

## *Theory and Research: Chapter 3.4*

# National Trends in Implementing Wraparound: Results from the State Wraparound Survey, 2007

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One of the most frequently cited studies on the wraparound process is a national survey conducted in 1998 examining wraparound implementation across the U.S. This study (Faw, 1999), conducted by Duke University and the Georgetown National Technical Assistance Center for Children's Mental Health and published in the Burns & Goldman (1999) monograph on wraparound, used surveys of state mental health directors to estimate that wraparound was available in 80%- 90% of states and U.S. territories. Based on estimates provided by 24 of the responding 49 states and territories, the authors also estimated that as many as 200,000 youth may be served by the wraparound process annually.

Though the number of youth served by wraparound was impressive, the study also found that fewer than half the states had any defined standards for wraparound implementation, that only about half had dedicated resources to support wraparound training and professional development, and that few states measured fidelity or were conducting program evaluation. The authors concluded that there was a "lack of a concurrent definition" of wraparound at the time of the survey, and that results pointed to "a need for a definition as well as an established set of standards" (p.64).

Nearly 10 years later, Dr. Faw (now Dr. Stambaugh) partnered with the National Wraparound Initiative (NWI) and the University of Washington Division of Public Behavioral Health & Justice Policy, to conduct a follow up of the 1998 survey. With wraparound having indeed become better un-

derstood and standards more consistently established in the intervening years, the purpose of the new study was to gain an updated and more refined estimate of the number of wraparound initiatives and participating youth. As with the original study, the intent was also to better understand how wraparound implementation was being supported in different places across the country, and collect qualitative information about implementation successes, barriers, and lessons learned. In the rest of this article, we will present an overview of the methods and results from this nine-year follow-up to the State Wraparound Survey.

## Methods

A 17-item survey about wraparound implementation in the respondent's home state was created, based on the original 13-item survey used in 1998. This survey was mailed to Children's Mental Health Directors (as identified by the National Association of State Mental Health Program Directors or NASMHPD) in all 50 states, 4 U.S. territories, and the District of Columbia.

For this update to the original 1998 study, wraparound was defined using more precise language, using descriptions based on the model specification work of the National Wraparound Initiative (Walker & Bruns, 2006). Specifically, respondents were asked to report on initiatives in their state that adhered to the following definition:

Wraparound is a team-based process to develop and implement individualized service and support plans for children with serious emotional and behavioral problems and their families. Wraparound implementation is typically facilitated by a trained wraparound facilitator or care coordinator, who works with a team of individuals relevant to the youth and family. The wraparound process also ideally includes the following characteristics:

1. **Efforts are based in the community;**
2. **Services and supports are individualized to meet specific needs of the children and families;**
3. **The process is culturally competent and strengths-based;**

4. **Teams have access to flexible funding;**
5. **Family and youth perspectives are sought and prioritized;**
6. **Team members include people drawn from family members' natural support network;**
7. **The wraparound plan includes strategies that draw on sources of natural support;**
8. **The team monitors progress on measurable indicators of success and changes the plan as necessary.**

Respondents could complete the survey online, via hard copy, or via email. Respondents that did not return surveys were sent two email reminders, after which they were reminded by phone calls from the study team. For approximately 10 states whose identified respondent did not respond to email or phone reminders, the research team contacted colleagues in the state for potential alternate respondents who would be adequately knowledgeable about wraparound implementation in the state to complete the survey. Five states' surveys were completed through this mechanism.

## Results

**Response rates.** Surveys were ultimately completed for 47 states, one territory, and D.C., for a total return rate of 89.1% (49 out of 55 possible states and territories). This is the same overall return rate as for the 1998 survey, when 46 states, two territories and D.C. responded. (For convenience sake, we will refer to responding states, territories, and D.C. collectively as "states" in the rest of this report.).

