Published in final edited form as:

Child Youth Serv Rev. 2012 April 1; 34(4): 639–647. doi:10.1016/j.chilgyouth.2011.12.010.

The impact of system of care support in adherence to wraparound principles in Child and Family Teams in child welfare in North Carolina

Elizabeth H. Snyder^{*}, C. Nicole Lawrence, and Kenneth A. Dodge

Center for Child and Family Policy, Duke University, United States

Abstract

North Carolina is one of a growing number of states to implement family meeting models in child welfare as a way to engage families, while simultaneously addressing complex familial needs and child safety issues. However, much is still unknown regarding how family meetings actually operate in child welfare, underscoring a clear need for further evaluation of this process. Utilizing direct observational data of Child and Family Team (CFT) meetings, collected as part of two separate evaluations of the North Carolina Division of Social Service's Multiple Response System (MRS) and System of Care (SOC) initiatives, the purpose of the current study was to examine whether the support provided by SOC improved fidelity to the CFT model in child welfare. The observations were conducted using the Team Observation Measure consisting of 78 indicators that measure adherence to ten domains associated with high quality family team meetings (e.g., collaborative, individualized, natural supports, outcomes based, strengths-based). Findings indicate that receiving SOC support in child welfare leads to a more collaborative and individualized decision-making process with families. Meeting facilitators in SOC counties were better prepared for CFTs, and had greater ability to lead a more robust and creative brainstorming process to develop a family-driven case plan. The current study also provides a much needed description of the CFT meeting process within child welfare using a direct observational measure.

Keywords

Child and Family Team meetings; System of care; Implementation; Observational measures

1. Introduction

Over the past several decades, many child protective services (CPS) agencies have struggled with systemic challenges such as effectively responding to increasing reports of child maltreatment, engaging families in services, and limited resources to meet the complex needs of families (Shusterman, Hollinshead, Fluke, & Yuan, 2005; U.S. Department of Health and Human Services, Administration for Children and Families, 2008). North Carolina is one of a growing number of states to develop new strategies designed to utilize a less adversarial approach to working with families to increase family engagement by actively partnering with them in case planning and decision-making (Center for the Study of Social Policy, 2002). To that aim, North Carolina has implemented two important reform efforts within the child welfare system: the Multiple Response System and System of Care Initiatives.

In 2002, the North Carolina Division of Social Services (NCDSS) developed and piloted MRS, a differential response system which utilizes a family assessment track for selected reports of child maltreatment, in addition to the traditional investigative process. MRS allows social workers to conduct a more holistic assessment of familial strengths and needs and put into place supports and resources to improve family functioning and children's safety. This process aims to set a more cooperative tone and is designed to be more open and transparent than the traditional forensic assessment. Similar to prior findings for alternative response systems in other states (Loman & Siegel, 2004a, b), MRS had a positive impact on child safety evidenced by a decline in the rates of substantiations and re-assessments, increased the number of upfront services provided to families during assessment, and improved rapport and family engagement (Lawrence et al., 2011).

In addition to the development of the family assessment track, another core component of MRS is the implementation of Child and Family Team meetings (CFT) with all child maltreatment cases receiving in-home or out-of-home services. As with other family meeting models (e.g. Family Group Decision Making, Team Decision Making), CFT meetings bring together family members and their community supports for the purposes of creating, implementing, and updating a case plan with the full participation of the child, youth and family (North Carolina Department of Health and Human Services, Division of Social Services [NCDSS], 2009). The plan builds on the strengths of the child, youth, and family to address their current needs and hopes for the future. This process is used as the primary vehicle for engaging families and community partners in an effort to build individual family support networks that will exist after CPS is no longer directly involved. North Carolina policy requires that cases found in need of services or substantiated for child maltreatment must have a CFT within 30 days of the case decision. Additionally, CFT meetings must be held every 90 days for the life of the case or more often as needed. The requirement to hold a CFT at these intervals is not limited to placement cases, and is a recommended practice at any point during life of the case from initiation to case closure. Additional components of the CFT process are that a neutral facilitator, who is neither the social worker for the family nor the supervisor of that social worker, shall be used in all cases with a current risk rating of high or intensive, and that CFT preparation with families begin as soon as possible in the life of a case (NCDHHS, 2009).

