Program Quick Indicator (QI) Packet
Evidence Based and Promising Practice EBP

One form must be must be submitted once for each current program (EBP/PP) and any new/added programs. Download this form and drop in or enter the text needed electronically, then print out completed packet. Send completed packet to proper DHHS Service Area Representative and DHHS Central Office Representative.

Contractor: KVC Behavioral HealthCare Nebraska, Inc.

Name of Program: Wraparound

Service Area: Eastern and Southeast

Program Summary/Description: ***A brief overview of what the program is, program model, goals, key components, etc…***

Wraparound is a team-based planning process intended to provide individualized and coordinated family-driven care. *Wraparound* is designed to meet the complex needs of children who are involved with several child and family-serving systems (e.g. mental health, child welfare, juvenile justice, special education, etc.); who are at risk of placement in institutional settings; and who experience emotional, behavioral, or mental health difficulties. The *Wraparound* process requires that families, providers, and key members of the family's social support network collaborate to build a creative plan that responds to the particular needs of the child and family. Team members then implement the plan and continue to meet regularly to monitor progress and make adjustments to the plan as necessary. The team continues its work until members reach a consensus that a formal *Wraparound* process is no longer needed.

The values associated with *Wraparound* require that the planning process itself, as well as the services and supports provided, should be individualized, family driven, culturally competent and community-based. Additionally, the *Wraparound* process should increase the "natural support" available to a family by strengthening interpersonal relationships and utilizing other resources that are available in the family's network of social and community relationships. Finally, Wraparound should be "strengths-based," helping the child and family recognize, utilize, and build talents, assets, and positive capacities.

Topics/Areas of interest: ***Topics or areas of interest this program covers (i.e. substance abuse, parenting, etc...)***

Care Management/Team Based Planning Process

Outcomes: ***Specified outcomes of the program/EBP.***

Children are maintained at home with family & Placement Stability:

C.1. 50% Eastern Service Area and 50% Southeast Service Area children will be served in their family home.

G.1. 84.27% Eastern Service Area and 87.18% Southeast Service Area children in care for <12 months will have 2 or fewer foster care placements.

TBA% Eastern Service Area and TBA?% Southeast Service Area children in care for 12 months to 24 months will have 2 or fewer foster care placements.

TBA% Eastern Service Area and TBA% Southeast Service Area children in care for >24 months will have 2 or fewer foster care placements.

Study Populations: ***Intended population***

Populations for which intervention is valid:
Gender: Both
Race/Ethnicity: Not designed for specific racial/ethnic/cultural groups
Ages: 0-18
Geographic Location (e.g. Urban, Rural, Frontier): No limitations noted.

Designed for children and youth with severe emotional, behavioral, or mental health difficulties and their families. Most often these are young people who are in, or at risk for, out of home, institutional, or restrictive placements; and who are involved in multiple child and family-serving systems (e.g. child welfare, mental health, juvenile justice, special education, etc.). Wraparound is widely implemented in each of these various settings; however, because the youth have multi-system involvement, wraparound participants have many similarities across settings.

Settings: ***Intended Setting***

Typically conducted in a(n): Birth Family Home, Foster/Kin Home, Adoptive Home, Community Agency, and Residential Care Facility.

Level of Evidence: ***Please check the appropriate box in accordance with the program.***

☐ **Promising Practice**

- All elements of Evidence-Informed/Emerging plus:
  - One study, quasi-experimental design with control or comparison group
  - Model fidelity

AND ANSWERS YES TO ALL THE FOLLOWING QUESTIONS:

- Does the program:
  - Meet all the requirements for Evidence-Informed/Emerging?
  - Have at least one study using quasi-experimental study design with control or comparison group?
  - Demonstrate model fidelity?

"Wraparound is rated as a "Promising Research Evidence" on the Scientific Rating Scale of The California Evidence-Based Clearinghouse for Child Welfare based on the published, peer-reviewed research available. Such a practice must have at least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) establishing the practice's benefit over the placebo, or found to be comparable to or better than an appropriate comparison practice.

Implementation/Research History/References: ***Publications, websites, contact information for a person or entity regarding this program, or any other info regarding the "evidence" of the program.***

Implementaion/Research History

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? *Journal of Child and Family Studies*, 5(1), 39-54.

Bruns, E.J., Rast, J.,Peterson, C., Walker, J., & Bosworth, J. (2006). Spreadsheets, service providers, and the statehouse: Using data and the wraparound process to reform systems for children and families. *American Journal of Community Psychology,* 38, 201-212.

Carney, M.M, & butell, F. (2003). Reducing juvenile recidivism: Evaluating the wraparound services model. *Research on Social Work Practice, 13(5)*, 551-568.

Pullman, 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 and Delinquency,* 52(3), 375-397.

Evans, .E., Armstrong, .I., & Kuppinger, A.D. (1996) . Family-centered intensive case management: A step toward understanding individualized care. *Journal of VChild and Family Studies,* 5(1), 55-56.

Bickman, L., Smith, C., Lambert, E.W., & Andrade, kA.R. (2003). Evaluation of a congressionally mandated wraparound demonstration. *Journal of Child and Family Studies,* 12(2), 135-156.

Hyde, K.L., Burchard, J.D., & Woodworth, K. (1996). Wrapping services in an urban setting. *Journal of Child and Family Studies,* 5(1), 67-82.

Myaard, .J., Crawford, C., Jackson, M, and Alessi, G. (2000). *Journal of Emotional and Behavioral Disorders,* 8(4), 216-229.

Stambaugh, L.F., Mustillo, S.A., Burns, B.J., Stephens, R.L., Baxter, B., Edward, D., & DeKraai, M. (2007) Outcomes from Wraparound and Multisystemic Therapy in a center for mental health services system of care demonstrations site.

