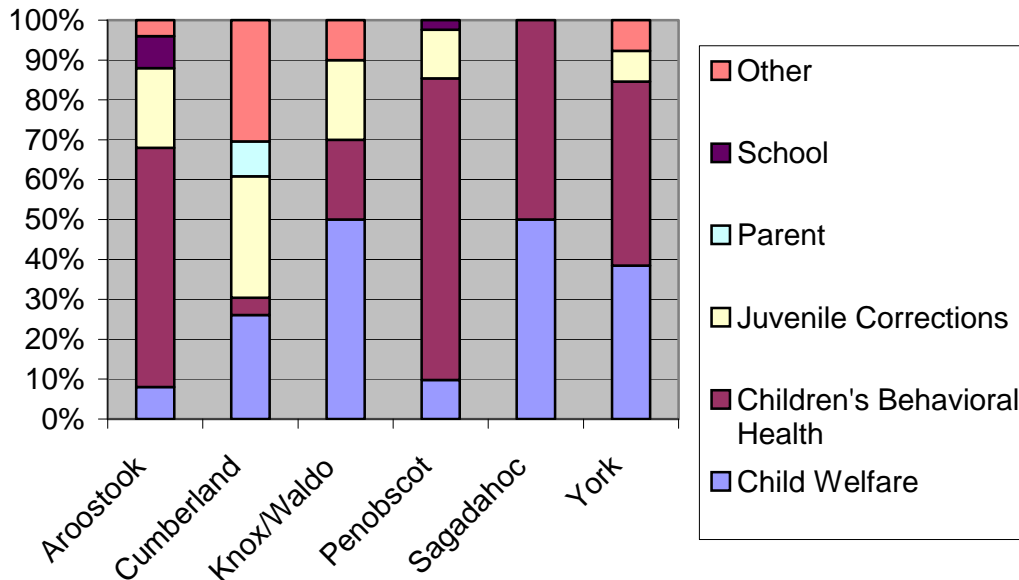
Site	7/1/07 – 2/28/09		
	# Enrollees	# Discharges	Program Capacity
Aroostook	44	25	15
Cumberland	45	23	20
Knox/Waldo	28	10	20
Penobscot	78	41	25
Sagadahoc	22	6	20
York	40	13	20
Statewide	257	118	120

Figure 2: Referral Sources for Wraparound Maine Families (n=118)



Referral sources tend to vary by wraparound location (refer to figure 3). Referral source is important because the source is often an indicator of the presenting needs of the family. Sweetser wraparound sites (Sagadahoc, York, Knox/Waldo) tend to accept more referrals from the child welfare system. Wings locations (Aroostook, Penobscot) tend to accept more referrals from CBH. YAI (Cumberland) had the highest number of referrals originating in the criminal justice system.

Figure 3: Referral Source Variation by Sites (n = 118)



Demographics of Participants:

The high majority of participating youth were male (67%) and Caucasian (87%). Though Wraparound Maine typically enrolls one child at a time, the entire family is often considered when building strengths, addressing challenges and making links to services. Based on the family intake surveys, 95% of Wraparound Maine youth have a sibling. On average, the typical wraparound youth has two siblings but 20% had four or more siblings.

Table 3: Wraparound Maine Youth Demographics

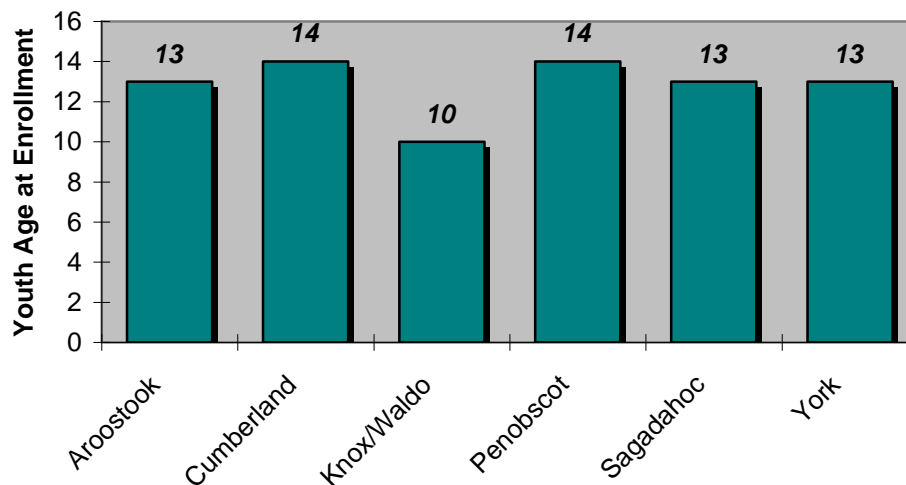
Youth Demographics		
Age at Enrollment	15 and older	44%
	12<15	27%
	8<12	18%
	5<8	5%
	missing ²	6%

² Some sites were unable to provide this information due to missing records.

Youth Demographics		
Gender	Males	67%
	Females	33%
Race/Ethnicity	Caucasian	87%
	American Indian	5%
	African American	3%
	Hispanic/Latino	1%
	Asian	0%
	Other	4%

Statewide, the average age of youth at enrollment was 13 years old. This was largely true for all of the participating sites except for the Knox/Waldo location which served a younger population.

Figure 4: Site Variation in Age of Youth (n = 111)



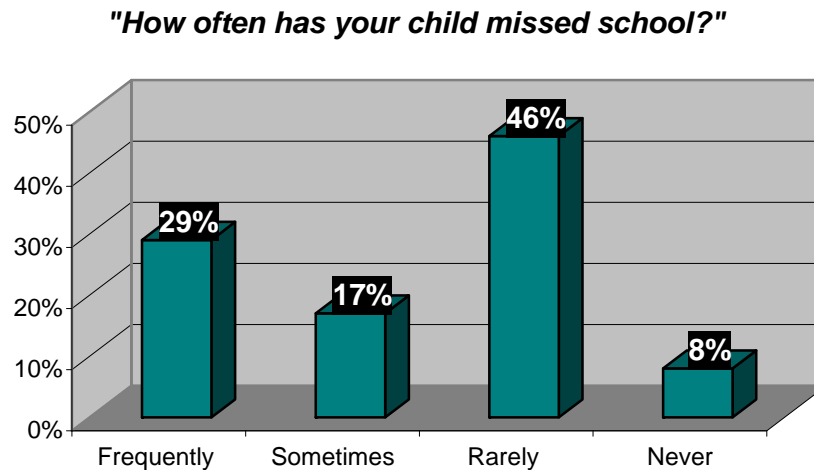
School Performance:

Prior to enrolling in Wraparound Maine, many caregivers described significant barriers to their child succeeding in school. While about half of all caregivers surveyed described their child's school performance as "average", about 40% reported their child was performing below average or failing. Attendance may be a contributing factor to the level of achievement, 29% of caregivers reported that their youth had frequently missed school over the past year. Over the same timeframe, 30% reported that their child had been suspended. Six caregivers reported that their child had been expelled from school in the past year.

