



To: Colorado Department of Human Services (CDHS)

From: Elysia Clemens, Deputy Director, Colorado Evaluation and Action Lab

Date: February 17, 2020

Subject: Colorado FFPSA Technical Review Submission for High Fidelity Wraparound

- Independent reviewers Heather Allan and Courtney Everson assigned a rating of *promising* for the High Fidelity Wraparound program.
- After conducting a comprehensive literature review, reviewers identified six eligible studies (seven publications). Of the six studies deemed eligible for full review, only three met handbook design and execution standards. Of the three that did not meet standards, two¹² were excluded due to design confounds and one³ due to not meeting missing data standards alongside measurement standards.
- The three remaining studies that did meet design and execution standards were all Randomized Controlled Trials (RCTs). One⁴ did not meet integrity of random assignment standards and was thus reviewed as a QED. For both studies that met integrity of random assignment and reviewed as RCTs, one⁵ was determined to be a low attrition RCT and the other one⁶ was determined to be a high attrition RCT. Reviewers calculated baseline equivalence and effect sizes for all eligible studies using handbook standards and guidelines.
- Ten contrasts from three well-executed and well-designed studies received moderate or high causal evidence ratings. Outcome effect sizes were calculated, resulting in one favorable effect, nine non-effects, and zero unfavorable effects. The favorable effect was associated with adult well-being (family functioning) as measured by the Family Resource Scale. The study did not specify end of treatment and provided no information to calculate length of effect beyond treatment end based on the other acceptable methods of estimation given in Section 6.2.3 of the handbook. Author queries were engaged, but the authors declined to provide the information requested. As such, a conservative approach was used wherein the assumption was that services

¹ Evaluating the Effectiveness of a Special Needs Diversionary Program in Reducing Reoffending Among Mentally Ill Youthful Offenders/Jeong, S., Lee, B. H., & Martin, J. H.

² Improving Outcomes for Foster Care Youth With Complex Emotional and Behavioral Needs: A Comparison of Outcomes for Wraparound vs. Residential Care in Los Angeles County/Rauso, M., Ly, T., Lee, M., & Jarosz, C.

³ The Strong Start Study: Strengthening Young Families affected by substance use through High Fidelity Wraparound (Final Report)/Teel, M.K.

⁴ Randomized Control Trial Findings of a Wraparound Program for Dually Involved Youth/Coldiron, J.S., Hensley, S.W., Parigoris, R.M., & Bruns, E.J.

⁵ A Randomized Trial of Wraparound Facilitation Versus Usual Child Protection Services/Browne, D. T., Puente-Duran, S., Shlonsky, A., Thabane, L., & Verticchio, D.

⁶ Holistic Representation: A Randomized Pilot Study of Wraparound Services for First-Time Juvenile Offenders to Improve Functioning, Decrease Motions for Review, and Lower Recidivism/McCarter, S.A.

were provided throughout the duration of the pre-/post-interval and, thus, the length of effect beyond treatment is zero months.

- If High Fidelity Wraparound is included in Colorado’s Prevention Services Plan, please consider the above results of the evaluation
- Please consider the findings from the technical review in the context that the Prevention Services Clearinghouse Standards were not published at the time the evaluations were conducted.
- The Colorado Lab recommends that CDHS require evaluators to pre-register their analytic plans for causal evaluation (e.g., Open Science Framework) and that these plans are proactively reviewed—prior to beginning the study—for alignment with the Clearinghouse Standards.

Attachment B: Checklist for Program or Service Designation for HHS Consideration

Instructions:

Section I: The state must complete Section I (Table 1) once to summarize all of the programs and services that the state reviewed and submitted and the designations for HHS consideration.

Section II: The state must complete Section II (Tables 2 and 3) once to describe the independent systematic review methodology used to determine a program or service (listed in Table 1) designation for HHS consideration. Section II outlines the criteria for an independent systematic review. To demonstrate that the state conducted an independent systematic review consistent with sections 471(e)(4)(C)(iii)(I), (iv)(I)(aa) and (v)(I)(aa) of the Act, the state must answer each question in the affirmative. If the independent systematic review used the Prevention Services Clearinghouse Handbook of Standards and Procedures, the relevant sections must be indicated in the “Handbook Section” column. If other systematic standards and procedures were used, states must submit documentation of the standards and procedures used to review programs and services. States should determine the standards and procedures to be used prior to beginning the independent systematic review process. If the state cannot answer each question in Table 2 and Table 3 in the affirmative, ACF will not make transition payments for the program or service reviewed by the state using those standards and procedures.

Section III: The state must complete Section III (Tables 4 and 5) for each program or service listed in Table 1 and provide all required documentation. Section III outlines the requirements for the review of the program or service. States should complete Table 4 prior to conducting an independent systematic review to determine if a program or service is eligible for review. For a program or service to be eligible for review, the answer to both questions in Table 4 must be affirmative and the state must provide the required documentation. If a program or service is eligible for review, the state must conduct the review and identify each study reviewed in Table 5, regardless of whether a study was determined to be eligible to be included in the review.