**Numbers of programs and youth served.** Of the 49 states who responded to the survey, 87.8% (n = 43) reported having some sort of wraparound program in their state in 2007. This is exactly the same number and percent that reported wraparound availability in 1998. Of the 43 states reporting a wraparound initiative, 42 gave estimates of the number of children served statewide. Among states that could provide estimates, a total of 98,293 children were estimated to be served by wraparound, in a reported 819 unique



programs across the 43 responding states. The mean number of youth served in states reporting wraparound programs was 2,337, and the median was 852.5. This is compared to a mean of 3,802 in 1997 (median 1,162).

There were wide variations in the number of children served per state, which was very positively skewed and ranged from 66 to 18,000 ( $SD = 3,676$ ). Five states (North Carolina, Arizona, Kentucky, Maine, and Florida) reported over 5,000 youth served annually, while there were also five states reporting fewer than 100 youth served annually and 21 that reported under 1000 served annually. There were also vast differences in the number of unique wraparound initiatives or programs estimated to be operating in each state, which ranged from 1 to 134 ( $SD = 30.5$ ). Five states



(Georgia, Ohio, Michigan, Illinois, and Indiana) reported at least 50 unique wraparound programs in the state.

**Statewide or local implementation.** In 2007, 60% of states with wraparound projects (26 of 43) reported that wraparound is a statewide effort, as opposed to 17 (40%) which were implemented through one or more local effort(s). This is a decrease in reported state wraparound initiatives from 1998, when 81% of states (35 of 43) reported that wraparound was a statewide effort. States reporting statewide implementation reported a mean of 3,227 youth served ( $SD = 4367$ ) versus only 946 youth served ( $SD = 1366$ ) for states with local implementation only ( $t(39) = 2.47$ ;  $p < .05$ ). Overall, 13 of the 16 states serving 2,000 or more

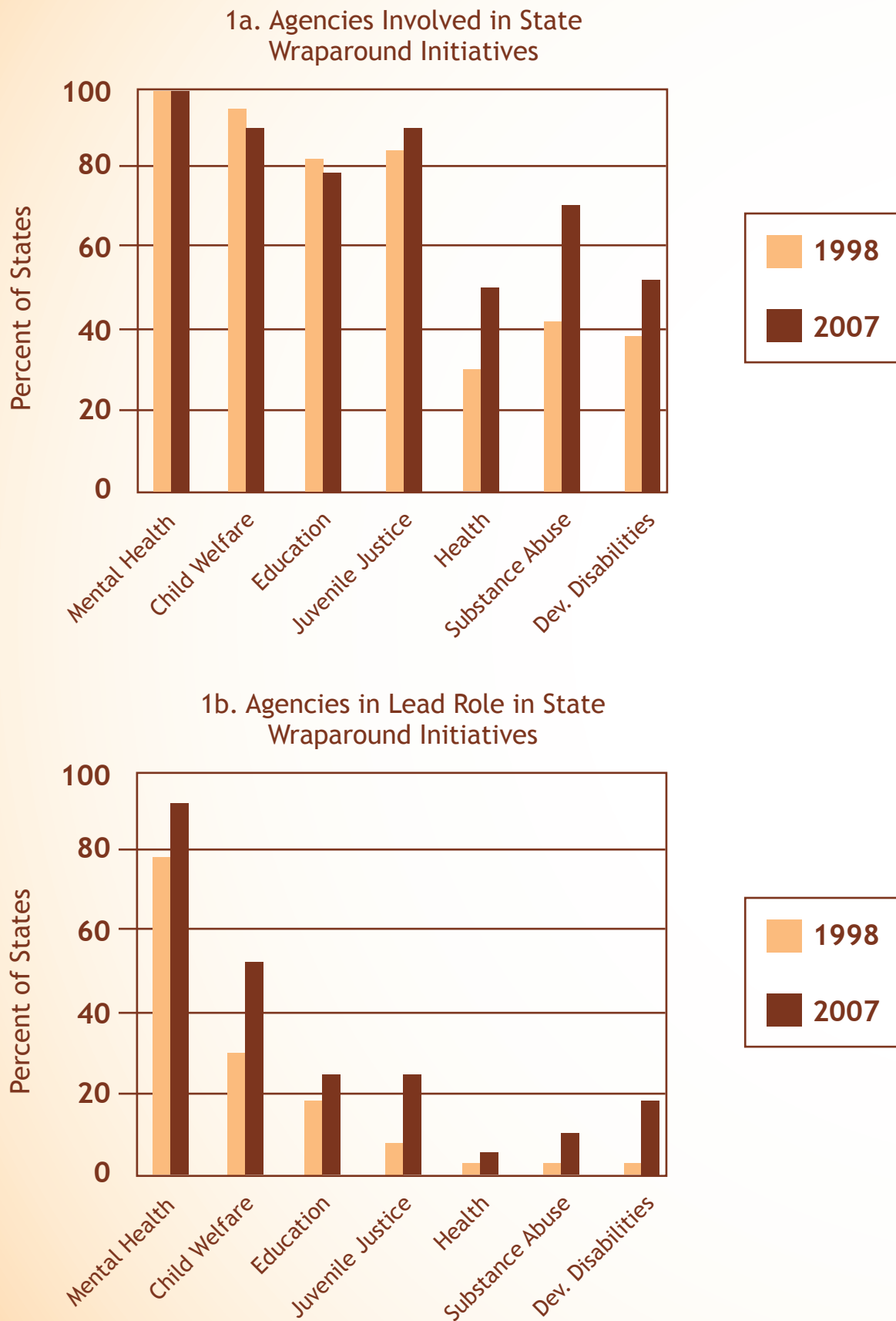
youth via wraparound reported having a statewide wraparound initiative.