"[He] can do the work but his [diagnosis] gets in the way..."

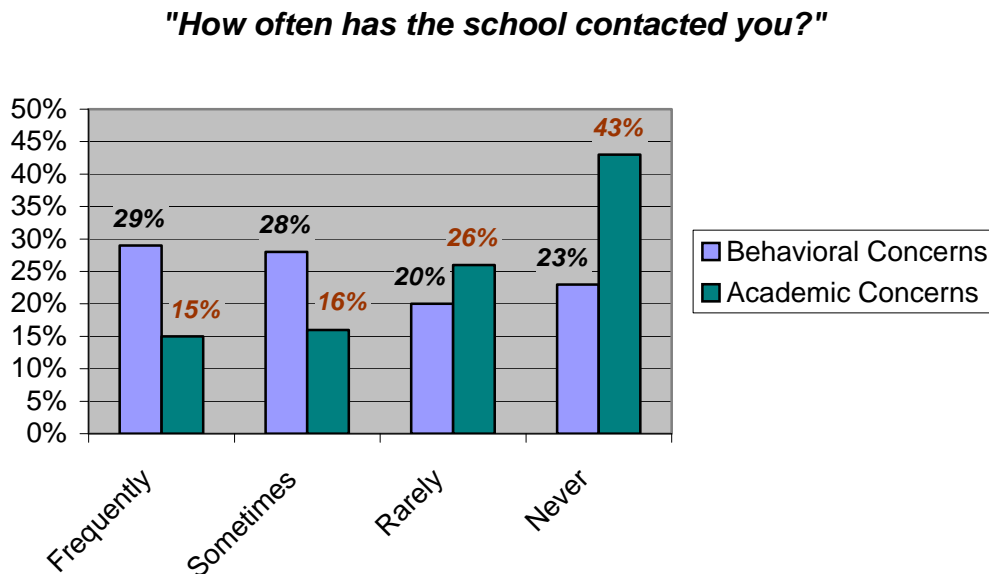
-- An anonymous caregiver shares frustrations about how his/her son's school performance is affected by his condition.

Figure 5: Caregiver School Attendance Reports (n = 72)



In the family intake survey, caregivers reported that school officials had frequently contacted them to discuss concerns related to their child. Overall, behavioral concerns were more often the subject of these contacts than academic concerns.

Figure 6: Frequency of School Concerns Reported to Caregivers (n = 72)



"Schools should be involved on the team..."

-- An anonymous caregiver stresses the importance of collaborating with school partners.

In the family intake survey, caregivers were asked about the number of new prescriptions their son/daughter had been prescribed over the past year. The prescription rates were relatively high (three or more new prescriptions) for almost half of the participating youth. These rates suggest that the youth being served by Wraparound Maine have either physical or mental health diagnoses that require the use of medication. The volume of new prescriptions reported by caregivers underscore the need for good communication and integration amongst providers.

Figure 7: Number of New Medications Prescribed to Youth in the 12 Months Prior to Wraparound Maine (n = 72)

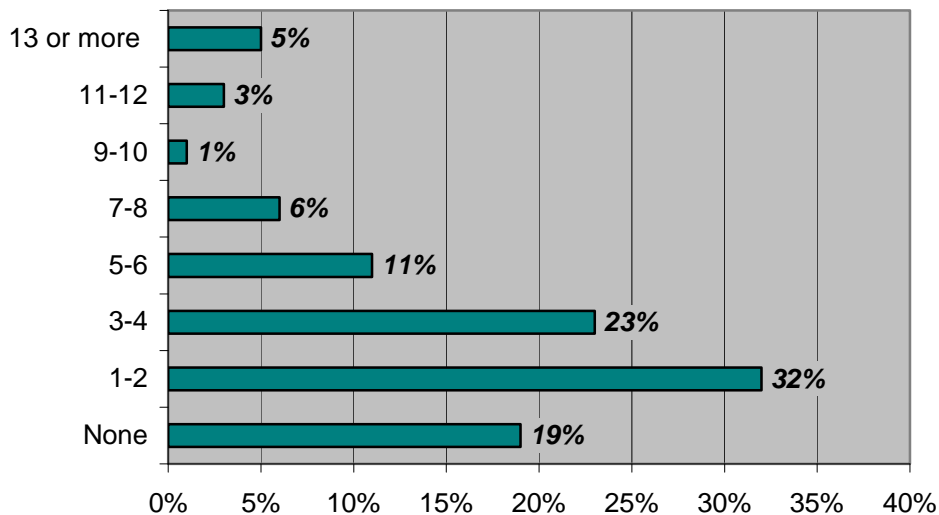
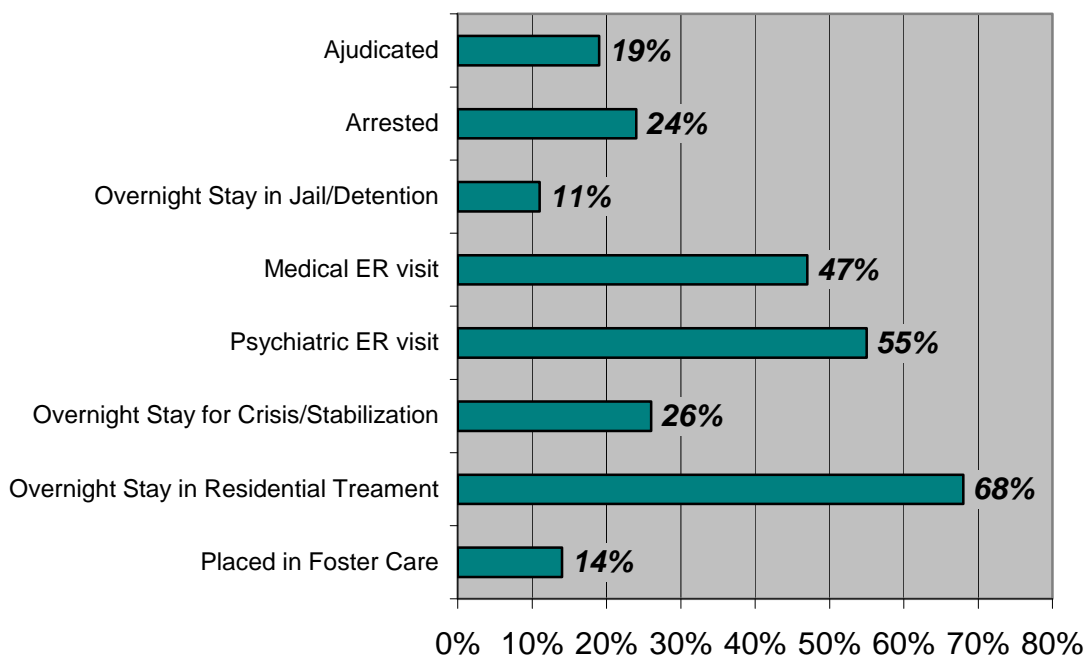


