



**Literature Review:  
Wraparound Services for Juvenile and Adult Offender Populations**

A Report Prepared for:  
California Department of Corrections and Rehabilitation

January 2008

Prepared by:  
Kate J. Wilson, Senior Writer  
Center for Public Policy Research  
University of California, Davis

**Any opinions expressed in this document are those of the author and not necessarily of the California Department of Corrections and Rehabilitation.**

## Table of Contents

Introduction .....	1
Overview of Wraparound Services .....	1
The Evidence Base for Wraparound Services .....	3
Wraparound Services for Juvenile Offender Reentry.....	4
Wraparound Services for Adult Offender Reentry.....	5
Conclusion .....	6
References .....	8
Appendix 1: Peer-Reviewed Research on the Evaluation of Wraparound Services .....	11

# Literature Review: Wraparound Services for Juvenile and Adult Offender Populations

Center for Public Policy Research

University of California, Davis

## Introduction

It has long been recognized that prison inmates reentering the community often face multiple problems across diverse life domains—not simply issues related to employment, financial stability, and secure housing—but struggles with substance abuse, mental and physical health problems, and issues related to family reunification. Because criminal justice agencies alone cannot provide for the range of services an offender is likely to need during the short- and long-term process of reentry, it is thought that coordinated, comprehensive services that break down service-agency barriers and engage community-based providers can genuinely improve individual outcomes when key elements are addressed (Haimowitz, 2004; Lawrence et al., 2002; Rossman, 2001; Taxman et al., 2000).

California's recently passed Assembly Bill 900 (AB 900), which is designed to provide 53,000 additional beds to California Department of Corrections and Rehabilitation's (CDCR) adult State prison and jail system, also stresses the need to provide rehabilitative services to inmates. AB 900 specifically provides for the establishment of reentry program facilities in which offenders can receive risk and needs assessments, case management services, and wraparound services that provide a continuity of support between custody and parole.

The purpose of the current report is to review extant research literature on the efficacy of wraparound services as applied to the community reentry of adult offender populations. The report begins by defining wraparound services and then provides an overview of evaluations of the wraparound approach conducted in other social service areas and with populations other than adult offenders. Unfortunately, research on wraparound services for adult offenders is, at the current time, scarce to nonexistent. Nevertheless, both the theory behind wraparound services and the evaluations that have been conducted with juvenile populations provide insight into the strengths and possible benefits of such an approach.

## Overview of Wraparound Services

The concept of wraparound servicing was originally developed in the 1980s as a means of maintaining youth with serious emotional and behavioral problems in their homes and communities (Farmer, Dorsey, & Mustillo, 2004). By definition, any wraparound service approach attempts to redress the fragmentation of services that exists in the health and

human services systems—fragmentation characterized by numerous, uncoordinated programs (with different administrative structures, rules, and eligibility criteria) resulting in such problems as delayed service delivery, inadequate responses, or, in some instances, failure to provide needed services (Rossman, 2001). In general, wraparound services are those that maintain some or all of the following objectives:

- Identifying gaps in service delivery and assigning organizational responsibility for implementing needed services.
- Reducing barriers to obtaining services (e.g., streamlining application procedures, reducing geographical distance between provider and client, decreasing unacceptably long waiting periods before treatment commences).
- Conserving institutional resources by sharing some efforts across systems or by reducing unnecessary duplication of efforts (Rossman, 2001).

Although wraparound servicing shares characteristics with services often referred to as “comprehensive” or “continuous” service usage, genuine wraparound approaches involve additional critical features. In defining wraparound service usage in the field of children’s mental health, Burchard, Bruns, and Burchard (2002) state that wraparound services are those that achieve the following:

- Services and supports which are individualized, built on strengths, and meet the needs of children and families across life domains to promote success, safety, and permanence in home, school, and community;
- The approach is a team-driven process involving the family, child, natural supports, agencies, and community services working together to develop, implement, and evaluate the individualized plan;
- The process must be culturally competent, building on the unique values, preferences and strengths of children and families, and their communities;
- Wraparound teams must have flexible approaches and adequate and flexible funding;
- Wraparound plans must include a balance of formal services and informal community and family supports;
- The plans should be developed and implemented based on an interagency, community-based collaborative process; and
- Outcomes must be determined and measured for the system, for the program, and for the individual child and family.

