SOUTH SANTA CLARA COUNTY WRAPAROUND PROJECT FOR LATINO CHILDREN AND YOUTH

Phase I Process Evaluation

Brad Richardson, Ph.D.

Nancy Graf, B.A.

National Resource Center for Family Centered Practice
The University of Iowa School of Social Work
100 Oakdale Campus, W206 OH
Iowa City, IA 52242

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INTRODUCTION AND OVERVIEW

The Institute for Community Collaborative Studies (ICCS) at California State University Monterey Bay, in collaboration with The University of Iowa, consumers and numerous state, and local agencies applied to the Department of Health and Human Services (DHHS), Substance Abuse Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), to become a Phase I Community Action Grant program site. The Phase I Community Action Grant engaged the community in a consensus building and planning process to evaluate the feasibility of implementing an exemplary, culturally-appropriate Wraparound practice for Latino children and adolescents with co-occurring mental disorders and substance abuse disorders. The consensus building process in Phase I brought together in a "collaborative pursuit process," facilitated by ICCS, an exhaustive group of community members and stakeholders from across the entire community. As a result of the process, the community is in unanimous consensus that Wraparound as an exemplary practice will benefit and sustain service to predominantly Latino families in the area.

Wraparound was initially identified as an evidence-based and exemplary practice that was demonstrated to be effective for similar target populations identified by the South County Collaborative. South County wanted to adopt the Wraparound model because it was recognized that this evidenced-based exemplary practice addressed issues salient to Latino children, youth, and families with co-occurring mental illness and substance abuse. The purpose of the Phase I grant was to build, demonstrate and document consensus for the Wraparound approach in the target area, and build capacity to sustain the adoption of Wraparound for the predominantly Latino population of the area.

During the summer of 2002, ICCS working in collaboration with the Gilroy Family Resource Center and the Santa Clara County Public Health Department identified and recruited South County residents to participate in the development of the South County Wraparound model. Twelve to fourteen community members consistently participated during seven design group meetings with community service providers, local politicians, substance abuse and mental health experts. We engaged members who had experience navigating through the child-welfare and/or criminal justice systems, had personally dealt with and/or have observed friends or relatives battling with substance abuse and mental health issues within their families, and were willing to participate in the efforts to improve service delivery to Latino children, youth, and families in South Santa Clara County. All the community members were representative of the South County Latino population and received stipends helping to create reciprocity with the agency representatives. Community members' equal participation through the collaborative pursuit process provided the social validity of the adapted exemplary practice model. The community members' participation in the joint discussions and their personal interviews were fundamental to the successful development of a culturally-appropriate and community-based Wraparound model.

The following agencies form the inner core group of agencies serving South County that consistently participated in the meetings conducted during Phase I:

1) Gilroy Family Resource Center (GFRC) is the South County family program of the Department of Social Services. GFRC hosted all of the meetings for Phase I. The Department of Social Services senior administrative staff attended all the meetings and contributed immensely to the support given by public agencies.
2) Resources for Families and Communities, a multicultural, non-profit agency serving 900 clients annually who are low income and are in majority Latino families. They provided staff experience working with large immigrant populations and reaching grassroots, cultural populations. They will provide the major Wraparound family case management for Phase II.
3) Simon Salinas, 18th District Assemblyperson, met with us a number of times and helped to lead the consensus decision-making meeting in February 2003 where it was decided to accept the South County Wraparound continuum model as an exemplary practice.
4) Rebekah's Children Services is a 150 year old, non-profit organization serving high-risk children with mental health issues. Their model was used as the "generic" Wraparound model which we revised using the standards developed in Phase I. Their Clinical Director will provide consultation in Phase II.
5) Other agencies that participated in the essential steps of the decisions leading to consensus for the development of the south County Wraparound model are: Mexican American Community Services Association, Santa Clara County Public Health Department, Economic Services Organization, and Santa Clara County Department of Alcohol and Drug Abuse.

Approximately 75 community programs make up the South County Collaborative. They are a networking group that has monthly meetings sharing information to coordinate training and other events. ICCS provided an orientation of the Phase I project to this group and later returned to share the Wraparound continuum model for South County. We also met twice with the Santa Clara County community wraparound team of agencies, another networking group) to share the same information. ICCS was able to work across numerous program disciplines and engage all these agencies in either the inner collaborative group that established the Wraparound continuum model or an external circle of community programs that are informed and willing to participate in Phase II.

The community member participation in the joint meetings and their personal interviews were fundamental to the successful development of a culturally-appropriate and community-based Wraparound continuum model. South County agency stakeholders and community member assessment focused on Latino children, youth and families' mental illness and co-existing substance abuse issues, as there are no existing systems or mechanisms for measuring such conditions and needs. Traditional services have failed to be successful with Latino youth and their families because of their limited and inflexible practices. To work with Latino families, it is important to be family-focused, respecting the privacy of this sensitive issue, identifying resources which families bring to their own treatment and not alienating participants with jargon and theory which do not take their religion and culture into account. A Wraparound continuum model would provide families an opportunity to participate in a variety of services focused on supporting the strengths and decisions of the family. Specific to South County, the Wraparound

continuum needs to appropriately address these issues in light of cultural and community dynamics.

METHODOLOGY

Wraparound was identified in Phase I as a nationally recognized program that had earned recognition as an exemplary practice as evidenced by research that demonstrated the program's effectiveness. The focus of the process evaluation is on the development of consensus building among relevant community members and how decisions were made to select and/or adapt program models. Five principle methods were used for the Phase I process evaluation: 1) evaluator participation in meetings to observe decision-making and the consensus building processes; 2) analysis of meeting documents and minutes; 3) surveys to collect provider network data and data on community collaboration toward consensus building, 4) committee, community and key stakeholder feedback on the process and outcomes, 5) community needs assessment survey data. The evaluator's observations and content analysis of how decisions were made are validated through use of the recorded minutes of committee meetings and, further, with participants' self-reported assessments of the decision making process.

Participant observation and analysis of meeting documents and minutes provided a source of information about the dynamics of the group process: who the key participants were; which participants had the greatest voice in the decision making process; how, over time, the group arrived at consensus on the choice of a program model; the role of consumers in making decisions; the discussion of pros and cons of various elements of Wraparound and Wraparound models; and selecting and/or adapting the final model. The evaluator observed these processes directly by participating in meetings, and these direct observations were cross-validated with the analysis of meeting minutes and documents, and the results of the survey and network data.

The social network analysis was the most sophisticated and appropriate scientific approach for analyzing community consensus building and measuring key relational patterns and contents of the pattern of the stakeholder network. Our analysis of a variety of data sources in combination with the network analysis allows us to identify the relative importance of members from data determined by those members participating in the network. This provides both emic (internal structure or inside) and etic (objective or outside) accounts of the consensus-building process (Headlund et al., 1990).

Feedback from committee and community members and key stakeholder reports on the process and outcomes were gathered through participant observation, documents and minutes and key informant interviews. Finally, a community needs assessment survey was conducted gathering data from community members and provider agencies to assess and compare priorities and to measure and compare levels of achievement for the priority areas.

Population, Sample and Sampling Frames

Data were collected throughout the consensus building process from all participants in the consensus building project while some measures were collected from key agency and provider stakeholders at the beginning of the planning phase and at the end of the project (i.e., at the end of the grant year even though the consensus building continued after the grant year). The data collection procedure allowed for measures of change from the beginning of the project to the end of the project, as well as rich qualitative data throughout the process evaluation. During Phase II we will again collect data to examine the trajectory of the consensus building during project implementation along with measures of fidelity to the model proposed for implementation.

In previous work we collected exhaustive network data from community members, front line workers, case managers and outreach workers, their direct supervisors, and agency directors, along with members of committees. For this study of the service provider network we specifically focused on community stakeholders and stakeholders who were agency directors to provide data about the consensus building process and its effect on the linkages among the services network. Data collection involved surveys completed by the targeted stakeholders.

Quantitative Measures

The benefits of a multi-method approach are well-known (cf. Cook and Campbell, 1979). In addition to the qualitative data, quantitative assessment of the consensus building process for adopting Wraparound was measured at three primary levels of social organization. Agency data were gathered to provide information about the service network including characteristics of the agencies (e.g., number of employees, and perceptions of the planning process and decision-making from an agency perspective) and the relationship of the agencies' goals, priorities and their achievement to the needs of the community. Individual level data were gathered with respect to perceptions about self and other involvement in the planning process. Network data document changes in the linkages within the community tied to the results of the planning and consensus-building process. Measures specific to the network analysis are discussed further in the results section.

Instruments

Contracts, memoranda of agreement (MOA) and memoranda of understanding (MOU), key informant interview notes and other memoranda and documents from key stakeholders served as key data collection instruments and documented overwhelming evidence that there was consensus for the "decision to adopt" the Wraparound exemplary practice. Evaluator participation, observation and interaction through the formative component of the evaluation proved to be substantial sources of information indicating the convincing nature of the decision to adopt. Survey instruments were used to collect individual, agency, network and community needs assessment data. The instruments are reproduced in the appendices.

RESULTS

Qualitative Analysis

The qualitative data collected were in the form of documents, meeting minutes, contracts, MOAs, MOUs, and evaluator observations. These data provide evidence of the decision to adopt and the consensus that South County achieved around the decision to adopt the Wraparound exemplary practice.

Analysis of Meeting Minutes

Statements from the minutes of consumer and stakeholder meetings held during July and August, 2002 were coded based on content. ICCS asked questions that led to discussion of client entry points, barriers, and current practices. From these discussions elements of a Wraparound continuum were identified by community members, agency representatives and Latino youth in a county shelter facility. Eight primary content areas emerged, including: Language and Cultural Competency (LCC), Parent Education (PE), Philosophy of Wraparound (PHIL), Family-Centered Practice (FCP), Organizational Development (OD), Case Management (MIS) Program (CMP), General Education (ED), and Youth Programming (YP).

Examination of the relative frequency of statements contained in the minutes by content area reveals that Philosophy of Wraparound was addressed considerably more than any other content area (51 statements). Organizational Development was the focus of 39 statements. Language and Cultural Competency was addressed by 16 statements. Youth Programming received 9 mentions while Parent Education, General Education, Family Centered Practice (which may fall under Philosophy), and Case Management (MIS) Program (information sharing) were mentioned fewer than 3 times.

Within the *language and cultural competency area*, comments included:

- Spanish information on dealing with teens and drugs, pregnancy, school, teen domestic violence, and peer pressure.
- Latino community outreach, public gatherings, voicing opinions, counseling.
- Youth and family mentoring and communication liaison-mediator
- To keep connection between parents and children by keeping communication. Language is critical in Spanish speaking families. More bilingual programs for the children to maintain Spanish while learning English and more community ESL programs for the parents.
- Design more programs to promote community Spanish programs.
- Information and forms in Spanish and English.
- Involve media, newspaper, radio station, TV commercials- bilingual (domestic violence, resources, etc) and a 1-800 number is Spanish.
- Resources for bilingual children- in domestic homes
- To provide Spanish speaking mentors or “family partners” to guide the parent who does not speak English through “system.” “Family Partners” are people who have been through the system and “know the ropes.”
- Communication-more bilingual staff to provide people with better services.
- Bilingual/bi-cultural workers that can assist clients in their native language/culture
- Have to have staff who speak Spanish- support for agencies to teach Spanish to willing staff

- Family needs to know you understand culture of language (cultural competency)
- Training for CBO/Latino serving agencies on how to handle these issues with children and families (as mentioned above)
- Invite the Latino community to different events and have information in their language
- SSL classes.

Later, this content area was further divided into: prevention activities, and outreach and access as well as informal and formal resources, and assessment and intake.

Within the *organizational development* content area, comments included:

- A screening process across a number of domains, overcome confidentiality for youth to get families involved
- Retraining other professions- police, court, schools, community based organizations in how to work with families
- Cross training between agencies
- Follow-up with clients/agencies when referrals are made to ensure follow through
- Time to work with client
- Question asked: How do we broaden our capacity for family leadership?
- Survey community members and ask them to list the names of programs that they are aware about. The purpose of the survey would be to get an idea of what programs the community knows about so that the programs that are rarely/not mentioned can work on promoting their services.
- Relationship building with families and between agencies.
- Promotion about the resources in the community
- Involve all family members to determine family needs; make a case plan of needs, how to accomplish it, resource availability, completion date of project (program)
- More than a six month period to work with clients
- Intake forms that include questions about the families' strengths and goals from the families' perception
- Use of technology- auto-populating forms, etc.
- Cut down the paperwork; more time to work with people
- Self-sufficiency very difficult here (ex: loss of day care due to income limits)
- The harder families try to become self-sufficient the more difficult it becomes. Need financial incentive
- Help families regardless of legal/immigration status- when families are having economic problems (ex: Father incurs an injury and is unable to work and has children that are minors)
- No waiting lists
- Share client information between agencies/organization (i.e. MDT fashion or central computerized registry that lists program involvement for that child/family)
- Have joint or central reporting
- Use e-mail as a tool
- Do a monthly reporting to a data person
- Individualized measurable, observational outcomes (with help from family)
- Personal network—e.g., South County Community Collaborative (SCC)- agencies communicate with each other services that they each provide

- Personal network is a good investment in time if one person from each agency has consistent information on others' program services. This person can be used as a contact person to provide program service information to others
- A common set of forums to share cases
- Look at computer-based approach used in Gilroy High School for adolescents re: individualized model
- A "chat room" or "village model" to track communication and case-conferencing
- Website with links to other resources
- Train school linked services staff to implement prevention and wraparound; what can we look for to get right services
- Cross-training has been successful before
- Differential case management
- Referring agencies (CBO's) need to provide more information about children and their issues to other agencies/orgs (for example: after-school programs)
- Pooled funding to address family need
- Flexible and stable funding
- Housing funds are imperative, too expensive, forced to live crowded, or unhealthy conditions. Housing expense is stressful
- Health clinics (Clinicas de Salud) for adults who do not qualify for insurance
- Better access to health insurances
- Funds for PG&E, water, school clothes, donation space to receive food, clothes, toys, etc.

Later, this content area was further divided into: assessment and intake, goal setting and intervention planning, interagency coordination, with some comments also falling under outreach and access, formal and informal resources, and counseling and therapy.

Comments from meeting participants that focused on parent education included:

- Parent education on prevention
- Prevention: Classes/workshops on family/domestic violence.

These comments and eventual standards were combined under "prevention activities."

The topic area of Philosophy of Wraparound encompassed a large number of statements, including:

- Consistent, quality education in the schools for substance abuse prevention
- Extended family system/Assimilation process/Consequences of being involved in Juvenile Justice and child welfare system (we need to look at these consequences)
- Have all staff go through the Family Services Certificate Program, which is a 32-week program through local community colleges that trains on providing strength based services to families
- Homeless shelter needed in South County community
- Involve family/client in determining what they need. Create format to do this
- Build on strengths
- 50% of team will be unpaid non-professional on every SVC team.
- More grassroots groups, community driven projects for South County.
- Pay people who have been through the system to mentor.

- Youth and teen mentors.
- Wellness education to families before crisis occurs. Prevention!
- Build on strengths
- Don't take kids out of home if can support them in home, if have to keep in community
- System that is designed should be empowering and developing independence versus dependence of system
- Use "power with" approach rather than "power over"
- Family centered
- Stop treating substance abuse as crime or as separate from other problems
- More informal resources not programs like horse camp- faith community
- Not give false hopes to clients
- Connect families during services, and after the case is closed, to keep clean, and families together
- Social workers need to be in contact with parents who have been through the system
- Find something good about the clients
- Hire more social workers that have empathy
- Keeping families together-before getting in the system
- Normalizing experiences
- Take time to get to know the clients on a personal basis
- Parenting support for parents in recovering from substance abuse
- Use fact based info when teaching a prevention, education (drug) service program. Don't use "scare tactics" tell the truth…..attempt to help kids who are using, "safe" harm reduction model
- Eliminate paperwork (social workers and therapists spend more time with families)
- Paid family advocates, mentors, guides
- Sensitivity training for social workers to deal with clients more humane
- Support family fun activities
- Social workers should become more involved with the families to help them with needs
- One-stop shopping
- Agencies work together (shared clients) for benefit of client
- Be sensitive to clients' needs and fears
- A safe place where everything is confidential for one-on-one
- Intervention- individual and group combined
- Family partner (Mentor) who helps with family needs
- Listening to the kids, finding out what is happening to them, their perspective
- We need more prevention services
- Families receive the same level of services; they are on the same track regardless of where/when they enter
- Share the guiding of the client through the process
- Collaborating with service teams
- Basic needs of treatment on-demand for youth
- Treatment for adults also, in South County
- Children lost in reunification process
- Children needs individualized assessment
- Use family advocates to help families navigate

- Case managers needed to get youth and family through the system using a protocol
- Promotores model that help normalize the conditions and the services
- Find out what the family wants, their needs drive the relationship (mentors fit this role).