Figure 8: Experiences of Youth in the 12 Months Prior to Wraparound (n = 72)



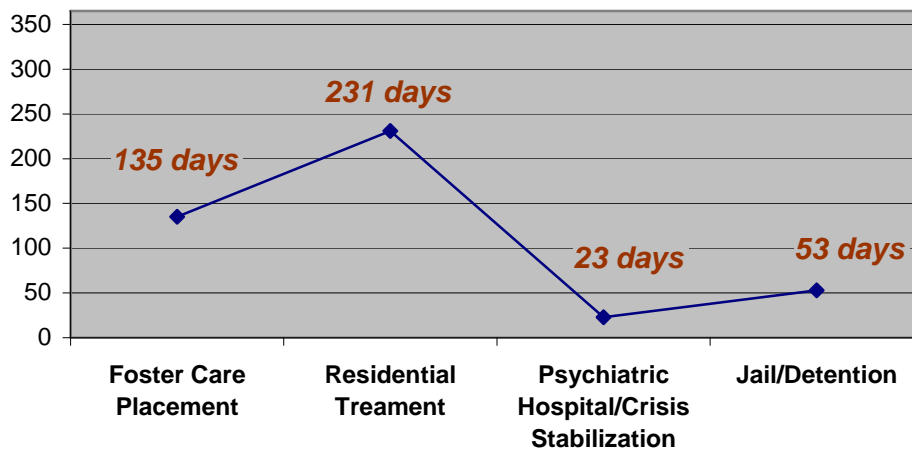
In the year prior to enrolling in Wraparound Maine, the majority of youth had already received services for emotional disturbance. Over half had experienced an emergency room visit for psychiatric care. Over three-quarters (68%) had experienced an overnight stay in residential treatment. For those reporting a prior residential treatment, the average length of stay was 231 days.

Additionally, many of the youth had encounters with the juvenile justice system prior to enrolling in wraparound. Almost one quarter had been arrested (24%) and 11% had been detained in a juvenile center or jail. For those detained, the average length of stay reported was 53 days.

Child welfare was the referral source for 21% of wraparound youth. About 14% of caregivers reported that the youth had been placed in foster care in the prior year. For those youth that had been placed in foster care, the average length of stay was 135 days.

Overall, these reports from caregivers demonstrate that Wraparound Maine is enrolling youth with complex needs that have been actively utilizing expensive services from multiple state systems.

Figure 9: Average Number of Days Youth Spent in Placement in the Prior Year (n = 74)



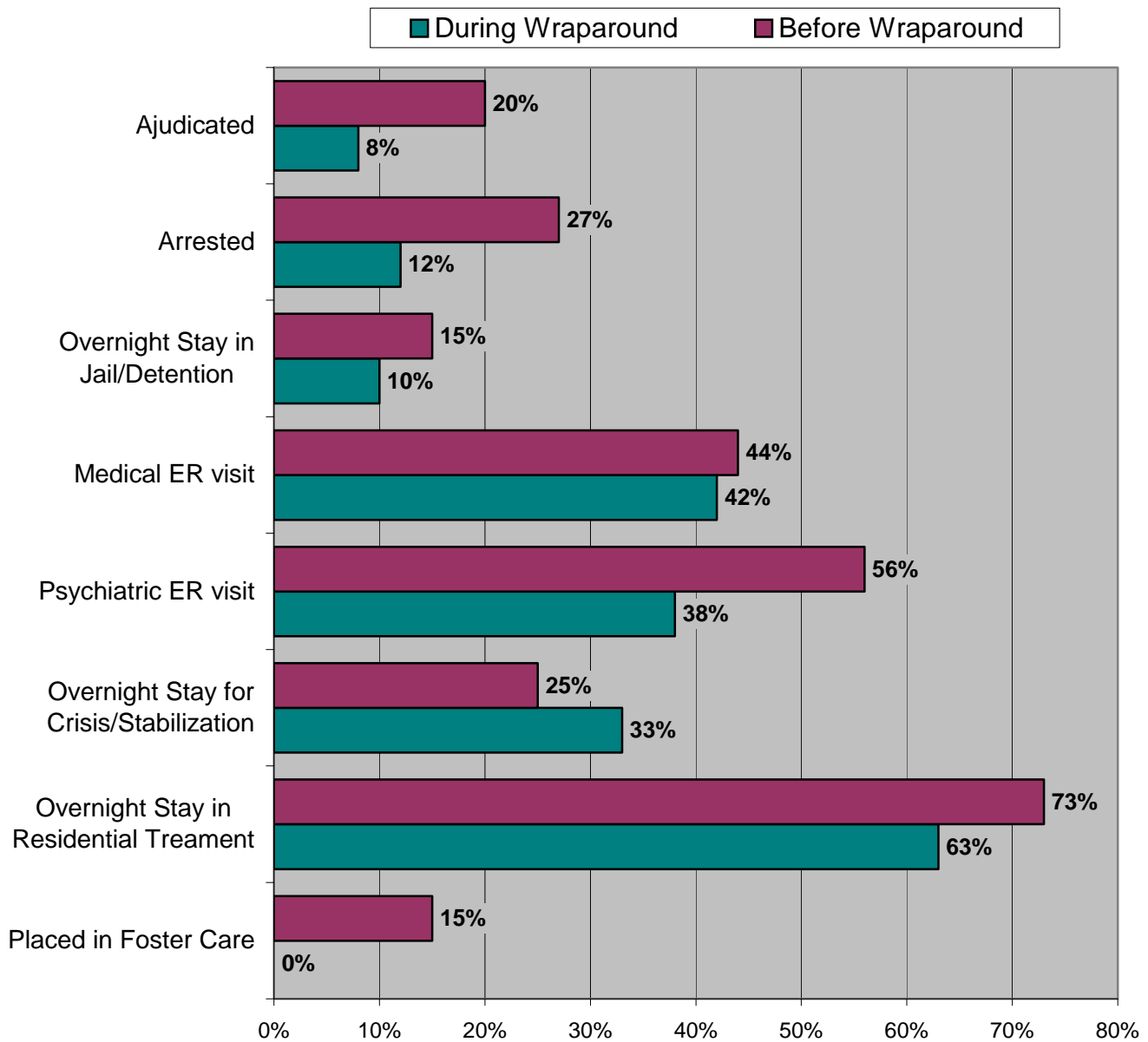
“More people need to know about this [wraparound]...”
-- An anonymous caregiver suggests more families could be helped by wraparound

Youth Experiences During Wraparound:

A sub-set of the families who completed the intake survey and reported their experiences prior to joining Wraparound Maine also completed the discharge survey and reported their experiences during Wraparound Maine (n = 40). While the overall response rate for the discharge survey was low, subsequent statistical analyses found no significant differences between the families who only completed the intake survey and those who completed both surveys in terms of their service utilization rates prior to wraparound.

Family reports revealed that youth continue to access services during the wraparound process. However, there was a decrease in the percentage of youth involved with juvenile justice and a sizeable drop in the percentage of youth undergoing a psychiatric emergency room (ER) visit during wraparound.