There are also some key differences between CFTs and other family team meeting models in both implementation and purpose. For example, Team Decision Making (TDM) meetings, developed as part of the Family to Family child welfare reform initiative, are used in cases involving current or impending out of home placement (Crea, Crampton, Abramson-Madden, & Usher, 2008). While CFT meetings in North Carolina are used to address placement issues, they are regularly held for all cases receiving case management services regardless of in-home or out-of-home placement status. Additionally, unlike CFTs or TDMs, the Family Group Decision Making (FGDM) meeting process provides opportunities for family groups to meet independently (e.g., without authorities and service providers) to process information collectively and develop plans to present to the larger team (McCrae & Fusco, 2010).

Studies that have examined family meeting models in child welfare in the U.S. have yielded mixed findings. Several studies have found Family Group Decision Group Making (FGDM) meetings to be associated with decreased additional contact with CPS, decreased future maltreatment, better placement stability, and increased placement with relatives (Crampton, 2003; Crampton & Jackson, 2007; Pennel, Edwards, & Burford, 2010). However, studies utilizing evaluation data from the only randomized trial of FGDM (Berzin, 2006; Berzin, Cohen, Thomas, & Dawson, 2008) found no significant differences between children whose

families had participated in FGDM and those who had not with regard to future maltreatment rates, placement stability, and permanency.

Many in human service research have advocated that studies of implementation fidelity precede full outcome evaluations of a program (Crea, Usher, & Wildfire, 2009; Gilliam, Ripple, Zigler, & Leeiter, 2000; Wind & Brooks, 2002). Crea et al. (2008) and Crea et al. (2009) examined implementation fidelity of Team Decision Making Meetings (TDM) in three sites across the U.S. The focus of these process evaluations utilized both qualitative data from interviews with social workers and quantitative data regarding participant attendance at TDM meetings and foster care placement trends. Berzin, Thomas, and Cohen (2007) also examined FGDM implementation utilizing a mixed methods approach, which included direct observations of FGDM meetings. Although the sample of observed meetings was small ($n = 10$), it is the only study we are aware of that utilized direct observations of family meetings in child welfare to evaluate implementation fidelity. Findings from their meeting observations indicated that staff members made a concerted effort to include family in the decision-making process and allow them to lead the discussion which primarily focused on developing a service plan.

1.1. System of care

Building on the MRS initiative, in 2003 North Carolina was awarded one of nine national grants from the Children's Bureau to expand System of Care (SOC) to the child welfare system. Before this time, SOC grants had only been funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) for children with serious emotional disturbances (SED). System of Care and wraparound programs were developed more than two decades ago to help develop more individualized and collaborative services and supports for children with serious emotional disturbances and their families (Stroul & Friedman, 1986). System of Care is a nationally recognized framework for: 1) developing partnerships between individuals and families who need services or resources from multiple human service agencies; 2) building on individual, family, and community strengths; and 3) improving the skills, knowledge, and attitudes of all service providers regarding more family-centered practices.

Unlike SAMHSA SOC grants which provide funds for direct service provision, the child welfare SOC grants were designed to provide support for infrastructure development to implement systemic changes in the way CPS works with families and other agencies. North Carolina piloted SOC in counties that were also implementing MRS and represented a mid-size county, a small rural county, and a large urban county. Grant resources allowed each of the three counties to hire full time SOC coordinators and family partners. SOC coordinators were charged with building relationships and fostering interagency collaboration among child-serving agencies as well as facilitating cross-agency trainings and CFT meetings. Family partners served as advocates, assisting families in navigating the system.