Section IV: The state must complete Section IV (Tables 6-10) for each program or service (listed in Table 1) reviewed and submitted and provide all required documentation. Section IV lists studies the state determined to be “well-designed” and “well-executed” and outlines characteristics of those studies. Do not include eligible studies that were not determined to be “well-designed” and “well-executed” in Tables 6 -10. States should complete Table 6 with a list of all eligible studies determined to be “well-designed” and “well-executed.” States should complete Table 7 to describe the design and execution of each eligible “well-designed” and “well-executed” study. States should complete Table 8 to describe the practice setting and study sample. States must answer in the affirmative that the program or service included in each study was not substantially modified or adapted from the version under review. States must detail favorable effects on target outcomes present in eligible studies determined to be “well-designed” and “well-executed.” States must detail unfavorable effects on target and non-target outcomes present in eligible studies determined to be “well-designed” and

“well-executed.”

Section V: The state must complete Section V (Table 11) for each program or service reviewed and submitted. Section V lists the program or service designation for HHS consideration and verification questions relevant to that designation.

The state must answer the questions applicable to the relevant designation in the affirmative.

**Section I: Summary of
Programs and Services
Reviewed and their
Designations for HHS
Consideration**

Section I. Summary of Programs and Services Reviewed

Table 1. Summary of Programs and Services Reviewed

To be considered for transitional payments, list programs and services reviewed and provide designations for HHS consideration.

Program or Service Name <i>(if there are multiple versions, specify the specific version reviewed)</i>	Proposed Designations for HHS consideration <i>(Promising, Supported, or Well-Supported)</i>
High-Fidelity Wraparound (as defined by the National Wraparound Initiative)	Promising

**Section II: Standards and
Procedures for an Independent
Systematic Review**

Section II. Standards and Procedures for a Systematic Review

(Complete Table 2 and Table 3 to provide the requested information on the independent systematic review. The same standards and procedures should be used to review all programs and services.)

Table 2. Systematic Review

Sections 471(e)(4)(C)(iii)(I), (iv)(I)(aa) and (v)(I)(aa) of the Act require that systematic standards and procedures must be used for all phases of the review process. In the table below, verify that systematic (i.e., explicit and reproducible) standards and procedures were used and submit documentation of reviewer qualifications. If the systematic review used the Prevention Services Clearinghouse Handbook of Standards and Procedures, indicate the relevant sections in the "Handbook Section" column. If other systematic standards and procedures were used, submit documentation of the standards and procedures.

	<input type="checkbox"/> to Verify	Handbook Section
Were the same systematic standards and procedures used to review all programs and services?	<input checked="" type="checkbox"/>	--
Were qualified reviewers trained on systematic standards and procedures used to review all programs and services?	<input checked="" type="checkbox"/>	--
Were standards and procedures in accordance with section 471(e) of the Social Security Act?	<input checked="" type="checkbox"/>	--
Were standards and procedures in accordance with the Initial Practice Criteria published in Attachment C of ACYF-CB-PI-18-09 ?	<input checked="" type="checkbox"/>	--
<i>Program or Service Eligibility:</i> Were systematic standards and procedures used to determine if programs or services were eligible for review? At a minimum, this includes standards and procedures to:	<input checked="" type="checkbox"/>	2
<ul style="list-style-type: none"> Determine if a program or service is a mental health, substance abuse, in-home parent-skill based, or kinship navigator program; and 	<input checked="" type="checkbox"/>	2.1.1
<ul style="list-style-type: none"> Determine if there was a book/manual or writing available that specifies the components of the practice protocol and describes how to administer the practice. 	<input checked="" type="checkbox"/>	2.1.2
<i>Literature Review:</i> Were systematic standards and procedures used to conduct a comprehensive literature review for studies of programs and services under review? At a minimum, this includes standards and procedures to:	<input checked="" type="checkbox"/>	3
<ul style="list-style-type: none"> Search bibliographic databases; and Search other sources of publicly available 	<input checked="" type="checkbox"/>	3
<ul style="list-style-type: none"> Studies (e.g., websites of federal, state, and local governments, foundations, or other organizations). 	<input checked="" type="checkbox"/>	3
<i>Study Eligibility:</i> Were systematic standards and procedures used to determine if studies found through the comprehensive literature review were eligible for review? At a minimum, this includes standards and procedures to:	<input checked="" type="checkbox"/>	4
<ul style="list-style-type: none"> Determine if each study examined the program or service under review (as described in the book/manual or writing) or if it examined an adaptation; 	<input checked="" type="checkbox"/>	4.1.6
<ul style="list-style-type: none"> Determine if each study was published or prepared in or after 1990; 	<input checked="" type="checkbox"/>	4.1.1
<ul style="list-style-type: none"> Determine if each study was publicly available in English; 	<input checked="" type="checkbox"/>	4.1.3
<ul style="list-style-type: none"> Determine if each study had an eligible design (i.e., randomized control trial or quasi-experimental design); 	<input checked="" type="checkbox"/>	4.1.4
<ul style="list-style-type: none"> Determine if each study had an intervention <i>and</i> appropriate comparison condition; 	<input checked="" type="checkbox"/>	4.1.4
<ul style="list-style-type: none"> Determine if each study examined impacts of program or service on at least one 'target' outcome that falls broadly under the domains of child safety, child permanency, child well-being, or adult (parent or kin-caregiver) well-being. Target 	<input checked="" type="checkbox"/>	4.1.5