For a comprehensive report on the proper design and implementation of wraparound social service programs, see Walker et al. (2004).

## **The Evidence-Base for Wraparound Services**

Due to its origins with troubled youth, the largest evidence base for the wraparound approach exists in the fields of children's mental health and juvenile justice (Kamradt, 2000). To date, nine controlled (experimental and quasi-experimental) studies relevant to the wraparound process have been published in peer-reviewed journals (Walker & Bruns, 2007). A representative selection of these studies are summarized in Box 1, and details on the design and findings of all nine studies can be found in Appendix 1 at the end of this report.

The results of these nine studies on wraparound services for troubled youth have been largely positive. Improvements have been found on measures of emotional and behavioral health, on family functioning (including decreases in out-of-home-placements and episodes of running away), and on a variety of educational outcomes (such as reduced expulsions, disciplinary actions, and dropping out). Outcomes related to delinquency or police contact have also been found, with a number of studies reporting reductions or delays in incarceration, detention, and psychiatric hospitalization.

On the whole, studies such as those found in Box 1 have created an expert consensus that wraparound services are superior to standard methods of care for troubled youth. This being said, further research is needed and several of the evaluations detailed on the next page and in Appendix 1 suffer from some degree of weakness (i.e., failure to conform to the highest level of research quality suggested by the National Academy of Sciences). Several of the studies also failed to find group differences on key outcomes of interest, including recidivism. Despite this, the conclusions of these reports tend to endorse the wraparound approach, advocate further research, and suggest ways of strengthening either the integration or quality of the services themselves, or the quality of the methodologies (i.e., study designs) intended to evaluate them.

## **Box 1. Select Evaluations of Wraparound Juvenile Justice Programs**

### **Wraparound Milwaukee**

This is a program for youth in juvenile probation or child welfare services. Youth in this program experienced improved functioning across a number of domains: They demonstrated a reduction in recidivism and an improvement in clinical outcomes. The use of residential treatment and psychiatric hospitalization dropped dramatically, as did the average overall cost of care. However, a comparison group was not included so it is unclear if the results are due to the program or a general improvement over time (Kamradt,2000).

### **Juvenile Delinquency Task Force**

This program was called the Juvenile Delinquency Task Force Implementation Committee, a 3-year demonstration project in Columbus, Ohio that worked with youth referred to juvenile court or child services for delinquency or unruly behavior. It has demonstrated positive outcomes (Carney & Buttell, 2003). Youth were not required to have mental health issues, and only 21% were involved in the mental health system. Participants were randomly assigned to wraparound planning team services or conventional services. The only difference between the treatment conditions was wraparound team planning—those in the conventional services group still had access to a wide array of services including counseling, drug treatment, mentoring programs, and more. Those in the wraparound services group experienced positive outcomes relative to the conventional services group, including better educational outcomes, reduction of running away from home, and less contact with the police. However, there were no differences between the groups on recidivism as measured by subsequent offenses, arrests, or incarceration.

### **Dawn Project**

The Dawn Project in Indiana implemented wraparound planning as part of an overall system of care for children with serious emotional and behavioral challenges. Preliminary findings revealed a statistically significant drop in recidivism rates for those youth who completed the program (Anderson, Wright, Kooreman, Mohr, & Russell, 2003). However, only 10 youth entered the study through juvenile detention; the researchers did not include 31% of the original sample in the analysis because these youth left the program prematurely. Thus, youth unlikely to have positive outcomes were selected out of the analysis and there was no comparison group to control for likely error.

