WHAT IS WRAPAROUND?

WRAPAROUND IS A TEAM PLANNING PROCESS.

CHILD AND FAMILY TEAMS ARE CHOSEN BY FAMILIES.

PLANNING STRATEGIES ARE BASED ON STRENGTHS TO MEET NEEDS.

UNDERLYING NEEDS ARE IDENTIFIED, NOT SERVICES.

HISTORY OF WRAPAROUND

- WRAPAROUND HAS BEEN AROUND SINCE THE 1980'S AND WAS DESIGNED TO WRAP SERVICES AND SUPPORTS AROUND HIGH RISK CHILDREN AND THEIR FAMILIES.
- TENDS TO SERVE CHILDREN AT RISK OF OUT OF HOME PLACEMENT.
- CHILDREN AND FAMILIES INVOLVED IN MULTIPLE SYSTEMS.

WRAPAROUND IN MICHIGAN

 WRAPAROUND BEGAN IN MICHIGAN IN THE 1990'S WITH PILOT PROJECTS AND GRANT FUNDING.

• IN JUNE 2013, WRAPAROUND BECAME A STATE PLAN/EPSDT (EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT) SERVICE.

 WRAPAROUND IN SOME COMMUNITIES IS FUNDED THROUGH DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTRACTS.

WRAPAROUND IN MICHIGAN

PROVIDERS MUST ENROLL EVERY THREE YEARS

CURRENTLY AVAILABLE IN ALL 84 COUNTIES

57 ENROLLED PROVIDERS

1361 ACTIVE YOUTH

WRAPAROUND IN MICHIGAN

AVG. AGE IS JUST UNDER 12 YEARS OLD

AVG. LENGTH OF STAY IS JUST UNDER 12 MONTHS

AVG. REDUCTION IN CAFAS OF 38 POINTS

DATA COLLECTION

• REDCAP

FAMILY STATUS REPORTS

• FIDELITY SURVEYS

WHAT?

A report provided to the Michigan Department of Health and Human Services (MDHHS), Division of Mental Health Services for Children and Families.

WHO?

This report analyzes outcomes for children and youth who receive Wraparound services across the state of Michigan. The sample of Wraparound participants for this report includes youth who have **initial and exit** CAFAS/PECFAS data available (N = 1650). There are a total of 1497 7-19 year olds and 153 0-6 year olds included in this report.

WHEN?

This data report analyzes data collected between December 1, 2010 and October 1, 2017.

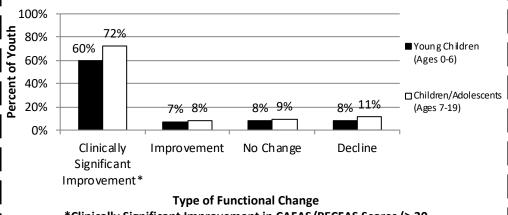
WHY?

By analyzing Wraparound data, the Wraparound Evaluation Project (WEP) is able to assess how well the Wraparound Program is meeting its goals and to inform future efforts to improve and strengthen the Wraparound process in the state of Michigan.

Wraparound Evaluation Project *FY 2017: Annual Report, October 2017*

How does youth mental health functioning change over time?

Percentage of Youth in Each Category of Functional Change at Exit



Type of Functional Change
*Clinically Significant Improvement in CAFAS/PECFAS Scores (≥ 20
Points)

The vast majority of youth had clinically significant improvements in mental health functioning from the initial to the exit time point.

Data Analysis Forms

CAFAS and PECFAS

The Child and Adolescent Functional Assessment Scale (CAFAS; ages 5-19; Hodges, 1990) and the Preschool and Early Childhood Assessment Scale (PECFAS; ages 3-7; Hodges, 1990) are used to determine the level of youths' mental health functioning. Scores are calculated and recorded during every quarter.

