



Wraparound Maine: Annual Report

Process & Outcome Measures Year 2

Reporting Period: 7/1/07-12/31/09

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Table of Contents

Background:	1
Purpose of this Report:	1
Data Sources:	2
Participating Sites:	3
Table 1: Summary of Participating Wraparound Sites	3
Data Analysis:	4
Strengths and Limitations:	4
Figure 1: Evaluation Response Rate Formula	4
Table 2: Data Collection Response Rates at Intake and Discharge	5
Enrollments:	6
Table 3: Summary of Wraparound Activity Statewide and by Site	6
Figure 2: Cumulative Enrollment Statewide in Wraparound Maine	7
Figure 3: Enrollment by Site, 2009	8
Table 4: Summary of Wraparound Enrollment Statistics by Site, 2009 (n=432)	9
Referrals:	10
Figure 4: Summary of Wraparound Enrollment Statistics Statewide	10
Figure 5: Comparison of Referral Source by Site (n=432)	11
Demographics	12
Table 5: Wraparound Maine Demographics, 2009	12
Figure 6: Comparison of Average Age by Site	13
School Performance:	14
Figure 7: Changes in School Performance during Wraparound	14
Figure 8: Changes in School Days Missed During Wraparound	15
Figure 9: Expulsion and Suspension Rates	16
Figure 9: Changes in Schoolwork Related Problems during Wraparound	17
Figure 10: Changes in Behavior Related Problems during Wraparound	17
Medications:	18
Figure 11: New Medications Prescribed prior to Wraparound	18
Prior Placements:	19
Discharges:	20

Table 6: Summary of Discharged Cases by Site	20
Figure 12: Comparison of Average Length of Stay	21
Figure 13: Summary of Discharges by Site	22
Table 7: Discharge Status Codes Statewide and by Site (n=247)	23
Figure 14: Summary of Reason for Discharge, Statewide (n=237)	24
Table 9: Living Situation at Enrollment and Discharge 2007-2009	25
Figure 15: Summary of Community vs. Non-Community Living	26
Individualized Planning Funds:	27
Table 10: Summary of Individual Planning Fund Spending Statewide	28
Figure 16: Statewide Independent Planning Fund Expenditures by Category	29
Table 11: Average Expenditure per Discharged Family	30
Table 12: Individual Planning Expenditures by Site, 2009	32
Table 13: Recurring Clients: Differences between First and Second Wraparound Enrollment	33
Ansell Casey Life Skills Assessment:	34
Figure 17: Comparison of Youth Self-Reports of Life Skills at Enrollment, 6 months and Discharge (n=114)	35
The Child and Adolescent Functional Assessment Scale (CAFAS):	36
Figure 18: Changes in CAFAS Scores between Enrollment and Discharge:	37
Wraparound Fidelity Index:	38
Table 14: Wraparound Fidelity Index Scores	39
Figure 20: Comparison of Overall WFI-4 Scores, 2007-2009	40
Key Findings:	41
Recommendations for Program Improvement and Further Research:	42
References:	43

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BACKGROUND:

In 2007, the Maine Department of Health and Human Services, Office of Child and Family Services (OCFS), 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 continued with the introduction of three new sites in the spring of 2009, leading to program availability in all DHHS Districts in the State.

PURPOSE OF THIS REPORT:

This report is an overview of evaluation data collected by the Muskie School of Public Service and the University of Southern Maine in partnership with the Maine Department of Health and Human Services, Office of Child and Family Services. The findings are part of an ongoing statewide evaluation as Maine continues to expand its wraparound system of care across the state.

As of December 2009, approximately 436 families had enrolled in Wraparound Maine and 247 of those families had been discharged. This report examines the experiences of families between wraparound enrollment and wraparound discharge. Evidence of family functioning is provided through the use of administrative data including agency intake and discharge records, as well as family self-report through evaluation surveys.

Overall, the data presented in this report is positive. Wraparound Maine is serving more families and is reaching their targeted population: youth with complex needs, involved with multiple systems and services, who are in or at risk of being in residential treatment or a more restrictive level of care. Almost half of the families served are completing the program, and data shows an overall decrease in involvement from Juvenile Justice, Children’s Behavioral Health and Child Welfare Services when families are discharged from the program. In addition, the percentage of youth living in the community increases when comparisons are made between enrollment and discharge, meaning that more youth are being discharged into the community than into non-community settings, a major goal of Wraparound Maine.

DATA SOURCES:

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

- **Wraparound Maine Provider Administrative Data Records** – 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 Individualized Planning Fund spending.
- **Family Surveys** – Upon intake and discharge, a designated caregiver completes a survey detailing observations about school performance and service utilization. The instrument was designed by the evaluation team to capture measures requested by the Maine Children’s Cabinet. The instrument is expected to take about 15 minutes to complete.
- **Wraparound Fidelity Index Version 4 (WFI-4)** – After three months of participation in Wraparound Maine, a designated caregiver, a team member and youth over the age of 11 complete the WFI-4 interview with a lead agency staff member (not the youth’s wraparound facilitator). The purpose of these interviews is to assess whether Wraparound Maine is providing wraparound in a manner that is consistent with the ten principles of wraparound (Bruns et al., 2004; Walker, Bruns, et al., 2004).
- **Child & Adolescent Functional Assessment Scale (CAFAS)** – The 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 who is a reliable rater on the CAFAS completes the form. CAFAS scores are mandated by Children’s Behavioral Health (CBH) and the Office of Quality Improvement. For this evaluation, CAFAS scores were collected upon intake, discharge, and every six months in between. Electronic data exports of the CAFAS scores were provided to the evaluation team for analysis by the Office of Quality Improvement.
- **Ansell-Casey Life Skills Assessment Short Version 4.0 (ACLSA)** – For wraparound youth aged 15 and older, the ACLSA was completed upon intake, discharge, and every six months in between. The ACLSA is a standardized self-assessment tool that can be completed by a youth in about 5-10 minutes (Casey Family Programs, 2002). ACLSA is intended to measure the development of life skills acquisition during wraparound.

PARTICIPATING SITES:

There are six agencies currently serving nine wraparound locations, geographically dispersed throughout the State of Maine. Readers of this report should be aware that the start date for the implementation of wraparound services varies among sites. Additionally, sites joined the statewide evaluation in two different phases, meaning that some sites will have more data available for analysis than others. A summary of the participating sites and their implementation dates can be found below in Table 1.

Table 1: Summary of Participating Wraparound Sites

Wraparound Sites	Lead Agency	Contract Start Date	Evaluation Start Date
Knox/Waldo Counties	Sweetser	May 2007	July 2007
Sagadahoc County	Sweetser	May 2007	July 2007
York County	Sweetser	January 2007	July 2007
Aroostook County	Wings for Children and Families Inc.	March 2007	July 2007
Penobscot County	Wings for Children and Families Inc.	March 2007	July 2007
Cumberland County	Youth Alternatives Ingraham	January 2007	July 2007
Lewiston-Auburn Metro Area	Spurwink Services	January 2009	April 2009
Washington/Hancock Counties	Catholic Charities Maine	January 2009	April 2009
Kennebec/Somerset Counties	Kennebec Behavioral Health	January 2009	April 2009

DATA ANALYSIS:

All data records that were received by the evaluation team were linked together through the use of a unique identifier. Once linked, files were de-identified for data analysis purposes. Data quality checks and data cleaning occurred in two phases. In the first phase, materials were reviewed as they were initially received by providers. Evaluators worked with providers on an ongoing basis to address missing data and inconsistencies in reporting. In the second phase after data entry was completed, descriptive statistics were run to identify outliers and other abnormalities and Correlation Analysis was used to determine the significance of relationships amongst variables.

STRENGTHS AND LIMITATIONS:

An accurate interpretation of the report findings requires an examination of the evaluation plan's strengths and limitations. A notable strength of the Wraparound Maine 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). Ineligible youth and families are not included in the response rates. An ineligible respondent includes youth or caregivers unable to complete the assessment or survey, a youth too young, a family that cannot be located or a youth, caregiver or team member who refuses to participate in the survey or assessment. Table 2 shows the response rates for each site.

While the response rates are higher overall this year, statewide results suggest lingering challenges to maintaining a commitment to data collection throughout the course of wraparound, particularly at discharge. 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.

Figure 1: Evaluation Response Rate Formula

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

Table 2: Data Collection Response Rates at Intake and Discharge

Sites	Intake Family Survey	Intake Ansell-Casey	Discharge Survey	Discharge Ansell-Casey	WFI-4 Youth	WFI-4 Caregiver	WFI-4 Team Member
Phase 1:	Reporting Period: 7/1/07 – 12/31/09						
Sweetser: Knox/Waldo	78%	78%	39%	0%	65%	81%	57%
Sweetser: Sagadahoc	85%	71%	36%	30%	62%	77%	54%
Sweetser: York	68%	18%	46%	0%	18%	41%	31%
Wings: Aroostook	92%	88%	79%	82%	53%	81%	77%
Wings: Penobscot	91%	90%	63%	29%	54%	78%	52%
Youth Alternatives Ingraham	76%	64%	61%	21%	54%	72%	60%
Phase 2:	Reporting Period: 4/1/09 – 12/31/09						
Catholic Charities Maine	90%	80%	0%	N/A	29%	50%	18%
Kennebec Behavioral Health	63%	53%	33%	17%	67%	77%	65%
Spurwink Services	78%	55%	0%	0%	63%	74%	30%
Statewide	82%	71%	57%	31%	53%	73%	54%

ENROLLMENTS:

During the time periods indicated below, the nine wraparound sites had the capacity to serve at least 190 families at any given time. Wraparound originated with three agencies, in six different geographic locations. During this reporting period, three additional agencies joined as wraparound providers, and the data from these agencies is included, despite their significantly shorter duration of service provision.

Table 3: Summary of Wraparound Activity Statewide and by Site

Sites	# Enrollees	# Discharges	Contract Minimum Enrolled
Phase 1:	Reporting Period: 7/1/07 – 12/31/09		
Sweetser: Knox/Waldo	42	28	20
Sweetser: Sagadahoc	43	21	20
Sweetser: York	47	31	20
Wings: Aroostook	53	40	15
Wings: Penobscot	101	76	25
Youth Alternatives Ingraham	58	29	20
Phase 2:	Reporting Period: 4/1/09 – 12/31/09		
Catholic Charities Maine	24	4	20
Kennebec Behavioral Health	38	12	30
Spurwink Services	26	6	20
Statewide	432	247	190

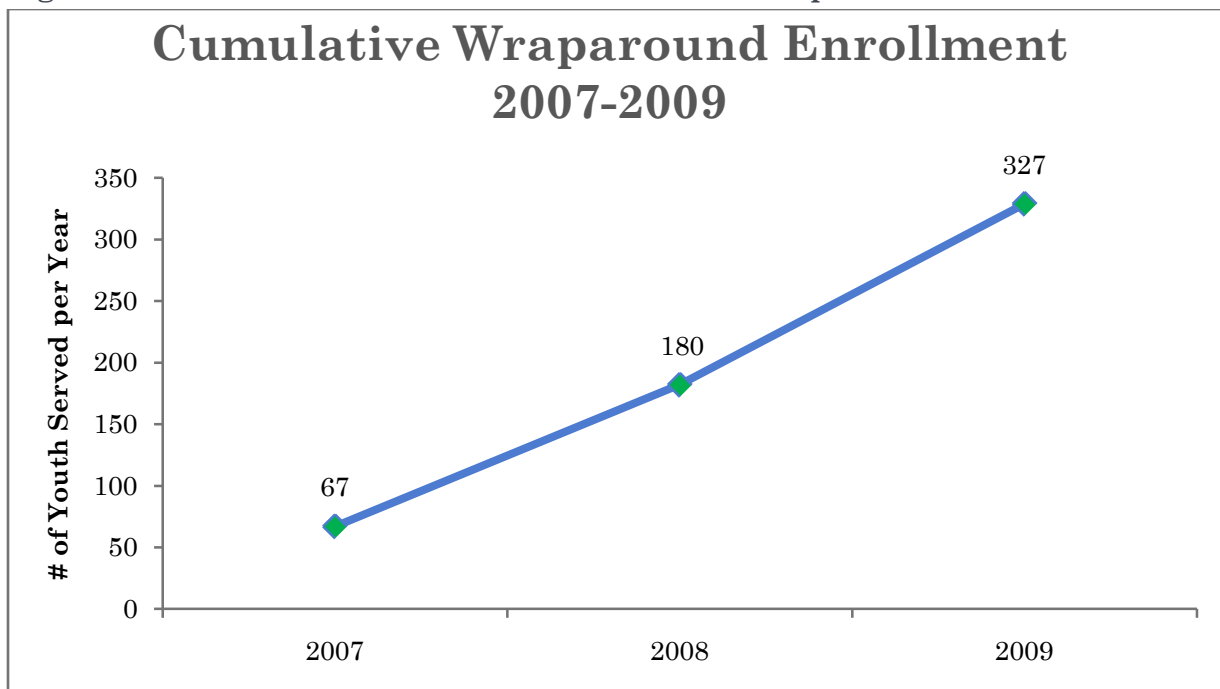
“I was a little leery of the program at first, but now I feel very good about the program and will miss it when we discontinue”

-A caregiver provides feedback about what it was like to enroll in Wraparound Maine and reflects on the experience.