In the SOC wraparound process used for children with SED, families are also involved in a meeting process with formal and informal supports to develop an individualized plan of care that emphasizes child and family strengths (Epstein et al., 2003). Several studies have utilized direct observational methods to measure and evaluate implementation fidelity of wraparound meetings in SAMHSA-funded SOC sites (Epstein et al., 1998; Epstein et al., 2003; Singh, Curtis, Wechsler, Ellis, & Cohen, 1997; Singh, Wechsler, & Curtis, 2000). Epstein et al. (2003) conducted a study that utilized the Wraparound Observation Form (WOF) to observe 112 team meetings involving families receiving mental health services through a SOC initiative. The instrument measured key characteristics of wraparound as implemented within family team meetings including: community-based, individualized, family-driven process, interagency collaboration, unconditional care, measurable outcomes,

meeting management, and care coordination. Their findings showed strong adherence to the wraparound principles at family meetings, with observers indicating that there was frequent discussion of child and family strengths, families were treated as active partners, and in all of the meetings families were given opportunities to provide meaningful input when developing the plan of care. In addition, service providers from other agencies attended 81% of the observed meetings, while 33% of meetings had informal supports present, and extended family were present at only 9%.

Although these studies have provided important insight regarding implementation fidelity of family meetings, much is still unknown concerning the dynamics of how family meetings actually operate in child welfare and whether practice-level implementation of the meeting is consistent with their conceptual framework and practice guidelines. This is important given that North Carolina dedicates substantial resources to training all social workers on the use of this model, as well as hiring facilitators to conduct these meetings in many counties across the state. Previous research has indicated that having a child welfare SOC grant increased family meeting adoption and implementation (Rauktis, McCarthy, Krackhardt, & Cahalane, 2010). Thus, the goal of the current study was to build upon those findings by utilizing observational data from two separate evaluations (MRS and SOC) in order to evaluate whether the support provided by System of Care improved fidelity to the CFT models and child welfare practice. Both evaluations employed direct observations of CFTs, which allowed for the examination of possible differences between North Carolina's SOC counties and non SOC (e.g., MRS only) counties.

2. Method

2.1. Sample and participant selection

Six North Carolina counties were included in the two evaluations. Four MRS counties (non-SOC counties) were chosen using a stratified sampling strategy that provided variation in county size and geographic region within the state (selected counties included one large urban county, one mid-size county, and two small rural counties). Two MRS-plus-SOC counties participated; including one large urban county and one small rural county (see Table 1).

A total of 70 child and Family Team (CFT) meetings were observed between July 2008 and June 2009. Meetings were observed at county DSS offices, other community locations, and client homes. The number of observations completed per county varied depending upon the size of the county (see Table 1). Seven observations in SOC counties were excluded from the sample because there were no parents present at the meeting, and 11 observations in non SOC counties were excluded because either there was not a neutral facilitator and/or no parents were present. This resulted in a final sample size of 52 CFT observations.

2.2. Procedure

In order to measure fidelity to the CFT model, the 2007 version of the Team Observation Measure (TOM) developed by the Wraparound Evaluation and Research Team at the University of Washington (Bruns, 2007) was utilized. The TOM consists of 20 items, with two items dedicated to each of 10 different Wraparound principles associated with high-quality family team meetings, including: team-based, collaborative, individualized, natural supports, persistence, cultural competence, outcomes-based, voice and choice, strengths-based, and community-based.

The principle "team based" is made up of indicators that assess the team make-up and attendance, as well as the apparent effectiveness of established team processes. "Collaborative" measures the level of facilitator preparation and how effectively the team

makes decisions. The indicators associated with the principle known as “individualized” capture the use of creative brainstorming, as well as the processes used to meet the unique needs of the child and family based on available resources. The principle “Natural Supports” assesses the level of active participation and input in decision making by those involved as informal supports to the family and not serving in a professional capacity. “Persistence” indicators capture plan development and measure the level of shared responsibility among team members in helping the child/family to reach the goals listed within the plan. The principle “Cultural Competence” includes indicators that consider facilitator skills associated with creating an effective process that is both understood and acceptable to the team members, but also ensures great emphasis on family values, beliefs and traditions. “Outcomes Based” assesses the degree to which the resulting plan has measurable outcomes and is reviewed regularly both to celebrate successes and to course correct when things are not working. “Voice and Choice” indicators measure the level of family and child involvement in discussion, decision making, goal setting and prioritization of established goals. “Strengths-based” indicators assess the amount of emphasis placed on family/child strengths, whether or not successes are acknowledged and celebrated, if the team is solution based and if the team culture is positive. Lastly, “community-based reflects the idea that services and supports should be highly accessible to families and offered within the community for maximum effectiveness therefore the associated indicators assess whether or not efforts are made to ensure that the services offered/recommended are community-based.