Family Status Report (FSR)

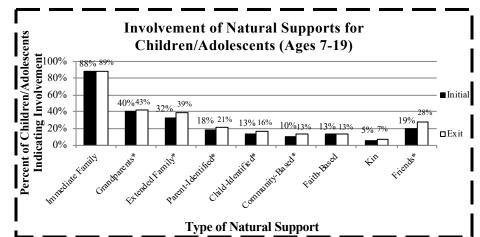
The FSR is a 5-page questionnaire that is designed to gather a holistic picture of the children receiving Wraparound services. Examples of information collected in the FSR include CAFAS/PECFAS data, residential living status, and funding source.

Fidelity

A fidelity measure was created to assess the reliability of the Wraparound process, adherence to Wraparound principles, and team member satisfaction with Wraparound services. Fidelity forms include 25 statements and total fidelity scores range from 0 (indicating very low fidelity) to 100 (indicating very high fidelity). The overall integrity of the Wraparound process is at approximately 70%. On average, parents reported the highest fidelity.

How does natural support involvement change over time?

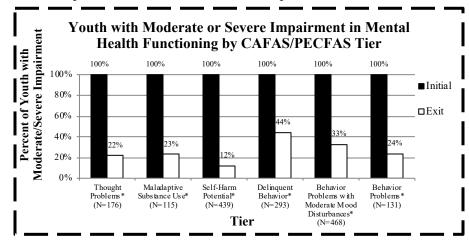
For children/adolescents (ages 7-19), the involvement of a majority of natural supports increased significantly from the initial to exit time point.



*Statistically significant difference between time points (Grandparents: X^2 [1] = 375.76, p =.027; Extended Family: X^2 [1] = 177.97, p <.001; Parent-Identified: X^2 [1] = 76.76, p = .022; Child-Identified: X^2 [1] = 60.57, p =.006; Community-Based: X^2 [1] = 29.64, p =.026; Friends: X^2 [1] =134.02, p <.001).

How does mental health functioning change over time?

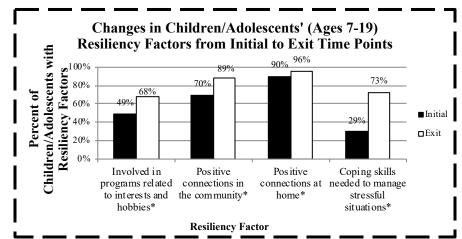
Youth within all tiers showed significant improvement in their most severe area of impairment from the initial to exit time point.



^{*}Statistically significant difference between time points (Thought Problems: X^2 [2] = 86.03, p < .001; Maladaptive: X^2 [2] = 54.92, p < .001; Self-Harm: X^2 [2] = 296.94, p < .001; Delinquent: X^2 [2] = 62.96, p < .001; Behavior Problems with Moderate Mood Disturbances: X^2 [2] = 160.04, p < .001; Behavior: X^2 [2] = 60.50, p < .001).

How does the presence of resiliency factors change over time?

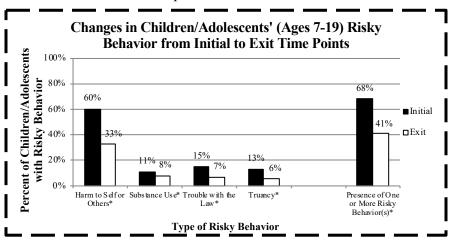
A significantly greater percentage of children/adolescents (ages 7-19) demonstrated resiliency factors at the exit time point compared to the initial time point.



*Statistically significant difference between time points (Interests/Hobbies: X^2 [1] = 102.17, p < .001; Community: X^2 [1] = 93.90, p < .001; Home: X^2 [1] = 18.34, p < .001; Coping: X^2 [1] = 28.88, p < .001).

How does youths' engagement in risky behavior change over time?

Children/adolescents (ages 7-19) had a significant decline in risky behavior from the initial to the exit time point.



*Statistically significant difference between time points (Harm to Self or Others: X^2 [1] = 147.14, p < .001; Substance Use: X^2 [1] = 203.38, p =.001; Trouble with the Law: X^2 [1] = 69.91, p < .001; Truancy: X^2 [1] = 55.09, p < .001; Risky Behaviors: X^2 [1] =118.72, p < .001).