

## RIGOROUS RESEARCH ON WRAPAROUND'S EFFECTIVENESS

## **SUMMARY DOCUMENT**

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The number of studies that have evaluated Wraparound's effectiveness by rigorously comparing the outcomes of youth and families that received Wraparound to a similar group of youth and families that did not has grown substantially over the past 15 years. In 2003 only three such "controlled" (experimental or quasi-experimental) studies had been published in a peer-reviewed journal. By 2009, when Suter & Bruns published a **meta-analysis of the effectiveness of Wraparound** on youth outcomes, the number had climbed to seven.

By 2014, the number of published controlled studies had more than tripled, to 22, according to a comprehensive review of the Wraparound literature from 1986-2014 published in 2017 by Coldiron, Bruns, & Quick. Below is a brief summary of the findings of the 22 controlled Wraparound effectiveness studies that were found. For more details, please see the **full review** on the National Wraparound Initiative's website.

## Major Findings from the Review

- Fifteen of the 22 studies showed positive results of Wraparound compared to the control or comparison condition.
  - » Four of these studies were rigorous experimental studies in which youth were randomized to receive Wraparound or services as usual. They found significant between-group differences, with Wraparound youth faring better on functional and residential outcomes, such as being suspended less often, using more community services, not running away as frequently, living in a lower level of restrictiveness, and achieving permanency more often.
- It is important to note, while the "weight of evidence" of these four studies was in favor of Wraparound, findings for more distal outcomes, such as rate of arrests, incarcerations, and placement in foster care, were often null or mixed.
- » Five quasi-experimental studies, in which there was a non-randomized comparison group, found that Wraparound produced consistent, significantly more positive results for youth in all major areas assessed. These areas included criminal recidivism, living situation, hospitalizations, and clinical functioning.

- Six more quasi-experimental studies found more positive outcomes for the Wraparound group on some, but not all outcomes of interest, compared to the comparison group.
- Seven studies, two of which were experimental, found no differences in outcomes between similar groups of youth that did and did not receive Wraparound. However, none of the 22 studies found better outcomes for the comparison (i.e., non-Wraparound) group.
  - » Among studies that found null results and actually measured implementation quality (a somewhat rare, but increasingly common feature of Wraparound effectiveness studies), lack of adherence to the Wraparound model was discussed as the main reason Wraparound may not have been found to produce better outcomes than services as usual.
- An emerging body of research is demonstrating the importance of adhering to specific activities and key practice elements of Wraparound care in order to achieve outcomes.
  - » Research is also finding that without achieving certain types of program- and system-level standards (e.g., caseloads, training and

- supervision, funding flexibility), youth and system-level outcomes are likely to suffer.
- Cost-effectiveness studies are not typically conducted with rigor; however, several such studies make a compelling case for Wraparound's ability to dramatically shift service use patterns toward more community based care and reduce overall costs of services.

Despite the growing number of publications, the review found many gaps in our understanding of Wraparound, pointing to an array of research studies left to be done. Some topics that need more attention include Wraparound's mechanisms of positive change, the relationship of the service array to outcomes, along with the implications of policy, financing, staffing, administrative, and system conditions, and the impact of family and youth peer support.

Although the Wraparound research base – and research base for care coordination more generally – would benefit greatly from additional study, Schurer Coldiron, Bruns, & Quick's 2017 review suggests that we now have a reasonable basis for concluding that, when implemented well, and for an appropriate population, Wraparound is likely to produce positive youth, system, and cost outcomes. In short, Wraparound is research-based.