### **Connections Project**

The study found that youth in Connections—an individualized, coordinated mental health service within a juvenile department—were less likely to recidivate than youth receiving mental health and juvenile justice services in a traditional manner. Youth in Connections took three times longer than youth in the comparison group to recidivate, served fewer episodes of detention, and spent fewer total days in detention. Additionally, past research found that after intake, youth in Connections demonstrated significant improvements on standardized measures of behavioral and emotional problems, increases in behavioral and emotional strengths, and improved functioning at home, at school, and in the community (Pullmann, Kerbs, Koroloff, Veach-White, Gaylor, & Sieler, 2006).

## Wraparound Services for Adult Offender Reentry

The vast majority of reentry programs available for adult offenders in this country involve pre-release services, typically “group-based, peer-administered, and loosely modeled on an amalgam of psycho-educational and twelve-step principles” (Farabee, 2005, p. ix). Where post-release services are offered, these most often include supervision and connection to various social services and community-based providers that can assist offenders in obtaining housing, employment, health care, and other essential supports.

Over the past decade, however, research on the ability of such programs to improve offender outcomes has proved disappointing (Visher, 2006). Statistically significant reductions in recidivism have rarely been found (Farabee, 2005; Farrington & Welsh, 2005; Weisburd et al., 2001). Despite this disappointing evidence, state corrections agencies have displayed increasing interest in both expanding and integrating post-release supportive services. The difficulty inherent in making such changes, however, is that corrections agencies also desire to design and fund programs that are “evidence-based” and proven with the population at hand (Coalition for Evidence-Based Policy, 2006).

Evaluations of wraparound services for adult offenders are scarce, primarily because the approach has only recently (within the last 2-3 years) been imported into the field of corrections. Insufficient time has passed for abundant literature to accumulate. The lack of high-quality research on reentry is, likewise, problematic. Outcomes are difficult to define, measure, and tease apart. Program integrity (for the purposes of evaluation) is also difficult to establish and maintain (Farabee, 2005), as offenders cannot be forced to attend or fully participate in certain rehabilitative services. In addition, research on wraparound services for any population is notoriously difficult to conduct due to (1) its status as a *care management process* rather than a particular treatment for a specific disorder, and (2) its emphasis on individualized needs assessment and goal setting.

This is not to say, however, that either theoretical or research support for wraparound servicing for adult offenders is entirely lacking. For example, in listing critical evidence-based principles for reentry practice, Taxman et al. (2004, p. 7) state the following:

- Comprehensive, integrated, and flexible services are critical to address the myriad needs and risk factors that affect long-term success. Offenders typically present diverse deficits and strengths, and programs are effective when they can meet the multiple needs of individuals. Valid assessment tools should be used to prioritize needs, and services must be integrated so there are not competing demands and expectations placed on offenders.
- Continuity in behavior-change interventions is critical (Simpson, Wexler, & Inciardi, 1999; Taxman, 1998). Interventions, either in prison or in the community, should build upon each other. Pitfalls to avoid are incompatible clinical approaches or inconsistent messages to offenders.

Such principles of comprehensiveness and continuity are inherent in the wraparound process, suggesting that the key components of successful reentry programming (culled from across a variety of more targeted programs) are the foundation of the programming intended by AB 900.

In addition, Lawrence, Mears, Dubin, and Travis (2002) have compiled a list of key characteristics that appear to be associated with the most promising correctional programs, citing research evidence from a variety of well-designed reentry evaluations (Cullen & Gendreau, 2000; Gaes et al., 1999; LoBuglio, 2001; Wilson & Gallagher, 2000). The authors refer to these characteristics as “principles of effective intervention” because they are the factors that research consistently identifies as underlying the most effective programs (Lawrence et al., 2002). These characteristics include:

- Matching offender needs with program offerings;
- Providing programs that cover each individual’s needs and are well-integrated with other prison programs to avoid potential redundancy or conflict across programs;
- Ensuring that prison programming is followed by treatment and services upon release from prison; and
- Relying on effective program design, implementation, and monitoring, and involving researchers in programs as evaluators.

As further stated by Lawrence et al. (2002), programs that combine these different characteristics are, in general, more likely to be effective than those that do not. “Program effectiveness is enhanced even further if treatment and services are well-integrated, reducing redundancy within the system and ensuring that different programs do not work at cross-purposes with one another” (p. 10).