Figure 10: Experiences of Youth During the Wraparound Process (n = 40)³



³ Based on data obtained from the family discharge survey.

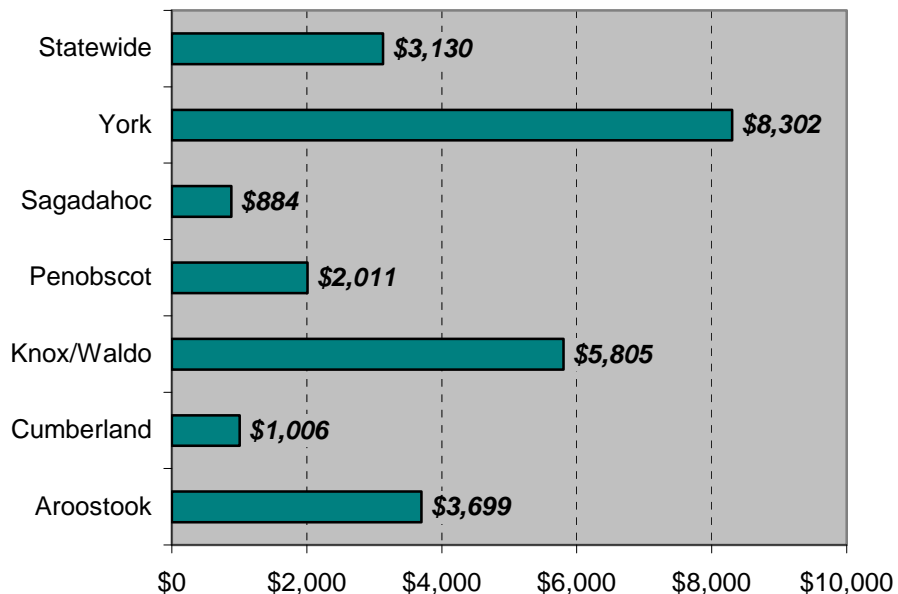
Families at Discharge:

On average, participating families were discharged after 195 days in wraparound. Approximately \$370K was distributed to the first 118 families in the form of flexible funds. On average, a typical wraparound family received \$3,000 dollars in flex funds throughout their participation. However, both length of stay and the availability of flex funds varied significantly by location (refer to Table 4 and Figure 11 below).

Table 4: Youth Enrollment Data by Site

	# Discharged Clients	Average LOS in Days	Flex Funds Distributed	Average Spending Per Family
Aroostook	25	217	\$92,488	\$3,699
Cumberland	23	158	\$23,146	\$1,006
Knox/Waldo	10	153	\$58,045	\$5,805
Penobscot	41	188	\$82,448	\$2,011
Sagadahoc	6	247	\$5,304	\$884
York	13	248	\$107,923	\$8,302
Statewide	118	195	\$369,345	\$3,130

Figure 11: Average Flex Funds Spent Per Discharged Family (n =118)

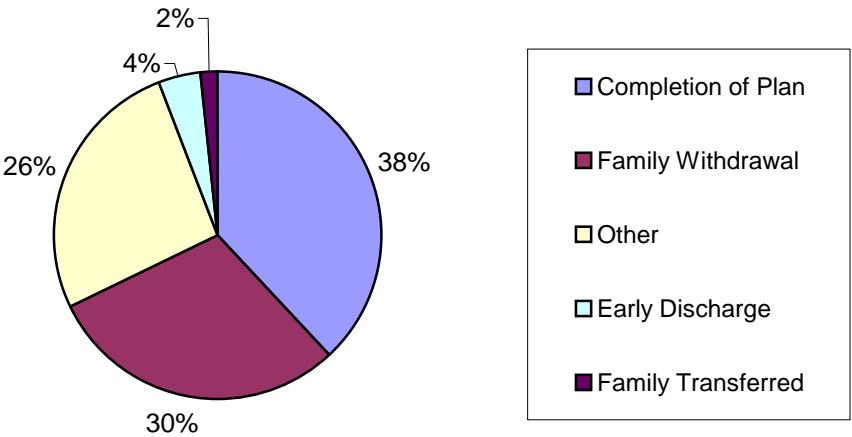


Based on administrative data received from the agencies, families were in various stages of wraparound completion when they were discharged. The largest percentage of families (38%) had completed their wraparound plan by the time they were discharged. A handful of families were discharged by the agencies prior to the plan’s completion. This may be related to a change in program eligibility or non-compliance. A surprisingly large number of families (30%) withdrew from wraparound prior to completing their plan. More contextual information will be needed to determine if this is a satisfactory outcome for these families.

Table 5: Reason for Discharge

Site	Reason for Discharge				
	Completion of Plan	Early Discharge	Family Withdrawal	Family Transferred	Other
Aroostook	13	0	3	0	9
Cumberland	3	3	13	0	4
Knox/Waldo	1	0	7	1	1
Penobscot	21	1	4	0	15
Sagadahoc	2	0	3	1	0
York	5	1	5	0	2
Statewide	45	5	35	2	31

Figure 12: Wraparound Maine Statewide Discharge Status (n =118)



The determination of whether or not a family eventually completes their wraparound plan appears to be influenced by both their length of stay and their access to flex funds. While more analysis will be needed to understand this relationship, those families who successfully completed their plan spent more time in wraparound and were able to access a larger amount of flex funds (refer to Figures 13 & 14 below).

Figure 13: Average Flex Funds Spent By Discharge Status (n =116)

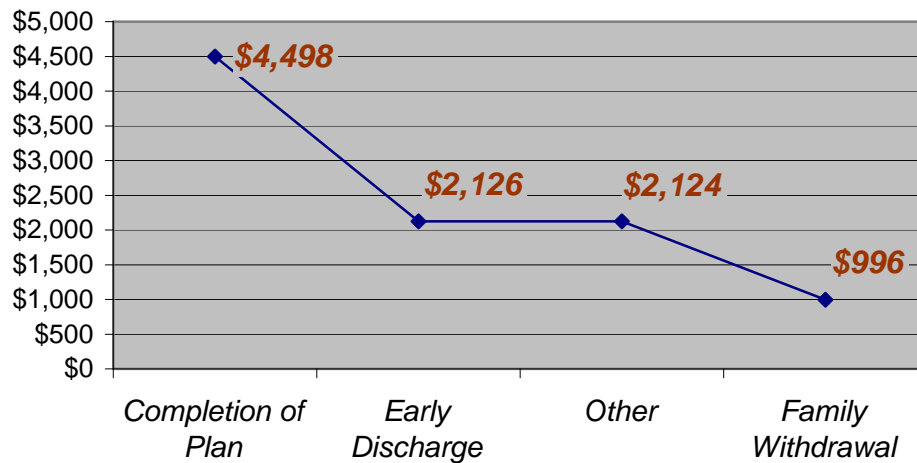
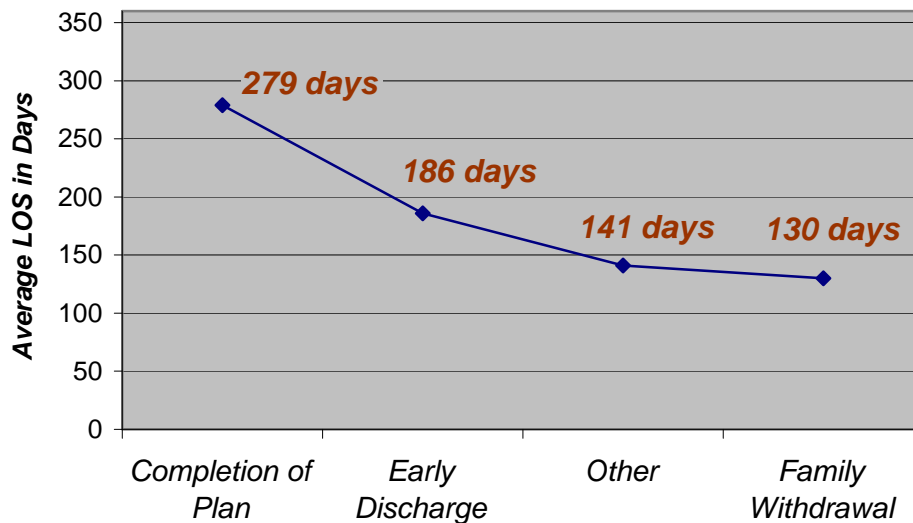