Not surprisingly, states with statewide implementation also had a higher mean number of wraparound programs. States with statewide implementation reported a mean of 22.5 ( $SD = 36.2$ ) unique wraparound programs in the state compared to 14.3 ( $SD = 18.9$ ) for states with local implementation only. At the same time, about half (7/16) of the states serving 2,000 or more youth reported only one “unique wraparound program or initiative” in the state, and all of these states said that wraparound is a statewide initiative. This suggests that the reported number of wraparound programs in a state may be influenced by semantics, with some respondents considering a statewide initiative to be a single program, with others reporting unique programs in terms of local catchment areas, counties, or lead provider agencies implementing wraparound within an overall statewide effort.

**Agencies taking part in wraparound initiatives.** Figure 1 presents the percent of states for which different child-serving agencies were reported to be involved in the state’s wraparound initiative(s), both in 1998 as well as 2007. As shown, the agencies most frequently involved in implementing wraparound efforts in 2007 were, in order of frequency: (1) Mental Health (100%); (2) Child Welfare (90%); (3) Juvenile Justice (90%); and Education (81%). These agencies were represented at similar rates in wraparound initiatives in 1998. However, more states are reporting active involvement by health, substance abuse, and developmental disabilities agencies in 2007 than was reported in 1998. Overall, in 2007 a mean of 5.26 ( $SD = 1.69$ ) agencies were reported to be involved in the state wraparound initiative(s), compared to 4.67 ( $SD = 1.62$ ) in 1998, a marginally significant difference ( $t(39) = 1.704$ ;  $p < .10$ ).

We also investigated whether statewide implementation of wraparound was associated with greater number of agencies involved. Indeed, states reported to be implementing wraparound statewide were found to have a mean of 5.54 agencies involved ( $SD = 1.56$ ), compared to 4.94 ( $SD = 1.77$ ) for states in which wraparound was being implemented locally. This difference, however, was not significant.

**Agencies in lead role.** The agencies most

**Figure 1. Agencies Involved with State Wraparound Initiatives**

often identified as taking the lead role in wrap-around efforts were: (1) Mental Health (93%); (2) Child Welfare (52%); (3) Juvenile Justice (24%); and Education (24%). As shown in Figure 1, child welfare, juvenile justice, and developmental disabilities were all much more likely to be in a lead role in 2007 than in 1998. However, it is important to note that more agencies in general were reported to be in a “lead role” in 2007 than in 1998.