The chart below illustrates cumulative enrollment in Wraparound Maine. Numbers shown are based on the total number of enrollments for the given year combined with the total enrollments from the previous year, less any discharges that occurred prior to the start of the specified year.

Starting with six agencies, committing to evaluation in July of 2007, 67 families were enrolled. In 2008, this increased to 180 families being served and increased again in 2009, with the commitment of three additional agencies in April, to a total of 327 families being served.

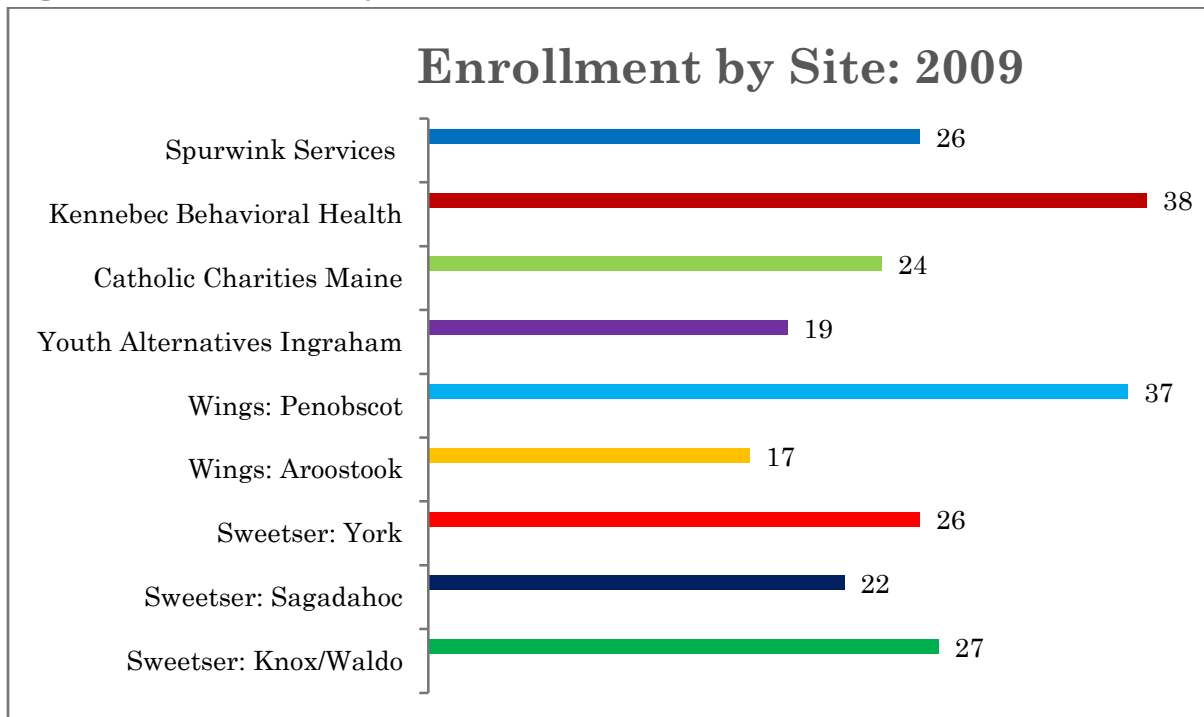
Figure 2: Cumulative Enrollment Statewide in Wraparound Maine



The graph below shows new enrollments in each site for the calendar year of 2009. This includes youth who may have been discharged and re-enrolled after a period of time. It does not include youth who are transferred from one agency to another with no gap in services.

Again, data that is shown for Spurwink Services, Kennebec Behavioral Health and Catholic Charities of Maine is reflective of these programs beginning evaluation in April, 2009. It would be expected that these programs would have slightly larger numbers of enrollments because they would have enrolled families until they met capacity, whereas other program's enrollments were based on openings due to a discharge. While Kennebec Behavioral Health appears to enroll the greatest number of youth, this should be expected based on the reason mentioned above as well as their contract to serve the most youth (30) at any given time. Wings Penobscot has the second highest contract (25), and also enrolled the second largest number of families. Wings Aroostook, with the fewest enrollments is also the agency with the lowest contract (15). Statewide in 2009, 236 families enrolled in wraparound.

Figure 3: Enrollment by Site, 2009



“[Wraparound] brought my family closer at a time when I was afraid”

-A caregiver’s comment looking back at their experience with wraparound.

The table below includes statewide and site level data related to enrollment activity in 2009. Of the 236 families enrolled in Wraparound Maine, the overall average age of youth served was 12, although Sweetser Knox/Waldo stands out as having served a slightly younger population.

Seventy-two percent of youth were living in the community at the time of enrollment.* Youth Alternatives and Sweetser York stand out as having served the largest number of youth not living in the community at the time of enrollment.

Statewide, about 34 percent of youth enrolled in Wraparound Maine had required residential treatment in the year prior to accepting services. In this category, Youth Alternatives stands out as serving the greatest number of these youth.

Table 4: Summary of Wraparound Enrollment Statistics by Site, 2009 (n=432)

Sites	# Enrollees	Ave Age at Enrollment	% with Residential Placement in year prior to Wraparound	% Living in Community at Enrollment
Phase 1:	Reporting Period: 1/1/09-12/31/09			
Sweetser: Knox/Waldo	27	11	19%	85%
Sweetser: Sagadahoc	22	13	32%	73%
Sweetser: York	26	12	27%	65%
Wings: Aroostook	17	12	47%	71%
Wings: Penobscot	37	12	54%	70%
Youth Alternatives Ingraham	19	13	74%	58%
Phase 2:	Reporting Period: 4/1/09-12/31/09			
Catholic Charities Maine	24	12	13%	75%
Kennebec Behavioral Health	38	13	29%	76%
Spurwink Services	26	12	15%	73%
Statewide	236	12	34%	72%

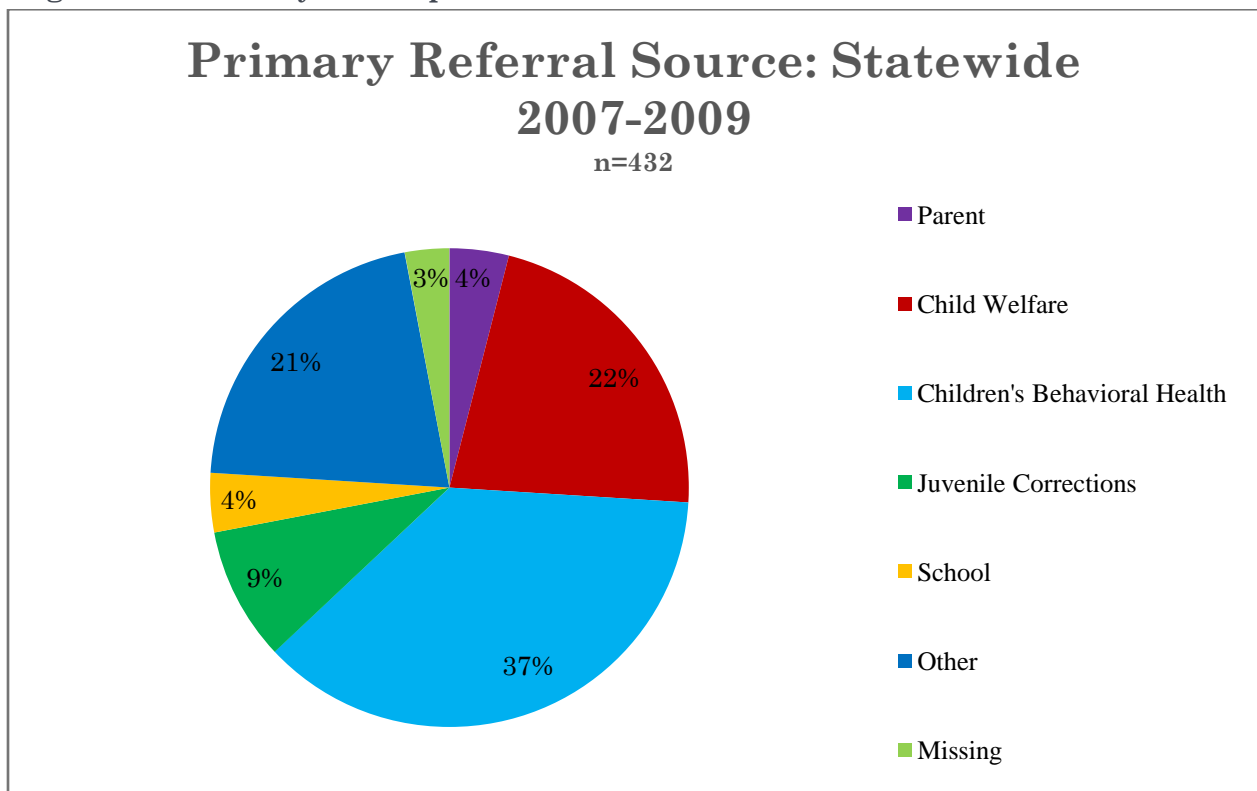
*A Community living setting is defined as an adoptive home, home of a relative, home of natural parents for an 18 year old, home of natural parents for a child, regular foster care and specialized foster care.

**A Residential living setting is defined as a crisis unit, group emergency shelter, residential treatment center, inpatient psychiatric services and youth correction centers.

REFERRALS:

Youth and their families were referred to wraparound from a variety of agencies including Child Welfare, Children’s Behavioral Health and Juvenile Justice. Other sources, such as schools and families also made referrals to the program. Children’s Behavioral Health was the largest source of referrals. Another large source of referrals is indicated on the graph below as “Other”. The majority of descriptions for this category were community case management agencies.

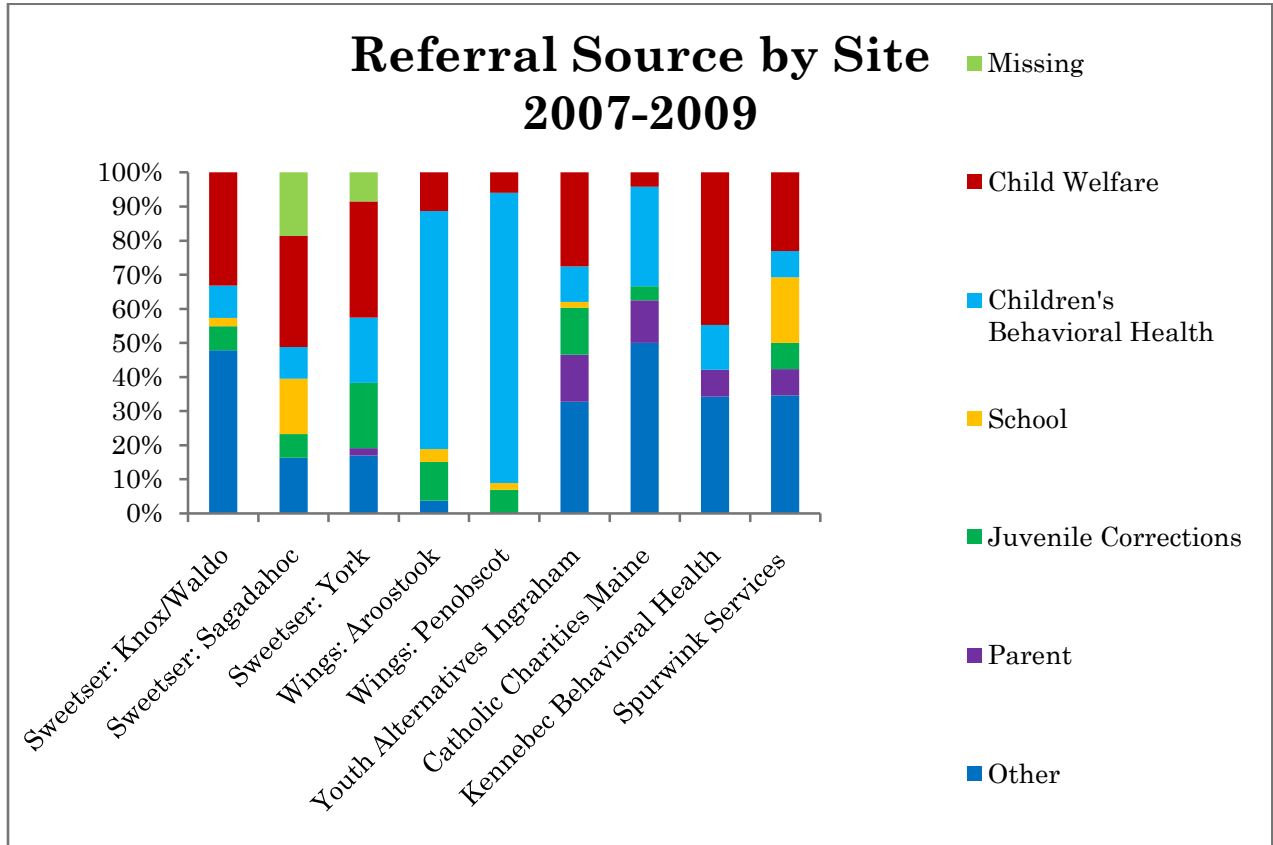
Figure 4: Summary of Wraparound Enrollment Statistics Statewide