outcomes for kinship navigator programs can instead or also include access to, referral to, and satisfaction with services; and		
<ul style="list-style-type: none"> Identify studies that meet the above criteria and are eligible for review. 	☒	4
<i>Study Design and Execution:</i> Were systematic standards and procedures used to determine if eligible studies were well-designed and well-executed? At a minimum, this includes standards and procedures to:	☒	5
<ul style="list-style-type: none"> Assess overall and differential sample attrition; 	☒	5.6
<ul style="list-style-type: none"> Assess the equivalence of intervention and comparison groups at baseline and whether the study statistically controlled for baseline differences; 	☒	5.7
<ul style="list-style-type: none"> Assess whether the study has design confounds; 	☒	5.9.3
<ul style="list-style-type: none"> Assess, if applicable, whether the study accounted for clustering (e.g., assessed risk of joiner bias¹); 	☒	5.5
<ul style="list-style-type: none"> Assess whether the study accounted for missing data; and 	☒	5.9.4
<ul style="list-style-type: none"> Determine if studies meet the above criteria and can be designated as well-designed and well-executed. 	☒	5.2
<i>Defining Studies:</i> Sometimes study results are reported in more than one document, or a single document reports results from multiple studies. Were systematic standards and procedures used to determine if eligible, well-designed and well-executed studies of a program and service have non-overlapping samples?	☒	4.1
<i>Study Effects:</i> Were systematic standards and procedures used to examine favorable and unfavorable effects in eligible, well-designed and well-executed studies? At a minimum, this includes standards and procedures to:	☒	5.10
<ul style="list-style-type: none"> Determine if eligible, well-designed and well-executed studies found a favorable effect (using conventional standards of statistical significance) on each target outcome; and 	☒	5.10
<ul style="list-style-type: none"> Determine if eligible, well-designed and well-executed studies found an unfavorable effect (using conventional standards of statistical significance) on each target or non-target outcome. 	☒	5.10
<i>Beyond the End of Treatment:</i> Were systematic standards and procedures used to determine the length of sustained favorable effects beyond the end of treatment in eligible, well-defined and well-executed studies? At a minimum, this includes standards and procedures to:	☒	6.2.3
<ul style="list-style-type: none"> Identify (and if needed, define) the end of treatment; and 	☒	6.2.3
<ul style="list-style-type: none"> Calculate the length of a favorable effect beyond the end of treatment. 	☒	6.2.3
<i>Usual Care or Practice Setting:</i> Were systematic standards and procedures used to determine if a study was conducted in a usual care or practice setting?	☒	6.2.2
<i>Risk of Harm:</i> Were systematic standards and procedures used to determine if there is evidence of risk of harm?	☒	6.2.1
<i>Designation:</i> Were systematic standards and procedures used to designate programs and services for HHS consideration (as promising, supported, well-supported, or does not currently meet the criteria)? At a minimum, this includes standards and procedures to:	☒	6.1
<ul style="list-style-type: none"> Determine if a program or service has one eligible, well-designed and well-executed study that demonstrates a favorable effect on a target outcome and should be considered for a designation of promising; 	☒	6.1
<ul style="list-style-type: none"> Determine if a program or service has at least one eligible, well-designed and well-executed study carried out in a usual care or practice setting that demonstrates a favorable effect on a target outcome at least 6 months beyond the end of treatment and should be considered for a designation of supported; and 	☒	6.1
<ul style="list-style-type: none"> Determine if a program or service has at least two eligible, well-designed and well-executed studies with non-overlapping samples carried out in usual care or practice 	☒	6.1

¹ If a cluster randomized study permits individuals to join clusters after randomization, the estimate of the effect of the intervention on individual outcomes may be biased if individuals who join the intervention clusters are systematically different from those who join the comparison clusters.

settings that demonstrate favorable effects on a target outcome; at least one of the studies must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on a target outcome; and should be considered for a designation of well-supported.		
<i>Reconciliation of Discrepancies:</i> Were systematic standards and procedures used to reconcile discrepancies across reviewers? (applicable if more than one reviewer per study)	<input checked="" type="checkbox"/>	7.3.1
<i>Author or Developer Queries:</i> Were systematic standards and procedures used to query study authors or program or service developers? (applicable if author or developer queries made)	<input checked="" type="checkbox"/>	7.3.2

Table 3. Independent Review

The systematic review must be independent (i.e., objective and unbiased). In the table below, verify that an independent review was conducted using systematic standards and procedures by providing the names of each state agency and external partner that reviewed the program or service. States must answer all applicable questions in the affirmative. Submit MOUs, Conflict of Interest Policies, and other relevant documentation.