**Wraparound by any other name.** In 2007, 76% of states reported that terms other than “wraparound” were used to describe their programs. This was compared to only 54% of states in 1998. The most common terminologies used for wraparound-type initiatives in 2007 were: (1) Child & Family Teams (34% of states had at least one program that used this term); (2) Care Coordination/Coordinated Services (14%); (3) Individualized Treatment Plan or Individualized Service Agreement (14%); and (4) Team (or Family) Decision Making (14%). Other reported terms included:

Children’s System of Care Initiative, Family Centered Practice, Intensive Community Based Treatment & Supports, and Family Support Teams.

**Wraparound standards.** The 2007 survey showed that 23 of the 41 states (56%) with wrap-around programs (and that responded to the item) reported having some type of written standards for wraparound. This is an increase in use of written standards for wraparound from 1998, when 17 states (40%) reported having written standards.

Though this increase may be viewed as a positive change toward greater accountability, it should be noted that many of the respondents who provided details said that standards were from a training entity or that are incorporated into a fidelity scale that is being used in the state. Thus, the number of states that have incorporated practice standards directly into provider or agency contracts or reimbursement codes is likely to be much fewer than the 23 that reported having some type of standards.

Interesting differences emerged for states

**Table 1. Characteristics of States with and without Written Standards for Wraparound Implementation**

	States with Written Standards (n = 23)	States without Written Standards (n = 18)
Statewide wraparound initiative	74%**	44%
Local initiative(s) only	26%	56%
In-state resources for training and professional development	74%	61%
No such state resources	26%	39%
Fidelity is monitored in the state	83%**	50%
Fidelity is not monitored	17%	50%
Mean number of agencies involved (SD)	5.65 (1.37) *	4.78 (1.87)
Mean number of programs (SD)	25.4 (34.2)	12.7 (25.6)
Mean number of youth served (SD)	2914 (4274)	1823 (2852)

\*\* $p < .05$ ; \* $p < .1$



with standards versus those without standards. (See Table 1.) First, among states with written standards, more reported having statewide wraparound initiatives (74%) than among states without standards (44%) (*chi-square* (1) = 3.69;  $p=.05$ ). Second, as shown in Table 1, 83% of states with written standards reported formal fidelity monitoring in the state, versus only 50% of states without standards (*chi-square* (1) = 4.96;  $p<.05$ ). Third, states with written standards also reported more agencies being involved in their wraparound initiative than states without written standards, 5.65 on average versus 4.78 ( $t(39) = 1.73$ ;  $p<.1$ ). Finally, states with written standards also tended to have more sites implementing wraparound in their state (25.4 versus 12.7 on average); and served more youth overall (2,914 versus 1,823).

**Implementation resources.** In the current survey, 71% of states that reported having wraparound in their state also reported that there were in-state resources available for wraparound training and professional development. Though fewer than three-fourths of states reported having in-state resources for training, 97% of states reported having some sort of in-service training in the last 5 years. This is compared to 86% in 1998. Interestingly, unlike existence of standards, availability of in-state resources for wraparound implementation did not differ significantly for

states with statewide versus local wraparound initiatives.

**Fidelity measurement.** Of the 42 states that responded, 28 (67%) stated that fidelity measurement was conducted. As shown in Table 2, whether states collected fidelity data did not differ by statewide versus local implementation. Among states that measured fidelity, a higher percentage reported having standards for wraparound, compared to the percentage among states not measuring fidelity (68% versus 31%; *chi-square* (1) = 4.96;  $p<.05$ ). States that measured fidelity were also more likely to have an in-state training and TA resource (75% versus 61%), but this difference was non-significant. In summary, states that measured wraparound fidelity were more likely to have written standards and in-state resources for training and professional development. Whether a state measures fidelity does not appear to relate to the existence of statewide vs. local initiatives.