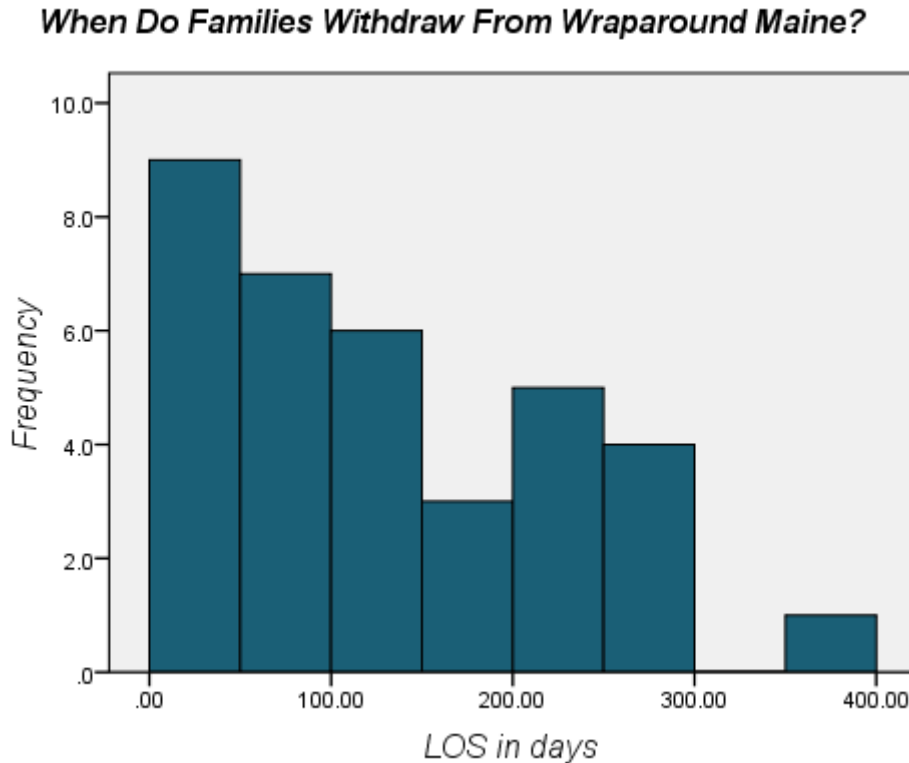
Figure 14: Average Length of Stay and Discharge Status (n = 116)



““[I] would like to hear more encouragement to ask for flex funds because it is very hard to ask...”
 -- An anonymous caregiver describes a potential barrier to accessing flex funds

Thirty percent of families eventually withdrew from wraparound prior to completing their wraparound plan. On average, these 35 families left after only 130 days. However, a closer examination reveals that some families lasted much longer before they initiated their discharge. One family had participated for about a year before choosing to leave. More investigation will be needed to determine what prompts families to withdraw and whether this decision is in their best interest.

Figure 15: Length of Stay for Families Who Withdraw (n = 35)



“Facilitator needs to spend more prep time with parents and children prior to meetings...”

“Has not had good follow-through on the plan...”

-- While a high majority of caregiver comments were positive, these two caregivers provided some indication of why a family may choose to withdraw early.

Wraparound Fidelity:

Three months into the wraparound process, providers interview caregivers, youth and team members using the Wraparound Fidelity Index (Bruns et al., 2004). The purpose of the interviews is to assess whether Wraparound Maine is providing wraparound in a manner that is consistent with the ten principles of wraparound (Walker, Bruns, et al., 2004):

1. *Family voice and choice*
2. *Team-based*
3. *Natural supports*
4. *Collaboration*
5. *Community-based*
6. *Culturally competent*
7. *Individualized*
8. *Strengths-based*
9. *Persistence*
10. *Outcome-based*

For the first 118 families, the best and most complete measure of fidelity was elicited from the caregivers (n = 54). Based on their responses to the semi-structured questions, a fidelity score can be calculated for each of the ten wraparound principles. An overall fidelity score can then be calculated that summarizes the total level of fidelity demonstrated across all ten wraparound principles. In all instances, a higher percentage reflects greater fidelity to the wraparound principles than a lower percentage. A score of 100% would be perfect adherence to the wraparound principles.

Overall, responses indicate that the discharged families experienced high fidelity to the wraparound model. Although caution should be exercised in the interpretation of results due to the limited response rate (61%), early indicators suggest that Wraparound Maine is performing at or better than the national average. Caregivers gave Wraparound Maine particularly high marks in being strengths-based (91%), respecting family voice and choice (91%), collaboration (92%), and being culturally-competent (95%). Wraparound Maine also has room to improve in several areas including being outcomes-based (61%), developing natural supports (65%), and providing individualized care (69%).

“Everyone has done what they can do to help us. Everyone is great about meeting and [facilitator name] helps us be heard and say what we need to say...”