<i>List all state agencies and external partners that reviewed programs and services.</i>	
Colorado Evaluation and Action Lab: <ul style="list-style-type: none"> • Heather Allan • Courtney Everson 	
	<input type="checkbox"/> to Verify
Was the review independent (conducted by reviewers without conflicts of interest including those that authored studies, evaluated, or developed the program or service under review)?	<input checked="" type="checkbox"/>
Was a Conflict of Interest Statement signed by reviewers attesting to their independence? If so, attach the statement.	<input checked="" type="checkbox"/>
Was a Memorandum of Understanding (MOU) signed by external partners (if applicable)? If so, attach MOU(s).	<input checked="" type="checkbox"/>

**Sections III-V: Describe and
Document Findings from Each
Program and Service
Reviewed and Submitted**

Section III. Review of Programs and Services
(Complete Tables 4-5 for each program or service reviewed.)

Table 4. Determination of Program or Service Eligibility

Fill in the table below for each program or service reviewed.

	<input type="checkbox"/> to Verify
Does the program or service have a book, manual, or other available documentation specifying the components of the practice protocol and describing how to administer the practice?	<input checked="" type="checkbox"/>
Provide information about how the book/manual/other documentation can be accessed OR provide other information supporting availability of book/manual/other documentation. The National Wraparound Initiative (NWI) serves as the central entity through which HFW practice principles, theory, and model components are developed and defined. The National Wraparound Implementation Center (NWIC) provides training and technical assistance in implementing the model in replicable and clearly defined ways. All documentation is available on the NWI website at: https://nwi.pdx.edu/	
Is the program or service a mental health, substance abuse, in-home parent-skill based, or kinship navigator program or service?	<input checked="" type="checkbox"/>
Identify the program or service area(s). Mental Health and Substance Abuse	

Table 5. Determination of Study Eligibility

Fill in the table below for each study of the program or service reviewed. Provide a response in every column; N/A or unknown are not acceptable responses. The response in columns iii, v, vi, vii, and ix must be “yes” or “no.” The response in column ix is “yes” only when the responses in columns iii, v, vi, and vii are “yes.”

i. Study Title/Authors	ii. Publicly Available Location	iii. Is the study in English? (Yes/No)	iv. Design (RCT, QED, or other). If other, specify design.	v. Did the intervention condition receive the program or service under review in accordance with the book/manual/documentation? (Yes/No)	vi. Did the comparison condition receive no or minimal intervention or treatment as usual? (Yes/No)	vii. Did the study examine at least one target outcome? (Yes/No)	viii. Year Published	ix. Eligible for Review? (Yes/No)
The Role of Fidelity and Feedback in the Wraparound Approach/Ogles, B.M., Carlston, D., Hatfield, D., Melendez, G., Dowell, K. Fields, S.A.	https://link.springer.com/article/10.1007/s10826-005-9008-7	Yes	QED	Yes	No	Yes	2005	No
Effectiveness of wraparound vs. case management for children and adolescents: Results of a randomized study/Bruns, E., Pullmann, M., Sather, A., Brinson, R., Ramey, M.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4278946/	Yes	RCT	Yes	No	Yes	2015	No
Brief violence interventions with community case management services are effective for high-risk trauma patients/Aboutanos, M.B., Jordan, A., Cohen, R., Foster, R.L., Goodman, K., & Halfond, R.W.,... Ivatury, R.R.	https://insights.ovid.com/crossref?an=00005373-201107000-00036	Yes	RCT	Yes	No	Yes	2011	No
Outcomes from Wraparound and Multisystemic Therapy in a Center for Mental Health Services System-of-Care Demonstration Site/Faw Stambaugh, L., Mustillo, S.A., Burns, B.J., Stephens, R.L., Baxter, B., Edwards, D., & Dekraai, M.	https://journals.sagepub.com/doi/10.1177/10634266070150030201	Yes	QED	Yes	No	Yes	2007	No
Pursuing cost-effectiveness in mental health service delivery for youth with complex needs/Grimes K.E., Schulz M.F., Cohen S.A., Mullin B.O., Lehar S.E., & Tien S.	http://childrenshealthinitiative.org/wp-content/uploads/2017/03/Pursuing-	Yes	QED	No	Yes	No	2011	No