Primary referral sources and referral processes vary by site. Figure 5 illustrates the distribution of youth by referral source for each site. Based on the data, Wings in Aroostook and Penobscot tend to accept the most youth from Children’s Behavioral Health. All sites, with the exception of Kennebec Behavioral Health, served youth referred by Juvenile Corrections. It is noteworthy that the two sites that served the most youth referred by schools have school administrators on their Community Boards. Another noteworthy finding is that four of the nine have not served any youth referred by their parent(s). As stated above, the majority of “other” referrals were from community case management agencies.

Because each site has different processes for accepting referrals, and different goals in achieving multiple referral sources, the data below may not be an indicator of level of need amongst each given site or each given region. However, this data does show some differences in population that may be an indicator of a need to reach out and educate schools and parents about Wraparound Maine.

Figure 5: Comparison of Referral Source by Site (n=432)



DEMOGRAPHICS

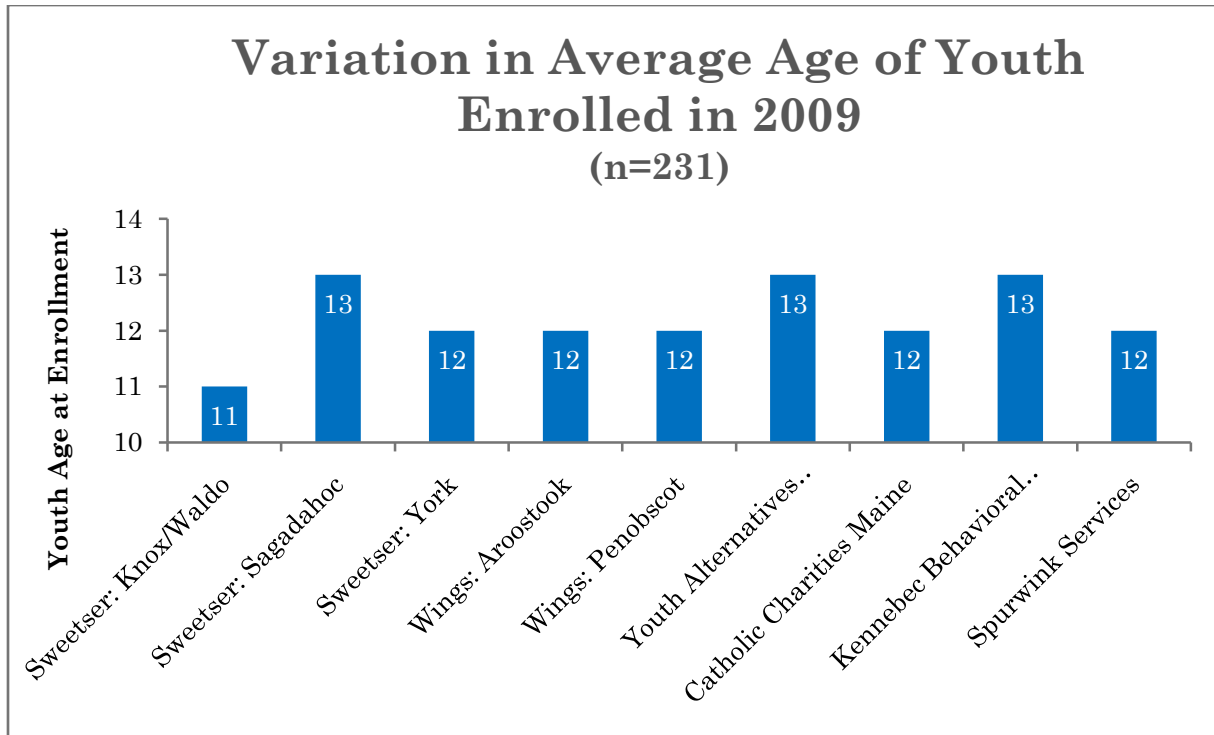
Demographic data indicates that the majority of youth served by Wraparound Maine are males (64%). More than half of the youth served are between the ages of 11 and 15 years (51%) and most are white(29%)*.

Table 5: Wraparound Maine Demographics, 2009

Youth Demographics	
Age at Enrollment	n=231
3-5 Years	3.0%
6-10 Years	23.0%
11-15 Years	51.0%
16+ Years	23.0%
Gender	n=231
Male	64.0%
Female	36.0%
*Race	n=231
African American or Alaskan Native	1.0%
Black or African American	2.0%
White	29.0%
Some Other Race	1.0%
Refused to Provide	.5%
Unknown	.5%
Missing	66.0%

*There is a large amount of missing data in this category. Results should be interpreted cautiously.

Figure 6: Comparison of Average Age by Site



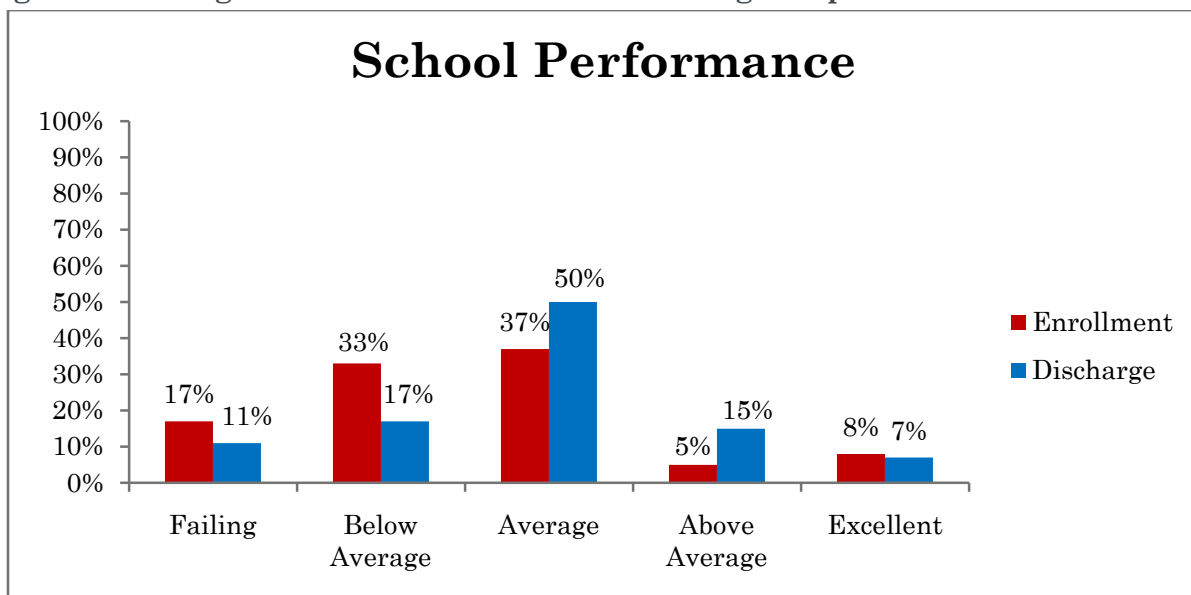
One caregiver described wraparound as,
“Always ready to help without any judgment”.

SCHOOL PERFORMANCE:

When families enroll in the Wraparound Maine program, they are asked to complete an intake survey that asks about the youth’s experiences in the 12 months prior to enrollment. This information is important; because it helps to ensure that the program is serving its targeted population, and also allows for the measurement of change over the course of the program. In regards to school performance, half of the caregivers (50%) reported their child’s school performance to be “below average” or “failing”. Of caregivers who answered this question, 37 percent reported that their child’s school performance was “average” when they enrolled in Wraparound Maine, and 13 percent reported their child’s school performance as “above average” or “excellent”. A total of 296 respondents answered this question.

Caregivers are also asked to rate their child’s school performance during Wraparound, on the Family Discharge Survey. It should be noted that only 89 respondents answered this question on the survey and overall response rates for the discharge survey were below the acceptable rate of 70 percent. Therefore, caution should be exercised in the interpretation of these results. With caution, it appears that the percentage of youth “failing” and with “below average” school performance decreases during wraparound, while the percentage of youth with “average” and “above average” school performance increases. Only a small percentage of youth in wraparound are reported to have “excellent” school performance, and it appears that the percentage in that category decreases by 1 percent during wraparound. Overall, it appears that most youth do better in school during wraparound than they did in the year prior to receiving services. Statistical Analysis using a Chi Square test indicated that while the differences were statistically significant ($p=.003$), the relationship between school performance at enrollment and discharge was weak (Cramer’s $V=.258$).

Figure 7: Changes in School Performance during Wraparound



Caregivers are also asked to report on the frequency their child misses school. Of the 294 caregivers who responded to this question at enrollment, 34 percent report that their child misses school “frequently”, while 22 percent report their child missing school “sometimes”. The remaining 44 percent of caregivers report their child missing school “rarely” (37%) or “never” (7%). In addition, according to caregiver reports, approximately 9 percent of youth involved in the wraparound program were expelled and approximately 27 percent were suspended from school within the 12 months prior to receiving services.

Again, this question is also asked of caregivers at the time of discharge. Of the 100 caregivers who responded to this question, 28 percent reported their child misses school “frequently”, while 27 percent report their child misses school “sometimes”. The remaining 45 percent of caregivers reported their child missed school “rarely” or “never”. At discharge, only 8 percent of youth were reported to have been suspended and 1 percent expelled during wraparound. While the differences in suspension and expulsion rates were found to be statistically significant ($p=.000$), the relationship was very weak (Cramer’s $V= .203$ for differences in suspension, Cramer’s $V= .282$ for differences in expulsion). It should be noted that there were a large number of missing responses to these questions at discharge (261), indicating a response rate of only 40percent.

Overall, cautious interpretation of these results are positive, with more youth missing school less often, and less youth missing school more often. Using the Chi Square test, the differences reported in the frequency of missed school were found to be statistically significant ($p = .001$), meaning that it is unlikely that the differences seen occurred by chance. It should be noted, though, that the strength of the relationship between school missed at enrollment and discharge was very weak (Cramer’s $V=.258$).