It can be concluded, therefore, that although literature on the effectiveness of wraparound servicing for adult offender populations is threadbare, there is preliminary evidence that current reentry practices could be improved through the incorporation of wraparound features—the integration of services, the involvement of both formal and informal sources of support, and the individualization of short- and long-term goals.

## **Conclusion**

In the field of children’s mental health and juvenile justice, it is widely believed that the wraparound approach is superior to traditional, more fragmented, methods of service delivery. This view is supported by extant research, with positive results reported in a number of experimental and quasi-experimental studies. When compared to standard treatment, studies of wraparound services have found superior mental health and educational outcomes for juvenile offenders, as well as some measure of success in delaying, shortening, or decreasing recidivism or other forms of psychiatric or correctional intervention. Researchers are currently working to build upon and expand this body of

literature, and there are many lessons to be learned in terms of the necessary elements of both the proper delivery and controlled study of such services.

In the field of adult corrections, genuine wraparound services have not yet been widely utilized or researched. However, expert consensus holds that standard reentry programming primarily employing pre-release therapy and non-integrated post-release supports are not satisfactorily effective in reducing recidivism (Farabee, 2005). In addition, research on the *elements* of effective programming with adult offenders also supports the use of integrated rather than isolated service delivery. These facts, combined with the success of wraparound services with juveniles, lend both theoretical and nascent empirical support for the introduction of wraparound services for adult offender populations.

## REFERENCES

- Anderson, J., Wright, E., Kooreman, H., Mohr, W., & Russell, A. (2003). The Dawn Project: A model for responding to the needs of children with emotional and behavioral challenges and their families. *Community Mental Health Journal, 39*, 1573-2789.
- Burchard, J. D., Bruns, E. J., & Burchard, S. N. (2002). The wraparound process. In B. J. Burns & K. Hoagwood (Eds.). *Community-based treatment for youth*. Oxford: Oxford University Press.
- Carney, M., & Buttell, F. (2003). Reducing juvenile recidivism: Evaluating the Wraparound Services Model. *Research on Social Work Practice, 13*, 551-568.
- Coalition for Evidence-Based Policy. (2006). *The Coalition's purpose and agenda*. Retrieved December 2007 from [http://www.excelgov.org/admin/FormManager/filesuploading/Coalition\\_purpose\\_agenda\\_3\\_06.pdf](http://www.excelgov.org/admin/FormManager/filesuploading/Coalition_purpose_agenda_3_06.pdf).
- Cullen, F.T., & Gendreau, P. (2000). Assessing correctional rehabilitation: Policy, practice, and prospects. In J. Horney (Ed.). *NIJ criminal justice 2000: Changes in decision making and discretion in the criminal justice system* (pp. 109-175). Washington, DC: U.S. Department of Justice, National Institute of Justice.
- Farabee, D. (2005). *Rethinking rehabilitation: Why can't we reform our criminals?* Washington, DC: The AEI Press.
- Farrington, D., & Welsh, B. (2005). Randomized experiments in criminology: What have we learned in the last two decades? *Journal of Experimental Criminology, 1*, 9-38.
- Farmer, E. M. (2000). Issues confronting effective services in systems of care. *Children and Youth Services Review, 22*, 627-650.
- Farmer E. M., Dorsey S., & Mustillo, S. A. (2004). Intensive home and community interventions. *Child & Adolescent Psychiatric Clinics of North America, 13*, 857-84.
- Gaes, G., T. Flanagan, L. Motiuk, & L. Stewart. (1999). Adult correctional treatment. In M. Tonry & J. Petersilia (Eds.). *Prisons, criminal justice: A review of research*. Chicago: University of Chicago Press.
- Haimowitz, S. (2004). Slowing the revolving door: Community reentry of offenders with mental illness. *Psychiatric Services, 55*, 373-375.