i. Study Title/Authors	ii. Publicly Available Location	iii. Is the study in English? (Yes/No)	iv. Design (RCT, QED, or other). If other, specify design.	v. Did the intervention condition receive the program or service under review in accordance with the book/manual/documentation? (Yes/No)	vi. Did the comparison condition receive no or minimal intervention or treatment as usual? (Yes/No)	vii. Did the study examine at least one target outcome? (Yes/No)	viii. Year Published	ix. Eligible for Review? (Yes/No)
	cost-effectiveness-in-mental-health-service-delivery-for-youth-with-complex-needs.pdf							
Evaluating the Effectiveness of a Special Needs Diversionary Program in Reducing Reoffending Among Mentally Ill Youthful Offenders/Jeong, S., Lee, B. H., & Martin, J. H.	https://journals.sagepub.com/doi/10.1177/0306624X13492403	Yes	QED	Yes	Yes	Yes	2014	Yes
Reducing Mental Health Emergency Services for Children Served Through California's Full Service Partnerships/Cordell, K.D., & Snowden, L.R.	https://insights.ovid.com/crossref?an=00005650-201703000-00014	Yes	QED	Yes	Yes	No	2017	No
Psychotropic Polypharmacy Among Youths With Serious Emotional and Behavioral Disorders Receiving Coordinated Care Services/Wu B., Bruns E.J., Tai M.H., Lee B.R., Raghavan R., & dosReis S.	https://ps.psychiatryonline.org/doi/pdfplus/10.1176/appi.ps.201700357	Yes	QED	Yes	Yes	No	2018	No
Randomized Control Trial Findings of a Wraparound Program for Dually Involved Youth/Coldiron, J.S., Hensley, S.W., Parigoris, R.M., & Bruns, E.J.	https://journals.sagepub.com/doi/abs/10.1177/1063426619861074	Yes	RCT	Yes	Yes	Yes	2019	Yes
Holistic Representation: A Randomized Pilot Study of Wraparound Services for First-Time Juvenile Offenders to Improve Functioning, Decrease Motions for Review, and Lower Recidivism/McCarter, S.A.	https://onlinelibrary.wiley.com/doi/full/10.1111/fcre.12216	Yes	RCT	Yes	Yes	Yes	2016	Yes

i. Study Title/Authors	ii. Publicly Available Location	iii. Is the study in English? (Yes/No)	iv. Design (RCT, QED, or other). If other, specify design.	v. Did the intervention condition receive the program or service under review in accordance with the book/manual/documentation? (Yes/No)	vi. Did the comparison condition receive no or minimal intervention or treatment as usual? (Yes/No)	vii. Did the study examine at least one target outcome? (Yes/No)	viii. Year Published	ix. Eligible for Review? (Yes/No)
Do High Fidelity Wraparound Services for Youth with Serious Emotional Disturbances Save Money in the Long-Term?/Snyder A., Marton J., McLaren S., Feng B., & Zhou M.	http://www.icmpe.org/test1/journal/issues/v20i4/20-167_text.pdf	Yes	QED	Yes	Yes	No	2017	No
Impacts of a Medicaid Wraparound Model Demonstration Program on Youth Specialty Mental Health Services Us/Blizzard, A.M., Glos, L.J., Stephan, S.H., Medoff, D., & Slade, E.P.	https://link.springer.com/article/10.1007%2Fs11414-016-9520-0	Yes	QED	Yes	Yes	No	2017	No
Improving Outcomes for Foster Care Youth With Complex Emotional and Behavioral Needs: A Comparison of Outcomes for Wraparound vs. Residential Care in Los Angeles County/Rauso, M., Ly, T., Lee, M., & Jarosz, C.	https://pdfs.semanticscholar.org/d8ae/a1c35995ad0385a33bce6f6cc14bc96bce51.pdf	Yes	QED	Yes	Yes	Yes	2009	Yes
A Randomized Trial of Wraparound Facilitation Versus Usual Child Protection Services/Browne, D. T., Puente-Duran, S., Shlonsky, A., Thabane, L., & Verticchio, D.	https://journals.sagepub.com/doi/10.1177/1049731514549630	Yes	RCT	Yes	Yes	Yes	2016	Yes
Strong Start Wraparound: Addressing the Complex Needs of Mothers in Early Recovery. Teel, M.K. The Strong Start Study: Strengthening Young Families affected by substance use through High Fidelity Wraparound (Final Report)/Teel, M.K.	https://eric.ed.gov/?id=EJ1125259 https://cssp.org/wp-content/uploads/2018/08/Final-Report-Strong-Start-Study-Denver-CO.pdf	Yes	RCT	Yes	Yes	Yes	2014/2014	Yes

i. Study Title/Authors	ii. Publicly Available Location	iii. Is the study in English? (Yes/No)	iv. Design (RCT, QED, or other). If other, specify design.	v. Did the intervention condition receive the program or service under review in accordance with the book/manual/documentation? (Yes/No)	vi. Did the comparison condition receive no or minimal intervention or treatment as usual? (Yes/No)	vii. Did the study examine at least one target outcome? (Yes/No)	viii. Year Published	ix. Eligible for Review? (Yes/No)
Increasing Youths' Participation in Team-Based Treatment Planning: The Achieve My Plan Enhancement for Wraparound	https://link.springer.com/article/10.1007/s10826-017-0738-0	Yes	RCT	Yes	No	No	2017	No

Section IV. Review of “Well-designed” and “Well-executed” Studies (Complete Tables 6-10 for each program or service reviewed.)

Table 6. Studies that are “Well-Designed” and “Well-Executed”²

Provide an electronic copy of each of the studies determined to be eligible for review and determined to be “well-designed” and “well-executed.”

