A central principle of both Wraparound and systems of care is that children and families “have access to a broad array of effective community-based services and supports that address their physical, emotional, social, and educational needs.” Building and managing such a service array is also a core function of care management entities that are increasingly being used by states and large jurisdictions as a way to reform systems and provide effective, coordinated care for youth with complex needs.

Evidence continues to grow regarding the efficacy of home-and community-based clinical interventions, while residential and institutional settings continue to show limited long-term effectiveness. However, while research shows consistent positive effects for Wraparound regarding placements and costs, smaller effect sizes have been found for clinical and functional outcomes. One conclusion that has been reached is that systems of care and Wraparound cannot achieve a full range of desired outcomes without attending to the quality of clinical interventions provided for children and families. As a result, system builders have increasingly focused on building evidence-based practice (EBP) into systems of care, and ensuring that Wraparound-enrolled youth have access to EBP.

The quest to effectively coordinate EBP with Wraparound has led to a wealth of new research, development, and case studies on how to achieve this outcome. Some system-level strategies that have been increasingly pursued include the following:

» Systems leaders and community teams analyze availability of EBPs in the service array that are capable of meeting specific clinical needs experienced by Wraparound-enrolled youth (such as internalizing, externalizing, and trauma-related disorders), and invest strategically to fill gaps in that service array.

» Systems leaders and community teams invest in intensive, community-based EBPs for youth with complex needs. Examples of such intensive, multi-modal EBPs include Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Triple-P Positive Parenting Program. Such EBPs can co-exist with Wraparound in a system of care (even if some require their therapists to be in charge of the intervention efforts while youth are enrolled).

» Systems and provider organizations invest in specific office- and home-based EBPs that Wraparound teams can access for youth and families, and that can be one strategy in a youth/family’s Wraparound plan of care.
» Systems leaders and community teams regularly review data on needs and outcomes of youth and families to inform strategic investment in services.

Some **practice- and provider-level strategies** to consider include the following:

» Train clinicians in the system of care on manualized EBPs that can meet youth/family needs.

» Train clinicians in the system of care on modularized EBP approaches, such as PracticeWise’s [Managing and Adapting Practice](http://www.practicewise.com), which can be used to flexibly provide care that is both individualized and adaptive as well as based on research for “what works.”

» Train and supervise care coordinators to understand how to build plans of care that include EBPs while maintaining adherence to the strength-based, family-driven Wraparound philosophy.

» Train and supervise family and youth peer support partners to understand how to be effective “care extenders” for EBP elements that are in Wraparound plans of care.

### Resources Related to Evidence-Based Practices and Wraparound

The [National Wraparound Initiative (NWI)](http://www.nationalwraparoundinitiative.org) and its partners in the Technical Assistance Network have produced a number of resources that provide information about how to coordinate evidence-based clinical practice into Wraparound care management to improve outcomes for children and youth with complex behavioral health and other needs.

### Core Resources

» [Access to Supports and Services](#), in the [Wraparound Implementation Guide](http://www.nationalwraparoundinitiative.org) [NWI, 2011]

» Evidence Based Practice (Chapter 1.5) and Benefit Design/Service Array (Chapter 1.4) in [Systems of Care: A Primer](http://www.nationalwraparoundinitiative.org) [Georgetown TA Center, 2002]

» [Wraparound is Worth Doing Well: An Evidence-Based Statement](http://www.nationalwraparoundinitiative.org) [NWI, 2015]

» [CLC HUB Resource: Cultural Adaptation](http://www.nationalwraparoundinitiative.org) [TA Network, 2015]

» Evidence-Informed Practice in Systems of Care: Misconceptions and Facts – [TA Tool](http://www.nationalwraparoundinitiative.org) and [infographic](http://www.nationalwraparoundinitiative.org)
Webinars

(To locate NWI webinar recordings and other resources, access the archive and scroll down to find the webinar by date – more recent webinars will appear at the top of the list):

» Implementing Evidence Based Practice within Wraparound and Systems of Care [NWI, January 2015] [Slides]

» Coordinating Evidence Based Practices with Wraparound Using the Managing and Adapting Practice (MAP) System [NWI, May 2013] [Slides]

Technical Assistance Tools

» Family Driven, Individualized, and Outcomes Based: Improving Wraparound Teamwork and Outcomes Using the

» Managing and Adapting Practice (MAP) System [NWI, 2012]

» Managing and Adapting Practice (MAP) website

State Profiles and Case Studies

» Using Evidence-Based Programs to Meet the Mental Health Needs of California Children and Youth [California Institute for Mental Health, 2012]

» Evidence-Based Practices, Systems of Care, & Individualized Care [Friedman & Drews, 2005]

Peer Reviewed Articles


» Changing Organization Culture: Data-Driven Participatory Evaluation and Revision of Wraparound Implementation [Bertram, Schaeffer, & Charnin, 2014]

EBP Inventories

» Blueprints for Healthy Youth Development

» SAMHSA’s National Registry of Effective Programs and Practices

» California Evidence Based Clearinghouse for Child Welfare

» Institute for Education Sciences “What Works Clearinghouse” for Education