Figure 8: Changes in School Days Missed During Wraparound

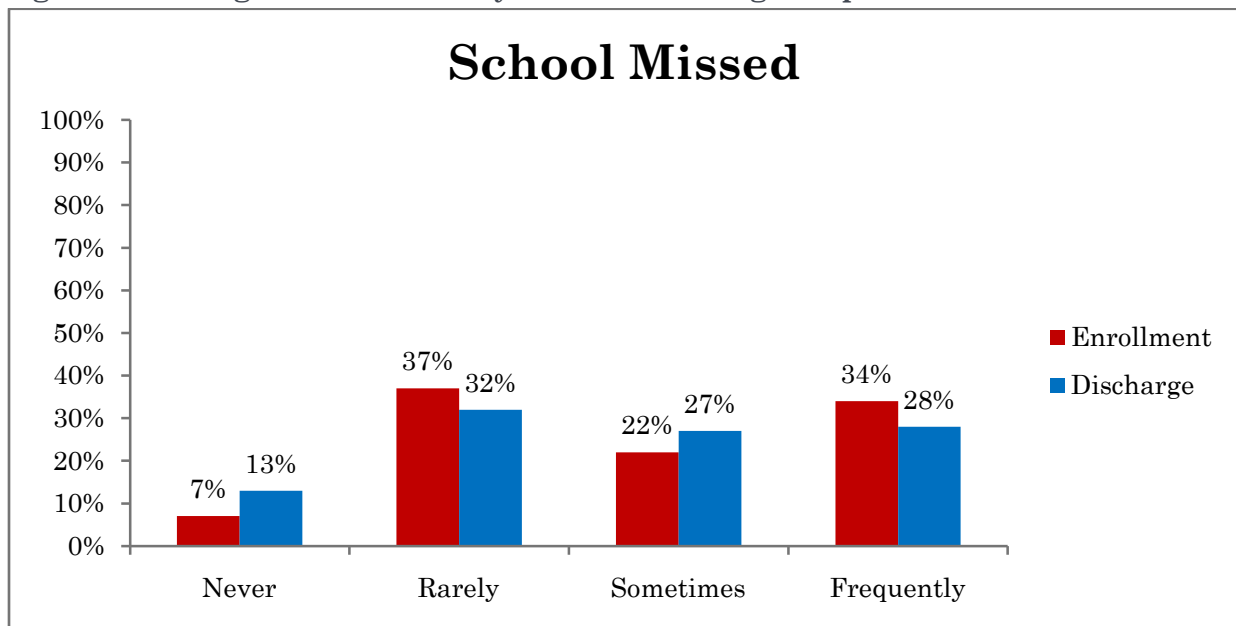
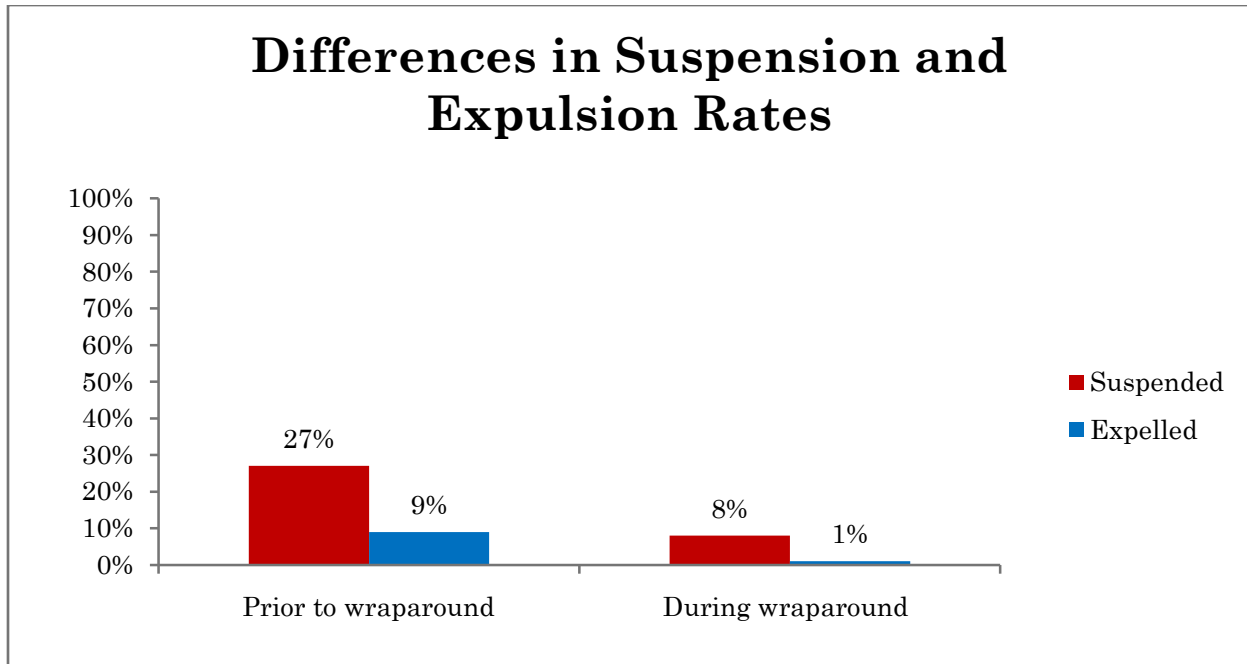


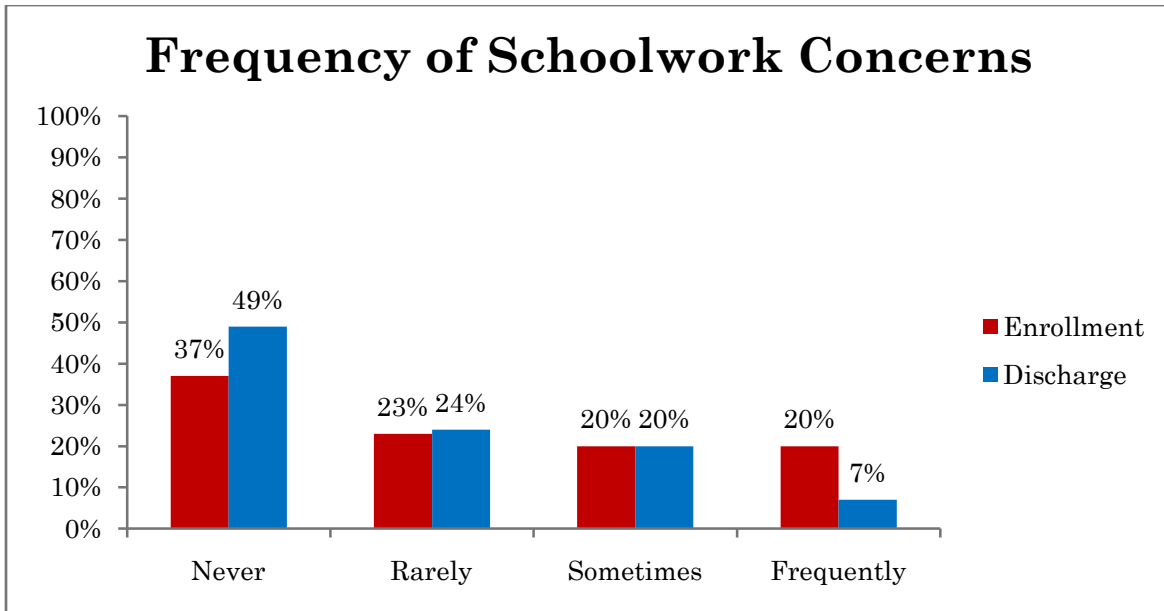
Figure 9: Expulsion and Suspension Rates



Another question on the family intake survey asks caregivers to report on the frequency of contact they have with the child’s school for academic and behavioral concerns

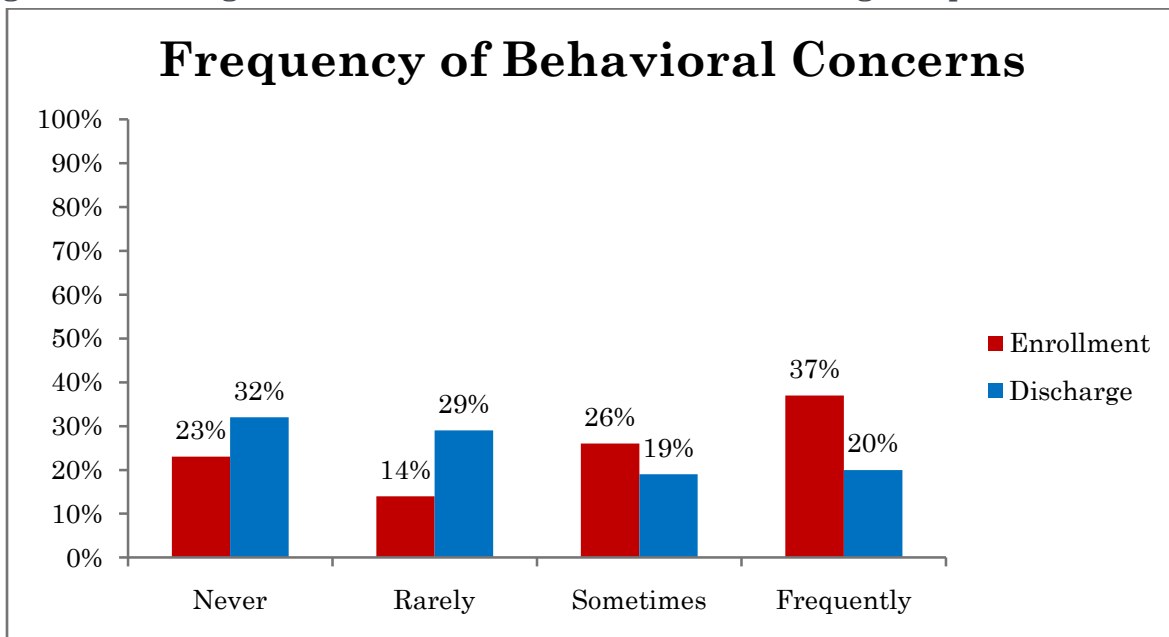
When initially asked about the frequency of communications related to schoolwork problems, 37 percent responded they were contacted “never”, 23 percent were contacted “rarely”, 20 percent were contacted “sometimes” and 20 percent were contacted “frequently”. There were a total of 298 respondents who answered this question on the survey. At discharge, only 99 respondents answered the question. While this is a small sample size, it appears that communication with the child’s school in regards to schoolwork concerns were more frequent during the 12 months prior to enrollment in wraparound and therefore less frequent during the time period the youth were enrolled in the program. Analysis using a Chi Square test of these variables revealed a lack of statistical significance ($p = .066$) and a Cramer’s V value of .193, indicating that there is probably no association between schoolwork concerns at enrollment and discharge.

Figure 9: Changes in Schoolwork Related Problems during Wraparound



Similarly, caregivers were asked about the frequency of contact from their child’s school about behavior problems. At enrollment, 298 caregivers answered this question compared to only 99 who responded at discharge. Overall, it appears that the frequency of contact from schools about behavioral concerns decreases, with the percentage of contacts increasing in the “never” and “rarely” categories and decreasing in the “sometimes” and “frequently” categories. In regard to behavioral problems at school, analysis using a Chi Square test indicated a statistically significant relationship ($p = .006$), though the strength of the relationship was very weak (Cramer’s $V = .229$).

Figure 10: Changes in Behavior Related Problems during Wraparound

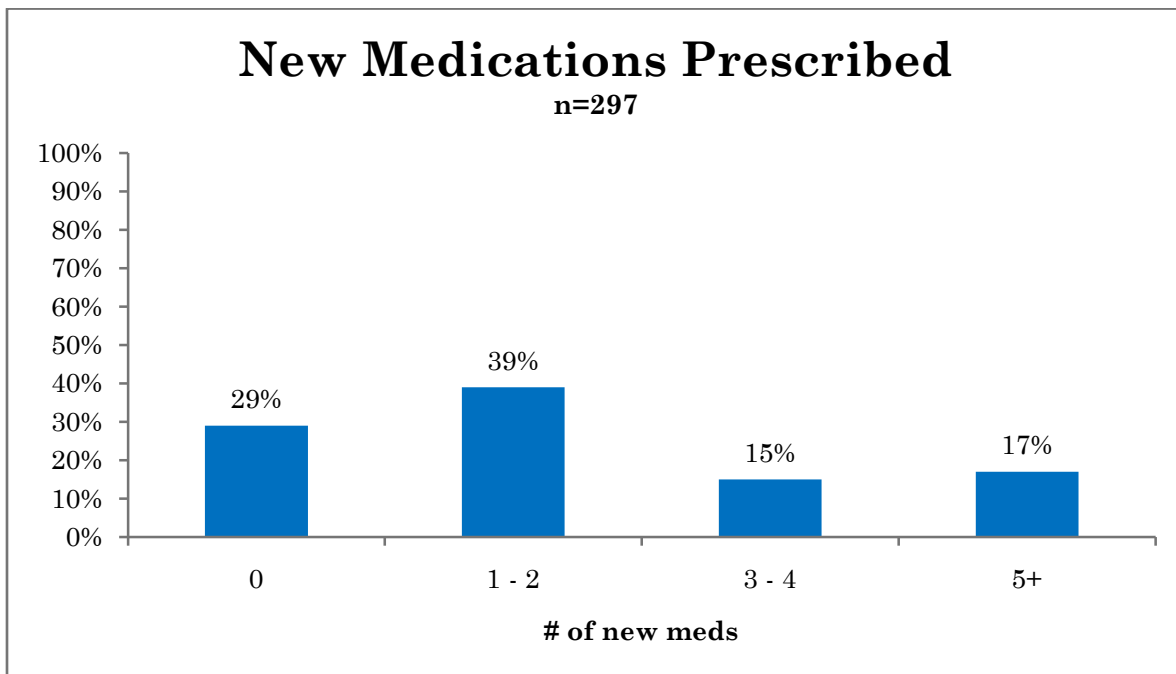


Other information gathered in the Family Intake Survey asks about the number of new medications the youth has been prescribed as well as the duration of time spent in jail/detention, psychiatric hospitals and residential treatment in past year. The survey also asks about the number of arrests and adjudications during this time period.