**Evaluation.** In 2007, 42 states responded to an item inquiring about whether a formal evaluation had been conducted in the state on one or more of its wraparound programs. Thirty-one respondents reported that one had been conducted (74%). This is in comparison to only 9 of 31 states (29%) that responded affirmatively to this item in 1998. As shown in Table 3, states that reported formal evaluation were more likely to have a statewide

**Table 2. Characteristics of States that Report Conducting Fidelity Monitoring**

	States Reporting Fidelity Measurement (n = 28)	States without Fidelity Measurement (n = 14)
Statewide wraparound initiative	61%	64%
Local initiative(s) only	39%	36%
Written standards for wraparound	68%	31%
No written standards	32%	69%*
In-state resources for training and professional development	75%	61%
No such state resources	25%	39%

\* $p < .05$

**Table 3. Characteristics of States with and without Recent or Ongoing Formal Wraparound Evaluation**

	States with Written Standards (n = 23)	States without Written Standards (n = 18)
Statewide wraparound initiative	65%	55%
Local initiative(s) only	35%	45%
Written standards for wraparound	61%	36%
No written standards	39%	64%
Fidelity is monitored in the state	74%*	45%
Fidelity is not monitored	26%	55%
In-state resources for training and professional development	74%	55%
No such state resources	26%	45%

\* $p < .1$ 

wraparound initiative, to have written standards, and to measure fidelity of implementation. The only significant difference among these, however, was for measurement of fidelity (*chi-square* (1) = 3.018;  $p < .05$ ).

**Responses to open-ended questions.** Respondents were asked “what lessons have you learned from your experience with implementing wraparound in your state?” Thirty-six of the 43 states reporting wraparound programs responded to this item, providing a total of 92 unique statements. As shown in Table 4, over two-thirds of these statements were related to three issues: Maintaining fidelity (n=28), ensuring stakeholder buy-in and engagement (n=18) and maintaining active family and youth participation and engagement (n=17). After these, funding/sustainability (n=13), inter-agency collaboration (n=8), outcomes (n=6), and definitional issues regarding wraparound (n=4) were all identified as themes.

Regarding the topic of **maintaining quality and fidelity**, the majority (n=15) of statements emphasized the importance of training, quality assurance, and maintaining fidelity to the wrap-around model. For example, one respondent re-

ported “Fidelity processes are very important but are time consuming and it is difficult to find funds to support the process.” Others reported that staff training and coaching were important for ensuring certain aspects of the model were achieved, such as using a strengths based approach or including natural supports on teams and in plans.

In other statements (n=5), respondents noted specific types of data collection necessary to support wraparound implementation. For example, one respondent stated, “treatments should be monitored for congruence to the plan, otherwise you end up with two distinct plans/approaches.” Finally, n=5 respondents reported specific approaches in their state for ensuring fidelity, training, and/or support. Examples included using national experts, developing local training entities, and/or efforts to train and mobilize family advocates. One respondent gave this advice: “utilize technical assistance from the “experts,” but don’t be afraid to challenge them to look ‘outside the box’ of unique characteristics of your local area.”

Of the 18 statements pertaining to **stakeholder engagement and buy-in**, the vast majority simply

emphasized the need to “build community buy-in and meaningfully engage stakeholders before implementing wraparound.” Stakeholders were

identified broadly as individuals such as partner agency leaders and middle managers, as well as partner agency staff and members of the provider

**Table 4. Summary of Statements (n=94) Coded from Qualitative Data in Response to the Question “What Lessons Have you Learned About Implementing Wraparound in Your State”**

Theme	N Statements	Percent of Total (n=96)
<b>Fidelity and Quality Assurance</b>	<b>28</b>	<b>30%</b>
General - important to maintain fidelity	15	16%
Developed specific methods for monitoring	5	5%
Specific models for Training/Professional Dev.	5	5%
Problems with staffing/turnover	3	3%
<b>Buy-in/Stakeholder Engagement</b>	<b>18</b>	<b>19%</b>
Community & Stakeholders engagement	16	17%
Staff engagement and buy-in	2	2%
<b>Family &amp; Youth Voice</b>	<b>17</b>	<b>18%</b>
Importance of having family/youth engagement	9	10%
Family members as Facilitators/Trainers	5	5%
Family Voice at the Service Delivery Level	3	3%
<b>Funding Needs/Cost</b>	<b>13</b>	<b>14%</b>
General - fiscal issues	8	9%
Importance of flex funds	5	5%
<b>Interagency Collaboration</b>	<b>8</b>	<b>9%</b>
Methods to develop/importance of	8	9%
<b>Outcomes</b>	<b>6</b>	<b>6%</b>
Importance of and difficulty documenting	6	6%
<b>Defining Wraparound</b>	<b>4</b>	<b>4%</b>
General concerns	4	4%
<b>Total</b>	<b>94</b>	<b>100%</b>