<i>List all eligible studies that are “well-designed” and “well-executed” (Study Title/Author)</i>
A Randomized Trial of Wraparound Facilitation Versus Usual Child Protection Services/Browne, D., Puente-Duran, S., Shlonsky, A., Thabane, L., & Verticchio, D.
Randomized Control Trial Findings of a Wraparound Program for Dually Involved Youth/Coldiron, J.S., Hensley, S. W., Parigoris, R.M., & Bruns, E.J.
Holistic Representation: A Randomized Pilot Study of Wraparound Services for First-Time Juvenile Offenders to Improve Functioning, Decrease Motions for Review, and Lower Recidivism/McCarter, S.A.

² For reference, the Prevention Services Clearinghouse Handbook Chapter 5 defines “well-designed” and “well-executed” studies as those that meet design and execution standards for high or moderate support of causal evidence. Prevention Services Clearinghouse ratings apply to contrasts reported in a study. A single study may have multiple design and execution ratings corresponding to each of its reported contrasts.

Table 7. Study Design and Execution

For each study eligible for review and determined to be “well-designed” and “well-executed,” fill out the table below. Provide a response in every column; N/A or unknown are not acceptable responses for columns i, ii, iii, v, vi, and vii. The response in column ii must be “yes.”

i. Study Title/Authors	ii. Verify the Absence of all Confounds? (Yes/No)	iii. List Measures that Achieved Baseline Equivalence	iv. List Measures that did NOT Achieve Baseline Equivalence but were Statistically Controlled for in Analyses	v. Overall Attrition ³ (for RCTs only)	vi. Differential Attrition ⁴ (for RCTs only)	vii. Does Study Meet Attrition Standards?	viii. Notes, as needed
A Randomized Trial of Wraparound Facilitation Versus Usual Child Protection Services/Browne, D. T., Puente-Duran, S., Shlonsky, A., Thabane, L., & Verticchio, D.	Yes	-Kessler 10	-Family Resource Scale -Parental Stress	11.8 percent	2.8 percentage points	Yes	Family Resource Scale and Parental Stress Scale were both in the statistical adjustment zone (baseline effect sizes between 0.05 and 0.25), but did not require statistical adjustment in the impact analysis due to this study being a low-attrition RCT (per Section 5.10.2 of the handbook).
Randomized Control Trial Findings of a Wraparound Program for Dually Involved Youth/Coldiron, J.S., Hensley, S.W., Parigoris, R. M., & Bruns, E J.	Yes	-Arrests per youth -Misdemeanors per youth	-Felony offenses per youth -Runaway per months in care -Proportion of days on runaway -Level of living restrictiveness (placement)	N/A	N/A	N/A	Integrity of random assignment was reviewed; randomization was determined to be undermined because the researchers excluded those in the intervention group from analysis due to refusal of wraparound service. As such, contrasts for this study were reviewed as a QED, per Section 5.4 of the handbook. Measures requiring statistical adjustment were controlled for in impact

³ For reference, the Prevention Services Clearinghouse Handbook section 5.6 defines *overall attrition* as the number of individuals without post-test outcome data as a percentage of the total number of members in the sample at the time that they learned the condition to which they were randomly assigned.

⁴ For reference, the Prevention Services Clearinghouse Handbook section 5.6 defines *differential attrition* as the absolute value of the percentage point difference between the attrition rates for the intervention group and the comparison group.

i. Study Title/Authors	ii. Verify the Absence of all Confounds? (Yes/No)	iii. List Measures that Achieved Baseline Equivalence	iv. List Measures that did NOT Achieve Baseline Equivalence but were Statistically Controlled for in Analyses	v. Overall Attrition ³ (for RCTs only)	vi. Differential Attrition ⁴ (for RCTs only)	vii. Does Study Meet Attrition Standards?	viii. Notes, as needed
							analysis using gain score models, per Section 5.8 of the handbook.
Holistic Representation: A Randomized Pilot Study of Wraparound Services for First-Time Juvenile Offenders to Improve Functioning, Decrease Motions for Review, and Lower Recidivism/McCarter, S.A.	Yes	-YSR Scale: Social Problems	None	43.1 percent	56.6 percentage points	No	This study did not meet attrition standards and, thus, contrasts for this study were evaluated as a High Attrition RCT, per Section 5.6 of the handbook.

Table 8. Study Description

For each study eligible for review and determined to be “well-designed” and “well-executed,” fill out the table below to describe the practice setting and study sample as well as affirm that the program or service evaluated was not substantially modified or adapted from the version under review. Provide a response in every column; N/A or unknown are not acceptable responses. The response in column v must be “yes.”