Crusto, C.A., Lowell, D.I., Paulicin, B., Reynolds, J., Feinn, R.., Friedmanh, S.R., & Kaufman, J.S. (2008). Evaluation of a wraparound process for children exposed to family violence. *Best Practices in Mental Health*, 4(1), 1-18.

References

National Wraparound Initiative. (2008). *Resource guide to Wraparound.* Retrieved on November 29, 2008, from http://www.rtc.pdx.edu/NWI-book/index.shtml

Walker, J. S., Bruns, E. J., Rast, J., VanDenBerg, J. D., Osher, T. W., Koroloff, N., et al. (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. Presented as pages 5-16. Retrieved on September 3, 2009, at http://www.rtc.pdx.edu/PDF/PhaseActivWAProcess.pdf.

Bruns, E. J., Walker, J. S., Adams, J., Miles, P., Osher, T. W., Rast, J., et. al. (2004). *Ten principles of the wraparound process*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and

Children's Mental Health, Portland State University. Retrieved online on September 4, 2007 at http://www.rtc.pdx.edu/PDF/TenPrincWAProcess.pdf

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

Clark, H. B., Prange, M. E., Lee, B., Stewart, E. S., McDonald, B. B., & Boyd, L. A. (1998). An individualized wraparound process for children in foster care with emotional/behavioral disturbances: Follow-up findings and implications from a controlled study. In M. H. Epstein, K. Kutash & A. Duchnowski (Eds.), *Outcomes for children and youth with emotional and behavioral disorders and their families: Programs and evaluation best practices* (pp. 513-542). Austin, TX: Pro-ED, Inc.

Websites:

http://www.rtc.pdx.edu/nwi/
http://depts.washington.edu/wrapeval/index.html

Contact information for a person or entity regarding this program, or any other info regarding the "evidence" of the program:

Contact name: Janet S. Walker, PhD
Affiliation/Agency: Director of Research and Dissemination, Research and Training Center on Family Support and Children's Mental Health and Co-Principle Investigator, National Wraparound Initiative;
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Phone: 503-725-8236
Fax: 503-725-4180

Adaptations: ***Any adaptations being made to the program model***

None

Description of Measures for each outcome: ***Name, describe, and include a copy the measures used for each outcome indicated previously.***

The measures for each outcome will be the same as required by contract for the respective measure.

Fidelity Measures: ***List, describe, and include a copy of all fidelity tools used, INCLUDING the tool used to ensure fidelity for any adaptations.***

See attached documents:
Wraparound Fidelity Index 4 Demographics Form
Wraparound Fidelity Index 4 Wraparound Facilitator Form
Wraparound Fidelity Index 4 Caregiver Form
Wraparound Fidelity Index 4 Youth Form
Wraparound Fidelity Index 4 Team Member Form

The Wraparound Fidelity Index (WFI) evaluates implementation of the wraparound care management process through interviews with parents or caregivers, youth, wraparound facilitators and wraparound team members. The WFI is provided by the Wraparound Evaluation and Research Team (WERT) which also supplies a user manual and PowerPoint for training interviewers.

Processes and any measures used to ensure appropriate implementation: ***This is to include a summary of the processes (list, describe, and a copy of if applicable) used to ensure the proper implementation of the program (manual availability, staff development, supervision, program evaluation) any measures (list, describe, and a copy of) used.***

See below

New Program Implementation Plan/Time line:
If installing a new program, fill in the following questions. New program is defined as an EBP or non-EBP any program that is not fully implemented by the beginning of the DHHS contract period (November 1st).

Broad Tasks	**Subtasks**	**Target completion date**
Selecting/hiring all required staff to implement the program (include the total number of staff and the credentials required: direct service staff, administrative staff, supervisory staff, and so on.)	List specific staff position to be filled: Care Coordinators, Supervisors and Directors	11-1-09 for initial staff and ongoing for new hires.

Initial training of program staff	List training topics: Basic learning objectives: Understand that wraparound is a process, not a service. Understand the 10 principles of wraparound. Understand the core phases and activities of wraparound as defined by the National Wraparound Initiative Understand the fidelity measures.	Initial training is completed. However ongoing, new staff will receive initial training as part of new hire initial training.
Ongoing training of program staff	List training topics: Refresher training as indicated by fidelity measures.	Ongoing
Training for staff supervisors:	List training topics: Basic learning objectives: Understand that wraparound is a process, not a service. Understand the 10 principles of wraparound. Understand the core phases and activities of wraparound as defined by the National Wraparound Initiative Understand the fidelity measures. Assessing use of wraparound during supervision.	Initial training is completed. However ongoing, new staff will receive initial training as part of new hire initial training.
Collecting data (outcome measures as indicated by the EBP/program)	How collecting data, what tool is being used, how going to analyze and report: As the outcomes measures being used are	

	outcomes required by the contract, data will be collected and analyzed as per the contract.	
Documenting expectations for how the program will be delivered (such as creating a manual or protocol)	Create protocol	2-1-10
Assessing the consistent delivery of the program	What are the fidelity measures, identify at what point will be assessed KVC will formally use the WFI-4 to ensure fidelity and will comply with the requirements for usage of this tool.	Supervisors will be supervising to fidelity on the ten principals of the wraparound process beginning 10/1/09. In January 2010, evaluation coordinators and data collection staff will be identified. In February 2010, KVC will begin providing staff with an orientation to the WFI-4, discuss data collection and uploading protocols, and present timeline for sample selection and training on the online data entry and reporting system. In March 2010, KVC will train data collectors to criteria. In April 2010, data collectors will begin work.
Other Necessary Tasks		