community.

In a related theme,  $n=17$  statements pertained to the importance of **youth and family member participation** at the community as well as engagement at the individual family level. Most of these statements underscored the importance of this buy-in and participation across all levels of effort, but a number ( $n=5$ ) also referred to the importance of or local efforts to train youth and family members as navigators, facilitators, and support partners.

Respondents' statements related to **funding and sustainability** were very diverse. Five of the 13 statements in this theme highlighted the importance of flexible funding to implementing wraparound on the ground level. The remaining open-ended feedback provided a range of insights, including the following statements:

- "Seed funding is artificial. Better to make agencies commit to blending funds and recapturing savings."
- "Financial support for families' involvement is hard to come by, but it is very important."
- "Whenever you share funds, you share accountability."
- "Need to set up payment mechanisms very carefully so that they do not become unwieldy as program services grow."
- "The importance and difficulty of blended funding... we struggle when children fit many funding silos."
- "Joint funding gave communities the initiative to create other funding sources."
- "Fundraising is critical key to sustainability."
- "Need to ensure that planning activities with the model are reimbursed through either Medicaid or state funding."

Eight statements presented suggestions, challenges, and lessons learned about **creating infrastructure for collaboration**. For example, "training [is needed] on how to integrate different plans from different systems into a single plan of care." And, "although it has been a positive process for coordinating services among multiple agencies,

[wraparound] has not been able to address the development of specialized services and supports that are not available within traditional funding streams." Another respondent noted that "The team approach is what sustained wraparound through funding cuts, leadership changes, and overall changes in our system."

The remaining coded statements fell into two categories. Regarding **outcomes** ( $n=6$ ), most respondents lamented not having better ability to measure and document outcomes. One was much more specific, stating that, "we have been doing 'low fidelity wraparound' for 15 years. It is costly and we have little data to demonstrate effectiveness." Finally, four respondents provided responses related to **understanding the wraparound model**. One simply said that "understanding what 'wraparound' is, is a challenge," while another said, "after seven years, communities still struggle with the term." Another stated, "the wraparound process should be considered as a *strategy*, not as a model—the strategy is more adaptable to each specific community and populations, while the *model* is more restricted and less flexible."

## Discussion

This paper presents some basic results of a follow-up survey about the scope and nature of wraparound implementation nationally. Identical to 1998 results, 49 states returned a survey and 43 (88%) reported one or more wraparound efforts in their state. Among the six states that reported no wraparound availability in 2007, four also reported no wraparound in 1998. Only one state—Virginia—reported having wraparound in 1998 but not in 2007, and follow up conversations with officials in Virginia reveal that a state wraparound conference and initiation of two wraparound efforts occurred in late 2007. Thus, the official number of states implementing wraparound in 2007 might be more accurately reported as 44 of 49.

Though the number of states reporting wraparound implementation may be stable or increasing, the total estimated number of youth served nationally was found to be lower than the 1998 estimate of 200,000. This is likely due to the more stringent definition of wraparound used in the 2007 survey, which was provided in order to ensure that estimates of wraparound reflect im-

plementation of a more specific model, such as that defined by the National Wraparound Initiative (Walker & Bruns, 2006). Though the definition presented in the 2007 survey includes components of the previous description, it also specifies, for example, that wraparound features a specific individual who serves as a care coordinator or facilitator, that there is a team, and that certain activities are occurring, such as engaging sources of natural support, monitoring progress on measurable indicators of success, and regularly reviewing and changing an individualized wraparound plan. In general, movement in the past decade toward viewing wraparound as a definable team-based care coordination model for youth with the most serious and complex needs (rather than a philosophy of care for all youth with behavioral and emotional concerns) is likely to have led to lower estimates of total enrolled youth.