- Kamradt, B. (2000). Wraparound Milwaukee: Aiding youth with mental health needs. *Juvenile Justice Journal*, 7, 14-23.
- Lawrence, S., Mears, D., Dubin, G., & Travis, J. (2002). *The practice and promise of prison programming*. Washington, DC: The Urban Institute.
- LoBuglio, S. (2001). Time to reframe politics and practices in correctional education. *Annual Review of Adult Learning and Literacy*, 2, 1-34.
- Malekoff, A. (2000). Bureaucratic barriers to service delivery, administrative advocacy, and Mother Goose. *Families in Society: The Journal of Contemporary Human Services*, 81, 304-314.
- McGinty, K., McCammon, S.L., & Koeppen, V.P. (2001). The complexities of implementing the wraparound approach to service provision: A view from the field. *Journal of Family Social Work*, 5, 95-110.
- Pullmann, M. D., Kerbs, J., Koroloff, N., Veach-White, E., Gaylor, R., & Sieler, D. (2006). Juvenile offenders with mental health needs: Reducing recidivism using wraparound. *Crime Delinquency*, 52, 375-397.
- Rossman, S. (2001). *From prison to home: The effect of incarceration and reentry on children, families, and communities*. Washington, DC: The Urban Institute.
- Simpson, D. D., Wexler, H. K., & Inciardi, J.A. (1999). Drug treatment outcomes for correctional settings, Part 1. *The Prison Journal*, 79, 291-293.
- Taxman, F.S. (1998). *Reducing recidivism through a seamless system of care: Components of effective treatment, supervision, and transition services in the community*. Washington, DC: Office of National Drug Control Policy, Treatment and Criminal Justice System Conference. (NCJRS 171836).
- Taxman, F., Young, D., Byrne, J., Holsinger, A., & Anspach, D. (2000). *From prison safety to public safety: Innovations in offender reentry*. College Park, MD: Bureau of Governmental Research.
- Visher, C. (2006). Rethinking reentry programs. *Criminology & Public Policy*, 5, 299-304.
- Walker, J. S., Koroloff, N., Schutte, K., & Bruns, E.J. (2004). *Organizational and system support for wraparound: An introduction*. Portland, OR: National Wraparound Initiative,

Research and Training Center on Family Support and Children's Mental Health,  
Portland State University.

Walker, J.S., & Bruns, E.J. (2007). *Wraparound—Key information, evidence, and endorsements*. The National Wraparound Initiative. Retrieved December 2007 from <http://www.rtc.pdx.edu/nwi/wraparound%20evidence%20recognition%20070316.pdf>.

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

Walker, J. S., N. Koroloff, & K. Schutte. (2003). *Implementing high-quality collaborative individualized service/support planning: Necessary conditions*. Portland, OR: Research and Training Center on Family Support and Children's Mental Health.

Walker, J. S., & Schutte, K. M. (2004). Practice and process in wraparound teamwork. *Journal of Emotional and Behavioral Disorders*, 12, 182-192.

Weisburd, D., Lum, C., & Petrosino, A. (2001). Does research design affect study outcomes in criminal justice? *Annals of the American Association of Political and Social Science*, 578, 50-70.

Wilson, D., & Gallagher, C. (2000). A meta-analysis of corrections-based education, vocation, and work programs for adult offenders. *Journal of Research in Crime and Delinquency*, 37, 347-368.

## **Appendix 1: Peer-Reviewed Research on the Evaluation of Wraparound Services**

The information in this Appendix has been adapted from Walker and Bruns (2007), the most recent, comprehensive report out of the National Wraparound Initiative. The nine studies included in the following table are organized by population served, including two studies of youth served through the child welfare system, two studies of youth served because of their involvement in (or risk of involvement in) juvenile justice, and five studies of youth served because of their intensive mental health needs. References are provided within the table.