i. Study Title/Authors	ii. Was the study conducted in a usual care or practice setting? (Yes/No)	iii. What is the study sample size?	iv. Describe the sample demographics and characteristics of the intervention group	v. Describe the sample demographics and characteristics of the comparison group	vi. Verify that the program or service evaluated in the study was NOT substantially modified or adapted from the manual or version of the program or service selected for review (Yes/No)
A Randomized Trial of Wraparound Facilitation Versus Usual Child Protection Services/Browne, D. T., Puente-Duran, S., Shlonsky, A., Thabane, L., & Verticchio, D.	Yes	N=135 families	Study participants were an average of 32.22 years old (SD ¼ 9.82), 37 (27.4%) classified themselves as “single” parents and 36 (26.4%) were “separated,” 64 (47.4%) had one child living at home at the time of the referral, 37 (27.4%) had two, 22 (16.3%) had three, and the remaining families had four or more. Children were, on average, 6.45 years old (SD ¼ 5.12) at study onset and approximately half (N ¼ 64, 47.4%) were female. ⁵		Yes
Randomized Control Trial Findings of a Wraparound Program for Dually Involved Youth/Coldiron, J.S., Hensley, S.W., Parigoris, R.M., & Bruns, E.J.	Yes	N=47 youth total (n=24 intervention, n=23 comparison)	Average age 15.9 (1.3 SD); 62.5% male, 37.5% female; 58.3% Black non-Hispanic, 29.2% White non-Hispanic, 12.5% Hispanic; average age at first DCF investigation 7.7 years (3.9 SD); average number of placements since entering care 2.5 (3.8 SD); average age at first arrest 12.8 (2.1 SD).	Average age 16.9 (1.3 SD); 69.6% male, 30.4% female; 69.6% Black non-Hispanic, 21.7% White non-Hispanic, 8.7% Hispanic; average age at first DCF investigation 8.2 years (5.2 SD); average number of placements since entering care 2.3 (2.7 SD); average age at first arrest 13.8 (1.7 SD).	Yes
Holistic Representation: A Randomized Pilot Study of Wraparound Services for First-Time Juvenile Offenders to Improve Functioning, Decrease Motions for Review, and Lower Recidivism/McCarter, S.A.	Yes	N=51 initially randomized (n=26 intervention, n=25 comparison). N=29 youth total available for complete case analysis (n=22 intervention, n=7 comparison).	Average age 14.59 (.6661 SD); 81.8% male, 18.1% female; 68.2% African American, 22.8% Caucasian, 4.5% “other” non-white race; 4.5% “did not answer.” All youth were first-time offenders with court-appointed attorneys.	Average age 14.22 (.7868 SD); 85.7% male, 14.3% female; 71.4% African American, 14.3% Caucasian, and 14.3% “did not answer.” All youth were first-time offenders with court-appointed attorneys.	Yes

⁵ **Reviewer Note:** Demographics in this low-attrition RCT were provided for the whole sample, prior to randomization. The author declined to provide demographic statistics by group assignment following an author query.

Table 9. Favorable Effects

For each study eligible for review and determined to be “well-designed” and “well-executed,” fill out the table below listing only target outcomes with **favorable effects**. Provide a response in every column; N/A or unknown are **not acceptable** responses.

i. Study Title/Authors	ii. List the Target Outcome(s)	iii. List the Outcome Measures	iv. List the Reliability Coefficients for Each	v. Are Each of the Outcome Measures Valid?	vi. Are Each of the Outcome Measures Systematically Administered?	vii. List the P-Values for Each of the Outcome Measures	viii. List the Size of Effect for Each of the Outcome Measures	ix. Indicate the Length of Effect Beyond the End of Treatment (in months)
A Randomized Trial of Wraparound Facilitation Versus Usual Child Protection Services/Browne, D. T., Puente-Duran, S., Shlonsky, A., Thabane, L., & Verticchio, D.	Adult well-being (family functioning)	Family Resource Scale	Internal consistency $\alpha = 0.74$	Yes	Yes	$p = 0.02$	$g = 0.22$	0 ⁶ months
Randomized Control Trial Findings of a Wraparound Program for Dually Involved Youth/Coldiron, J.S., Hensley, S.W., Parigoris, R.M., & Bruns, E. J.	Child well-being (delinquent behavior)	Arrests per youth	Administrative data assumed reliable per Section 5.9.2 of handbook	Yes	Yes	$p = 0.7886$ (non-sig)	$g = 0.0774$.75 ⁷ months
	Child well-being (delinquent behavior)	Misdemeanor offenses per youth	Administrative data assumed reliable per Section 5.9.2 of handbook	Yes	Yes	$p = 0.5573$ (non-sig)	$g = 0.1696$.75 ⁷ months
	Child well-being (delinquent behavior)	Felony offenses per youth	Administrative data assumed reliable per Section 5.9.2 of handbook	Yes	Yes	$p = 0.3295$ (non-sig)	$g = 0.2828$.75 ⁷ months
	Child well-being (delinquent behavior)	Proportion of days on runaway	Administrative data assumed reliable per	Yes	Yes	$p = 0.4206$ (non-sig)	$g = 0.2359$.75 ⁷ months

⁶ **Reviewer Note:** These two studies did not specify end of treatment and provided no information to calculate length of effect beyond treatment end based on the other acceptable methods of estimation given in Section 6.2.3 of the handbook. Author queries were engaged, but the authors declined to provide the information requested. As such, a conservative approach was used wherein the assumption was that services were provided throughout the duration of the pre-/post-interval and, thus, the length of effect beyond treatment is 0 months.