Again, these comments were further distributed into the resulting domains that evolved: prevention activities, outreach and access, assessment and intake, goal setting and intervention planning, informal and formal resources, counseling and therapy, monitoring of service provision, and interagency coordination.

Youth programming was another important topic area and included the following comments:

- Sport programs for youth
- Need community centers for older teens; MACSA for younger youth
- More involvement with after-school programs for youth and children.
- A mentor to work with kids when the kid doesn't want to talk to Mom or Dad (example: when the kid is doing drugs and wants to keep it confidential)
- Mentoring for youth in some form (not a case manager)
- Training for providers and mentors to pick up kids needs
- Program that mentors children through school years
- Services for peer to teach children to deal with peer pressure.

These comments led to standards in the evolving domains, specifically under prevention activities, outreach and access, and formal and informal resources.

The eight domains that encompass the standards of the desired Wraparound approach that evolved from the comments and suggestions of stakeholders and consumers who gathered at the July and August 2002 meetings include: Prevention Activities, Outreach and Access, Assessment and Intake, Goal Setting and Intervention Planning, Informal and Formal Resources, Counseling and Therapy, Monitoring of Service Provision, and Interagency Coordination.

<u>Analysis of In-Depth Interviews</u>

In addition, in-depth interviews were conducted by the Institute for Community Collaborative Studies (ICCS) with 12 community members. These interviews generated responses on the elements of a Wraparound model from a cultural and community perspective. (See Appendix F for Key Informant Interview Notes). A content analysis of the interviews reinforced the identification of domains and standards that occurred with the content analysis of the July and August meeting minutes. Similar topic areas included:

- Family interactions have the greatest influence on how substance abuse and/or mental health issues affect members of the family
- Increasing family activities, communication and support would most help to remove the risks for substance abuse and mental illness
- Involvement of youth to change their substance behavior and drug free environments together provide the main supportive elements for removing the risks for substance abuse

- Friendliness and bilingual capacity of staff are slightly more important than hours and location of facilities
- While these respondents are familiar with family programs, they are almost unanimous in saying that community services are not effective in reaching Latino populations
- Respondents advocate using media and other forms of promotion using bilingual information to reach the Latino population
- Self-help groups and more family-centered programming are the main responses to asking how the community could improve its support services for families fighting substance abuse and mental health issues
- Support and trust building with Latino families is required for them to seek and follow through with treatment for substance abuse and mental health issues.

Topics discussed during the in-depth interviews included prevention, access and outreach, effectiveness of treatment, and improvement of support services. Listed below are the main themes derived from the analysis of the comments and suggestions.

Prevention Activities

Increase family support, interactions, and communication
Educate family members about the risks and consequences associated with using drugs
Create a drug-free/stress-free environment
Maintain family members involved in extracurricular activities (sports)
Participate in classes or programs (counseling, parenting classes, support groups)
Control temper/emotions
Lead by example
Stress the importance of educational goals
Increase community education and outreach efforts
Involved youth
For parent/neighborhood organizations
Provide more substance abuse programs/classes
More family support services (counseling, therapy, support groups)

The most common themes under prevention activities were increasing family support, interactions, and communication. Many members discussed the importance maintaining a strong family unit in order to remove risks for substance abuse and mental illness.

Access and Outreach

Need to educate/reach the Latino community
People fear/distrust service providers
People do not find out about services until they are in the “system”
Materials need to be translated in Spanish

The majority of the consumer group members (83%) responded that agencies are not effective in reaching the Latino community. Some were concerned that agencies do the minimum to reach the Latino community and that many people do not find out about services until they are in the “system” and on the verge of losing their kids or have already lost them. One young

consumer group member suggested that agencies should "go to the Latinos" instead of "trying to get Latinos to come to them."

Another concern expressed was that residents face many barriers when trying to access services. This issue is more evident within the Latino immigrant community, as they fear that they will be deported to their home country because of their legal status if they attempt to receive services. Furthermore, many Latino immigrants, especially those living in rural communities, are not aware of the services that are available to them nor do they have the means necessary to access the services (often because of financial/transportation issues.)

The consumer groups shared many ideas on improving the *distribution of information* on services including:

- Starting a media campaign (flyers, TV & radio commercials, newspaper ads, etc)
- Having Spanish/bilingual material
- Targeting specific areas in community (parks, stores, laundry mats, etc)
- Targeting youth/students
- Going door-to-door
- Using "word of mouth"

Treatment is effective if..

- Individual is dedicated
- Mentor involved
- Individual is conscious of the problem
- Support from judge/probation officer

Treatment is not effective because…

- They only work for a certain amount of time
- More support is needed

More likely to seek and follow through with treatment if…

- There is a desire to change/have a better life
- They receive encouragement
- Treatment is affordable
- Staff is empathetic/can relate with person
- Have access to necessary resources (example: medication)
- See others do better
- Agency follows up with client

Less likely to seek and follow through with treatment if…

- Staff is rude, judgmental, unsupportive
- Lack of time/too much time required
- See that it is not working for me
- Fear/lack of trust
- Location of facility too far

The majority of the consumer group agreed that substance abuse and mental health treatment is effective, when conditions listed above are met. Others believe that treatment is effective

temporarily and eventually the person returns to their old habits or they drop out of their program.

How can the community improve its support services for families?

Need for family partners/mentors
More support programs
Inform community about services available
Ensure that services are accessible.

Stakeholder and consumer comments and suggestions also led to the development of an initial set of goal statements and standards that were utilized in developing and shaping the adapted Wraparound model. (See Appendix G for the Goal Statements and Standards.)

Quantitative Results

The focus of the survey of providers was to measure change produced in the stakeholder network in the community resulting from the consensus building activities, and to unobtrusively measure the level of consensus achieved to adopt the exemplary practice proposed. Measures were also collected to assess change in proxy measures of consensus gathered from within the community.

Brief Review of Social Network Analysis Measures

Network measures include: 1) walks and reachability; 2) geodesics and distance; 3) nodal degrees; and 4) network density. Network analysis nearly always includes some basic network properties. Nodes are the actors in a network and paths are the connections among those actors. A *walk* is a sequence of nodes (agencies) and paths (lines indicating a tie or connection between two agencies). The walk begins and ends with a node and each node in the path is connected by the lines following and preceding it in the sequence. For example, Agency A collaborates with Agency B would be represented by a line between these two nodal points. Assume also that Agency B collaborates with Agency C and that Agency A and Agency C do not collaborate. The span between Agency A and Agency C would be considered a *walk*. The *length* of a walk is the number of lines (in our example, two). *Reachability* is the measure of how many paths there are leading to a particular node. For example, since Agency A collaborates with Agency B, then both agencies are said to be reachable. Since Agency B also collaborates with Agency C and Agency A does not, Agency B is said to be more reachable than Agency A or Agency C. A *geodesic* (distance) is the shortest path between a given pair of nodes (the geodesic for Agency A and Agency C is two). A *nodal degree* is the number of lines connected with the node in a graph. Using the example above, it is the number of agencies indicating they work with a particular agency (for Agency B the nodal degree would be 2, and for Agency A and Agency C the nodal degree would be 1). *Density* is a measure of connectedness of the agencies in the network (percentage of all possible nodal degrees that the network exhibits). *Distance-based cohesion* is another measure of connectedness, based on geodesic distance.

When examining consensus building and interagency collaboration, one use of social network analysis is to identify the "*most important"* members in the network because those members have relatively more influence this information may be important for the formative evaluation. Measures of importance in a network include: 1) degree; 2) closeness; 3) betweenness; and 4) prestige. *Degree,* the degree of centralization, quantifies the range or variability of the individual member indices. The index or measure ranges from 0 (no variability) to 1 (extreme variability for one member). For example, if each agency in a network is connected with the others equally then there is no variability for members because they are equally and exhaustively connected, then the degree of network centrality is 0. If one agency works with all other agencies and all other agencies work only with this agency, then the degree of network centrality is 1 (also known as a star network). *Closeness* measures how closely a member of the network is to all the other members of the network. This concept addresses the extent to which a member can directly access other members of the network. The closeness index also ranges from 0 to 1, where 0 represents the lengths of geodesics as equal among network members, and 1 represents extreme variability with respect to one member. *Betweenness* is a measure of interactions between nonadjacent members of a network where one must access another member in the network in order to reach another. The *betweenness* index ranges from 0 (all members are equal in betweenness) to 1(extreme variability with respect to one member). *Prestige* is similar to what is commonly referred to as popularity, how many choose a particular node or member. The members of the network who are most prestigious are those most frequently chosen by others. The index for prestige reaches its maximum value of 1 when a member is chosen by all other members of the network. As the node measures closer to 1 for prestige, the percentage of network members choosing that actor approaches 100 percent, thus, the more prestigious the network member.

Procedure

The baseline survey data were collected in July 2002 and follow-up was conducted in March 2003. Thirteen agencies were identified as constituting the local service network and all 13 agencies responded at baseline and follow-up (response rate=100 percent). One respondent indicated no changes had occurred, therefore baseline responses were carried forward to follow-up.

To explore the changes in the services network resulting from the consensus building process the relationships among the agencies were examined over time. For example, research conducted by Wasserman and Faust, 1994; Wasserman and Galaskiewicz, 1994; Scott, 1991; and Knoke & Kuklinski, 1982 indicate that measures of increased connectedness will result from consensus building activities. The analysis first examines increased communication and connectedness as an indicator of general agreement, and then a deeper relational structure indicative of achieving consensus on issues among this stakeholder group. The analyses were based on asymmetric connections where only one of the agencies in a given pair is required to respond in the affirmative to indicate the existence of a relationship in the services network. However, the connections or ties were "directed," meaning that ties were measured in terms of the direction of the relation ("in," selected or chosen by others, or "out," choice made or selection of another).

Results of Social Network Analysis

CONSENSUS MEASURED AS A FUNCTION OF NETWORK CHANGE

Table 1, on the following page, presents the choices made at baseline and follow-up by each of the nodes (Provider Stakeholders or agencies) for the relational content concerned with the general concept of network change or ability of stakeholders to work together (interagency collaboration). The measures presented include: ***outdegree*** (ties "sent to" other agencies; a measure that demonstrates how prominent actors are involved in relationships with other actors and how those relationships change during the consensus building; ***indegree*** (ties "received from" other agencies; a measure of prestige; network members who are more prestigious receive more nominations or choices); ***average number of degrees*** or ties to other agencies; ***maximum number of nodal degrees*** or ties possible; ***average geodesic distance*** (average of the shortest paths between each pair of nodes); average ***density*** of the network (a measure of group cohesion and proxy for consensus as the number nears saturation (1) based on the number of ties that exist in the network); and ***distance-based cohesion*** (another measure of network cohesion similar to density based on geodesic distances, ranging from 0 to 1, with larger values indicating greater cohesiveness and consensus as a function of reduced average geodesics).

Table 1. Consensus Measured as a Function of Network Change

Provider/Stakeholder	At Baseline				At Follow-Up			
	Outdegree		*Indegree*		*Outdegree*		*Indegree*	
	Number	*Percent*	*Number*	*Percent*	*Number*	*Percent*	*Number*	*Percent*
PS 1	9	75.0%	6	50.0%	8	66.7%	7	58.3%
PS 2	5	41.7%	7	58.3%	10	83.3%	9	75.0%
PS 3	7	58.3%	9	75.0%	9	75.0%	9	75%
PS 4	9	75.0%	2	16.7%	9	75.0%	7	58.3%
PS 5	9	75.0%	11	91.7%	9	75.0%	11	91.7%
PS 6	9	75.0%	10	83.3%	10	83.3%	11	91.7%
PS 7	3	25.0%	3	25.0%	8	66.7%	5	41.7%
PS 8	9	75.0%	6	50.0%	10	83.3%	10	83.3%
PS 9	8	66.7%	8	66.7%	7	58.3%	12	100.0%
PS 10	9	75.0%	4	33.3%	10	83.3%	8	66.7%
PS 11	9	75.0%	9	75.0%	9	75.0%	8	66.7%
PS 12	9	75.0%	9	75.0%	12	100.0%	12	100.0%
PS 13	1	8.3%	12	100.0%	10	83.3%	12	100.0%
Average Degree (std dev)	7.39 (2.588)		7.39 (2.949)		9.31 (1.202)		9.31 (2.162)	
Max Nodal Degrees	12		12		12		12	
Avg Geodesic Distance	1.417				1.224			
Distance-based Cohesion	0.80				0.89			
Average Density (std dev)	61.5% (0.4865)				77.6% (0.4172)			

REACHABILITY, AVERAGE GEODESIC DISTANCE, DISTANCE-BASED COHESION

All agencies in the South County Wraparound Project were *reachable* both at baseline and follow-up; each provider stakeholder was connected to the other agencies by at least one path.

The *average geodesic distance* among pairs or nodes (provider stakeholders) was 1.417 at baseline. At follow-up the average distance reduced to 1.224. Although these average distances are relatively small, the change represents an improvement of approximately 14 percent in reachability. *Distance-based cohesion* was 0.80 at baseline. At follow-up this measure increased to 0.89. These measures are further evidence of the magnitude of the consensus to adopt affected by the consensus building activities which improved measures of distance, connectedness and cohesion.

OUTDEGREE

Outdegree percentages increased from baseline to follow-up indicative of increased collaboration from the consensus building process. At baseline, nine nodes in the network obtained outdegree greater than 65% while at follow-up 12 obtained outdegree greater than 65% (the one remaining node obtained an outdegree of 58.3%). One node showed an outdegree increase from 8.3% at baseline to 83.3% at follow-up and one obtained an outdegree of 100% at follow-up indicating complete saturation of outward connections.

INDEGREE

Higher percentages of *indegree* (ties chosen by others) indicate greater prestige in the network while lower percentages of *indegree* ties indicate less prestige. *Indegree* percentages increased from baseline to follow-up indicating concomitant increases in prestige and collaboration from the consensus building process. While Indegree levels were high at baseline they increased to higher levels at follow-up (three nodes obtained 100% indegree). At baseline, over half of the nodes obtained indeg*ree* percentages greater than 65% while at follow-up ten nodes obtained indegree percentages greater than 65%. The largest increase in indegree percentage was from 16.7% at baseline to 58.3% at follow-up. Only one node did not obtain 50% indegree at follow-up (PS7). These data indicate overall growth in the prestige of network members as well as increased connectedness due to the consensus building activities.

AVERAGE NODAL DEGREE AND DENSITY

From baseline to follow-up, the *average nodal degree* (number of ties between nodes) increased from 7.39 to 9.31 indicating an increase in ties and thus connectedness in working with others in the services network. On average, 61.5% of the possible connections at baseline were established, increasing to 77.6% of all connections at follow-up. The evaluation findings indicate increased *density* and group cohesion for this service network.

ILLUSTRATIONS

The sociograms presented as Figure 1a and 1b on the following page employ circle illustrations to map connections for the South County Wraparound project. The density of lines to and from nodes indicates the frequency of choices, either in or out, among those in the stakeholder network. Directionality is indicated by the arrowheads which match the information presented in tabular form, Table 1 above, on indegree and outdegree. The apparent increase in the number of lines from Figure 1a to Figure 1b provides visual illustration of the impact of the consensus building activities.

In Figures 1c and 1d, the sociograms are reconfigured using the same data but employing the multi-dimensional scaling (MDS) technique to produce the diagram. The MDS technique uses the data to locate the nodes, placing agencies that are more central nearer the center of the diagram (the algorithm locates nodes based on their geodesic distances or shortest path between each pair of nodes). In comparing the MDS diagram at follow-up (Figure 1d) to baseline (Figure 1c), it is apparent that there is movement toward closure among those in the network, and expansion of the core of the network is consistent with a finding of consensus based on experimental evidence that those of moderate status concurred with others significantly more than either high or low status subjects (Dittes, and Kelley, 1956).