<i>Population and Study Design</i>	<i>Citations</i>	<i>Outcome(s)</i>
Randomized control study (18 months) of youth in <b>child welfare</b> custody in Florida: 54 in wraparound vs. 78 in standard practice foster care.	Clark, H.B., Lee, B., Prange, M.E. & McDonald, B.A. (1996). Children lost within the foster care system: Can wraparound service strategies improve placement outcomes? <i>Journal of Child and Family Studies</i> , 5, 39-54.	A significantly lower rate of placement change was found for youth in the wraparound program, as were fewer days on runaway and fewer days incarcerated (for subset of incarcerated youths). Older youth receiving wraparound services were significantly more likely to be in a permanency placement plan at follow-up. No group differences were found on days absent or days suspended. No differences on internalizing problems, but boys in wraparound showed significantly greater improvement on externalizing problems than the comparison group. Taken together, the findings provide moderate evidence for better outcomes for the wraparound program; however, differences appear somewhat limited to boys and externalizing problems.
Matched comparison study (18 months) of youth in <b>child welfare</b> custody in Nevada: 33 in wraparound vs. 32 receiving MH services as usual	Bruns, E.J., Rast, J., Walker, J.S., Peterson, C.R., & Bosworth, J. (2006). Spreadsheets, service providers, and the statehouse: Using data and the wraparound process to reform systems for children and families. <i>American Journal of Community Psychology</i> , 38, 201-212.	After 18 months, 27 of the 33 youth (approximately 82%) who received wraparound moved to less restrictive environments, compared to only 12 of the 32 comparison group youth (approximately 38%), and family members were identified to provide care for 11 of the 33 youth in the wraparound group compared to only six in the comparison group. Mean CAFAS scores for youth in wraparound decreased significantly across all waves of data collection (6, 12, 18 months) in comparison to the traditional services group. More positive outcomes were also found for the wraparound cohort on school attendance, school disciplinary actions, and grade point averages. No significant differences were found in favor of the comparison group.
Randomized control study (18 months) of "at risk" and <b>juvenile justice</b> involved (adjudicated) youth in Ohio: 73 in wraparound vs. 68 in conventional services	Carney, M. M., & Buttell, F. (2003). Reducing juvenile recidivism: Evaluating the wraparound services model. <i>Research on Social Work Practice</i> , 13, 551-568.	Study supported the hypothesis that youth who received wraparound services were less likely to engage in subsequent at-risk and delinquent behavior. The youth who received wraparound services did not miss school unexcused, get expelled or suspended from school, run away from home, or get picked up by the police as frequently as the youth who received the juvenile court conventional services. There were, however, no significant differences in formal criminal offenses.

<p>Matched comparison study (&gt;2 years) of youth involved in <b>juvenile justice</b> and receiving MH services: 110 youth in wraparound vs. 98 in conventional MH services</p>	<p>Pullmann, M. D., Kerbs, J., Koroloff, N., Veach-White, E., Gaylor, R., &amp; Sieler, D. (2006). Juvenile offenders with mental health needs: Reducing recidivism using wraparound. <i>Crime and Delinquency</i>, 52, 375-397.</p>	<p>Youth in the comparison group were three times more likely to commit a felony offense than youth in the wraparound group. Among youth in the wraparound program, 72% served detention “at some point in the 790 day post identification window” (p. 388), while all youth in the comparison group served detention. And of youth in the Connections program who did serve detention, they did so significantly less often than their peers. Connections youth also took three times longer to recidivate than those in the comparison group. According to the authors, a previous study by Pullman and colleagues (2006) showed “significant improvement on standardized measures of behavioral and emotional problems, increases in behavioral and emotional strengths, and improved functioning at home at school, and in the community” (p. 388) among Connections youth.</p>
<p>Randomized control study (12 months) of youths referred to out-of-home placements for serious <b>mental health</b> problems in New York State: 27 to family centered intensive case management (wraparound) vs. 15 to treatment foster care.</p>	<p>Evans, M. E., Armstrong, M. I., Kuppinger, A. D., Huz, S., &amp; McNulty, T. L. (1998). Preliminary outcomes of an experimental study comparing treatment foster care and family-centered intensive case management. In M. H. Epstein, K. Kutash et al. (1998). (Eds.). <i>Outcomes for children and youth with emotional and behavioral disorders and their families: Evaluation best practices</i>. (pp. 543-580). Xviii, Austin, TX: Pro-Ed.</p>	<p>Significant group differences emerged in favor of the case management/ wraparound program for behavioral and mood functioning. No differences were found, however, with respect to behavior problems (internalizing and externalizing), family cohesiveness, or self-esteem. No differences found in favor of the TFC group. Overall, small sample size plus loss of data on many of the outcome measures resulted in the study having low statistical power to detect differences between groups.</p>