MEDICATIONS:

In July 2009, it was reported that “prescription rates were relatively high (three or more new prescriptions) for almost half the participating youth”. The current data of youth enrolled between July 1, 2007 and December 31, 2009, indicate that this percentage has decreased to approximately 32 percent of caregivers (who completed the survey) indicating their child received 3 or more new medication prescriptions in the year prior to wraparound. The majority of caregivers report that their youth has received “1-2” new prescriptions (39%) in this time period.

Figure 11: New Medications Prescribed prior to Wraparound



PRIOR PLACEMENTS:

Of those who completed the intake survey, 54 percent reported that their child had enrolling in at least 1 overnight stay in a psychiatric hospital within the year prior to wraparound. Additionally, 31 caregivers reported their youth had spent time in jail (average length of stay 34 days) and 147 caregivers reported their child had been in residential treatment (average length of stay 181 days).

Twenty-three percent of caregivers reported that their child had been arrested at least once, and approximately 20 percent reported their child had been adjudicated.

The above data is descriptive of the youth being served by wraparound, and indicates that many of them have had psychiatric hospitalizations, residential admissions and involvement in the juvenile justice system.

“I can’t tell you enough positive things about the wraparound process. We believe that our child would have been placed in the Long Creek Development Center had it not been for the High-Fidelity Wraparound Process; it saved our child”

-A parent describes how wraparound helped their child.

DISCHARGES:

On average, families are being served an average of 221 days, or approximately 7 ½ months in the Wraparound Maine program. This is a 13 percent increase in the average length of stay (LOS) for the first 118 families which was reported in July of 2009 to be 195 days. However, this range is well within the program’s goal, which is an average of 6-9 months.

Since July 1, 2007, 247 families have been discharged from the program. An average of about 80 percent are discharged to community living (home with their natural parents, home of a relative, independent living, foster care or an adoptive home).

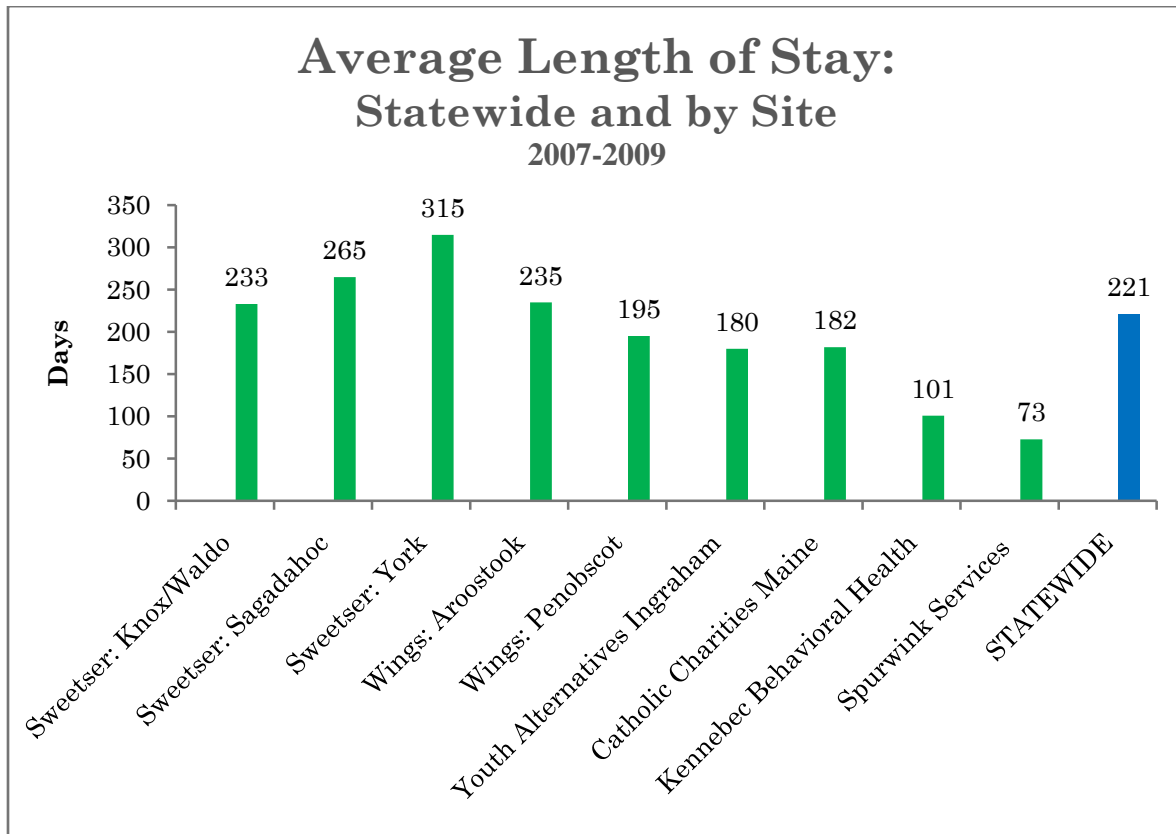
Table 6: Summary of Discharged Cases by Site

Sites	# Discharges	Ave. LOS (days)	% Living in Community
Phase 1:	Reporting Period: 7/1/07 – 12/31/09		
Sweetser: Knox/Waldo	28	233	100%
Sweetser: Sagadahoc	21	265	80%
Sweetser: York	31	315	81.8%
Wings: Aroostook	40	235	78.4%
Wings: Penobscot	76	195	78.3%
Youth Alternatives Ingraham	29	180	61.5%
Phase 2:	Reporting Period: 4/1/09 – 12/31/09		
Catholic Charities Maine	4	182	100%
Kennebec Behavioral Health	12	101	87.5%
Spurwink Services	6	73	100%
Statewide	247	221	80.4

“Wraparound has put me in a position where I can provide a stable and less stressful environment for my family”
 -A caregiver reflects on how wraparound changed their home setting.

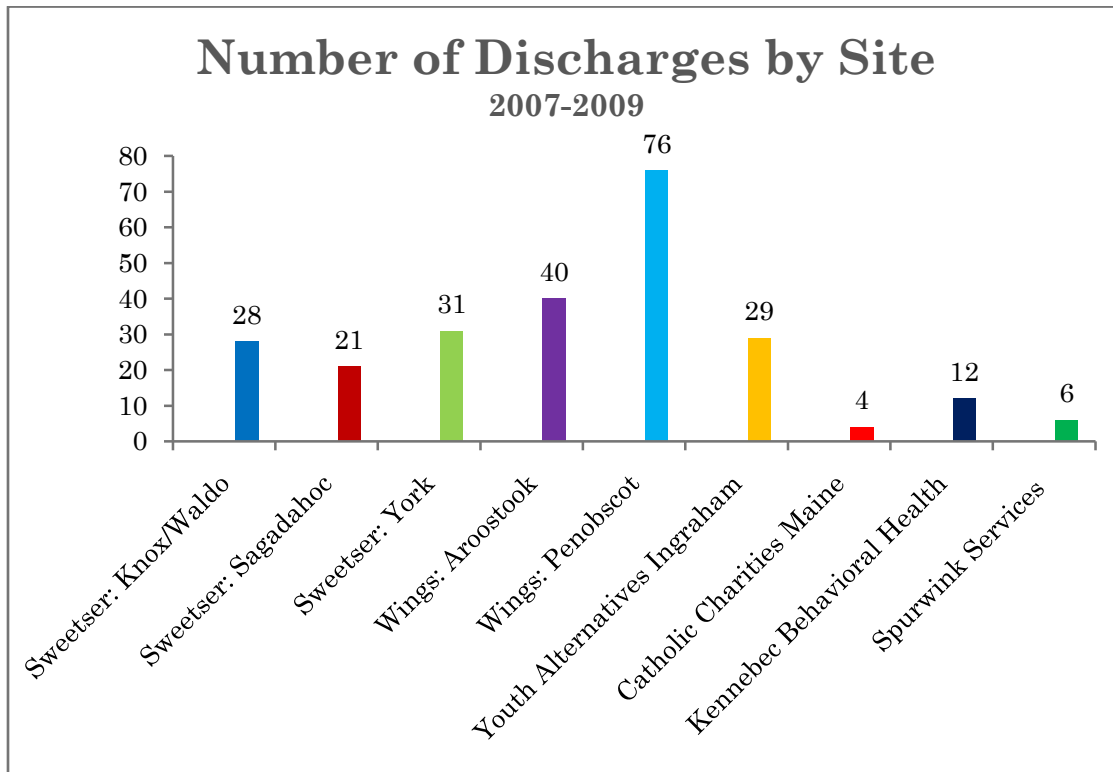
Below is a chart illustrating the differences in average length of stay by site. In general, Sweetser in York and Knox Counties have the longest average length of stay. However, it should be noted that they had several abnormal cases of extremely long stays that are pulling these numbers up. The remaining sites appear to be in the average range, with Kennebec Behavioral Health and Spurwink Services serving families for a shorter period of time. Since these two programs enrolled more recently in evaluation tracking, these numbers could be a result of a shorter duration of service provision or a low number of cases.

Figure 12: Comparison of Average Length of Stay



As would be expected, newer wraparound agencies have experienced far fewer discharges than those agencies participating in evaluation since Phase 1. Within those agencies, Wings Penobscot stands out as having discharged the largest number of youth. When we look at reasons for discharge (table 7) it is encouraging that over half (52.6%) of those discharged from this site have completed their Wraparound Plan.

Figure 13: Summary of Discharges by Site



Families are discharged from the wraparound program for a number of reasons. Many families complete the program. Some are discharged to function on their own, while others receive Targeted Case Management (TCM), a less intensive case management service to take the place of wraparound at discharge. Some families are discharged early based on a decision by the wraparound agency or the family may decide to no longer accept services. A small number of families move to a different catchment area and are transferred from one provider to another and an even smaller number of families experience situations other than those listed above.