Figure 1. Consensus Measured as a Function of Network Change

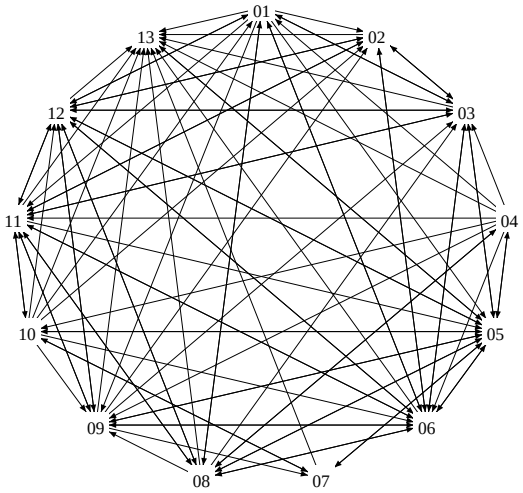


Figure 1a. Map of Connections for the "Work With" Relation at Baseline

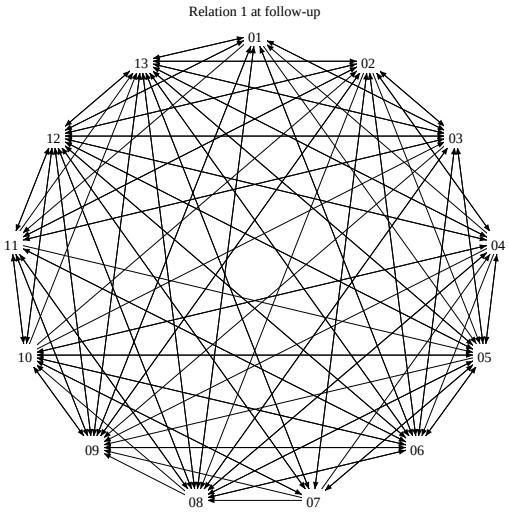


Figure 1b. Map of Connections for the "Work With" at Follow-up

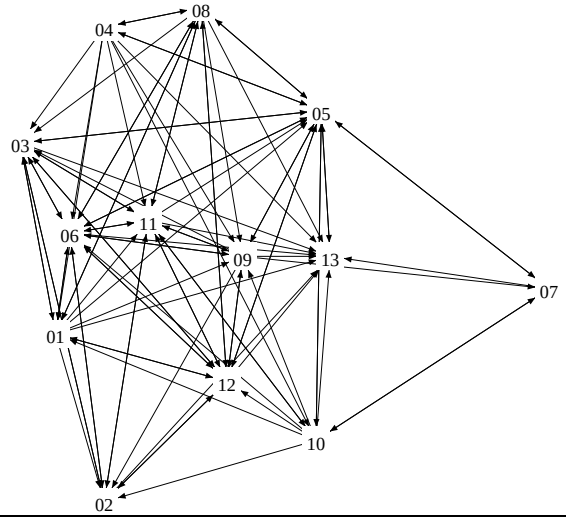


Figure 1c. Map of Distances and Similarities for the Work With Relation at Baseline

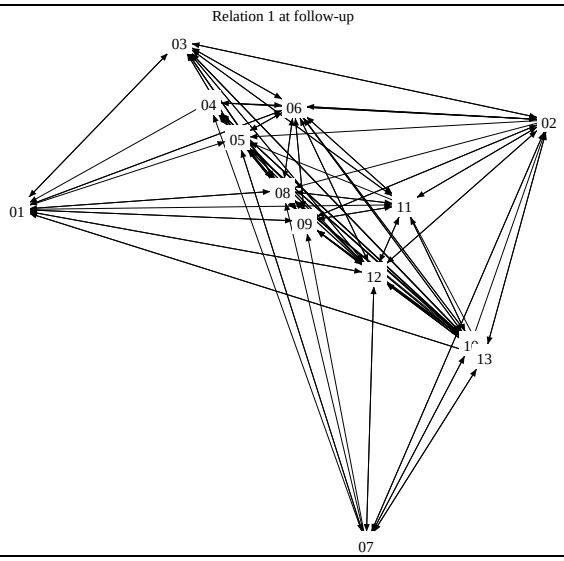


Figure 1d. Map of Distances and Similarities for the Work With Relation at Follow-up

CONSENSUS MEASURED AS A FUNCTION OF JOINT CASE PLANNING

Table 2, below, presents the choices made at baseline and follow-up by each of the nodes for the relational content concerned with change during the consensus building as a function of the efforts to improve joint case planning among the agencies. The measures presented include: ***outdegree*** (ties "sent out to" other agencies; a measure that demonstrates how prominent actors are most extensively involved in relationships with other actors and are therefore instrumental in consensus building; ***indegree*** (ties "received from" other agencies; a measure of prestige; network members who are prestigious receive more nominations or choices); ***average number of degrees*** or ties to other agencies; ***maximum number of nodal degrees*** or ties possible; ***average geodesic distance*** (based on shortest path between each pair of nodes); average ***density*** of the network (a measure of group cohesion based on the number of ties that exist in the network for a particular relation); and ***distance-based cohesion*** (another measure of network cohesion based on geodesic distance, ranging from 0 to 1, with larger values indicating greater cohesiveness).

Table 2. CONSENSUS MEASURED AS A FUNCTION OF JOINT CASE PLANNING

Provider Stakeholder	At Baseline				At Follow-Up			
	Outdegree		*Indegree*		*Outdegree*		*Indegree*	
	Number	*Percent*	*Number*	*Percent*	*Number*	*Percent*	*Number*	*Percent*
PS 1	8	66.7%	3	25.0%	5	41.7%	4	33.3%
PS 2	3	25.0%	4	33.3%	4	33.3%	8	66.7%
PS 3	4	33.3%	6	50.0%	4	33.3%	5	41.7%
PS 4	8	66.7%	1	8.3%	5	41.7%	2	16.7%
PS 5	2	16.7%	8	66.7%	2	16.7%	6	50.0%
PS 6	8	66.7%	8	66.7%	9	75.0%	8	66.7%
PS 7	0	0.0%	1	8.3%	8	66.7%	2	16.7%
PS 8	6	50.0%	4	33.3%	2	16.7%	6	50.0%
PS 9	5	41.7%	6	50.0%	6	50.0%	6	50.0%
PS 10	3	25.0%	2	16.7%	7	58.3%	3	25.0%
PS 11	3	25.0%	8	66.7%	4	33.3%	5	41.7%
PS 12	7	58.3%	6	50.0%	12	100.0%	9	75.0%
PS 13	7	58.3%	7	58.3%	6	50.0%	10	83.3%
Average Degree (std dev)	4.92 (2.526)		4.92 (2.495)		5.69 (2.700)		5.69 (2.462)	
Max Nodal Degrees	12		12		12		12	
Avg Geodesic Distance	1.757				1.596			
Distance-Based Cohesion	0.638				0.725			
Average Density (std dev)	41.0% (0.4919)				47.4% (0.4993)			

REACHABILITY, AVERAGE GEODESIC DISTANCE , DISTANCE-BASED COHESION

Consensus measured as a function of participation in joint staff training indicates a high degree of consensus on *reachability* both at baseline and follow-up; every agency was connected to the other agencies by at least one path. The *average geodesic distance* among pairs was 1.757 at baseline (i.e., on average, the shortest distance between any two nodes was slightly less than

two paths), a distance that decreased at follow-up to 1.596. Although these average distances are relatively small, the change in the average geodesic form baseline to follow-up is approximately 10 percent. *Distance-based cohesion* was 0.638 at baseline and this measure increased to 0.725 at follow-up. The improvement in the measures of distance, connectedness and cohesion provide further evidence that the consensus building around the decision to adopt was achieved.

OUTDEGREE

Examination of the *outdegree* percentages for the joint case planning shows that agencies in this network demonstrated a wide range of activity in their outgoing connections both at baseline and follow-up, indicating a variety of ability levels in interacting and communicating with many others on joint case planning. At baseline, only three agencies reported an *outdegree* greater than 65%. In fact, PS7 reported no outgoing ties or connections to other agencies in the network at baseline, and four agencies had 25% or fewer outgoing ties at baseline (PS2, 5, 10, and 11). At follow-up, there was an overall increase in outgoing connections. These data indicate that several nodes of this network increased the outdegree measures obtained and overall the results further support a finding movement toward consensus around case planning which is very important for the success of the implementation.

INDEGREE

Examination of the changes in indegree shows that higher percentages of incoming ties indicate greater prestige or prominence in the network while lower percentages of *indegree* ties indicate less prestige. For activities related to joint case planning in this network, indegree levels were relatively low at baseline and increased for many of the provider stakeholders at follow-up. At baseline, percentages of incoming connections ranged from 8.3% (PS7) to 66.7% (PS5, 6, and 11). Four provider stakeholders had indegree percentages at or below 25.0%: PS1 at 25.0%, PS10 at 16.7%, and PS4 and 7 at 8.3%. At follow-up, eight provider stakeholders experienced an increase in activity of incoming ties (PS1, 2, 4, 7, 8, 10, 12, and 13), 3 had a decrease (PS3, 5, and 11), while 2 remained the same (PS6 and 9). Indegree levels ranged from 16.7 (PS4 and 7) at baseline to 83.3% (PS13) at follow-up. This network information indicates that consensus building activities were successful in bringing members of the community together increasing prestige, connections and collaboration in relation to case planning.

AVERAGE NODAL DEGREE AND DENSITY

From baseline to follow-up the *average nodal degree* (number of ties) for activities related to case planning increased from 4.92 to 5.69. On average, only 41.0% of the possible connections at baseline were present which increased to 47.4%, or about 14 percent, at follow-up. Some increase in *density* and group cohesion also occurred as a result of the Phase I consensus building.

ILLUSTRATIONS

Figures 2a and 2b on the following page illustrate the data from Table 2 using multi-dimensional scaling to produce the sociogram mapping geodesic distances and similarities among nodes or agencies. At follow-up (Figure 2b), some agencies appear to have moved closer to the center, and other visible improvements indicative of the creation of a consensual group include the

increase in connections to PS7, 10, and 12. These measures indicate expansion of the core of the network and increased collaboration and consensus about joint case planning.

Figure 2. CONSENSUS MEASURED AS A FUNCTION OF JOINT CASE PLANNING

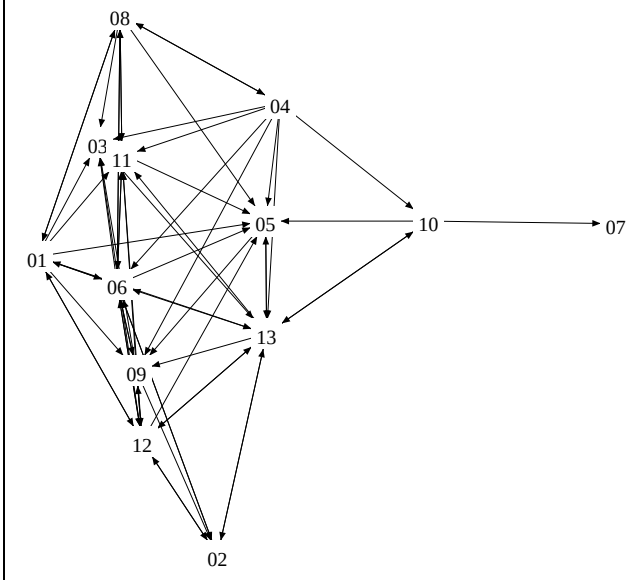


Figure 2a. Map of Distances and Similarities for "Joint Case Planning" at Baseline

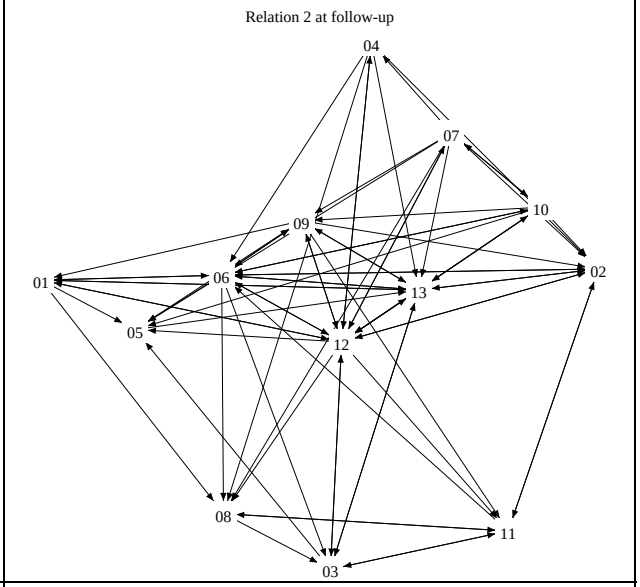


Figure 2b. Map of Distances and Similarities for "Joint Case Planning" at Follow-up

CONSENSUS MEASURED AS A FUNCTION OF JOINT STAFF TRAINING

Table 3, below, presents the choices made by each of the provider stakeholders for the relational content concerned with the development of consensus around joint staff trainings. The measures presented include: outdegree, indegree, average number of degrees, maximum number of nodal degrees, average geodesic distance, average density of the network and distance-based cohesion.

Table 3. CONSENSUS MEASURED AS A FUNCTION OF JOINT STAFF TRAINING

Provider Stakeholder	At Baseline				At Follow-Up			
	Outdegree		*Indegree*		*Outdegree*		*Indegree*	
	Number	*Percent*	*Number*	*Percent*	*Number*	*Percent*	*Number*	*Percent*
PS 1	6	50.0%	2	16.7%	5	41.7%	5	41.7%
PS 2	2	16.7%	8	66.7%	7	58.3%	7	58.3%
PS 3	5	41.7%	5	41.7%	8	66.7%	5	41.7%
PS 4	9	75.0%	0	0.0%	10	83.3%	3	25.0%
PS 5	5	41.7%	6	50.0%	5	41.7%	6	50.0%
PS 6	9	75.0%	2	16.7%	1	8.3%	6	50.0%
PS 7	1	8.3%	1	8.3%	8	66.7%	1	8.3%
PS 8	2	16.7%	5	41.7%	2	16.7%	8	66.7%
PS 9	3	25.0%	5	41.7%	6	50.0%	6	50.0%
PS 10	4	33.3%	4	33.3%	2	16.7%	4	33.3%
PS 11	3	25.0%	6	50.0%	3	25.0%	5	41.7%
PS 12	3	25.0%	2	16.7%	12	100.0%	8	66.7%
PS 13	3	25.0%	9	75.0%	4	33.3%	9	75.0%
Average Degree (std dev)	4.23 (2.423)		4.23 (2.606)		5.62 (3.175)		5.62 (2.095)	
Max Nodal Degrees	12		12		12		12	
Avg Geodesic Distance	1.979				1.667			
Distance-Based Cohesion	0.590				0.713			
Average Density (std dev)	35.3% (0.4778)				46.8% (0.4990)			

REACHABIILITY, AVERAGE GEODESIC DISTANCE, DISTANCE-BASED COHESION

Measurement of consensus about joint staff trainings indicates all provider stakeholders were reachable at baseline and follow-up. The average geodesic distance was 1.979 at baseline which decreased to 1.667 at follow-up. Although the distances are relatively short, the change is approximately 16 percent. *Distance-based cohesion* was 0.590 at baseline and 0.713 at follow-up which represents an improvement of approximately 17 percent. These improving measures of distance, connectedness and cohesion provide evidence of firm commitment to engage in the adoption of a Wraparound model with training that will ensure the fidelity of the model.

OUTDEGREE

At baseline, only 2 provider stakeholders reported outdegree percentages greater than 65%: PS 4 and 6 each at 75.0%. Seven nodes had outdegree percentages of 25.0% or less at baseline: PS9, PS11, PS12, and PS13 each at 25.0%; PS2 and PS8 each at 16.7%; and PS7 at 8.3%. At follow-up, four nodes had outdegree percentages of 65% or greater: PS12 at 100.0%, PS4 at 83.3%, and PS3 and PS7 each at 66.7%. Outdegree percentages of 25% or less were reported by four agencies at follow-up: PS11 with 25.0%, PS8 and PS10 each with 16.7%, and PS6 with 8.3%. At follow-up, seven agencies reported an increase in outdegree activity (PS 2, 3, 4, 7, 9, 12 and 13); three reported a decrease (PS1, 6, and 10), and the outdegree activity for three stakeholders remained the same (PS5, 8, and 11). PS12 reported the largest increase in outdegree percentage from 25.0% at baseline to 100.0% at follow-up. These data indicate that several nodes of this network increased the outdegree measures obtained and the results support a finding of consensus around joint staff training which is very important for the success of the implementation and fidelity to the model adopted.

INDEGREE

Indegree at baseline obtained 65% or greater for only two nodes: PS13 at 75.0% and PS2 at 66.7%. At follow-up, three provider stakeholders had indegree levels $\geq$ 65%: PS13 at 75.0%, and PS8 and 12 at 66.7%. Only 2 provider stakeholders had indegree levels $\leq$ 25% at follow-up: PS4 at 25.0% and PS7 at 8.3%. Six PS obtained increases in indegree (PS1, 4, 6, 8, 9, and 12), while 5 remained the same (PS3, 5, 7, 10, and 13) or decreased (PS2 and 11). PS12 obtained the largest increase in indegree from baseline to follow-up (16.7% at baseline to 66.7% at follow-up). This network information indicates that some nodes increased on measures of prestige, connections and collaboration in relation to staff training shared among the network, and those stakeholders will need to be called upon in the implementation to further the ability of the community to engage in training for model fidelity.

AVERAGE NODAL DEGREE AND DENSITY

The *average nodal degree* increased from 4.23 at baseline to 5.62 at follow-up. On average, only 35.3% of the possible connections at baseline were established, increasing to 46.8% at follow-up. This is an increase of 7 percent in the average connectedness and about 32% in density of network relationships around joint staff trainings, consensus for which is necessary to insure fidelity of the model.