⁷ **Reviewer Note:** In this study, treatment varied across participants; no clear time point that corresponds to when the majority of a clearly defined set of services were stated to have been delivered was provided. An author query was engaged, but the author was unable to provide clarity on end of treatment timepoint. As such, reviewers used the longest program duration stated in the article to calculate length of effect beyond end of treatment, per Section 6.2.3 of the handbook.

i. Study Title/Authors	ii. List the Target Outcome(s)	iii. List the Outcome Measures	iv. List the Reliability Coefficients for Each	v. Are Each of the Outcome Measures Valid?	vi. Are Each of the Outcome Measures Systematically Administered?	vii. List the P-Values for Each of the Outcome Measures	viii. List the Size of Effect for Each of the Outcome Measures	ix. Indicate the Length of Effect Beyond the End of Treatment (in months)
			Section 5.9.2 of handbook					
	Child permanency (placement stability)	Level of living restrictiveness	Administrative data assumed reliable per Section 5.9.2 of handbook	Yes	Yes	$p = 0.8897$ (non-sig)	$g = 0.0405$.75 ⁷ months
Holistic Representation: A Randomized Pilot Study of Wraparound Services for First-Time Juvenile Offenders to Improve Functioning, Decrease Motions for Review, and Lower Recidivism/McCarter, S.A.	Child well-being (social functioning → social skills and peer relations)	YSR Scale: Social Problems	Test-retest reliability $r = .74$ Internal consistency $alpha = .74$	Yes	Yes	$p = 0.6237$ (non-sig)	$g = 0.1620$	0 ⁶ months

Table 10. Unfavorable Effects

For each study eligible for review and determined to be “well-designed” and “well-executed,” fill out the table below listing only target outcomes with **unfavorable effects**. Provide a response in every column; N/A or unknown are not acceptable responses.

i. Study Title/Authors	ii. List the Target or Non-Target Outcome(s)	iii. List the Outcome Measures	iv. List the Reliability Coefficients for Each	v. Are Each of the Outcome Measures Valid?	vi. Are Each of the Outcome Measures Systematically Administered?	vii. List the P-Values for Each of the Outcome Measures	viii. List the Size of Effect for Each of the Outcome Measures	ix. Indicate the Length of Effect Beyond the End of Treatment (in months)
A Randomized Trial of Wraparound Facilitation Versus Usual Child Protection Services/Browne, D. T., Puente-Duran, S., Shlonsky, A., Thabane, L., & Verticchio, D.	Adult well-being (parent/caregiver mental or emotional health)	Kessler 10	Cronbach’s alpha coefficient = 0.93	Yes	Yes	$p = 0.09$ (non-sig)	$g = -0.31$	0 months ⁶
	Adult well-being (parent/caregiver mental or emotional health)	Parenting Stress Scale	Internal consistently = 0.83 and test-retest = 0.81	Yes	Yes	$p = 0.37$ (non-sig)	$g = -0.10$	0 months ⁶
Randomized Control Trial Findings of a Wraparound Program for Dually Involved Youth/Coldiron, J.S., Hensley, S.W., Parigoris, R.M., & Bruns, E.J.	Child well-being (delinquent behavior)	Runaways per months in care	Administrative data assumed reliable per Section 5.9.2 of handbook	Yes	Yes	$p = 0.5341$ (non-sig)	$g = -0.1818$.75 months ⁷

Section V. Program or Service Designation for HHS Consideration

Table 11. Program or Service Designation for HHS Consideration

Fill out the table below for the program or service reviewed. Only select one designation. Answer questions relevant to the selected designation; relevant questions must be answered in the affirmative.

	<input type="checkbox"/> to Verify
There is NOT sufficient evidence of risk of harm such that the overall weight of evidence does not support the benefits of the program or service.	<input checked="" type="checkbox"/>
	<input type="checkbox"/> the Designation and Provide a Response to the Questions Relevant to that Designation
Well-Supported	<input type="checkbox"/>
<ul style="list-style-type: none"> Does the program or service have at least two eligible, well-designed and well-executed studies with non-overlapping samples⁸⁵ that were carried out in a usual care or practice setting? 	
<ul style="list-style-type: none"> Does one of the studies demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one target outcome? 	
Supported	<input type="checkbox"/>
<ul style="list-style-type: none"> Does the program or service have at least one eligible, well-designed and well-executed study that was carried out in a usual care or practice setting and demonstrate a sustained favorable effect of at least 6 months beyond the end of treatment on at least one target outcome? 	
Promising	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> Does the program or service have at least one eligible, well-designed and well-executed study and demonstrate a favorable effect on at least one ‘target outcome’? 	Yes

⁸ Samples across multiple sources of a study are considered overlapping if the samples are the same or have a large degree of overlap. Findings from an eligible study determined to be “well-executed” and “well-designed” may be reported across multiple sources including peer-reviewed journal articles and publicly available government and foundation reports. In such instances, the multiple sources would have overlapping samples. The findings across multiple sources with these overlapping samples should be considered **one** study when designating a program or service as “well-supported,” “supported,” and “promising.”