-- An anonymous caregiver describes the wraparound experience

Figure 16: Caregiver Reports of Wraparound Fidelity (n = 54)

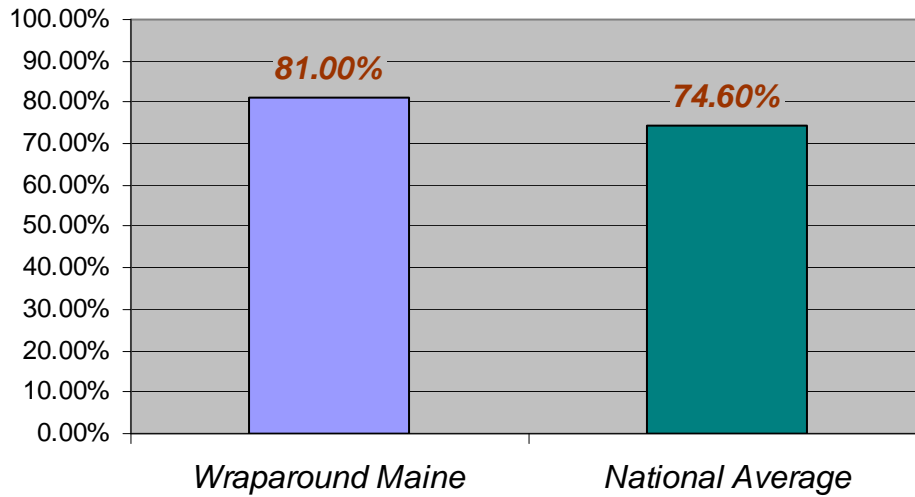
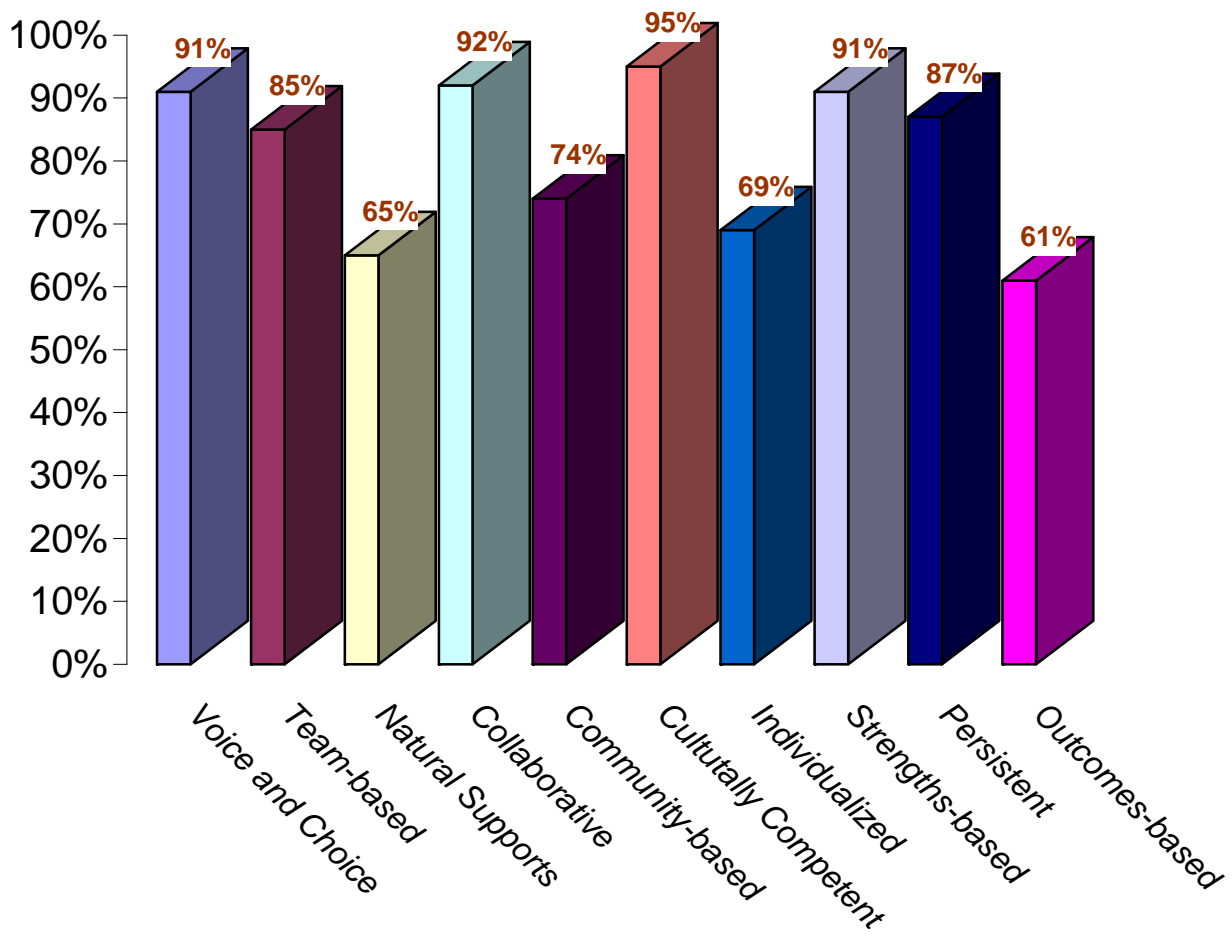


Figure 17: Caregiver Reports of Fidelity by Wraparound Principle (n = 54)



CAFAS Outcome Measures:

The Child & Adolescent Functional Assessment Scale (CAFAS) is a rating scale, which assesses a youth's degree of impairment in day-to-day functioning due to emotional, behavioral, psychological, psychiatric, or substance use problems (Hodges, 1990). Youth and family members do not directly contribute to the calculation of the CAFAS scores. Instead, a staff member who is both well-informed about the child and a reliable rater on the CAFAS completes the form. As part of the Wraparound Maine evaluation plan, wraparound staff members complete the CAFAS at enrollment, at discharge and every six months in between.

The overall CAFAS total functional score is based on the summing of eight subscales. This total youth functional score provides a general guide to intensity of services and supports needed. The higher the overall total youth functional score, the more functionally impaired/challenged the youth is and more intensive services and supports are needed. Therefore, **decreases in CAFAS scores are an indication of youth improvement over time**. The following are guidelines for interpreting CAFAS total functional scores:

- **0 to 10:** Youth exhibits no noteworthy challenges
- **20 to 40:** Youth can likely be treated on an outpatient basis, provided that high-risk behaviors are not present
- **50 to 90:** Youth may need additional service beyond outpatient
- **100 to 130:** Youth likely needs support more intensive than outpatient and/or multiple sources of supportive care
- **140 & higher:** Youth likely needs intensive treatment, the form of which would be shaped by the presence of risk behaviors and the resources available within the family and community.