ILLUSTRATIONS

Figures 3a and 3b on the following page illustrate the network data from Table 3 using multi-dimensional scaling to produce the sociogram, mapping geodesic distances and similarities among nodes. At follow-up (Figure 3b), some nodes have clearly obtained measures that draw them closer to the center of the sociogram, and several show more connectedness at follow-up compare to the baseline sociogram. In particular, PS7 and PS12 have more ties at follow-up, and PS12 is no longer in the periphery as in the baseline sociogram, but rather has moved to the center. These observations indicate expansion of the core and increased cohesiveness which is a proxy for consensus for joint staff training.

Figure 3. CONSENSUS MEASURED AS A FUNCTION OF JOINT STAFF TRAINING

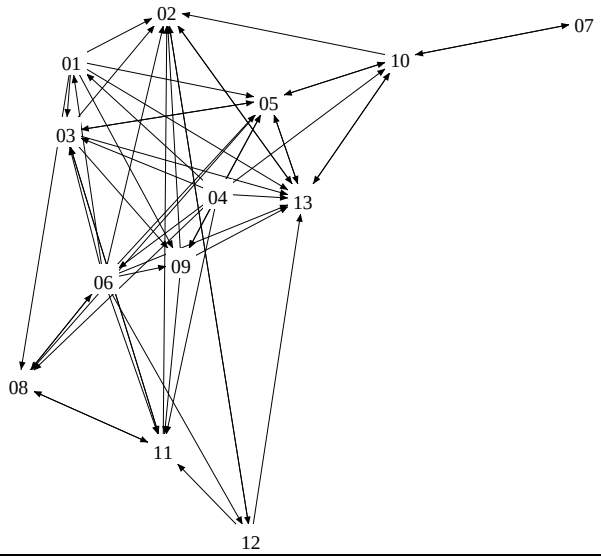


Figure 3a. Map of Distances and Similarities for Joint Staff Training at Baseline

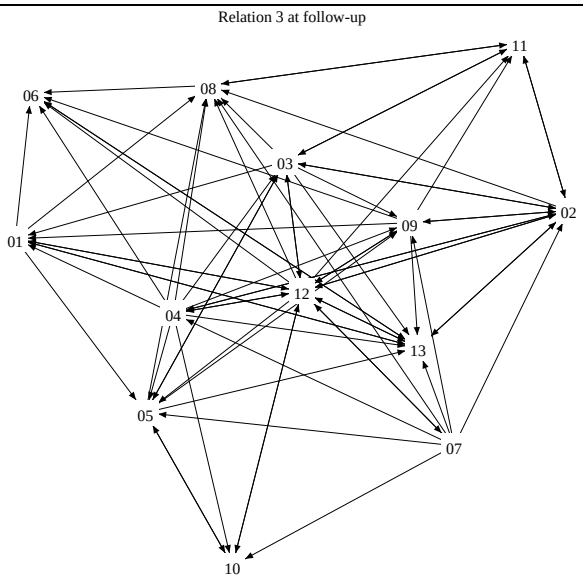


Figure 3b. Map of Distances and Similarities for Joint Staff Training at Follow-up

CONSENSUS MEASURED AS A FUNCTION OF PARTICIPATION IN JOINT FUNDING

Table 4 below, presents the choices made at baseline and follow-up by each of the provider stakeholders for activities related to braided, blended or joint funding among members of the services network. The measures presented include: outdegree, indegree, average number of degrees, the maximum number of nodal degrees, average geodesic distance, distance-based cohesion, and average density of the network.

Table 4. Consensus Measured as a Function of Participation in Joint Funding

Provider Stakeholder	At Baseline				At Follow-Up			
	Outdegree		*Indegree*		*Outdegree*		*Indegree*	
	Number	*Percent*	*Number*	*Percent*	*Number*	*Percent*	*Number*	*Percent*
PS 1	8	66.7%	5	41.7%	6	50.0%	4	33.3%
PS 2	1	8.3%	5	41.7%	7	58.3%	4	33.3%
PS 3	5	41.7%	6	50.0%	9	75.0%	4	33.3%
PS 4	9	75.0%	1	8.3%	7	58.3%	1	8.3%
PS 5	4	33.3%	6	50.0%	4	33.3%	4	33.3%
PS 6	6	50.0%	5	41.7%	8	66.7%	7	58.3%
PS 7	1	8.3%	2	16.7%	3	25.0%	2	16.7%
PS 8	6	50.0%	4	33.3%	2	16.7%	6	50.0%
PS 9	4	33.3%	4	33.3%	4	33.3%	2	16.7%
PS 10	2	16.7%	4	33.3%	1	8.3%	4	33.3%
PS 11	3	25.0%	5	41.7%	3	25.0%	4	33.3%
PS 12	4	33.3%	4	33.3%	1	8.3%	8	66.7%
PS 13	6	50.0%	8	66.7%	3	25.0%	8	66.7%
Average Degree (std dev)	4.54 (2.373)		4.54 (1.692)		4.46 (2.561)		4.46 (2.135)	
Max Nodal Degrees	12		12		12		12	
Avg Geodesic Distance	1.897				2.058			
Distance-Based Cohesion	0.649				0.632			
Average Density (std dev)	37.8% (0.4849)				37.2% (0.4833)			

REACHABILITY, AVERAGE GEODESIC DISTANCE, DISTANCE-BASED COHESION

All agencies in the network were reachable at baseline and follow-up. The *average geodesic distance* was 1.897 at baseline, an average shortest distance of less than 2 paths, which increased to slightly over two paths (2.058) at follow-up. This is an increased average distance of approximately 8 percent. Distance-based cohesion decreased slightly from 0.649 at baseline to 0.632 at follow-up. For activities related to joint funding, the results indicate that on average distances increased from baseline to follow-up indicating slight growth in reluctance to braid funding. However, members of the network increased considerably in their joint funding relationship providing empirical support for the project conclusion that sustainability and financing plans are in place.

OUTDEGREE

For activities related to joint funding among the provider stakeholders in this network, outgoing connections decreased from baseline to follow-up. At baseline, only 2 provider stakeholders obtained outdegree percentages greater than 65%: PS4 at 75.0% and PS1 at 66.7%. Four agencies obtained baseline outdegree percentages at or below 25%: PS11 at 25.0%; PS10 at 16.7%; and PS2 and 7 at 8.3%. At follow-up, two agencies obtained outdegree percentages greater than 65%: PS3 at 75.0% and PS6 at 66.7%. Six agencies obtained 25% or less outdegree at follow-up: PS7, 11, and 13 at 25.0%; PS8 at 16.7%; and PS10 and 12 at 8.3%. At follow-up, only four agencies reported an increase in outdegree activity (PS2, 3, 6, and 7); six reported a decrease (PS1, 4, 8, 10, 12, and 13); and the outdegree activity for three agencies was constant (PS5, 9, and 11). PS2 reported the largest increase in outdegree from 8.3% at baseline to 58.3% at follow-up.

INDEGREE

At baseline, one provider stakeholder (PS13 at 66.7%) obtained an indegree percentage greater than 65%. At follow-up, two PS had indegree percentages greater than 65%: PS3 at 75.0% and PS6 at 66.7%. Measures of indegree for this network, for the relational content of joint funding, suggest that no stakeholder was viewed as prestigious or central to the network and consensus around shared funding was not achieved to the extent desired or expected from the consensus building activities.

AVERAGE NODAL DEGREE AND DENSITY

At baseline, the average number of connections between agencies for joint funding activities in this network was 4.54 which decreased slightly to 4.46 at follow-up. On average, only 37.8% of all possible connections at baseline were established, and that decreased to 37.2% at follow-up. The low density and connectedness at baseline demonstrated even less density and connectedness, and therefore consensus, at follow-up for joint funding of activities to implement the exemplary practice.

ILLUSTRATIONS

Figures 4a and 4b on the following page illustrate the data from Table 4 using multi-dimensional scaling to produce sociograms, mapping geodesic distances and similarities among agencies. These sociograms spatially locate nodes based on the network measures. At follow-up (Figure 4b), it appears that some agencies have moved, though several agencies show fewer connections at follow-up than at baseline. The measures and sociograms indicate an increase in the number of nodes that are core; however, a finding of consensus around joint funding is not supported.

Figure 4. CONSENSUS MEASURED AS A FUNCTION OF PARTICIPATION IN JOINT FUNDING

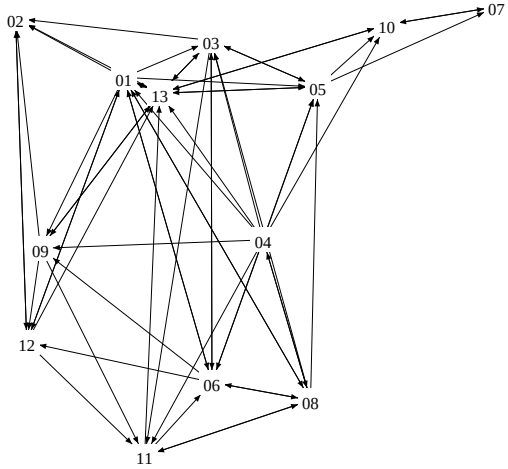


Figure 4a. Map of Distances and Similarities for "Joint Funding" at Baseline

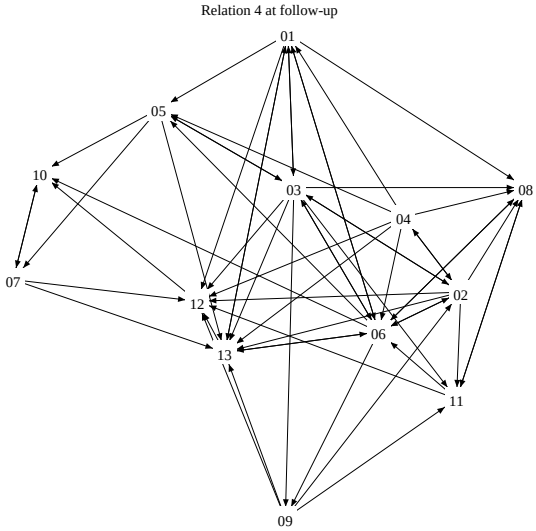


Figure 4b. Map of Distances and Similarities for "Joint Funding" at Follow-up

CONSENSUS MEASURED AS A FUNCTION OF COLLECTION OF COMMON OUTCOMES DATA

Table 5, below, presents choices made at baseline and follow-up by each of the provider stakeholders on consensus around the collection of common outcome data or measures. The measures presented include: outdegree, indegree, average number of degrees, the maximum number of nodal degrees, average geodesic distance, distance-based cohesion, and average density of the network.

Table 5. CONSENSUS MEASURED AS A FUNCTION OF COLLECTION OF COMMON OUTCOMES DATA

Provider Stakeholder	At Baseline				At Follow-Up			
	Outdegree		*Indegree*		*Outdegree*		*Indegree*	
	Number	*Percent*	*Number*	*Percent*	*Number*	*Percent*	*Number*	*Percent*
PS 1	8	66.7%	5	41.7%	6	50.0%	5	41.7%
PS 2	1	8.3%	6	50.0%	4	33.3%	5	41.7%
PS 3	6	50.0%	6	50.0%	7	58.3%	4	33.3%
PS 4	8	66.7%	1	8.3%	9	75.0%	1	8.3%
PS 5	1	8.3%	5	41.7%	1	8.3%	4	33.3%
PS 6	7	58.3%	5	41.7%	8	66.7%	4	33.3%
PS 7	1	8.3%	1	8.3%	3	25.0%	2	16.7%
PS 8	6	50.0%	4	33.3%	2	16.7%	5	41.7%
PS 9	6	50.0%	4	33.3%	5	41.7%	4	33.3%
PS 10	2	16.7%	3	25.0%	3	25.0%	4	33.3%
PS 11	3	25.0%	6	50.0%	3	25.0%	4	33.3%
PS 12	5	41.7%	4	33.3%	3	25.0%	8	66.7%
PS 13	3	25.0%	7	58.3%	4	33.3%	8	66.7%
Average Degree (std dev)	4.39 (2.558)		4.39 (1.778)		4.46 (2.308)		4.46 (1.865)	
Max Nodal Degrees	12		12		12		12	
Avg Geodesic Distance	2.314				1.840			
Distance-Based Cohesion	0.603				0.652			
Average Density (std dev)	36.5% (0.4815)				37.2% (0.4833)			

REACHABILITY, AVERAGE GEODESIC DISTANCE, DISTANCE-BASED COHESION

All provider stakeholders in the service network were reachable at baseline and follow-up. The *average geodesic distance* between provider stakeholders was 2.314 at baseline, however, that decreased to 1.840 at follow-up. This is a decrease of approximately 21 percent. Distance-based cohesion increased slightly from 0.603 at baseline to 0.652 at follow-up (an 8 percent increase in consensus on outcomes).

OUTDEGREE

Outdegree measures obtained were greater than 65% occurred at baseline for only two agencies: PS1 and 4 at 66.7%. The outdegree measures were unchanged at follow-up with two PS obtaining 65% or greater outdegree (PS8 at 75.0%, and PS6 at 66.7%). PS2 obtained

the greatest increase in outdegree from 8.3% at baseline to 33.3% at follow-up. PS8 obtained the largest decrease in outdegree from 50.0% at baseline to 16.7% at follow-up. At follow up, seven PS obtained small increases in outdegree which offset the four agencies obtaining large decreases. This data suggest that consensus on collecting common outcomes data was not demonstrated and did not change much over time.

INDEGREE

Indegree measures demonstrated a low level of consensus at baseline and that did not change at follow-up. At baseline, no agencies reported indegree percentages over 65%. At follow-up, two agencies had indegree percentages over 65%. The indegree levels for collecting common outcomes data in this network indicated a lack of consensus. No agency commanded prestige or prominence in the network which could facilitate the collection of common outcomes data.

AVERAGE NODAL DEGREE AND DENSITY

At baseline, the average number of connections obtained was 4.39 which increased slightly to 4.46 at follow-up. On average, only 36.5% of the possible connections at baseline were established, and that increased to 37.2% at follow-up (a change of approximately 2 percent). The low density and connectedness at baseline regarding collecting common outcomes data remained unchanged and do not support a finding of consensus.

ILLUSTRATIONS

Figures 5a and 5b below illustrate the data from Table 5 using multi-dimensional scaling to produce the sociograms, mapping geodesic distances and similarities among provider stakeholders in the network. At follow-up (Figure 5b) some expansion of the core of the network is apparent, but there is little evidence of consensus around the collection of common outcomes.

Figure 5. CONSENSUS MEASURED AS A FUNCTION OF COLLECTION OF COMMON OUTCOMES DATA

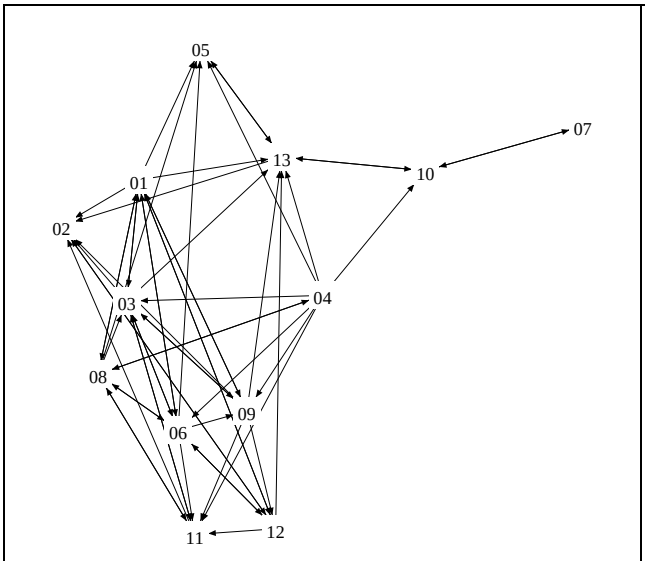


Figure 5a. Map of Distances and Similarities for "Collect Outcomes Data Together" at Baseline

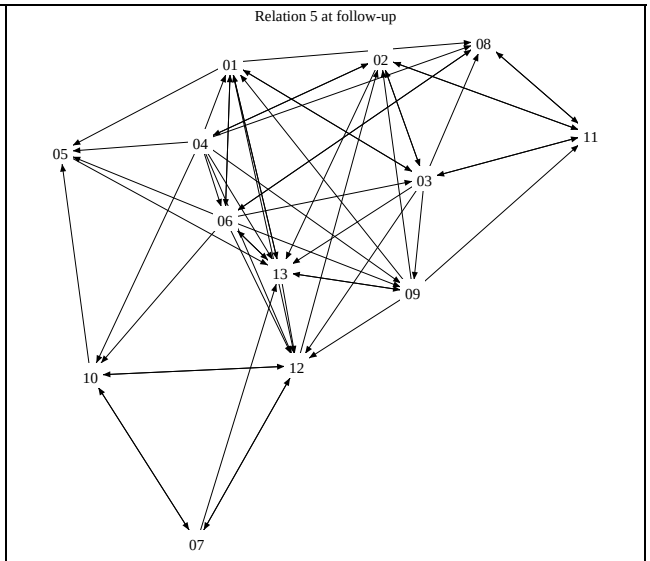


Figure 5b. Map of Distances and Similarities for "Collect Outcomes Data Together" at Follow-up

CONSENSUS MEASURED AS A FUNCTION OF UTILITY OF RELATIONSHIP

Table 6 below, presents the choices made at baseline and follow-up by each of the provider stakeholders for the collaborative activities related to usefulness of engaging in consensus building activities with other stakeholders in the South County area. The measures presented include: outdegree, indegree, average number of degrees, the maximum number of nodal degrees, average geodesic distance, distance-based cohesion, and average density of the network.