<p>Quasi-experimental (6 months) study in Department of Defense demonstration site of youths with serious <b>mental health</b> issues: 71 in wraparound group vs. 40 in comparison group (study refusers/ineligible youths).</p>	<p>Bickman, L., Smith, C., Lambert, E. W., &amp; Andrade, A. R. (2003). Evaluation of a congressionally mandated wraparound demonstration. <i>Journal of Child &amp; Family Studies, 12</i>, 135-156.</p>	<p>Findings included higher utilization of “wraparound services” (e.g., case management, in-home supports, and nontraditional services) for the demonstration group, higher costs for the demonstration group (primarily due to this group remaining in treatment longer), and no consistent differences between the groups on outcome measures (e.g., behavior, functioning, caregiver strain, perceived social support, family environment). Limitations of this study include the short time span (6 months) and whether the demonstration project truly followed the wraparound process. Authors stated the “wrap” condition had access to informal services and flexible funding, but authors did not assess “wrapness” and stated that, “there is no evidence that the content or the quality of the services were different for the Wraparound children.” (p.151)</p>
<p>Quasi-experimental (24 months) study of youths with serious <b>mental health</b> issues in urban Baltimore: 45 returned or diverted from residential care to wraparound vs. 24 comparison.</p>	<p>Hyde, K. L., Burchard, J. D., &amp; Woodworth, K. (1996). Wrapping services in an urban setting. <i>Journal of Child &amp; Family Studies, 5</i>, 67-82.</p>	<p>Primary outcome was a single rating that combined several indicators: restrictiveness of youth living situation, school attendance, job/job training attendance, and serious problem behaviors. Youths received ratings of “good” if they were living in regular community placements, attending school and/or working for the majority of the week, and had fewer than three days of serious behavior problems during the course of previous month. At 2-year follow-up, 47% of the wraparound groups received a rating of good, compared to 8% of youths in traditional MH services. Limitations of the study include study attrition and group non-equivalence at baseline.</p>
<p>Quasi-experimental (multiple-baseline case study) of four youths referred to wraparound because of serious <b>mental health</b> issues in rural Michigan.</p>	<p>Myaard, M. J., Crawford, C., Jackson, M., &amp; Alessi, G. (2000). Applying behavior analysis within the wraparound process: A multiple baseline study. <i>Journal of Emotional &amp; Behavioral Disorders, 8</i>, 216-229.</p>	<p>The multiple baseline case study design was used to evaluate the impact of wraparound by assessing whether outcome change occurred with (and only with) the introduction of wraparound at different points in time. The authors tracked occurrence of five behaviors (compliance, peer interactions, physical aggression, alcohol and drug use, and extreme verbal abuse) for each of the youths. Participants began receiving wraparound after 12, 15, 19, and 22 weeks. For all four participants, on all five behaviors, dramatic improvements occurred immediately following the introduction of wraparound.</p>

<p>Comparison study (12 months) of youth in a <b>mental health</b> system of care in Nebraska: 271 in wraparound vs. 157 in Multisystemic therapy (MST) vs. 28 who received both wraparound and MST</p>	<p>Reay, W. E., Garbin, C. P., &amp; Scalora, M. (2003). The Nebraska evaluation model: Practice and policy decisions informed by case and program specific data. In C. Newman, C. J. Liberton, K. Kutash, &amp; R.M. Friedman (Eds.). <i>The 15th annual research conference proceedings, a system of care for children's mental health: Expanding the research base</i> (pp. 49-52). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.</p>	<p>Outcomes assessed were limited to child functioning as measured by the CAFAS. All three groups showed significant improvements over the 12-month period, but no between-group differences were found.</p>
---	--	--