Each item consists of 3–5 indicators (78 total) that may be observed during a Child and Family Team meeting (see Table 2 for a complete list of indicators). Each of the indicators must be scored as either ‘yes,’ ‘no’ or not applicable. After each applicable indicator was scored, the item as a whole was assigned an average percentage score. Additional information about each meeting, such as the length of the meeting, and participant information were captured on the cover sheet of the measure. Reliability and validity have not yet been established for the TOM.

Three observers were trained using the Observer Training Toolkit developed by the University of Washington Wraparound Evaluation and Research Team. The toolkit materials include a comprehensive manual and a DVD of a “mock” CFT meeting accompanied by a scoring key. Utilizing the toolkit, trainees were provided an introduction to the concept of wraparound and the ten associated principles, as well as the four phases of wraparound including: engagement and team preparation, initial plan development, plan implementation, and transition. Additionally, trainees reviewed the item-by-item scoring rules included in the manual and were instructed to adhere to them strictly in order to ensure reliability in the scoring of items across observers and meetings. After viewing the DVD and scoring the meeting, trainees compared their scoring logic to the answer key provided to see how items for the “mock” CFT should have been appropriately scored. All observers scored at least 85% of the items correctly on the “mock” CFT. Further training on the scoring rules ensured greater clarity and understanding of the few items that were incorrectly scored.

Upon arrival at CFT meetings, observers gave a brief explanation of the purpose of the evaluation and reviewed a consent form with the parent(s) or caregiver(s). Parents/caregivers were provided the opportunity to ask questions and accept or deny the request to observe the meeting. No parents declined to have an observer present at their CFT. The number of meetings attended by each observer varied with respect to the two evaluations. Observer 1 conducted a total of 41 observations (5 for MRS and 36 for SOC). Observers 2 and 3 conducted 19 and 10 observations, respectively, for the MRS evaluation.

3. Results

All meetings included in the analyses had at least one parent present (see Table 1). However, the percentage of CFT meetings that had both parents in attendance did differ by SOC status, $\chi^2(1, N=52)=4.39, p<.04$. Thirteen SOC observations (45%) had both the mother and father present compared to only four in non-SOC counties (17%). In addition, CFT meetings observed in SOC counties were more likely to have community supports present, $\chi^2(1, N=52)=21.11, p<.001$. These supports tend to represent family advocates funded through the SOC grant. Conversely, non-SOC counties were more likely to have in attendance mental health providers, $\chi^2(1, N=52)=4.29, p<.04$, and other service providers, $\chi^2(1, N=52)=4.20, p<.05$. Significant differences in the average number of meeting attendees were not found (SOC $m=7.37, SD=2.44$; non SOC $m=7.39, SD=2.50, n.s.$). Significant differences in length of CFT meeting time were found between SOC counties ($m=128$ min, $SD=44.04$) and non-SOC counties ($m=69$ min, $SD=20.33$), $t(50)=5.53, p<.001$.

A summary of the observations' raw scores, with the percent occurrence of 'Yes' or 'No' when applicable, is presented in Table 2. For each Wraparound principle (WP) and each TOM item, reliability analyses were performed to obtain an alpha score for each. Depending on these findings, certain TOM indicators were either deleted due to low or zero variability, or dropped in order to improve the alpha score. For WPs and TOM items with acceptable alpha scores, t test analyses were performed to test differences between SOC and non-SOC sessions. Chi square analyses were also performed to test associations between SOC status and each indicator associated with the TOM items.

3.1. WP I. Team based

Reliability analyses were not conducted for the TOM item 'Team Membership and Attendance'. The indicators making up this item (see Table 2) were related to the attendance of key participants and would not be expected to have strong intercorrelation.