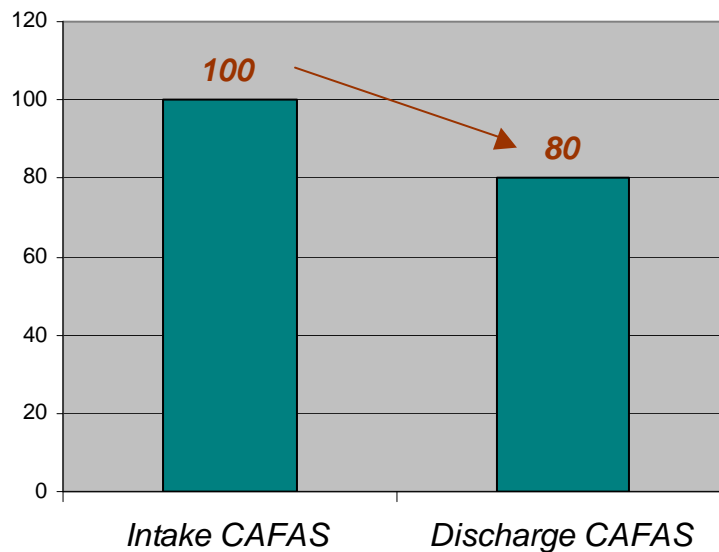
Of the 118 families, there were 62 youth that had both an intake CAFAS and a discharge CAFAS on file (completed within 45 days of their intake and discharge date). A comparison of the CAFAS scores before and after wraparound participation revealed a decrease in 20 points. This decrease suggests an improvement in youth functioning and on average the participating youth dropped in their corresponding risk category (refer to Figure 18).

The decrease in CAFAS scores for Wraparound Maine is consistent with results reported by other wraparound systems across the country that demonstrate strong fidelity to the wraparound principles (Bruns, 2009). The National Wraparound Initiative has reported that sites with positive fidelity assessments have achieved decreases ranging from 18 to 20 points within six months. Sites with negative fidelity assessments range from a decrease of four points to an increase by five points within the first six months.

“[Wraparound] program has been phenomenal and has improved quality of life drastically...”

-- An anonymous caregiver reports that wraparound has improved family functioning

Figure 18: Changes in CAFAS Scores Between Enrollment and Discharge (n = 62)

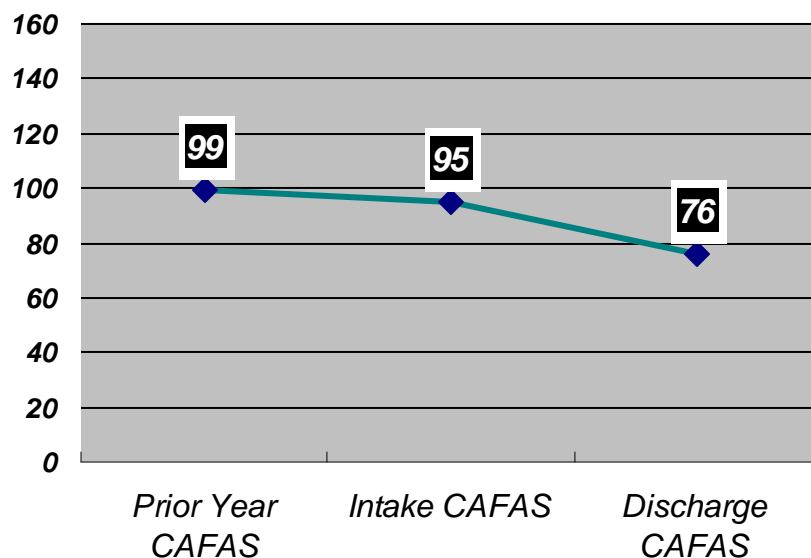


There was also a sub-set of families (n=32) who had received services prior to wraparound that had required a CAFAS to be filed with the state. For these families it was possible to compare CAFAS scores across three periods of time:

- Time 1: Six months to one year prior to Wraparound Maine enrollment
- Time 2: Within 45 days of Wraparound Maine intake
- Time 3: Within 45 days of Wraparound Maine discharge

Comparing these 32 youth across the three time frames, there was relatively little improvement in youth functioning until after participation in Wraparound Maine. After participation in wraparound, there was a decrease in CAFAS scores and an increase in youth functioning (refer to Figure 19).

Figure 19: Pre- and Post Wraparound CAFAS Scores (n = 32)



Changes in Youth Status:

Administrative records provided by the wraparound lead agencies recorded the living situation of participating wraparound youth at intake and at discharge. Consistent with the goals of Wraparound Maine, these records were examined to determine if community placements increased and residential placements decreased⁴. Results reveal a 10% increase in community placements between intake and discharge. Likewise, there was a sizable reduction in residential placements (-15%). Furthermore, at enrollment there were 39 youth living in a residential placement. Of those, 24 had been moved to a community placement (refer to Figure 21). Of the 69 youth who were living in the community at intake but were at risk of a residential placement, wraparound was able to help 75% of them remain in the community (refer to Figure 22).

Figure 20: Changes in Living Status (n = 118)

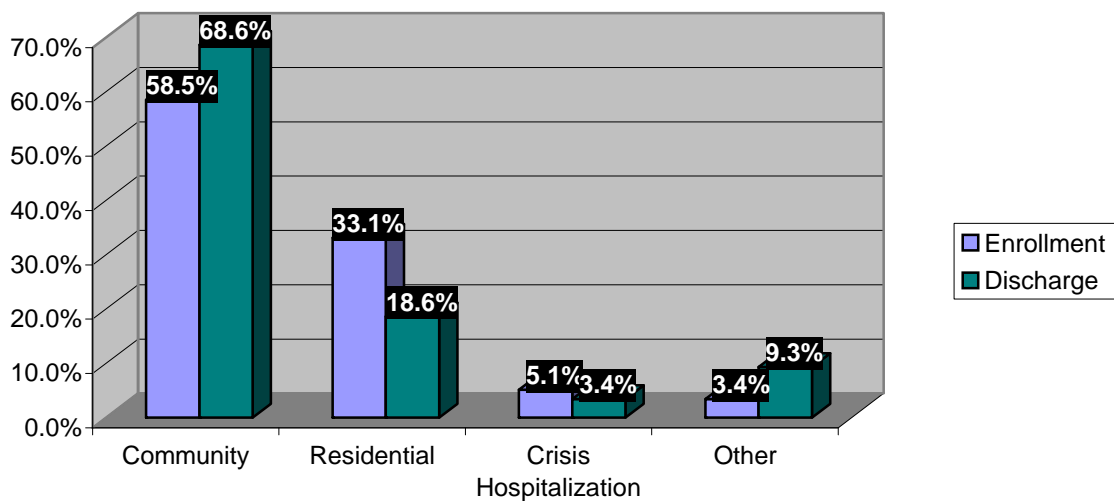
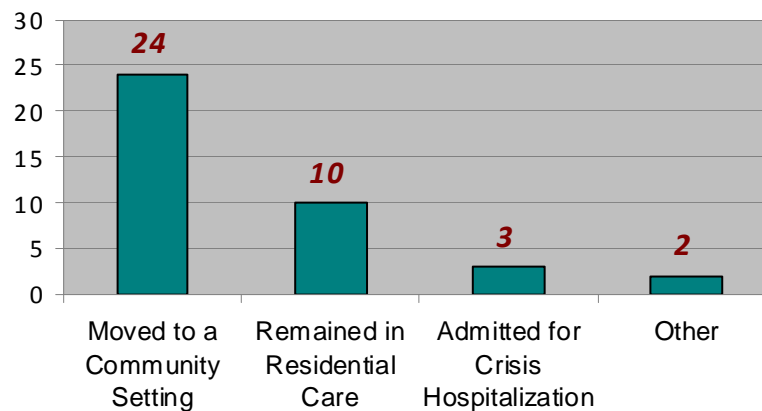
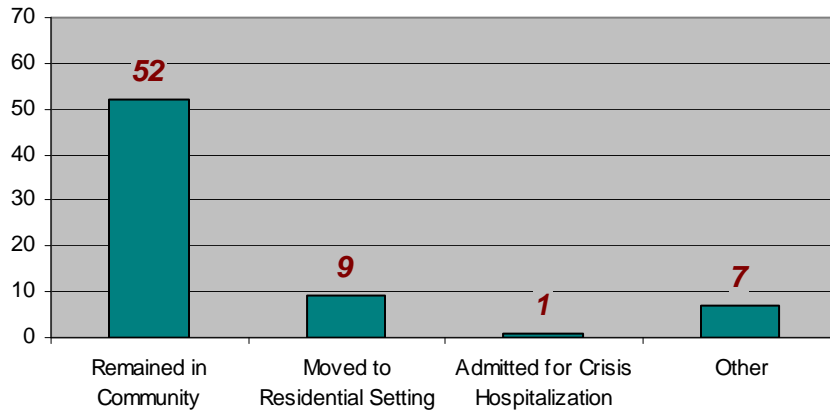