Table 6. CONSENSUS MEASURED AS A FUNCTION OF UTILITY OF RELATIONSHIP

Provider Stakeholder	At Baseline				At Follow-Up			
	Outdegree		*Indegree*		*Outdegree*		*Indegree*	
	Number	*Percent*	*Number*	*Percent*	*Number*	*Percent*	*Number*	*Percent*
PS 1	0	0.0%	6	50.0%	8	66.7%	6	50.0%
PS 2	5	41.7%	7	58.3%	10	83.3%	9	75.0%
PS 3	6	50.0%	8	66.7%	9	75.0%	8	66.7%
PS 4	9	75.0%	2	16.7%	7	58.3%	6	50.0%
PS 5	8	66.7%	8	66.7%	8	66.7%	10	83.3%
PS 6	9	75.0%	9	75.0%	10	83.3%	11	91.7%
PS 7	1	8.3%	3	25.0%	8	66.7%	4	33.3%
PS 8	8	66.7%	4	33.3%	10	83.3%	10	83.3%
PS 9	8	66.7%	6	50.0%	7	58.3%	11	91.7%
PS 10	5	41.7%	5	41.7%	6	50.0%	8	66.7%
PS 11	9	75.0%	8	66.7%	9	75.0%	7	58.3%
PS 12	7	58.3%	7	58.3%	12	100.0%	11	91.7%
PS 13	8	66.7%	10	83.3%	9	75.0%	12	100.0%
Average Degree (std dev)	6.39 (2.843)		6.39 (2.272)		8.69 (1.538)		8.69 (2.333)	
Max Nodal Degrees	12		12		12		12	
Avg Geodesic Distance	1.493				1.276			
Distance-Based Cohesion	0.717				0.862			
Average Density (std dev)	53.2% (0.4990)				72.4% (0.4468)			

REACHABILITY, AVERAGE GEODESIC DISTANCE, DISTANCE-BASED COHESION

The *average geodesic distance* was 1.493 at baseline which decreased to 1.276 at follow-up. The average distance was relatively small at baseline and became even smaller at follow-up; this is a decrease in distance of approximately 15 percent. Distance-based cohesion was 0.717 at baseline and increased to 0.862 at follow-up. Provider stakeholders in the network obtained measures indicative of consensus around the utility of the working relationships among the nodes.

OUTDEGREE

At baseline, seven (7) provider stakeholders obtained outdegree percentages greater than 65%: PS4, 6, and 11 at 75.0%; and PS5, 8, 9, and PS13 at 66.7%. Only two agencies reported

outdegree percentages at or below 25% at baseline: PS7 at 8.3% and PS1 at 0.0%. Ten (10) obtained outdegree measures of 65% or greater at follow-up: PS12 at 100%; PS2, 6, and 8 at 83.3%; PS3, 11, and 13 at 75.0%; and PS1, 5, and 7 at 66.7%. No agencies had outdegree percentages of 25% or less at follow-up; the lowest percentage was 50.0%. At follow-up, nine obtained increased outdegree percentages, 2 reported a decrease, and 2 remained the same. PS1 showed the largest increase in outdegree from 0.0% at baseline to 66.7% at follow-up. The network analysis indicates that consensus was demonstrated for the utility of the relationships built through the project.

INDEGREE

Five nodes had indegree percentages greater than 65% at baseline. At follow-up, that number increased to 9. These data further support the finding of consensus around the utility of the collaborative relationships, and this is indicative of convincing evidence to adopt the exemplary practice. Increased collaboration and expansion of the core network were also evidenced.

AVERAGE NODAL DEGREE AND DENSITY

From baseline to follow-up, the average nodal degree increased from 6.39 to 8.69 indicating an increase in ties and connectedness in activities related to usefulness of interactions. On average, 53.2% of the possible connections were established at baseline, increasing to 72.4% at follow-up. Density and group cohesion increased from baseline to follow-up.

ILLUSTRATIONS

Figures 6a and 6b below, illustrate the data from Table 6 using multi-dimensional scaling to produce the sociograms, mapping geodesic distances and similarities among agencies in the network. At follow-up (Figure 6b), it is apparent that there is an increase in the connections from the measures obtained at baseline (Figure 6a) and more provider stakeholders moved to the center.

Figure 6. CONSENSUS MEASURED AS A FUNCTION OF UTILITY OF RELATIONSHIP

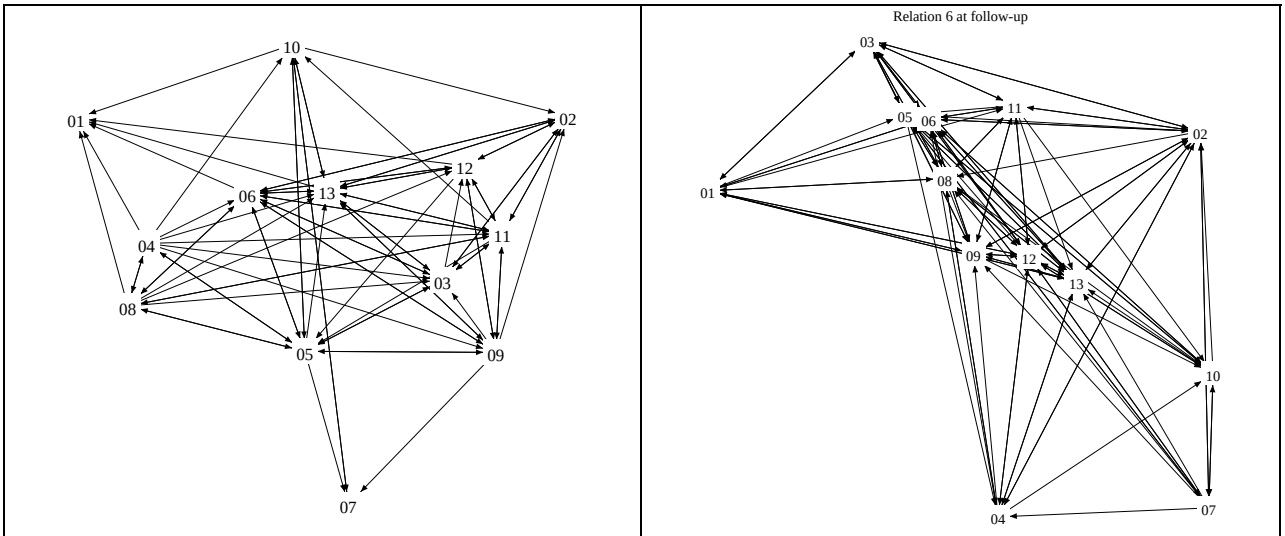


Figure 6a. Map of Connections for "Usefulness of Interactions" at Baseline

Figure 6.b Map of Connections for "Usefulness of Interactions" at Follow-up

Results of the Survey of Consensus

This part of the survey included questions on name of organization, length of employment and number of employees at each agency. Table 7 presents baseline information for those who responded.

Table 7. Agency Information Provided by Respondents at Baseline

Agency Name *(n=12)*	***Number of Years at Agency***	***Number of Employees***
Chamberlain's Mental Health Services	8	14
Resources for Families and Communities	6.5	20
School Linked Services/Santa Clara Valley Health & Hospital System	5	12
Gilroy Unified School District	26	1100
South Santa Clara County Social Services/Dept of Families and Children	13	60
South Santa Clara Co. Dept of Alcohol & Drug Services, Children, Family & Community Div.	.4	30
Mexican-American Community Services Agency (MACSA)	12	35
Institute for Community Collaborative Studies	5	8
Economic & Social Opportunities, Inc.	3.5	120
Rebekah Childrens Services	1.7	160
Gilroy Family Resource Center	1.3	40
Santa Clara County Dept. of Probation	1.5	950
Community Solutions	4.5	155
Averages	6.8	208

Results of the analysis indicate that well over half of those responding (61.5%) have worked at their agency for a period of 5 years or less. The length of time worked ranged from .4 years to 26 years, and on average, respondents in this service network had worked 6.8 years for their agency at the time of the baseline survey. The size of agencies in this network varied as indicated by the number of individuals they employed. Over half of the agencies (61.5%) employed 60 or fewer people. The number of those employed by the agencies in this network ranged from 8 employees to 1,100 employees, with an average of 208 per agency.

Perceptions of Collaboration: Comparison of Baseline and Follow-up Responses

Tables 8a and 8b, on the following pages, present results of responses to the survey statements about collaborative activities. The frequency of responses from strongly disagree to strongly agree, the mean response, and standard deviation are presented for baseline and follow-up surveys. Calculation of the mean and standard deviation was based on response codes ranging from 5 for strongly agree to 1 for strongly disagree. Higher scores indicate a more positive response.

Table 8a. Comparison of Responses from Baseline to Follow-Up (Items 1 through 10)

1. People in this community of service providers demonstrate trust for one another							
	Strongly Disagree	*Disagree*	*Neither Agree/Disagree*	*Agree*	*Strongly Agree*	*Mean Response*	*Standard Deviation*
Baseline		23.1%	30.8%	38.5%	7.7%	3.31	.947
Follow-up		7.7%	15.4%	61.5%	15.4%	3.85	.801
2. There is a clear, shared vision for what the community of service providers is trying to achieve							
	Strongly Disagree	*Disagree*	*Neither Agree/Disagree*	*Agree*	*Strongly Agree*	*Mean Response*	*Standard Deviation*
Baseline	7.7%	30.8%	23.1%	38.5%		2.92	1.038
Follow-up		30.8%	15.4%	53.8%		3.23	.927
3. We do a good job at documenting our progress.							
	Strongly Disagree	*Disagree*	*Neither Agree/Disagree*	*Agree*	*Strongly Agree*	*Mean Response*	*Standard Deviation*
Baseline	7.7%	23.1%	38.5%	15.4%	15.4%	3.08	1.188
Follow-up		7.7%	46.2%	23.1%	23.1%	3.62	.961
4. We have identified specific, measurable results that we want to achieve							
	Strongly Disagree	*Disagree*	*Neither Agree/Disagree*	*Agree*	*Strongly Agree*	*Mean Response*	*Standard Deviation*
Baseline	15.4%	15.4%	23.1%	23.1%	23.1%	3.23	1.423
Follow-up		8.3%	33.3%	50.0%	8.3%	3.58	.793
5. Tasks are appropriately distributed among members of the community							
	Strongly Disagree	*Disagree*	*Neither Agree/Disagree*	*Agree*	*Strongly Agree*	*Mean Response*	*Standard Deviation*
Baseline	7.7%	23.1%	46.2%	23.1%		2.85	.899
Follow-up		33.3%	25.0%	41.7%		3.08	.900
6. Agency members are representative of the populations they work with							
	Strongly Disagree	*Disagree*	*Neither Agree/Disagree*	*Agree*	*Strongly Agree*	*Mean Response*	*Standard Deviation*
Baseline	7.7%	15.4%	7.7%	46.2%	23.1%	3.62	1.261
Follow-up		7.7%	15.4%	46.2%	30.8%	4.00	.913
7. We have effective rules for handling conflict in this community							
	Strongly Disagree	*Disagree*	*Neither Agree/Disagree*	*Agree*	*Strongly Agree*	*Mean Response*	*Standard Deviation*
Baseline		23.1%	46.2%	30.8%		3.08	.760
Follow-up		7.7%	61.5%	23.1%	7.7%	3.31	.751
8. The community has an effective process for making decisions							
	Strongly Disagree	*Disagree*	*Neither Agree/Disagree*	*Agree*	*Strongly Agree*	*Mean Response*	*Standard Deviation*
Baseline		23.1%	38.5%	38.5%		3.15	.801
Follow-up		15.4%	38.5%	46.2%		3.31	.751
9. The community has a clear action plan							
	Strongly Disagree	*Disagree*	*Neither Agree/Disagree*	*Agree*	*Strongly Agree*	*Mean Response*	*Standard Deviation*
Baseline		30.8%	53.8%	15.4%		2.85	.689
Follow-up		38.5%	30.8%	30.8%		2.92	.862
10. Some members of agencies seem to have more power in making decisions than others							
	Strongly Disagree	*Disagree*	*Neither Agree/Disagree*	*Agree*	*Strongly Agree*	*Mean Response*	*Standard Deviation*
Baseline			30.8%	69.2%		3.69	.480
Follow-up			7.7%	69.2%	23.1%	4.15	.555

Table 8b. Comparison of Responses from Baseline to Follow-Up (Items 11 through 20)

	Strongly Disagree	*Disagree*	*Neither Agree/Disagree*	*Agree*	*Strongly Agree*	*Mean Response*	*Standard Deviation*
11. Our community seeks to bring in new members to participate in planning on an on-going basis							
Baseline		7.7%		76.9%	15.4%	4.00	.707
Follow-up	7.7%	15.4%	15.4%	23.1%	38.5%	3.69	1.377
12. The amount of time spent in meetings is appropriate							
Baseline		46.2%	7.7%	38.5%	7.7%	3.08	1.115
Follow-up	15.4%	23.1%	15.4%	38.5%	7.7%	3.00	1.291
13. The service community keeps the larger community well-informed about our work							
Baseline	7.7%	15.4%	38.5%	38.5%		3.08	.954
Follow-up	7.7%	38.5%	30.8%	23.1%		2.69	.947
14. We have a plan for evaluating results and using results to improve services							
Baseline		46.2%	23.1%	23.1%	7.7%	2.92	1.038
Follow-up		41.7%	25.0%	16.7%	16.7%	3.08	1.165
15. I feel that the community of service providers is making progress towards improving							
Baseline			38.5%	53.8%	7.7%	3.69	.630
Follow-up			15.4%	76.9%	7.7%	3.92	.494
16. Consumers are involved in planning and decision-making							
Baseline	15.4%	15.4%	15.4%	53.8%		3.08	1.188
Follow-up		23.1%		53.8%	23.1%	3.77	1.092
17. We plan for sustaining initiatives after initial grant funds run out							
Baseline		23.1%	7.7%	69.2%		3.46	.877
Follow-up	15.4%	7.7%	15.4%	38.5%	23.1%	3.46	1.391
18. I have an equal voice within this community							
Baseline		7.7%	15.4%	76.9%		3.69	.630
Follow-up		30.8%	7.7%	53.8%	7.7%	3.38	1.044
19. Members of the community openly discuss self-interests							
Baseline	15.4%		38.5%	38.5%	7.7%	3.23	1.166
Follow-up		25.0%	41.7%	33.3%		3.08	.793
20. We have developed consensus that the Wraparound model would be effective.							
Baseline	---	---	---	---	---	---	---
Follow-up		7.7%	30.8%	30.8%	30.8%	3.85	.987

Figures 7a and 7b on the following page illustrate the mean responses at baseline and follow-up for each of the items on the survey. The items from the survey are listed below.

1. People in this community of service providers demonstrate trust for one another.
2. There is a clear, shared vision for what the community of service providers is trying to achieve.
3. We do a good job at documenting our progress.
4. We have identified specific, measurable results that we want to achieve.
5. Tasks are appropriately distributed among members of the community.
6. Agency members are representative of the populations they work with.
7. We have effective rules for handling conflict in this community.
8. The community has an effective process for making decisions.
9. The community has a clear action plan.
10. Some members of agencies seem to have more power in making decisions than others.
11. Our community seeks to bring in new members to participate in planning on an on-going basis.
12. The amount of time spent in meetings is appropriate.
13. The service community keeps the larger community well-informed about our work.
14. We have a plan for evaluating results and using results to improve services.
15. I feel that the community is making progress towards improving.
16. Consumers are involved in planning and decision-making.
17. We plan for sustaining initiatives after initial grant funds run out.
18. I have an equal voice with this community of providers.
19. Members of the community openly discuss self-interests.

At follow-up, one statement was added to the previous 19. This additional item asked that respondents indicate their level of agreement or disagreement to the following statement: “We have developed consensus that the Wraparound model would be effective for Latino children and youth in our community who have co-occurring substance abuse and/or mental health problems.”

Figure 7a. Comparison of Responses from Baseline to Follow-up for Items 1 through 10.