For the TOM item 'Effective Team Process,' reliability analyses showed an alpha score less than .60, with the deletion of indicator 2d. Because this alpha score is well below acceptable levels, differences between CFT meetings observed in SOC and non SOC counties were examined for TOM indicators only. Chi square analyses did not reveal significant associations between SOC status and any of the TOM indicators included in the 'Effective Team Process' item.

3.2. WP II. Collaborative

For the TOM item 'Facilitator Preparation' reliability analyses showed an alpha score below .60. However, after indicator 3d was dropped, the alpha score increased to .82, indicating strong intercorrelation of the remaining three indicators. A significant effect for SOC status was found for 'Facilitator Preparation', $t(50)=2.91, p<.01$, with CFT meetings observed in SOC counties receiving higher average scores for this item. For individual indicators, the percentage of CFT meetings that received a 'yes' differed by SOC status for 3a (clear agenda for meeting), $\chi^2(1, N=52)=8.55, p<.004$, and 3c (facilitator has prepared needed documents and materials), $\chi^2(1, N=52)=4.20, p<.05$, with the desired behaviors occurring more often in SOC counties. While item 3d (a plan for the next meeting is presented) was dropped from the overall item, the percentage of CFT meetings that received a 'yes' for this indicator differed by SOC status, $\chi^2(1, N=49)=9.55, p<.002$, with a higher percentage of non-SOC counties outlining a plan for the next meeting.

For the TOM item 'Effective Decision Making' reliability analyses revealed an alpha score below .60. Indicator 4d was dropped to improve the alpha score to .66. A significant effect

for SOC status was not found for this item. Chi square analyses did not reveal significant associations between SOC status and any of the TOM indicators included in the 'Effective Decision Making' item.

For the overall Wraparound principle of 'Collaborative' reliability analyses showed an alpha score of .65, indicating a moderate intercorrelation of the six indicators. A significant effect for SOC status was found for 'WP-Collaborative', $t(50) = 2.20$, $p < .04$, with CFT meetings observed in SOC counties receiving higher average scores for this Wraparound principle.

3.3. WP III. Individualized

For the TOM item 'Creative Brainstorming and Options' reliability analyses showed an alpha score of .85, indicating strong intercorrelation of the indicators. A significant effect for SOC status was found for this item, $t(48) = 4.22$, $p < .001$, with CFT meetings observed in SOC counties receiving higher average scores for 'Creative Brainstorming and Options'. For individual indicators, the percentage of CFT meetings that received a 'yes' differed by SOC status for 5a (team considers several different strategies for meeting each need), $\chi^2(1, N = 50) = 6.39$, $p < .02$, 5b (team considers multiple options for action steps), $\chi^2(1, N = 50) = 7.67$, $p < .007$, 5c (team uses a structured process to generate options), $\chi^2(1, N = 49) = 9.55$, $p < .003$, and 5d (facilitator leads a robust brainstorming process), $\chi^2(1, N = 50) = 15.16$, $p < .001$, with the desired behaviors occurring more often in SOC counties.

For the TOM item 'Individualized Process' reliability analyses revealed an alpha score below .60. Because this alpha score is below acceptable levels, differences between CFT meetings observed in SOC and non-SOC counties were examined for TOM indicators only. Chi square analyses revealed no significant associations between SOC status and any of the TOM indicators included in the Individualized Process item.

For the overall Wraparound principle of 'Individualized' reliability analyses showed an alpha score of .80, indicating strong intercorrelation of the six indicators. A significant effect for SOC status was found for 'WP-Individualized', $t(48) = 3.88$, $p < .001$, with CFT meetings observed in SOC counties receiving higher average scores for this Wraparound principle.

3.4. WP IV. Natural Supports

For the TOM item 'Natural and Community Supports' reliability analyses showed an alpha score of .92, indicating strong intercorrelation of the indicators. A significant effect for SOC status was not found for this item. Chi square analyses did not reveal significant associations between SOC status and any of the TOM indicators included in the 'Natural and Community Supports' item.