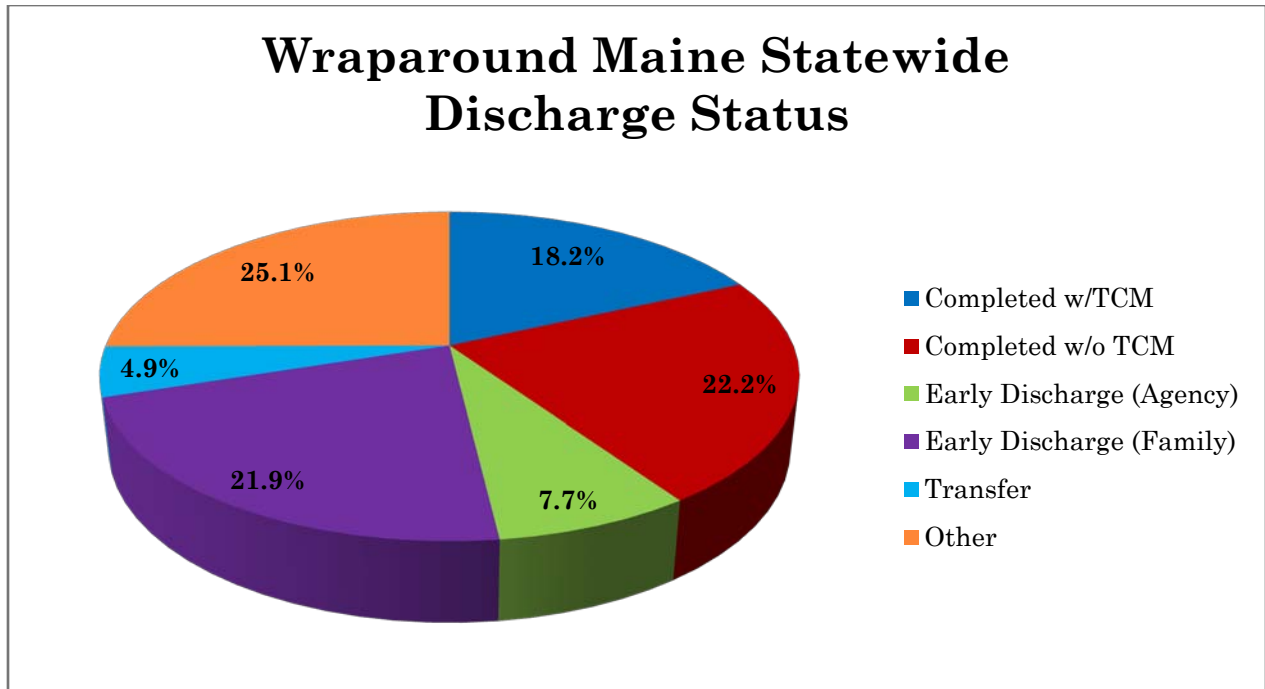
Statewide, about 40 percent of families are successfully completing the wraparound program (with or without follow up Targeted Case Management Services). About 8 percent of families were discharged by the agency, which could be attributed to a change in eligibility status or lack of involvement in the wraparound process. Although down from last year's average of 30 percent, a large number of families (22%) continue to withdraw themselves from wraparound services. Future research is needed to determine the reasons why families withdraw from services. It is recommended that this research take place, possibly in the format of a focus group.

Table 7: Discharge Status Codes Statewide and by Site (n=247)

Sites	Completed Wrap. Plan		Early Discharge		Transfer	*Other
	w/ TCM	w/out TCM	Agency Initiated	Family Initiated		
Phase 1:	Reporting Period: 7/1/07 – 12/31/09					
Sweetser: Knox/Waldo (n=28)	0 (0)	8 (28.6)	3 (10.7)	13 (46.4)	1 (3.6)	3 (10.7)
Sweetser: Sagadahoc (n=21)	1 (4.8)	6 (28.6)	2 (9.5)	6 (28.6)	2 (9.5)	4 (19.0)
Sweetser: York (n=31)	2 (6.5)	12 (38.7)	2 (6.5)	7 (22.5)	2 (6.5)	6 (19.3)
Wings: Aroostook (n=40)	14 (35.0)	6 (15.0)	0 (0)	4 (10.0)	1 (2.5)	15 (37.5)
Wings: Penobscot (n=76)	25 (32.9)	15 (19.7)	7 (9.2)	4 (5.3)	4 (5.3)	21 (27.6)
Youth Alternatives Ingraham (n=29)	2 (6.9)	5 (17.2)	4 (13.8)	13 (44.8)	0 (0)	5 (17.3)
Phase 2:	Reporting Period: 4/1/09 – 12/31/09					
Catholic Charities Maine (n=4)	1 (25.0)	0 (0)	1 (25.0)	2 (50.0)	0 (0)	0 (0)
Kennebec Behavioral Health (n=12)	0 (0)	3 (25.0)	0 (0)	5 (41.7)	0 (0)	4 (33.3)
Spurwink Services (n=6)	0 (0)	0 (0)	0(0)	0(0)	0 (0)	6 (100)
Statewide	45 (18.2)	55 (22.2)	19 (7.7)	54 (21.9)	12 (4.9)	62 (25.1)

*Some common reasons given for discharges in the "other category included: youth moving, youth found to be ineligible after they were already enrolled, and previous policies to discontinue wraparound while a youth was in residential and re-enroll the youth when they were ready to transition to the community.

Figure 14: Summary of Reason for Discharge, Statewide (n=237)



Many youth enter wraparound with the involvement of agencies such as Juvenile Justice, Children’s Behavioral Health and Child Welfare. Based on data from intake and discharge surveys, the percentage of youth leaving wraparound with the involvement of these agencies decreases from enrollment to discharge.

Table 8: Changes in System Involvement between Enrollment and Discharge (n=164)

Indicator	Enrollment Status	Discharge Status
% Juvenile Justice Involvement	30 (22.1%)	27 (16.5%)
% CBH Involvement	111 (67.7%)	77 (47.0%)
% Child Welfare Involvement	47 (28.7%)	28 (17.1%)

Data was also used to determine whether the living situations of youth improve. That is, whether more youth are living in community settings and fewer youth are living in residential settings at the time of discharge. Data indicates a 14% increase in the number of youth living in the community at discharge as well as a 14% decrease in the number of youth living in non-community settings (psychiatric hospitals, residential treatment centers, crisis units, group emergency shelters or correction centers). This is an increase of 4% in community living arrangements from the last report. In addition, fewer youth are being discharged to residential settings (difference of 1% from last year).

Table 9: Living Situation at Enrollment and Discharge 2007-2009

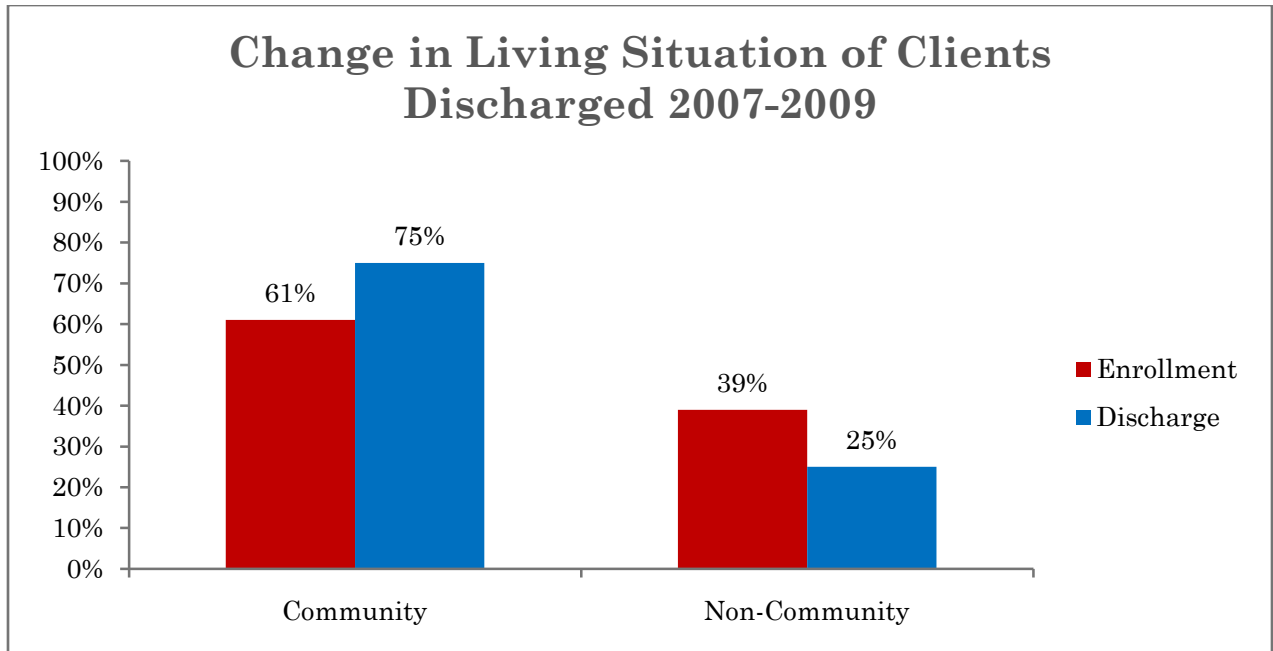
	Enrollment (n=432)	Discharge (n=247)
Adoptive Home	2%	3%
Crisis Unit	2%	1%
Group Emergency Shelter	.5%	1%
Home of a Relative	5%	8%
Home of Natural Parents, for a child	48%	53%
Home of Natural Parents, for an 18 year old	1%	3%
Individual Home Emergency Shelter	.5%	0%
Impatient Psychiatric Services	.5%	0%
NC: Phase 1*	8%	9%
Regular Foster Care	5%	8%
Residential Treatment Center	28%	10%
Youth Correction Center	1%	4%

*These youth were not counted in the data due to an insufficient length of stay and/or participation in the program during the time period of 7/1/07 through 12/31/09.

“Our wraparound facilitator has been vital in keeping our child at home, in treatment and safe. She has facilitated supports for both our child and ourselves. She has been invaluable to us and we are forever grateful!!!”

-A caregiver credits their wraparound facilitator for helping to keep their child at home.

Figure 15: Summary of Community vs. Non-Community Living



INDIVIDUALIZED PLANNING FUNDS:

Individualized Planning Funds are provided to assist families with short-term needs which support the wraparound plan and relate to sustaining the child/youth in his/her home. The purpose of these funds is to jump-start or seed financial need that cannot be met within the family, community, or other funding sources. In 2009, Wraparound Maine spent \$840,516.51 in Individual Planning Funds.

Examples of the appropriate use of Individualized Planning Funds are to assist with **direct support** services, such as training, parent education, mentoring, supervision, respite and/or services provided by paraprofessional and peer support resources. It is also allowable to use Individual Planning Funds towards **indirect supports** such as emergency needs (security deposits or a single month's rent to avoid eviction, durable goods such as furniture or appliances, home maintenance or repair, clothing, short-term transportation costs to get children to and from medical and or counseling appointments (until a sustainable solution is developed); special equipment; cultural and recreational activities; and expenses considered necessary to assist in normalizing a child's life (i.e. instruction, training and lessons, sports equipment, uniforms for employment, etc.).

Supportive Home Services was by far the largest expense category for the State (\$212,830.57). This includes funding for peer or parent support partners (PSPs) as well as extended or expanded in-home support services. This is in line with Wraparound's goal to keep youth in their home and out of non-community based living situations.

Other major spending categories included Transportation and Recreation and Enrichment. This may be an indicator of the significance of transportation needs faced by families of at-risk youth.

Categories such as Food, Shelter, Utilities and Medical/Dental expenses were relatively low when compared to other categories. This may be an indicator of other programs such as Food Stamps, Housing Subsidies, Utility Assistance Programs and Maine Care providing the funding for those basic needs.

Table 10: Summary of Individual Planning Fund Spending Statewide

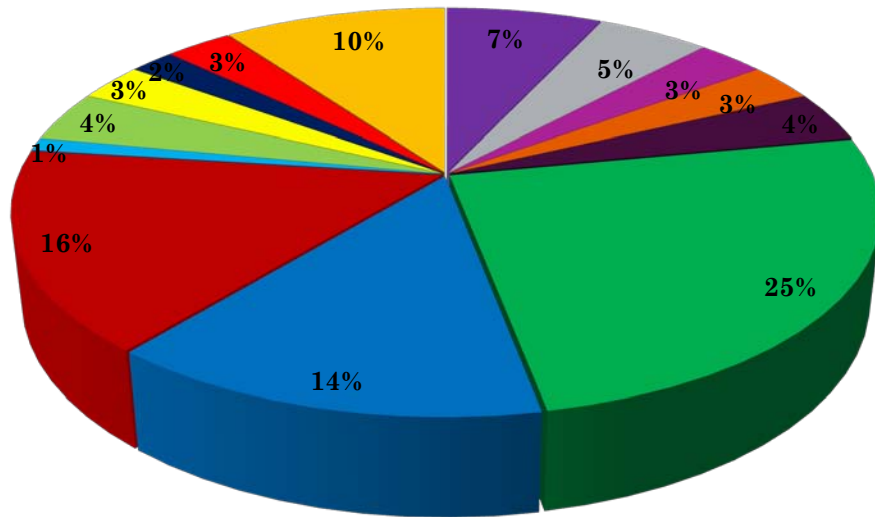
Spending Categories	\$Amount	%Spending
Food	\$58,534.95	7%
Shelter (Emergency/Short-Term)	\$38,810.66	5%
Utilities (Deposits/Short-Term)	\$27,408.48	3%
Furniture and Appliances	\$13,203.82	2%
Maintenance/Safety/Equipment	\$25,083.11	3%
Childcare/Respite	\$34,234.40	4%
Supportive Home Services/PSP	\$212,830.57	25%
Medical/Dental	\$12,498.16	1%
Transportation	\$119,270.11	14%
Therapeutic Services	\$21,606.48	3%
Enrichment/Recreation Activities (Youth)	\$131,548.03	16%
Clothing	\$31,281.02	4%
Training/Consultation	\$24,166.24	3%
Other	\$90,040.48	10%
TOTAL	\$840,516.51	100%

“I am able to reach out for help. When my family needs help, I know who I can access”

-A caregiver’s comments about how wraparound has helped.