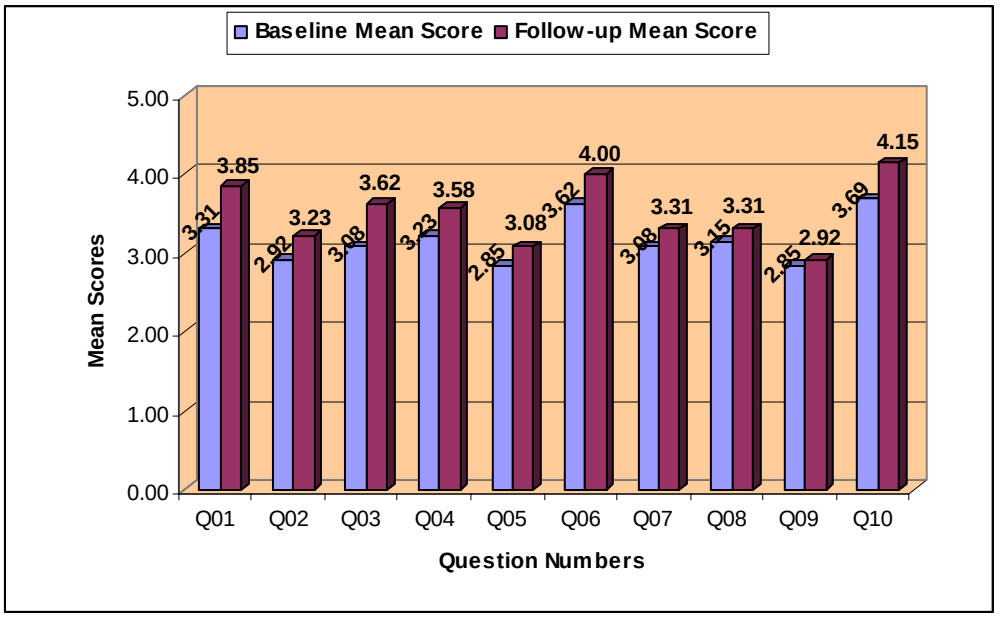
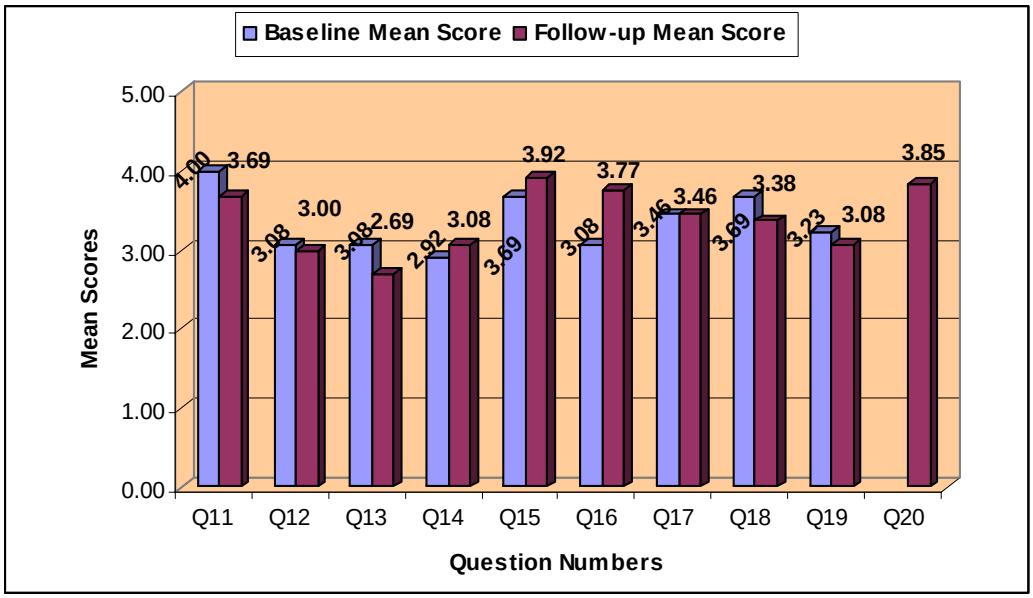


Figure 7b. Comparison of Responses from Baseline to Follow-up for Items 11-20.



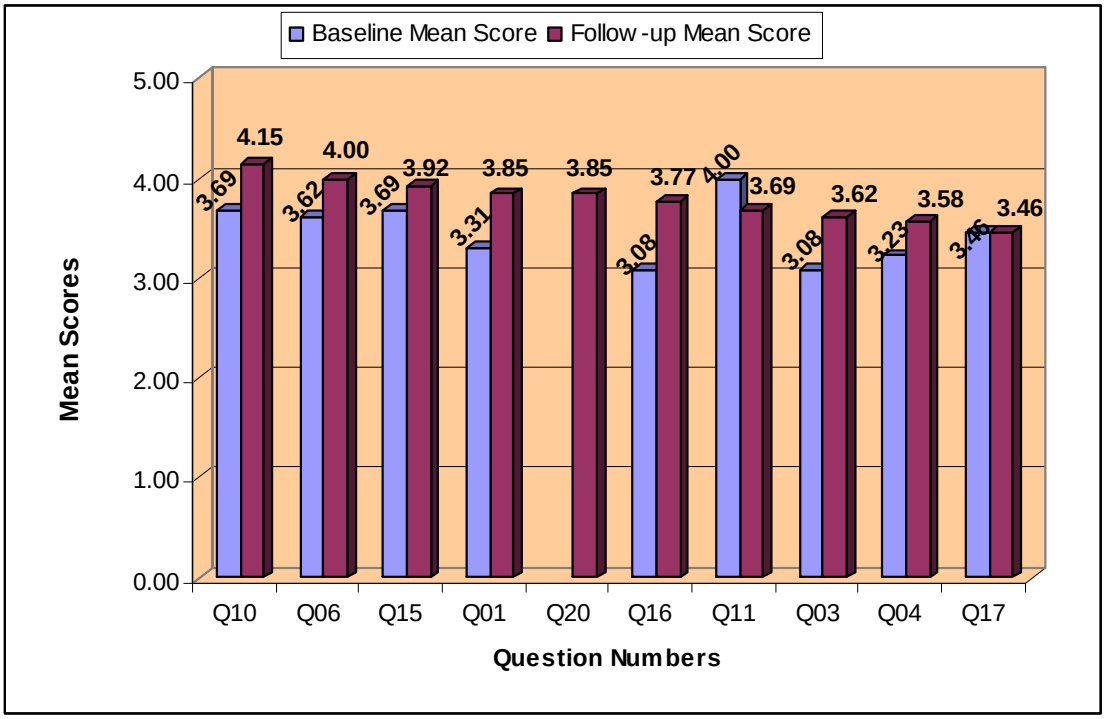
The average mean response for most items (15, 78.9%) increased over time i.e., respondents were more positive about collaboration at follow-up.

Figures 8a below and 8b on the following page illustrate the mean responses for each item at follow-up in descending order, along with the average baseline responses.

As Figure 8a shows, the statements that respondents agreed with most at follow-up were:

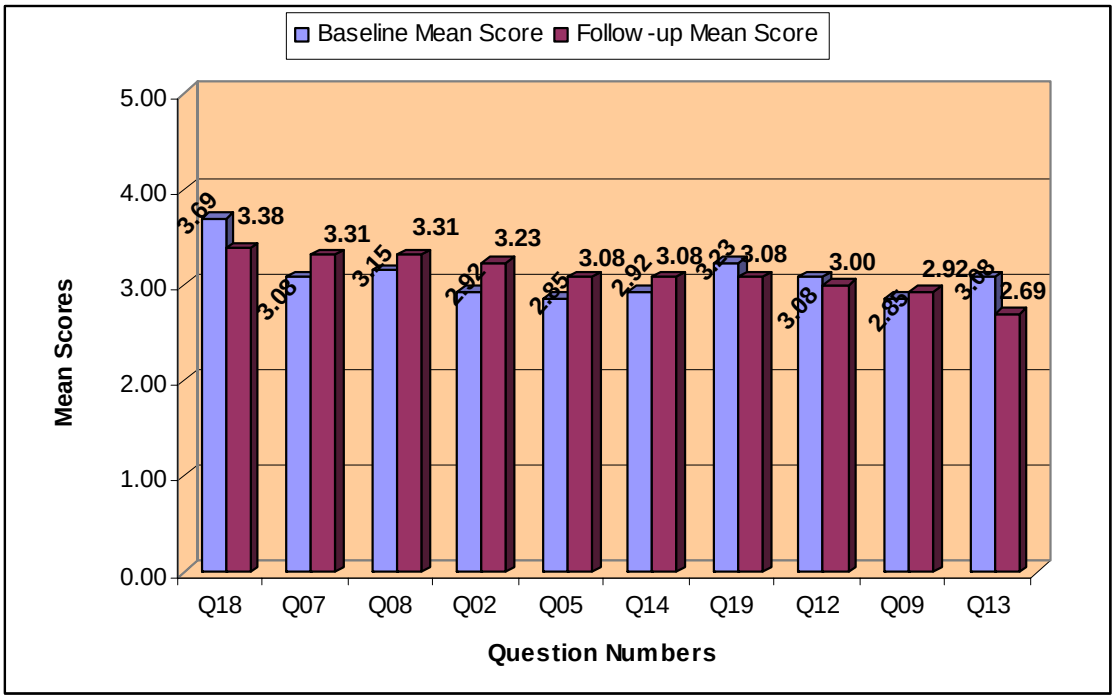
- Some members of agencies seem to have more power in making decisions than others. (3.69 at baseline and 4.15 at follow-up)
- Agency members are representative of the populations they work with. (3.62 at baseline and 4.00 at follow-up)
- This community of service providers is making progress towards improving. (3.69 at baseline and 3.92 at follow-up).
- People in this community of service providers demonstrate trust for one another. (3.31 at baseline and 3.85 at follow-up)
- We have developed consensus that the Wraparound model would be effective. (3.85 at follow-up which included 60.8% respondents that agreed or strongly agreed).

Figure 8a. Responses with Means > 3.40 at Follow-up with Baseline Mean Response



In figure 8b on the following page, the results indicate that, at follow-up, respondents most strongly disagreed that the service community keeps the larger community well-informed about their work (3.08 at baseline and 2.69 at follow-up).

Figure 8b. Responses with Means < 3.40 at Follow-up with Baseline Mean Response



Formative Evaluation Process and Wraparound Needs Assessment

Introduction

The formative evaluation component was an ongoing part of the process evaluation. The evaluation PI engaged in ongoing discussions and provided feedback to the project director. Attendance at meetings and providing evaluation data and feedback was also a key element so that the evaluation was seen as contributing to the project rather than as simply documentation for documentation's sake. Finally, a needs assessment survey was conducted to identify priorities and differences between provider and community stakeholders. The needs assessment was also important for identifying gaps in services that Wraparound could address.

Needs Assessment Methodology

Standards were derived from content analysis of key informant interviews of provider (n=17) and community (n=12) stakeholders during the third and fourth quarters of the project. The project used a case management format to organize survey results describing the extent agencies already provide services and their capacity and need for training in the content area or standard. A comparison of provider and community stakeholders reveals levels for each standard and a key understanding of the differences and agreements in perspectives. Table 9 on the following pages presents the results of the surveys.

Analysis of Provider and Community Stakeholder Data

Examples of the areas where community members rated the importance of standards higher (10% or more) than the provider stakeholders include:

- Prevention: Community and school programs for children and youth that build resilience to peer pressure and substance abuse (16%); Program information for children and youth that protects the Spanish language (27%); Family education on wellness using a media campaign (20%).
- Outreach and Access: Inform people in rural areas about services (16%)
- Goal Setting and Intervention Planning: Staff uses fact-based education on substance abuse (10%)
- Informal and Formal Resources: Promotion of events with a diversity of languages promoting activities and services (17%)
- Counseling and Therapy: Family participates in domestic violence and substance abuse programs (13%); Treatment providers receive wraparound training (15%)
- Monitoring of Service Provision: Follow-up with clients when referrals are made ((10%); Database follows family progress (16%)
- Interagency Coordination: Cross-system, agency team that identifies wraparound families (18%); Web site with links to resources (19%)

Following the presentation of the tabular results below in Table 9, each of the domains are illustrated and discussed in terms of their importance and level of current achievement in the community.

Table 9: Needs Assessment Survey Results: Levels of Importance and Achievement

Item No.	STANDARD	% achievement of this standard	Provider Stakeholder: Importance for this item (0-100)		Community Stakeholder: Importance for this item (0-100)	
		% yes (n=17)	***n***	***Mean***	***n***	***Mean***
	PREVENTION ACTIVITIES					
P1	Community and/or school programs for children and youth that build resilience to peer pressure and substance abuse.	58.8%	8	75.6	12	91.6
P2	Program for teens, sports activities, and/or after-school programs.	76.5%	8	83.3	12	90.3
P3	Program outreach and promotion about resources in the community in Spanish and English.	81.3%	8	89.3	12	88.1
P4	Program information for children and youth that protects Spanish language usage.	41.2%	8	57.5	12	84.9
P5	Family education on wellness using a community media campaign.	29.4%	8	68.6	12	88.5
P6	Latino celebrations with community –wide participation.	52.9%	8	68.1	12	76.6
	OUTREACH AND ACCESS					
OA1	In-home resources for children and/or families	64.7%	8	92.5	12	78.3
OA2	Family partners and youth mentors in a relationship with families.	64.7%	8	88.8	12	86.2
OA3	Multicultural activities for children that promote social competence, problem-solving skills, autonomy, and sense of purpose.	76.5%	8	85.6	12	92.1
OA4	Inform people in rural areas about services.	64.7%	8	77.2	12	93.8
	ASSESSMENT AND INTAKE					
AI1	Family support team is formed to work with families.	64.7%	8	94.4	12	89.2
AI2	Focus on involvement of whole family using family development domains	70.6%	7	95.7	12	91.3
AI3	Intake forms include both family issues and strengths.	58.8%	8	95	12	83.5
AI4	Dual assessment for child protection and family strengths.	47.1%	6	89.7	12	87.0
AI5	Bi-lingual and bi-cultural worker/client communication	88.2%	8	92.9	12	95.0
AI6	Forms in Spanish and English.	88.2%	8	91.3	12	93.8
AI7	Agency training and staff sensitivity to family -centered approach.	78.6%	5	100	12	93.3
	GOAL SETTING AND INTERVENTION PLANNING					
GS1	Involvement of family members in determining strengths and resources for family safety and a family services plan.	64.3%	6	95	12	92.1
GS2	Adequate time for relationship building with family.	53.8%	6	92.8	12	94.6
GS3	Integrate substance abuse services into family services plan.	64.3%	6	89.2	12	90.8
GS4	Include paid family partners in services plan.	42.9%	5	80	12	77.9
GS5	Use a common format to share cases across agencies, i.e. family services plan.	33.3%	6	86.7	12	92.9
GS6	Cross training and case conferences with other agencies.	53.8%	6	85	12	91.7
GS7	Staff uses fact-based education on substance abuse, harm reduction model.	57.1%	5	79	12	89.6

Item No.	STANDARD	% achievement of this standard	Provider Stakeholder: Importance for this item (0-100)		Community Stakeholder: Importance for this item (0-100)	
	INFORMAL AND FORMAL RESOURCES					
R1	Information is provided for connecting family to community resources.	88.2%	7	95.7	12	98.3
R2	Skills are increased to use family resources.	88.2%	7	93.6	12	80.8
R3	Family strength awareness provides motivation to achieve client goals.	75.0%	7	95	12	95.8
R4	One-stop location to insure access of services.	70.6%	8	90.6	12	93.8
R5	Peer mentors teach children how to handle peer pressure.	47.1%	8	84.4	12	92.5
R6	Provide adequate information on family situation to referral agency.	70.6%	7	87.9	12	95.8
R7	Family members stay involved throughout case while in at-risk status.	70.6%	7	94	12	92.9
R8	Promotion of events with a diversity of languages promoting activities and services.	70.6%	8	79.4	12	97.1
	COUNSELING AND THERAPY					
CT1	Time for relationship building to allow family needs to drive the process.	47.1%	7	93.6	12	95.0
CT2	Individualized services upon demand without wait listing.	41.2%	8	89.4	12	97.5
CT3	Family participates in domestic violence and substance abuse programs.	41.2%	8	83.8	12	97.1
CT4	Facilities are safe and allow for sensitivity to client needs and fears and assures confidentiality.	52.9%	8	96.3	12	99.2
CT5	Treatment providers receive wraparound training.	23.5%	6	84.2	12	99.6
	MONITORING OF SERVICE PROVISION					
M1	Measurement of family outcomes.	70.6%	6	88.3	12	90.0
M2	Family is aware of their progress	70.6%	6	93.3	12	97.5
M3	Follow-up with clients and agencies when referrals are made.	64.7%	6	85.8	12	96.3
M4	Database follows family progress.	57.1%	6	81.7	12	97.9
M5	Family achievements are made available to general public	50.0%	6	72.5	12	68.3
	INTERAGENCY COORDINATION					
C1	Cross-system, agency team that identifies wraparound families.	50.0%	6	74.2	12	92.1
C2	Flexible funding to assist families with non-categorical needs.	35.7%	6	90	12	97.5
C3	Networking practices in place to assure agencies work together for benefit of family.	78.6%	6	89.2	12	96.7
C4	Common forum to share cases.	28.6%	6	73.3	12	94.6
C5	Web site with links to resources.	50.0%	6	73.3	12	92.9
C6	Agency has a clear role for community education.	92.9%	6	90	12	92.9