Such shifts in conceptualization may also be responsible for the reduction in the percent of states reporting statewide wraparound efforts, from 81% in 1998 to 58% in 2007. In 2007, with wraparound being conceived as a model as well as a philosophy, more state informants are reporting that wraparound is available through local providers, programs, and initiatives.

At the same time, however, the percent of states reporting existence of standards for implementation has increased, from 40% to 56%. Though having a statewide wraparound initiative is significantly associated with existence of standards, it is not just states with statewide wraparound initiatives that are reporting existence of standards:

A number of states that reported that wraparound is overseen by local efforts nonetheless reported having state standards. In general, this trend toward use of standards probably reflects recent emphasis on defined and/or manualized “evidence based practices,” more specific descriptions of the wraparound process, and a growth in literature on system and program conditions required to implement wraparound (e.g., Bruns, Suter, & Leverentz-Brady, 2006; Walker, Koroloff, & Schutte, 2003). Thus, there seem to be trends toward addressing a concern that was prominent in the children’s services field in the late 1990s: that wraparound was not well-enough specified to be implemented consistently and subjected to research (Clark & Clarke, 1996; Rosenblatt, 1996).

Along with greater prominence of standards, a number of seemingly positive trends were observed from the 2007 survey results. For example, states are reporting a greater number of agencies being actively involved in wraparound implementation, and a greater diversity of child-serving systems taking a lead role, including child welfare, juvenile justice, and education. This latter finding likely reflects the expansion of the wraparound model toward serving a more diverse set of purposes and populations (see John VanDenBerg’s article on this phenomenon elsewhere in this *Resource Guide*). In addition, results show that 71% of states providing wraparound have in-state resources for wraparound training and professional development, 67% report measuring fidelity, and 97% have had some sort of training provided in the past five years (an increase from 86% in 1998). Perhaps not surprisingly, all the trends reported above, particularly involvement of multiple agencies and fidelity monitoring, are associated with the presence of written standards for wraparound implementation, and nearly all of these associations are statistically significant.

Finally, 74% of states report having conducted formal evaluation of their wraparound initiative(s) in 2007, compared to only 31% in 1998. States with formal evaluation studies were significantly more likely to report measuring fidelity as well. This finding may speak to a greater overall attention to evaluation in these states; however, it may also mean that the evaluation that is being conducted in these states is largely focused on fidelity or implementation assessment, more so than out-



comes. This hypothesis is supported by responses to open-ended questions in which many respondents reported difficulty in collecting outcomes data and documenting outcomes in general.

**Implications & Recommendations.** Extrapolating from current results leads us to an estimate of over 800 wraparound programs nationally, serving approximately 100,000 youth and their families. As mentioned above, this number is lower than was derived from the 1998 survey. The estimate may be considered more accurate, however, given that it is based on a more stringent definition based on work done in the intervening decade to better specify wraparound (Walker & Bruns, 2006). Unfortunately, the definitional change makes it difficult to determine trends in numbers of youths served via the wraparound process over time. The fact that the same number of states report implementation of wraparound in 2007 as did in 1998, however, suggests that efforts to deploy wraparound (however it may be conceptualized) have been relatively stable over the past 10 years. But it remains difficult to say with any real certainty.

Nonetheless, if accurate, the estimate provided from this survey would mean that wraparound is being employed far more often than other prominent community-based treatment models for youth with serious and complex needs. This includes five times as many youth as multisystemic therapy (MST; Henggeler et al., 1998), which is estimated to serve 19,000 youths; three times more youth than Functional Family Therapy (FFT; Alexander, Pugh, Parsons, & Sexton, 2000), which is estimated to serve 30,000 youth annually; and many times more youth than Multidimensional Treatment Foster Care (MTFC; Chamberlain & Reid, 1998), which is estimated to serve 1,000 youth annually (Evidence-Based Associates, 2008).