Figure 16: Statewide Independent Planning Fund Expenditures by Category

Statewide Individual Planning Fund Expenditures: 2009



- Food 7%
- Utilities 3%
- Childcare/Respite 4%
- Transportation 14%
- Medical/Dental 1%
- Training/Consultation 3%
- Therapeutic Services 3%
- Shelter 5%
- Maintenance 3%
- Supportive Home Services 25%
- Enrichment/Recreation Activities 16%
- Clothing 4%
- Furniture and Appliances 2%
- Other 10%

The statewide average of Individual Planning Fund Expenditures is \$4,405.52 per discharged family. This is a large increase from the average of \$3,000 reported last year. However, this year's average is skewed by the spending of Sweetser in York at an average of \$12,029.34 per youth as well as the spending of Spurwink at \$626.25. Clearly, these sites represent the high and low end of spending, as opposed to the average or typical amount being spent. Removing these 2 sites from the analysis brings the average spending back to approximately \$3,000 per discharged family.

Table 11: Average Expenditure per Discharged Family

Sites	Total Individual Planning Fund Expenditures of Discharged Families	Total # of Discharged Families who Received Individual Planning Funds	Average Expenditure per Discharged Family
Phase 1:	Reporting Period: 7/1/07 – 12/31/09		
Sweetser: Knox/Waldo	\$102,435.21	23	\$4,453.70
Sweetser: Sagadahoc	\$91,970.23	20	\$4,598.51
Sweetser: York	\$348,850.90	29	\$12,029.34
Wings: Aroostook	\$129,156.73	37	\$3,490.72
Wings: Penobscot	\$151,673.21	63	\$2,407.51
Youth Alternatives Ingraham	\$38,375.89	18	\$2,131.99
Phase 2:	Reporting Period: 4/1/09 – 12/31/09		
Catholic Charities Maine	\$4,022.69	3	\$1,340.90
Kennebec Behavioral Health	\$13,993.41	6	\$2,332.24
Spurwink Services	\$626.25	1	\$626.25
Statewide	\$881,104.52	200	\$4,405.52

“[Wraparound] made it a lot easier, helped me to learn the resources that were out there”
 -A caregiver comments on how wraparound has helped.

Table 12 on the following page shows the percent of spending in each of the spending categories by site for 2009. The majority of sites spend a relatively small amount on food expenditures. An exception to this is the Sweetser site in Knox and Waldo Counties, where spending on food was substantially higher than any other site (25%). Another program that stands out as spending more than the majority of other programs is Wings in Aroostook County in the category of Childcare and Respite. This may indicate a greater need for these services in the area or possibly that this service is less available and therefore more expensive in this region.

Two of the spending categories, Supportive Home Services and Transportation, are major sources of spending for some programs, but not others. The Sweetser Programs spend about a third to one-half of the Individualized Planning Funds on Supportive Home Services, whereas the remaining programs spend only 0-6%. Similarly, Wings in Penobscot, Catholic Charities Maine and Kennebec Behavioral Health spend 23-30% on Transportation whereas the remaining programs spend only 5-12%. These differences may be attributed to the needs of each individual population, the implementation of peer or parent support partners and other supports within a person's home, the level of available services in the area, or awareness of services offered. Further exploratory research is needed to determine the causality of these differences.

“Services, information provided and assistance made available have been a wonderful help and a welcomed part of my daughter’s progress”
-Caregiver comments about the value of wraparound’s support and resources.

Table 12: Individual Planning Expenditures by Site, 2009

Individual Planning Expenditures by Site									
Spending Categories	Sweetser: Knox/Waldo	Sweetser: Sagadahoc	Sweetser: York	Wings: Aroostook	Wings: Penobscot	YAI	Catholic Charities Maine	Kennebec Behavioral Health	Spurwink Services
Food(Emergency)	25%	7%	6%	>1%	>1%	4%	5%	7%	2%
Shelter (Emergency Short Term)	1%	1%	6%	5%	2%	10%	4%	12%	12%
Utilities (Deposits Short-Term)	6%	>1%	4%	4%	2%	2%	5%	7%	3%
Furniture/ Appliances	>1%	1%	>1%	8%	>1%	0%	5%	3%	7%
Maintenance/Safety/ Equipment	4%	1%	1%	2%	6%	4%	10%	0%	>1%
Childcare/Respite	<1%	1%	2%	17%	9%	2%	5%	>1%	3%
Supportive Home Services/ FSP	30%	36%	54%	2%	2%	6%	0%	0%	2%
Medical/Dental	<1%	1%	>1%	>1%	2%	7%	2%	1%	>1%
Transportation	14%	11%	5%	12%	30%	12%	28%	23%	15%
Therapeutic Services	6%	1%	1%	1%	6%	1%	3%	0%	2%
Enrichment/ Recreation Activities	1%	22%	5%	19%	21%	37%	12%	16%	41%
Clothing	2%	4%	2%	4%	7%	1%	10%	10%	2%
Training/ Consultation	7%	3%	4%	>1%	2%	1%	8%	0%	0%
Other	4%	11%	10%	23%	9%	12%	3%	21%	11%

A small group of youth (n=16) has been enrolled in wraparound more than once. This occurs when a youth is discharged from wraparound, is re-referred and re-enrolled with the same or a new provider. Individual Planning Fund spending seemed to be relatively similar during each enrollment, with a slightly greater percentage of youth receiving funds (69% compared to 63%) during their second enrollment and spending slightly less (\$383.14 compared to \$336.21). It should be noted that a number of youth within this group had short second enrollments. While there seems to be only minor differences at this time, this data should continue to be tracked.

Table 13: Recurring Clients: Differences between First and Second Wraparound Enrollment

Individualized Planning Fund Spending n= 16	First Wraparound Enrollment	Second Wraparound Enrollment
% Receiving Individualized Planning Funds	63%	69%
Average Amount Spent Per Month	\$383.14	\$336.21
Percent of Recurring Clients Experiencing Changes in Spending		
Percent of Clients whose funding increased between enrollments	44%	
Percent of Clients whose funding stayed the same	6%	
Percent of Clients whose funding decreased between enrollments	50%	

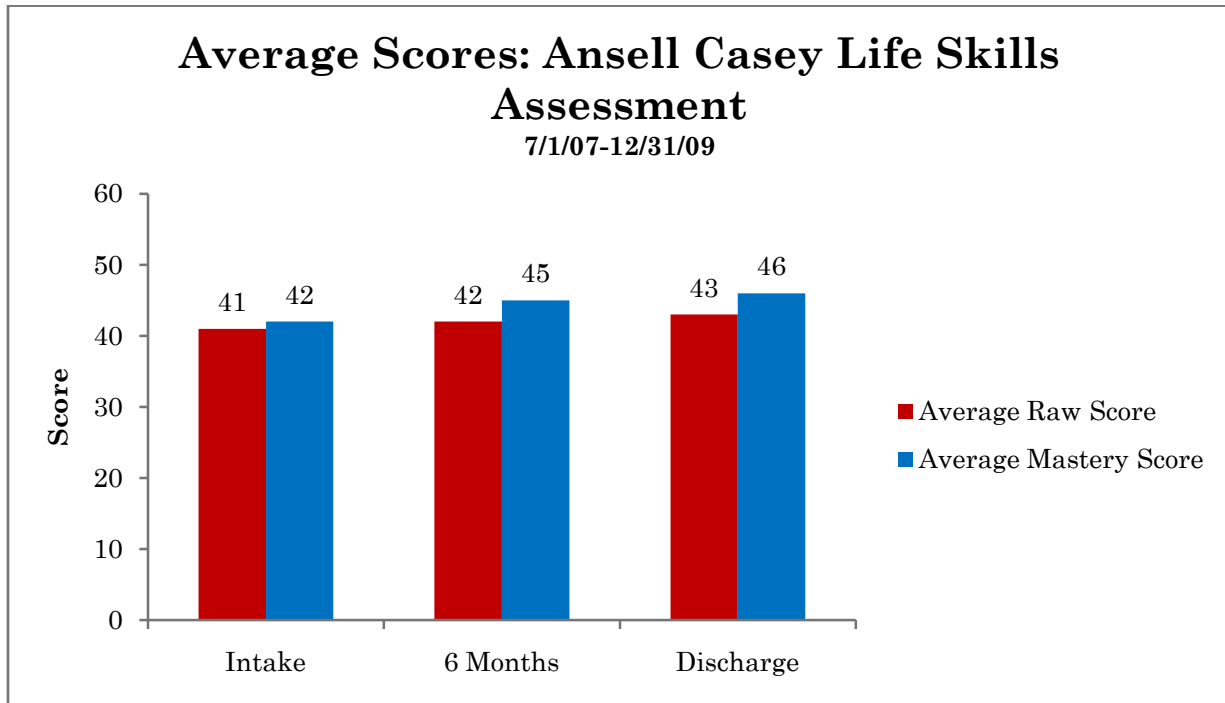
ANSELL CASEY LIFE SKILLS ASSESSMENT:

The Ansell Casey Life Skills Assessment is a 20 question assessment that asks youth to self-rate their abilities and knowledge in relation to independent living skills. The assessment targets skills in the following domains: Career Planning, Communication, Daily Living, Home Life, Housing and Money Management, Self-Care, Social Relationships, Work Life, and Work and Study Skills (Casey Family Programs, 2002). Youth rate themselves on a scale of 1-3, with 1 meaning “not like me”, 2 meaning, “somewhat like me” and 3 meaning, “very much like me”. There are no reverse questions on the assessment, so the sum of all questions is the youth’s Raw Score, with a higher score indicating more knowledge and skills. A mastery score was also calculated, based on the percent of questions to which the youth responded, “very much like me”. The total raw score possible is 60, the total mastery score possible is 100 percent.

Cautious interpretation of these results is recommended due to the format of the assessment being self -report and the limited depth of the exam, as it has only 20 questions. In addition, there was a large amount of missing data for Questions 19 and 20, which were “I can turn on a computer” and “I use a keyboard and a mouse with a computer”, respectively. The lack of data in response to these questions has caused the average scores to be brought down. Providers report that initial Ansell-Casey forms were missing these two questions.

With caution, it appears that the average raw score and mastery score increase slightly throughout the course of Wraparound Maine, with overall scores higher at discharge than at enrollment.

Figure 17: Comparison of Youth Self-Reports of Life Skills at Enrollment, 6 months and Discharge (n=114)



THE CHILD AND ADOLESCENT FUNCTIONAL ASSESSMENT SCALE (CAFAS):

The Child and Adolescent Functional Scale is an inventory that measures the day to day functioning of youth and adolescents (Hodges, 1990). The scale asks raters, commonly service providers and clinicians who work closely with the child/adolescent, to rate their functioning in the following domains:

- Role Performance (School/Work, Home and Community)
- Thinking
- Behavior toward Self and Others
- Mood & Emotions
- Substance Abuse

A rating scale of 0-30 is used to score the assessments, with 0 indicating “minimal or no disruption”, 10 indicating “mild disruption”, 20 indicating “moderate disruption” and 30 indicating “severe disruption” (Hodges, 1990). A total score is calculated by adding the sub scores, with a minimum score of 0 and a maximum score of 240. Results are interpreted as follows:

0-10: Youth exhibits no noteworthy impairment

20-40: Youth likely can be treated on an outpatient basis, provided that risk behaviors are not present (*Risk behaviors include: a serious suicide attempt or considered actively or possibly suicidal, harmful behaviors to self or others, runaway behavior, psychotic or organic symptoms in the context of severe impairment or severe substance abuse*).