Figure 21: Discharge Status for Youth Living in a Residential Setting at Enrollment (n = 39)



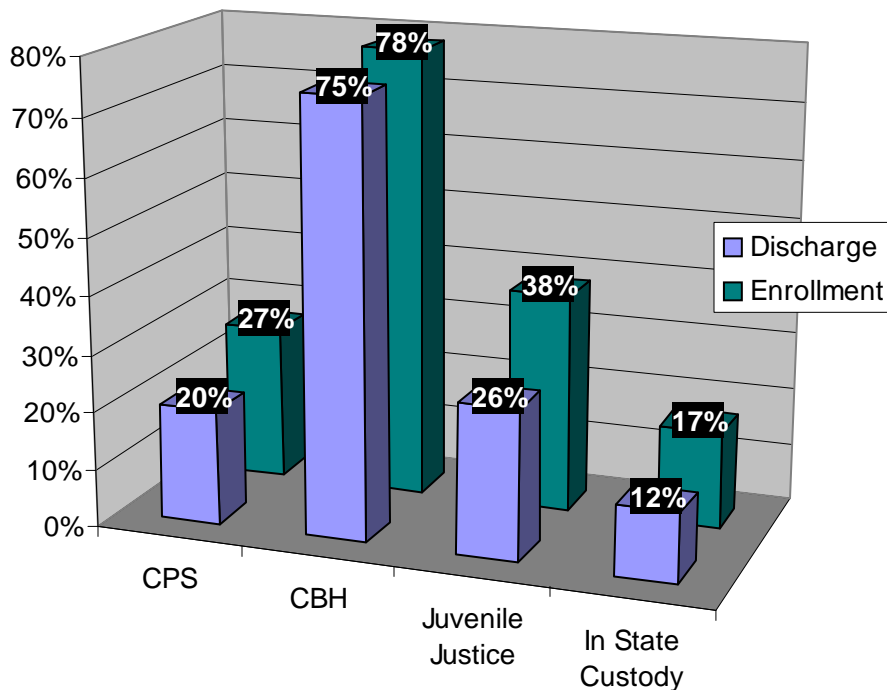
⁴ Community placements include living in a birth family, adoptive family, relative placement and foster home. Residential placements include living in a group home, residential treatment setting or intensive out-of-home treatment setting. A crisis hospitalization includes living in a psychiatric hospital or crisis unit.

Figure 22: Changes for Youth Living in a Community Setting at Enrollment (n = 69)



Despite changes in the youth’s living situation, there was not a sizeable decrease in the number of state systems involved with wraparound youth between intake and discharge. The largest decrease was in the number of youth involved with the juvenile justice system (-12%). However, it is possible that the quality of agency involvement may have been altered through wraparound.

Figure 23: Changes in System Involvement Between Enrollment and Discharge



“[The wraparound] process has been a big help to bring youth home safely...”
-- An anonymous caregiver discusses the role of wraparound in his/her child’s transition into the community

Summary of Findings:

This is the first examination of outcomes for Wraparound Maine youth and families. While results are tentative due to a small sample size and limited response rates for some of the measures, there are early indications of success:

- Key Finding #1: Wraparound Maine is enrolling youth that meet the eligibility criteria.
- Key Finding #2: Overall, Wraparound Maine youth are referred from and are involved with multiple state agencies.
- Key Finding #3: Wraparound Maine families are experiencing wraparound with fidelity.
- Key Finding #4: Overall, Wraparound Maine youth are demonstrating improved functioning after their participation in wraparound. The reported decreases in CAFAS scores are consistent with other high-fidelity wraparound systems across the country.
- Key Finding #5: Wraparound Maine youth are more likely to be living in a community placement after participating in wraparound.

Next Steps:

The preliminary results presented in this report are encouraging and will continue to be monitored as more families participate in the program, new wraparound sites are implemented and staff turnover occurs over time. Many of the initial findings also raise new research questions that were not included in the initial evaluation plan. In order to fully understand the Wraparound Maine Initiative, the evaluation team recommends pursuing these new areas of inquiry:

- Why do some families choose to withdraw from wraparound prior to completing their wraparound plan? Is this a satisfactory outcome for the families and youth?
- How does the use of flex funds affect family participation in wraparound and youth outcomes?
- Do families with different referral sources experience different outcomes in wraparound?
- Has provider and family communication around the use of medication improved as a result of wraparound?
- How can wraparound increase involvement with local school systems?
- Do youth from different age groups experience different outcomes in wraparound?
- How do perceptions of fidelity impact family and youth outcomes?

“I’ve been staying home a lot more, and I don’t have people come and yell at my kids, and everything I’m doing is all BY MYSELF...”

-- An anonymous caregiver shares his/her version of a positive outcome

References:

Bruns, E. J., Burchard, J.D., Sutter, J.C., Leverentz-Brady, K., & Force, M.M. (2004). Assessing fidelity to a community-based treatment for youth: The Wraparound Fidelity Index. *Journal of Emotional and Behavioral Disorders*, vol. 12 (2): 79-89.

Bruns, E. J. (2009). Wraparound Fidelity Index (WFI-4) Staff Training. Wraparound Maine, Augusta, Maine. April 28, 2009.

Hodges, K. (1990, 1994 revision). Child and Adolescent Functional Assessment Scale. Ypsilanti, MI: Eastern Michigan University, Department of Psychology.

Pukstas, K. & Lamm, M. (2008). Wraparound Maine Evaluation: Examination of Program Fidelity in Year One. Report for the Maine Department of Health and Human Services.

Walker, J.S., Bruns, E.J., Adams, J., Miles, P., Osher, T.W., Rast, J., VanDenBerg, J.D. & National Wraparound Initiative Advisory Group (2004). Ten principles of the wraparound process. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.