Figure 9. Levels of Importance and Achievement for Prevention Activities

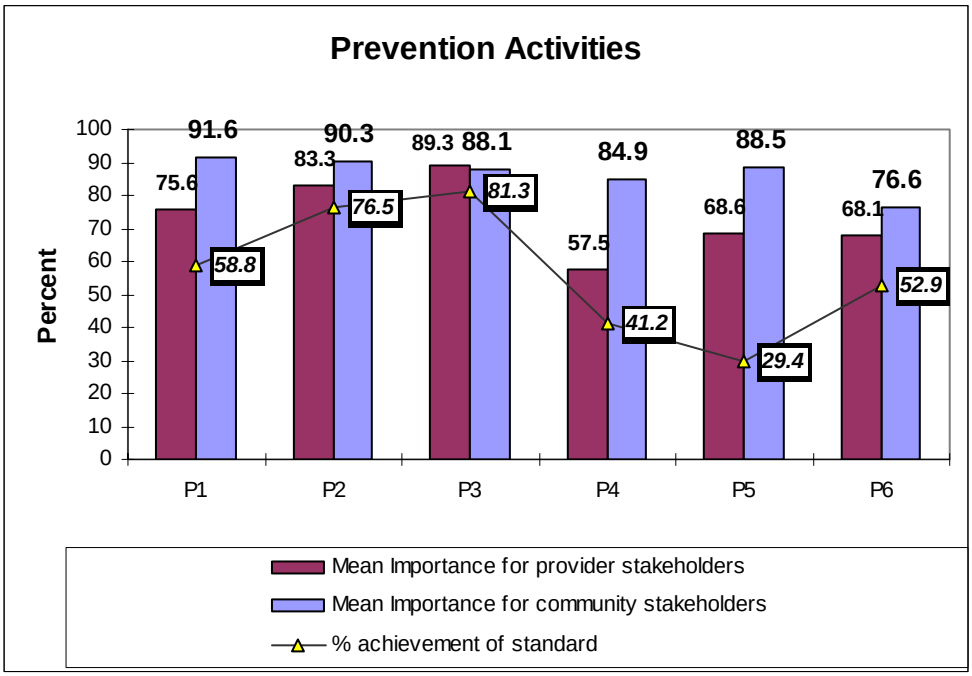


Figure 9, above, illustrates the level of importance for the Prevention Activities items (see Table 9 above) comparing the rating by provider and community stakeholders in the columns. The line represents the estimated level of achievement across the items measured as the percentage of provider agencies reporting they accomplish each item.

For five of the six items in the Prevention Activities domain, the community stakeholders rated importance higher than did the provider stakeholders and in all cases the level of achievement falls short of the level of importance for the community. Community and school programs for children and youth that build resilience, language usage protection, and family wellness education were significantly higher in importance than their level of achievement in the community.

The results suggest a gap between the desired and the available prevention activities in the community. The consensus for the Wraparound exemplary practice implementation is consistent with the needs identified by the stakeholders.

Figure 10. Levels of Importance and Achievement for Outreach and Access

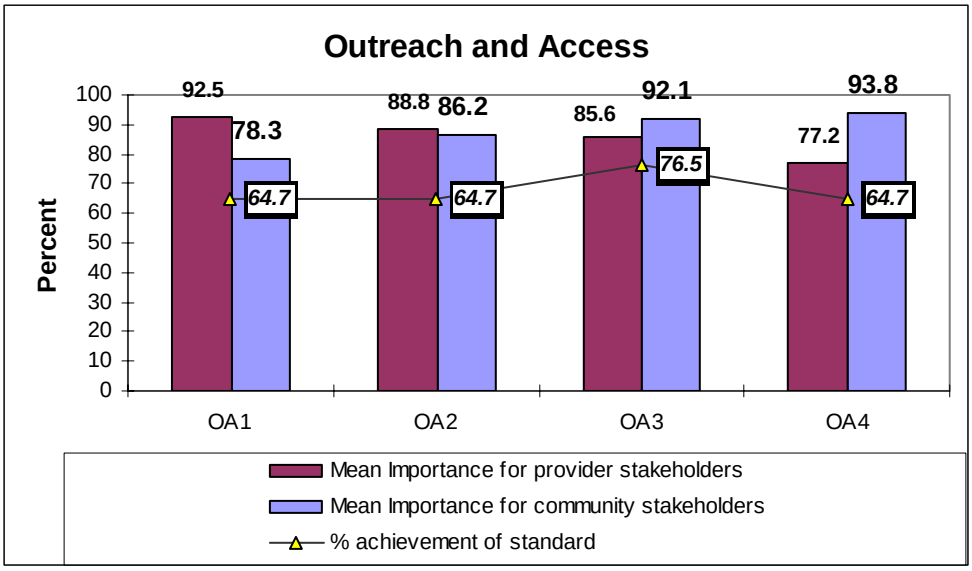


Figure 10, above, illustrates the level of importance for the Outreach and Access items (see Table 9 above) comparing the rating by provider and community stakeholders in the columns. The line represents the estimated level of achievement across the items measured as the percentage of provider agencies reporting they accomplish each item.

The importance of In-home and family partners and youth mentors was rated higher by the provider stakeholders than community stakeholders. Multicultural activities and outreach to rural areas were rated higher by community stakeholders. The level of achievement for all items in this domain was substantially lower than the level of importance and for information needed in rural areas the disparity with achievement of the standard was significant.

The results again indicate a gap between the desired and the available. Outreach and access in the community are found to need increased activity, and the consensus for the Wraparound exemplary practice implementation is consistent with the needs identified by the stakeholders as standards for practice in the implementation.

Figure 11. Levels of Importance and Accomplishment for Assessment and Intake

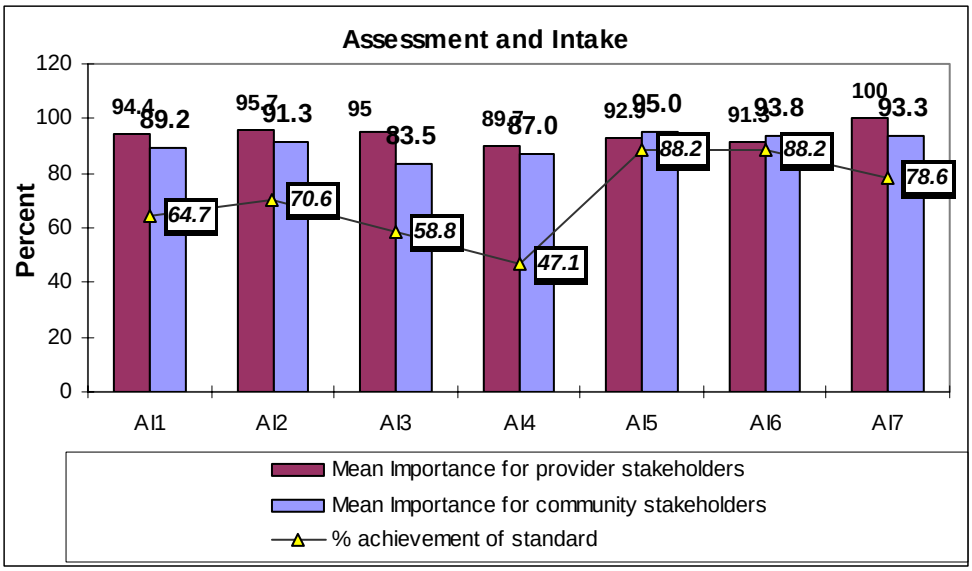


Figure 11, above, illustrates the level of importance for the Assessment and Intake items (see Table 9 above) comparing the rating by provider and community stakeholders in the columns. The line represents the estimated level of achievement across the items measured as the percentage of provider agencies reporting they accomplish each item.

For two of the seven items in the Assessment and Intake domain, the community stakeholders rated importance slightly higher than do the provider stakeholders and for five of the seven items the provider stakeholders rated importance slightly higher than community stakeholders. The community stakeholders indicated a slightly higher level of importance for the language and cultural communication items. The level of achievement reported for these two items in the community was near the level of importance assigned. For the remaining five items concerned with family centeredness, forms and inter-agency collaboration, the level of achievement fell considerably short of the level of importance.

The results indicate some disparity between the desired and the available Assessment and Intake standards in the community, and the consensus for the Wraparound exemplary practice implementation is again consistent with the needs identified by the stakeholders for improved family centered and culturally appropriate services that are coordinated within the community for Latino youth and children with co-occurring mental illness and substance abuse.

Figure 12. Levels of Importance and Accomplishment for Goal Setting and Intervention Planning

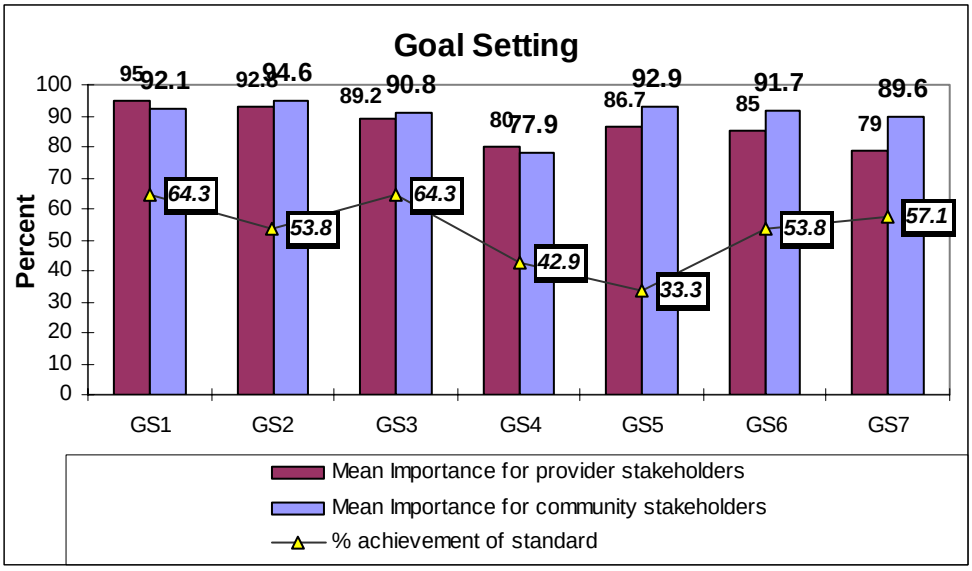


Figure 12, above, illustrates the level of importance for the Goal Setting and Intervention Planning items (see Table 9 above) comparing the rating by provider and community stakeholders in the columns. The line represents the estimated level of achievement across the items measured as the percentage of provider agencies reporting they accomplish each item.

All seven items in the Goal Setting and Intervention Planning domain were rated by the provider stakeholders and the community stakeholders at near 80 and above. The level of achievement ranged from 33 to 64 percent indicating a considerable gap between the perception of the current conditions of achieving the standards and the level of importance.

The results indicate considerable disparity between the desired and the available goal setting standards in the community, and the consensus for the Wraparound exemplary practice implementation is consistent with the needs identified by the stakeholders for improved goal setting and intervention planning.

Figure 13. Levels of Importance and Accomplishment for Informal and Formal Resources

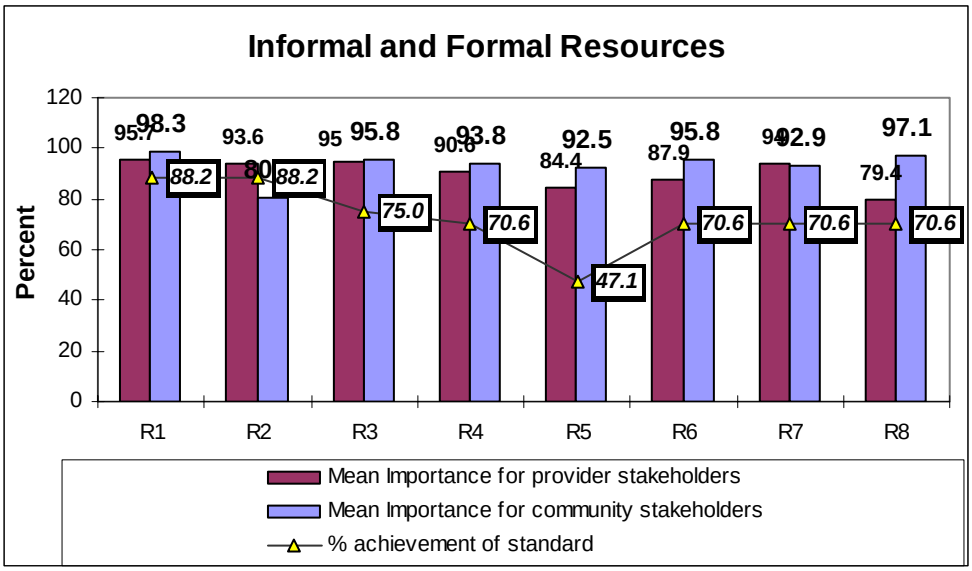


Figure 13, above, illustrates the level of importance for the Informal and Formal Resources items (see Table 9 above) comparing the rating by provider and community stakeholders in the columns. The line represents the estimated level of achievement across the items measured as the percentage of provider agencies reporting they accomplish each item.

Seven of the eight items in the Informal and Formal Resources domain were rated as more important among the community stakeholders than the provider stakeholders. Only promotion of events with a diversity of languages was rated higher by the community stakeholders and the disparity in the importance rating was significant.

The results indicate considerable disparity between five of the seven items comparing the importance of the standards to the estimated achievement level in the community at present. The standard that peer mentors teach children how to handle peer pressure was extremely low in achievement (47.1 percent) compared to the level of community and provider stakeholder importance ratings which were 92.5 percent and 84.4 percent, respectively. The consensus for the Wraparound exemplary practice implementation is shown to be consistent with the needs for informal and formal resources.

Figure 14. Levels of Importance and Accomplishment for Counseling and Therapy

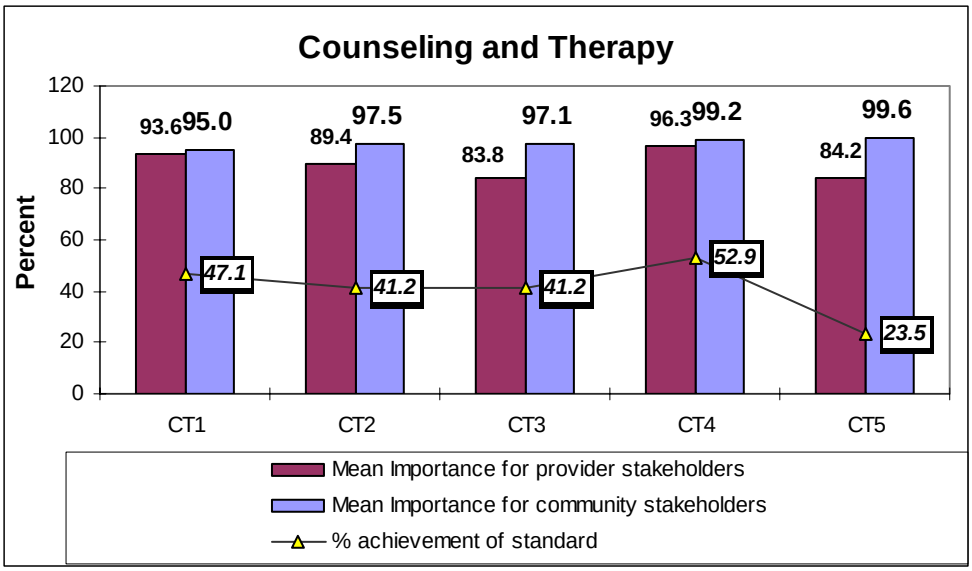


Figure 14 above, illustrates the level of importance for the Counseling and Therapy items (see Table 9 above) comparing the rating by provider and community stakeholders in the columns. The line represents the estimated level of achievement across the items measured as the percentage of provider agencies reporting they accomplish each item.

All five items in the Counseling and Therapy domain were rated by the community stakeholders slightly higher on importance than the provider stakeholders. However, all importance ratings were at or above 84 percent for the Counseling and Therapy standards. The level of achievement ranged from 23.5 percent for treatment providers being trained in Wraparound, to 52.9 percent for "facilities are safe and allow for sensitivity to client needs…." The gap between the perception of the current level of achievement of standards for Counseling and Therapy and the levels for importance are significant and dramatic in magnitude.