50-90: Youth may need additional services beyond outpatient care

100-130: Youth likely needs care which is more intensive than outpatient and/or which includes multiple sources of supportive care

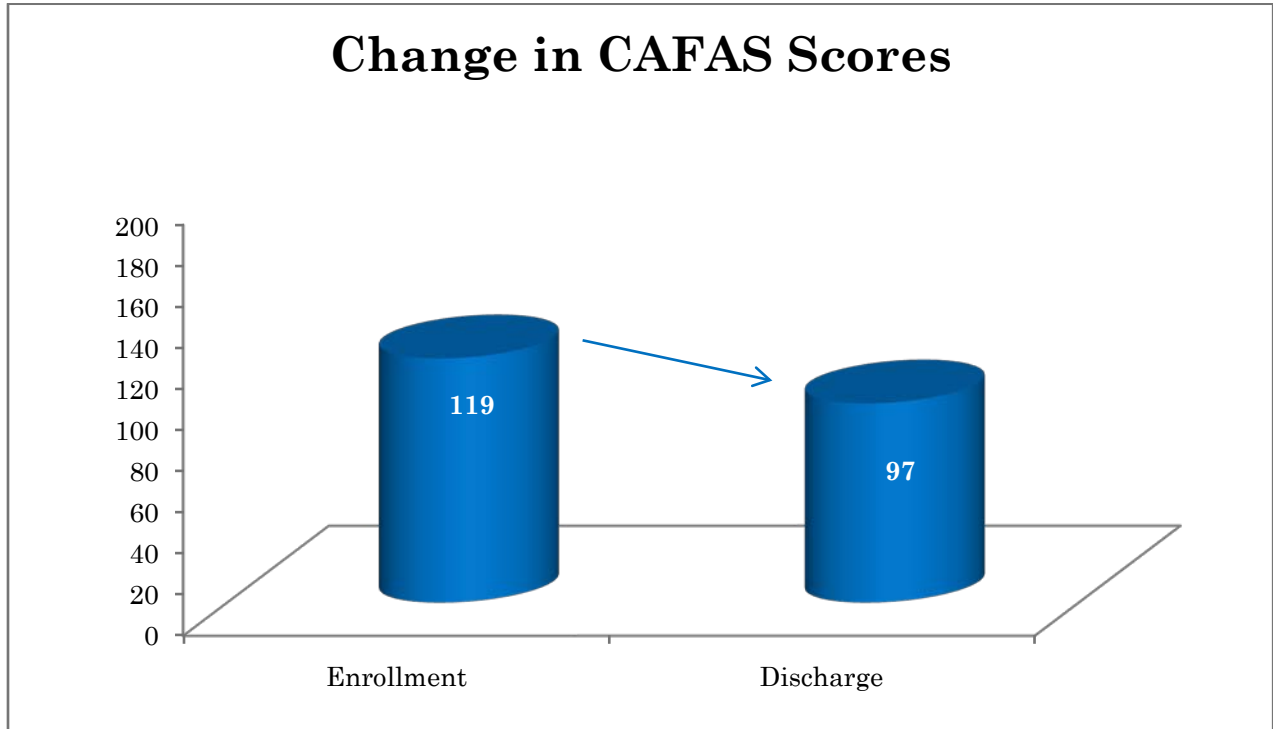
140 and higher: Youth likely needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and the community.

CAFAS scores are used in the State of Maine to determine a youth’s level of need for treatment. CAFAS scores that are higher indicate more functional challenges, whereas lower CAFAS scores indicate fewer functional challenges. It is the goal of Wraparound Maine to decrease CAFAS scores over time, thus improving the functioning abilities of those served. Based on administrative data provided, there were 80 youth with CAFAS scores on file within 14 days, before or after, enrollment in wraparound. There were 99

youth with CAFAS scores on file within 14 days, before or after, discharge. The data provided included scores from 2007 through 2009, meaning the overall sample size is small, and thus data should be interpreted cautiously.

Data suggests that of youth with CAFAS scores on file, there is an average decrease of 22 points between enrollment and discharge. This is similar to the overall decrease reported in last year's report (20 point decrease).

Figure 18: Changes in CAFAS Scores between Enrollment and Discharge:



The 22 point decrease in CAFAS scores is consistent with reports of fidelity in the average to above average range, reported later in this report. Nationally, wraparound programs with high fidelity ratings typically see a decrease in CAFAS scores of about 18-20 points (Bruns, 2009). The decrease in CAFAS scores also aligns with the increase in Ansell-Casey scores and suggests overall improvement in client functioning at the time of discharge from Wraparound Maine.

WRAPAROUND FIDELITY INDEX:

The Wraparound Fidelity Index is an assessment tool developed by WERT (the Wraparound Evaluation and Research Team) to assess a wraparound program in regards to using the wraparound model and adhering to the principles of wraparound (Bruns, 2008). There are 10 principles to carrying out wraparound (Walker, Bruns, et al., 2004). They are as follows:

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

The WFI4 (Wraparound Fidelity Index, Version 4) is an interview form that trained wraparound staff use to interview youth, caregivers and team members about their experience with wraparound. In order to be interviewed, youth must be at least 11 years of age (Bruns et al., 2009). The interviews take place 3 months after enrollment in wraparound (Bruns et al., 2009).

Scores are available for each wraparound principle. An overall score is also calculated for each group of respondents. Overall scores can be interpreted using fidelity guidelines established by the Wraparound Evaluation Research Team. It should be noted, though, that these guidelines were established based on the WFI-3 and are still being used because the guidelines for the WFI-4 have not been established. The Fidelity Guidelines are as follows:

85% or higher- “High Fidelity”

80%-84%- “Above Average”

75%-79%- “Average”

70%-74%- “Below Average”

Any site with an overall score below 70 is considered “non wraparound or in need of significant improvement”(Bruns, E.J., Suter , J.C. and Leverentz-Brady,K., 2008).

Data reported here represents all WFI4 Interviews completed between July 1st, 2007 and January 31st, 2009.

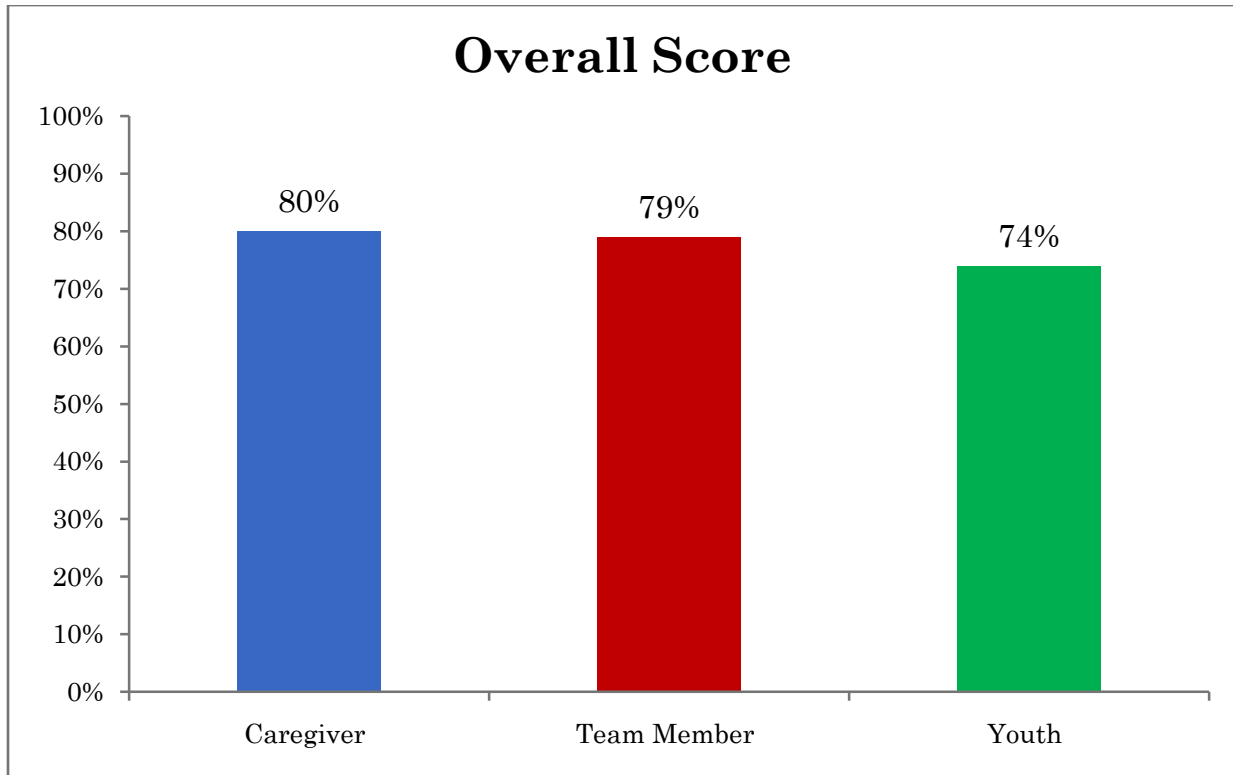
In this period, caregiver reports had the highest response rate (n=218). Youth and team member reports have much lower response rates, thus caution should be exercised in interpreting those results.

Overall, caregivers place the fidelity of the program at 80 percent, which is “above average” according to the fidelity guidelines. Strengths are seen in the areas of Family Voice and Choice, Team Based, Collaboration, Culturally Competent, Strengths Based and Persistence. Fidelity Scores were greater than 80 percent in each of these areas. Notable areas for improvement are Natural Supports (66%) and Outcome Based (60%), with those percentages being the lowest.

Table 14: Wraparound Fidelity Index Scores

Category	Caregiver n=218	Team Member n=154	Youth n=124
Family Voice & Choice	90%	86%	83%
Team Based	84%	85%	72%
Natural Supports	66%	64%	60%
Collaboration	89%	88%	76%
Community Based	72%	68%	65%
Culturally Competent	94%	94%	87%
Individualized	70%	72%	69%
Strengths Based	87%	85%	78%
Persistence	87%	89%	90%
Outcome Based	60%	56%	55%
OVERALL SCORE	80%	79%	74%

Figure 20: Comparison of Overall WFI-4 Scores, 2007-2009



Team member and youth reports of fidelity were slightly lower, with an overall score of 79 percent (average) from team members and 74 percent (average) from youth. Natural Supports and Outcome-Based continue to stand out as weaknesses in the implementation of Wraparound Maine. However, team members and youth also site Community Based and Individualized as relative weaknesses.

KEY FINDINGS:

Data reflected in this report was at times based on a small sample, due to dates that providers began operating and participating in research and also due to a lack of data—especially that collected at the time of discharge. Despite these limitations, data suggests the following:

- Wraparound Maine is serving their targeted population, and continues to grow in terms of number of participating agencies and number of youth enrolled.
- Youth tend to improve their performance in school and miss fewer days when they are enrolled in Wraparound, as compared to the year prior to service. Additionally, caregivers report fewer communications from their child’s school about schoolwork and behavior problems during Wraparound.
- The average length of stay for youth in the Wraparound Maine program is approximately 7 1/2 months, which is in line with the goal of 6-9 month lengths of stay.
- Approximately 40 percent of families are discharged from Wraparound as a result of completing the program.
- Percentages of youth receiving services from Juvenile Justice, Children’s Behavioral Health and/or Child Welfare decrease from enrollment to discharge.
- Seventy- five percent of youth are discharged into the community following wraparound services. Forty-nine percent of these youth are discharged into the home of their natural parents.
- Caregivers are reporting “above average” levels of fidelity in regards to the services they receive. Specific strengths include adherence to the following principles:

Family Voice and Choice

Team Based

Collaboration

Culturally Competent

Strengths Based

Persistence

- CAFAS scores decreased by 22 points, a finding consistent with results from last year (20 points) and with reported fidelity ratings. This along with the positive data reflected in increased Ansell-Casey Life Skills Assessment scores suggests improved functioning in youth after their participation in wraparound.

RECOMMENDATIONS FOR PROGRAM IMPROVEMENT AND FURTHER RESEARCH:

- Although data response rates have increased from the last reporting period, data collection at discharge continues to be a struggle. Barriers to data collection at discharge should be identified and addressed.
- Enrollment and discharge policy differs across sites, making the comparison and generalization of data difficult. Sites should work to achieve consistency in policy as well as practice.
- Further research is needed to determine why some agencies are serving more youth referred by schools and parents, than others. Outreach and Education may be required to engage and inform schools and parents about the wraparound process.
- A large percentage of families withdraw from Wraparound Maine. Further research is recommended to determine the factors influencing their decision to stop participating in the program.
- Individual Planning Fund data indicates that agency practice varies significantly in areas of spending. Of particular concern are the differences in amounts spent on Supportive Home Services. It is recommended that this be further explored.

REFERENCES:

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