This is probably not surprising, given that wraparound is conceived as a system-level intervention that has the capacity to serve children with a range of concerns, as opposed to MST, FFT, and MTFC, which are tailored to serve children who meet specific eligibility criteria. But nonetheless, one major implication of the current research is that the wraparound process, even with the greater specification and narrowing of its definition, is quite extensively implemented relative

to other community-based models for the same population. As such, it deserves significant attention from researchers and developers so that the likelihood of its *successful* deployment for these many youth is as likely as possible. Given that MST, FFT, and MTFC generally are considered to have been tested through more rigorous research than wraparound, this implication becomes all the more important.

Fortunately, far from a reluctance to deal with these issues, results of this study show that there has been an increase in the attention paid to wraparound quality and fidelity over the past decade. Results indicate that use of state-level standards, in-state training and TA resources, fidelity monitoring, evaluation, and other implementation supports are all on the rise. This is also being reflected in an increase in the number and rigor of research studies on wraparound in the past five years (see review by Suter and Bruns in this *Resource Guide*).

At the same time, however, fewer states report that their wraparound initiatives are being overseen at the state level. This may be unfortunate, because results suggest statewide initiatives are associated with greater deployment of standards, active involvement by more agencies, and more consistent fidelity and quality monitoring. Even if counties or local programs are now more likely to oversee wraparound efforts, it may be advantageous for states to be in the business of overseeing implementation efforts in some way, such as through establishment of standards and/or monitoring of adherence to standards of quality.

A final conclusion to take from the open-ended question posed to respondents is that wrap-

*In 2007, nearly every state and approximately 100,000 children and their families had some involvement with the wraparound process.*



around implementation remains challenging for states, communities, and providers. Though the majority of comments suggested that wraparound is viewed as a major asset to states and their communities, many respondents noted the difficulty of maintaining fidelity to wraparound components such as flexible funds, individualization, and team-based coordination in the face of siloed systems, staff turnover, and limited and increasingly inflexible resources. It may be that, over the years, the accumulation of implementation failures related to such barriers is what has led to the term “wraparound” being used less and less frequently (as was found in this survey), in favor of finding new names for team-based individualized care programs that are less associated with past disappointments.

## Conclusion

The State Wraparound Survey is one part of a broad research agenda to better identify national trends and challenges regarding wraparound implementation. Though the research base on wraparound is progressing, it has been slow to develop due to its individualized and grassroots nature. Wraparound is also conceived as both a systems intervention as well as a strategy for working with individual children and families (Stroul, 2002; Walker, Bruns, & Penn in press), making it all the more challenging to implement. In general, much more research is needed on what factors lead to high-quality implementation of wraparound and improved health and well-being for the individuals who are engaged in it. This is particularly important when one considers that, in 2007, nearly every state and approximately 100,000 children and their families had some involvement with the wraparound process.

Though 100,000 may seem like a large number, one possible implication of the current study could be that far *too few* children and youth receive wraparound. According to the most recent estimates, there are 5-8 million youths with a serious emotional disturbance (SED) nationally (Costello, Messer, Bird, Cohen, & Reinherz, 1998; Friedman, Katz-Leavey, Manderscheid, & Sondheimer, 1998), and about one out of five of these youth receives mental health services of any kind (Kataoka, Zhang, & Wells, 2002). This means that,

at best, assuming no overlap in treatments received per youth, only 1-2% of youths with SED are engaged in the wraparound process and another 1% in one of the other intensive community-based treatments mentioned above. As for those 20% of youths with SED who receive some kind of service, our findings raise questions about the nature of supports provided to these youth, given that over 90% apparently do not receive wraparound or one of these other intensive community-based treatments. Though not all youth with SED require the intensity of wraparound, MST, FFT, or MTFC, it is unlikely that so few as 2-3% annually would benefit from engagement in one of these models.

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