

The Wraparound research base has grown substantially over the past two decades. Not surprisingly, the main question asked of research has been “Does Wraparound work?” But research has also focused on “for whom,” and “under what conditions” does Wraparound work, as well as a host of other questions.

This brief summary focuses on a few of the most common questions asked of the Wraparound evidence base. For a more comprehensive compendium of published studies, you can visit the [research section](#) of the National Wraparound Initiative website, or see one or more of the [comprehensive reviews](#) available at the NWI website.

What Is the Evidence Base for Wraparound?

Controlled research studies represent the “gold standard” of evidence for effectiveness of health, behavioral health, and other interventions. Such research compares the outcomes of individuals (e.g., youth and families) who received the intervention or program to a similar group of individuals who did not.

Ideally, such studies randomly assign individuals to the groups. But controlled studies also include “quasi-experimental” studies where the groups are similar but are not randomly assigned (e.g., individuals are in different locations with and without availability of the service, some individuals are on a wait list, etc.).

For Wraparound, the research base of rigorous studies has grown exponentially over the past 20 years. In 2003, only three experimental or quasi-experimental studies had been published in

a peer-reviewed journal. In 2009, Suter and Bruns published a meta-analysis of the effectiveness of Wraparound on youth outcomes that found seven such studies.

In 2021, a [new meta-analysis of effects of Wraparound care coordination](#) was published as a “spotlighted” article in the *Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP)*. Authored by Jonathan Olson, Eric Bruns, and others with the University of Washington [Wraparound Evaluation and Research Team](#), this research study identified 17 peer-reviewed and other studies meeting criteria for being a rigorous randomized or quasi-experimental study.

This meta-analysis found that Wraparound consistently produced more positive outcomes than services as usual for youths with serious and complex needs, particularly for youth of color.

Specifically, the meta-analysis found **significant medium-sized effects favoring Wraparound-enrolled youths for costs, residential outcomes, and school functioning**. Small but significant effects also were found for **mental health functioning and symptoms**.

The study found that positive results were larger for studies published in peer-reviewed journals, studies that included a larger percentage of youths of color, and Wraparound conditions with higher implementation quality or fidelity.

The full article is available for free and [downloadable in full from the Journal's website](#).

JAACAP also included a [companion editorial](#) by Dr. Justine Larson, MD, MPH, entitled ["Can We Finally Call Wraparound Evidence-Based for Youths with Serious Emotional Disorders?"](#)

In this editorial, Dr. Larson argues that the results of the meta-analysis reinforce what many in the field have long known: that the heterogeneity

and complexity of needs for youths with serious emotional and behavioral challenges requires a comprehensive approach to service coordination and delivery. In other words, what will benefit the population most is "a structure or process for planning intervention(s), as opposed to one specific intervention."

The JAACAP editorial goes on to write that "the review by Olson et al. provides further support for Wraparound as an evidence-based intervention." Dr. Larson states that "children and adolescents with SEDs are complex, with multiple diagnoses and psychosocial challenges requiring complex, multi-component intervention; Wraparound is the process that can organize the treatment."

Given the findings that studies with higher rates of youth of color showed significantly greater effects, Dr. Larson concludes by stating "It is a matter not only of science but of equity to further study such interventions that seem particularly effective for youths of color."

What Else Have We Learned from Research?

Although the Olson et al (2021) meta-analysis provides a rigorous, quantifiable summary of effects from controlled studies, prior reviews of Wraparound literature are also helpful. A 2017 [narrative review published in the *Journal of Child and Family Studies*](#) by Coldiron, Bruns, & Quick reviewed and characterized all Wraparound research literature. Because it had less stringent inclusion criteria than the Olson et al (2021) meta-analysis, [this review](#) found 22 controlled Wraparound effectiveness studies. Digging into specific findings from this review:

- Fifteen of the 22 studies, of which four were randomized experiments, showed positive results of Wraparound compared to the control or comparison condition.
- Seven studies, of which two were randomized, 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.

- In studies that found null results and measured implementation quality, lack of adherence to the Wraparound model was discussed as the main reason Wraparound may not have been more effective than services as usual.
- As was confirmed by the Olson et al meta-analysis, the 2017 narrative review found a large body of research demonstrating that [adherence to key practice elements of Wraparound is important to achieving positive outcomes](#).

For more details, please see the [full review](#) on the National Wraparound Initiative's website.

What Matters Most to Wraparound Implementation?

Most recently, research has also confirmed the importance of **program- and system-level factors** (e.g., caseloads, training and supervision, funding flexibility) to achieving Wraparound fidelity and outcomes. One **specific study** has found that state-level use of **care management entities**, which promote funding flexibility and greater emphasis on high-fidelity Wraparound practice, is associated with better Wraparound practice.

Despite the growing amount of published research, these reviews and studies 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, and more research on the implications of policy, financing, staffing, administrative, and system conditions.

More research is also needed on effectiveness and implementation of service models that must be

included in the Wraparound service array, such as family and youth peer support, mobile crisis, and intensive in-home services. Finally, "tiered" care coordination models, such as the **FOCUS model** supported by the **National Wraparound Implementation Center**, are increasingly common and require more rigorous study.

In sum, Wraparound as a service model is clearly evidence based. For families with the most complex needs, Wraparound promotes substantially better outcomes on average than alternatives such as uncoordinated "services as usual" or traditional case management. However, public systems are complex, as are the organizations that implement Wraparound and other models in the service array. For public systems to achieve such outcomes, unwavering attention to quality of implementation is needed across multiple levels – systems, programs, and the workforce.

What Next?

With Wraparound's potential for positive effects now known, the field can turn to the real challenge, which is ensuring that Wraparound lives up to its potential in every state and service system in which it is deployed.

Researchers can join this quest by expanding the research base on critical related topics such as

policy and financing models, workforce development and retention, and elements of the service array. Such research holds promise for informing the many difficult questions we face around what legislation, policies, and investments are needed to keep all youth – even those with the most complex needs – "at home, in school, and out of trouble."

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