The results indicate sizeable differences between the desired and the available counseling and therapy standards in the community. The consensus for the level of importance and for the Wraparound exemplary practice implementation is directly in line with the needs identified to be addressed by both the provider and community stakeholders.

Figure 15. Levels of Importance and Accomplishment for Monitoring of Service Provision

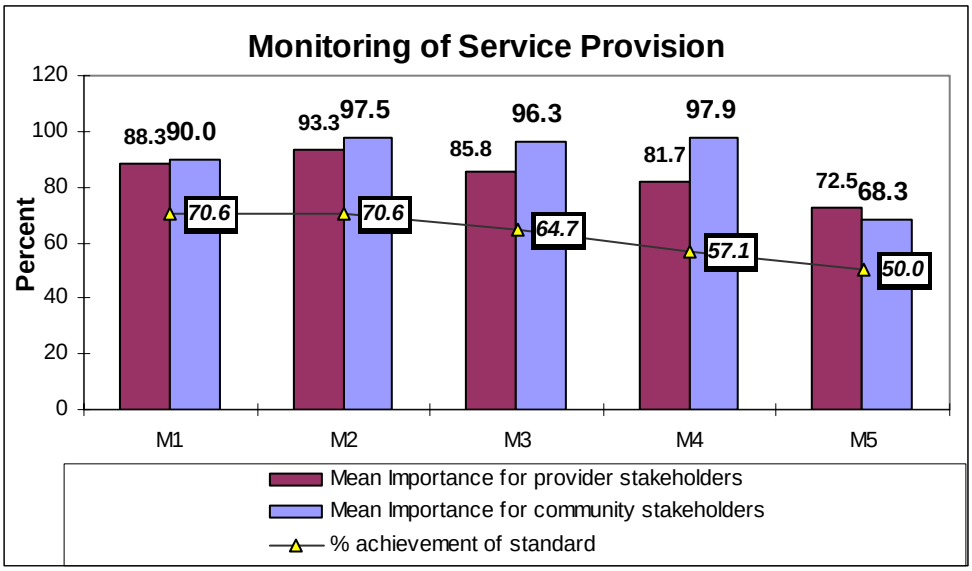


Figure 15, above, illustrates the level of importance for the Monitoring of Service Provision items (see Table 9 above) comparing the rating by provider and community stakeholders in the columns. The line represents the estimated level of achievement across the items measured as the percentage of provider agencies reporting they accomplish each item.

Four of the five items in the Monitoring of Service Provision domain are rated by the community stakeholders at 90 percent or greater with the exception of "family achievements are made available to general public" (68.3 percent). Provider stakeholders reported importance in the range of 81.7 percent to 93.3 percent with the exception of "family achievements are made available to general public (72.5 percent). However, the level of achievement ranged from 50 to 70 percent indicating a substantial difference between current achievement levels and the importance ratings for the standards for the implementation of the Wraparound exemplary practice.

The results indicate significant differences between the desired and the achieved Monitoring of Service Provision. The consensus for the Wraparound exemplary practice implementation and the standards is consistent with the needs identified by the stakeholders for improved Monitoring of Service Provision.

Figure 16: Levels of Importance and Accomplishment for Interagency Collaboration

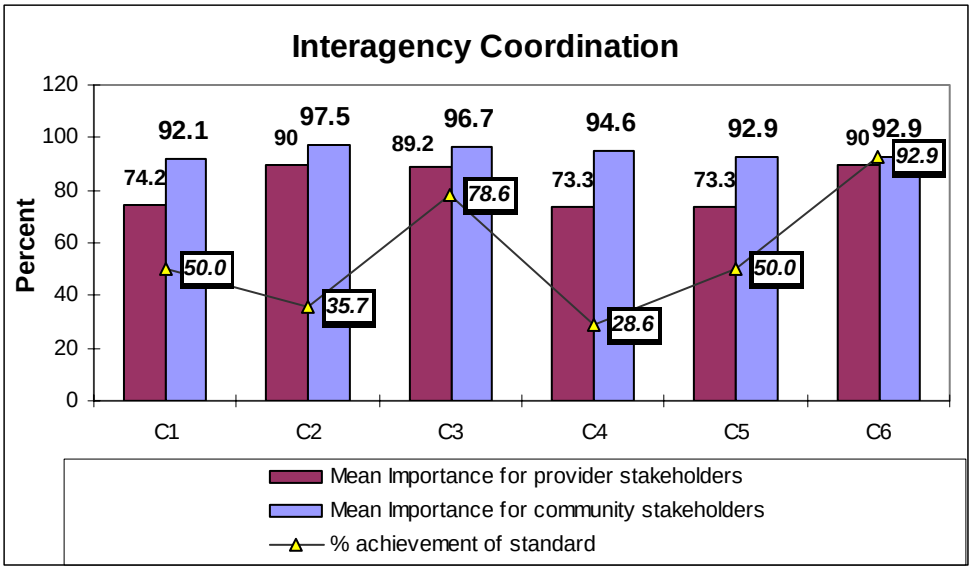


Figure 16, above, illustrates the level of importance for Interagency Collaboration items (see Table 9 above) comparing the rating by provider and community stakeholders in the columns. The line represents the estimated level of achievement across the items measured as the percentage of provider agencies reporting they accomplish each item.

All six items in the Interagency Collaboration domain were rated by the provider stakeholders as more important than did the community stakeholders with each item rated by the provider stakeholders at above 92 percent. Community stakeholders rating were more variable with scores ranging from 73.3 percent (common forum to share cases, website with links to resources) to 92.9 percent (agency has a clear role for community education). While the level of achievement for the Agency has a clear role for community education was consistent with the level of importance for both community and provider stakeholders, the remaining items levels of achievement were significantly lower than their rated level of importance for the community ranging from 28.6 percent to 78.6 percent.

The results indicate considerable need for improvement in the level of achievement for interagency coordination standards and this is consistent with the consensus for the need to implement Wraparound in South Santa Clara County.

Review of Relevant Literature

The emergence of the wraparound process as an alternative paradigm to the traditional treatment planning processes for children & adolescents with emotional & behavioral disorders is described by Van Den Berg, et al. (1996). This research compares current practices in the field to the wraparound process and describes procedures to aid communities in the implementation of the wraparound process. Positive results were reported for individualized wraparound strategies among foster children with confirmed emotional/behavioral disturbances and their families by McDonald et al. (1995).

Malysiak et al. (1998) examines the theoretical and paradigmatic basis to better define fidelity in a Wraparound approach to service delivery, drawing on team discussion data with 7 families in Tampa, FL, follow-up interviews with 56 of these participants, and a review of case files. The literature is examined in an effort to clarify terms and suggest a paradigmatic and theoretical base for wraparound. Results suggest that wraparound is an emerging collaborative model based in systems theory. This research also proposes steps in clarifying the process of implementation and evaluation of the wraparound approach that can contribute to better definitions for treatment fidelity.

Research on Wraparound as an intervention is also abundant. Family-centered policy and practice has generally used expert models that define families with children with serious emotional disturbances as dysfunctional. Wraparound engages these families as decision-making participants using naturally occurring strengths to wrap individualized supports around the child and family. Malysiak (1997) posits that Wraparound's principles can be used to descriptively identify and ensure the integrity of the collaborative model.

Wraparound as described by Handron et al. (1998) is a strengths-based, family-driven orientation role that focuses on the uniqueness of each child and family. The professional's role in wraparound is to offer an historical perspective and clinical practice implications for family nurses or service providers as other disciplines are explored. This case study demonstrates how structural family therapy may be used as a theoretical framework in concert with the Wraparound process. Another case study by Epstein (1997) on the actions of professional social workers and family workers in a family support program designed with a wraparound philosophy (Kaleidoscope, Inc, a nonprofit child welfare organization in Chicago, IL) found that more than 33 percent of a social worker's day is devoted to indirect care activities (e.g., writing reports, attending meetings, & collateral contacts), and that family workers spend more of their time working directly with families.

Finally Carney et al. (1997) and Rosenblatt (1996) define the individualized wraparound processes for children with the most challenging emotional/behavioral disturbances and their families, and provide an overview of the state of research. It is argued that the future of wraparound depends on carefully defining the process, including how to best integrate wraparound services with reforms based on the principles of a comprehensive system of care. A strong commitment must be made at all levels to the process of accumulating knowledge and building and creating innovative research along with programs.

As an intervention, wraparound was demonstrated to be effective in Ontario with children ages 2 to 15 with moderate to severe emotional difficulties who would have needed residential care if not provided with Wraparound services as an alternative. The approach was to provide participants with services they requested. Parents identified in-home help, stress reduction and individual (one-on-one) services as the major contributors to success. The program was demonstrated to be cost-effective with cases averaging 17% of the mean cost of local community out-of-home placements (Brown, 1996). A wraparound service model in Baltimore, MD targeting 25 severely maladjusted youth resulted in one youth being returned home and 24 being diverted from out-of-state residential treatment centers to wraparound services (Hyde, 1996).

In an evaluation of a community-based treatment program in rural New England using a Wraparound model, the research examined adjustment to home and school among children with severe emotional and behavioral problems. The Child Behavior Checklist and the Teacher Report Form provided standardized information on the severity of problems according to parents and classroom teachers. The wraparound services included intensive home and school-based services. The results indicated substantial improvement in child functioning in the home though these results were not found in the school (Clarke, 1992). Keller (1999) describes a technology transfer initiative in which network therapy (a version of Wraparound) was used in substance abuse treatment utilizing peer and family support in New York City. Following counselor training that included a didactic seminar, role-playing, use of videotaped illustrations, and clinical supervision, counselors implemented the NT approach. Using a comparison group, Keller et al found that network therapy patients had significantly less positive urinalysis (UAs) than comparison group patients. In 1994, a community initiated wraparound services model called Breakthrough for Families, targeting the most hard-to-reach families (i.e., those struggling with parental substance abuse, youth at high risk, and other complex needs cutting across existing categorical programs) reported strong positive outcomes (Ray, 1998).

The Comprehensive Substance Abuse Treatment and Rehabilitation program instituted in Missouri in 1991 offered wraparound services and intensive case management. Eleven domains typically affected by substance abuse were measured, and satisfaction with treatment services was assessed based on a questionnaire and inventory from 280 clients at 10 facilities. The results of three separate programs (i.e., general, women with children, and adolescents) indicated that, as length of participation increased, positive effects also increased (Evenson, 1998).

In addition to describing the positive outcomes for treatment versus comparison groups in the Fostering Individualized Assistance Program (FIAP) in Florida, the evaluation research also details the approach and participants in the program. The Florida participants ranged in age from 7 to 15 at entry and had been adjudicated dependent, and averaged 2.6 years in out-of-home placement with and average of 4 placement changes per year. Family specialists served as clinical case managers, providing strengths-based assessment, life-domain planning, home-based services, brokered services, and follow-along monitoring and supports. While there was a significant increase in days in incarceration for both groups, there was a significantly greater likelihood that an FIAP child would achieve permanent placement. The findings support the

superiority of individualized strategies of service delivery such as Wraparound for children with severe emotional and behavioral disturbances (Clark, 1996).

Interventions with chronic juvenile delinquents and their families have often been unsuccessful in reducing crimes because they fail to account for the social system in which the delinquents operate. The Wraparound model described by Northey et al. (1997) includes the following premises: the quality of attachment to others affects the adolescent's behavior; interventions must take the adolescent's interpersonal interactions into account; interventions should focus on intrapsychic and interactional experiences of the adolescent, family, extended family and "fictive" kin networks, and the integration of these premises in a systems perspective decreases conflict in the network. The key to the model is impacting family interactions at different levels, building on family strengths, and clarifying meanings associated with problematic behavior.

In addition to empirical evidence of the effectiveness of Wraparound for children and adolescent with severe behavioral and emotional disorders who may have co-occurring substance abuse issues, strong support is also found among service providers and consumer families. Support among providers and consumers has been found by Quinn (1995) who surveyed 180 direct service providers about barriers to providing services, specific service priorities for system development and how services could best be developed and implemented and found support for a Wraparound model. Telephone surveys with 20 youth receiving community-based, wraparound services in Vermont indicated a high degree of satisfaction, sense of involvement, and feelings of unconditional care. Further, each of these variables was related to behavioral adjustment. Wraparound was also found to enhance youth's sense of involvement and their perceptions that care was unconditional, and this was strongly associated with satisfaction with services (Rosen, 1994).

In Vermont, the Wraparound Care Initiative provided residential, educational, and behavioral outcome data for a cohort of 40 youth receiving Wraparound care over a 12-month period. After 12 months, youth who had previously been removed from their homes or were at risk of removal were residing in significantly less restrictive community-based living arrangements and exhibiting significantly fewer problem behaviors than at intake (Yoe, 1996).

The use of wraparound approaches across a variety of educational settings to prevent out-of-school and out-of-home care was reported by Eber, et al. (1997). The researchers examined the application of a school-based Wraparound approach for the past three years by the La Grange (IL) Area Dept of Special Education. The project has been implementing a school-based individualized service network for students with emotional and behavioral disabilities that are now being integrated into larger special education, mental health, and social services systems. Students who were identified through self-contained special education classrooms were compared to students who were identified from various other school and mental health settings and were found to be less clinically involved. Eber (2002) also explored combining a school-based wraparound approach and a school-wide systems approach to positive behavioral interventions and supports to create more effective school environments and improved outcomes for students at risk/with behavioral challenges. These approaches are complementary and provide options for further research and practice.

The Choose-Get-Keep (CGK), is based on the values of psychiatric rehabilitation including consumer choice, individual planning, and consumer involvement in the rehabilitation process (Farkas & Anthony, 1989). In addition to the technology of psychiatric rehabilitation, such as how to set goals with consumers, how to "connect" with consumers, how to teach skills to consumers, and how to develop resources with and for consumers (Cohen, et al., 1985; 1986; 1988; 1990) the CGK approach has been evaluated in a variety of community applications. In a multi-site comparison of the CGK approach in three psychosocial rehabilitation centers in Virginia, Georgia, and Oregon, competitive employment was achieved for 41% of 275 clients. Skills were found to increase and symptoms decreased for those who became employed (Rogers, Anthony, Toole & Brown, 1991). At Boston University, a supported education program model incorporating the CGK approach was developed and demonstrated effective for patients who were "psychiatrically disabled." Employment and self-esteem significantly increased over a two and one-half year period and hospitalizations significantly decreased (Unger, Anthony, Sciarappa & Rogers, 1991).

The exemplary approach known as Wraparound Milwaukee has been in operation since at least 1995 and has served over 650 youth (Kamradt, 2000). It has been highlighted by SAMHSA as an exemplary practice (Burns and Goldman, 1999). The approach of this model is to serve youth with multiple needs across system lines in the areas of juvenile justice, child welfare, and mental health. Care is coordinated using a public managed care organization. As with other Wraparound programs, the focus is on a strengths-based approach to children and families, family involvement in the treatment process, needs-based service planning and delivery, individualized service plans, and an outcome-focused approach.

There are four key components in Wraparound Milwaukee: care coordination, the child and family team, a mobile crisis team, and a provider network. The foundation of the program is provided by the care coordinator, who provides assessments, works with the family to create the team, conducts team meetings, helps identify needs and resources, arranges for services, and monitors implementation. The central focus of activity is the child and family team, which consists of family members, natural supports, and providers. This group is active in planning, implementing and tracking progress. The mobile crisis team is a group of professionals who are available for 24-hour crisis intervention. They work with the family to avoid removal of youth from their home, school, and community. The provider network has allowed the program to expand their service to cover a variety of areas not normally available to the youth they serve.

Outcomes of Wraparound Milwaukee have been measured by looking at several factors (Kamradt, 2000), and each measure showed improvement after participation in the program. Youth in residential treatment has decreased by 60 percent since the inception of the program. Clinical scales have shown significantly decreased impairment in mental health. Recidivism rates for participants have dropped for a number of different types of offenses.

The South County Wraparound Project for Latino Youth will implement the Wraparound model consistent with the following recommendations (Burns and Goldman, 1999):

- Wraparound must be based in the community.
- Services and supports must be individualized, built on strengths, and meet the needs of children and families across life domains to promote success, safety, and permanence in home, school, and community.
- The process must be culturally competent, building on the unique values, preferences, and strengths of children and families, and their communities.
- Families must be full and active partners in every level of the wraparound process.
- The wraparound approach must be a team-driven process involving the family, child, natural supports, agencies, and community services working together to develop, implement, and evaluate the individualized service plan.
- Wraparound child and family teams must have adequate, flexible approaches, and flexible funding.
- Wraparound plans must include a balance of formal services and informal community and family resources.
- An unconditional commitment to serve children and families is essential.
- The plan should be developed and implemented based on an interagency, community-based collaborative process.
- Outcomes must be determined and measured for the system, for the program, and for the individual child and family.

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