For the TOM item 'Natural Support Plans' reliability analyses revealed an alpha score below .60. Because this alpha score is below acceptable levels, differences between CFT meetings observed in SOC and non SOC counties were examined for TOM indicators only. Chi square analyses revealed no significant associations between SOC status and any of the TOM indicators included in the 'Natural Support Plans' item.

For the overall Wraparound principle of 'Natural Supports' reliability analyses showed an alpha score of .96, indicating strong intercorrelation of the six indicators. A significant effect for SOC status was not found for this Wraparound principle.

3.5. WP V. Persistence

For the TOM item 'Team Mission and Plans' reliability analyses showed an alpha score below .60. Because this alpha score is below acceptable levels, differences between CFT

meetings observed in SOC and non SOC counties were examined for TOM indicators only. The percentage of CFT meetings that received a 'yes' differed by SOC status for indicator 9a (team discusses or has produced a mission/vision statement), $\chi^2(1, N = 52) = 6.42, p < .02$, with the desired behaviors occurring more often in SOC counties.

For the TOM item 'Shared Responsibility' reliability analyses revealed an alpha score of .64. Indicator 10d was then dropped to improve the alpha score to .87, indicating strong intercorrelation of the remaining three indicators. A significant effect for SOC status was not found for this item. Chi square analyses did not reveal significant associations between SOC status and any of the TOM indicators included in the 'Shared Responsibility' item.

For the overall Wraparound principle of 'Persistence' reliability analyses showed an acceptable alpha score of .75. A significant effect for SOC status was not found for this Wraparound principle.

3.6. WP VI. Cultural Competence

For the TOM item 'Facilitation Skills' reliability analyses showed an alpha score below .60. Because this alpha score is below acceptable levels, differences between CFT meetings observed in SOC and non SOC counties were examined for TOM indicators only. The percentage of CFT meetings that received a 'yes' differed by SOC status for indicator 11a (facilitator checks in with the team members about their comfort and satisfaction), $\chi^2(1, N = 52) = 4.20, p < .05$, with the desired behaviors occurring more often in SOC counties.

For the TOM item 'Cultural and Linguistic Competence' reliability analyses revealed an alpha score of .60, with indicators 12d and e deleted, and indicator 12c dropped. A significant effect for SOC status was found for 'Cultural and Linguistic Competence', $t(50) = 3.46, p < .01$, with CFT meetings observed in SOC counties receiving higher average scores for this item. For individual indicators, the percentage of CFT meetings that received a 'yes' differed by SOC status for 12a (Youth, caregiver and family are given time to talk about family's values), $\chi^2(1, N = 47) = 17.93, p < .001$, and 12c (team members do not hold sidebar conversations), $\chi^2(1, N = 24) = 7.30, p < .01$, with the desired behaviors occurring more often in SOC counties.

For the overall Wraparound principle of 'Cultural Competence' reliability analyses showed an alpha score below .60. Because this alpha score is below acceptable levels, differences between CFT meetings observed in SOC and non SOC counties were not examined for this Wraparound principle.

3.7. WP VII. Outcomes Based

For the TOM item 'Outcomes Based Process' analyses could not be performed because all three indicators had zero variance.

For the TOM item 'Evaluating Progress and Success' reliability analyses revealed an alpha score below .60, with indicator 14b deleted. Chi square analyses did not reveal significant associations between SOC status and any of the TOM indicators included in this item.

For the overall Wraparound principle of 'Outcomes Based' analyses could not be performed because all three indicators had zero variance.

3.8. WP VIII. Voice and Choice

For the TOM item 'Youth and Family Voice' reliability analyses showed an alpha score of .69 with items 15a and c deleted. A significant effect for SOC status was not found for this

item. Chi square analyses did not reveal significant associations between SOC status and any of the TOM indicators included in the 'Youth and Family Voice' item.

For the TOM item Youth and Family Choice, reliability analyses revealed an alpha score of .67. Indicator 16a was then dropped to improve the alpha score to .82, indicating strong intercorrelation of the indicators. A significant effect for SOC status was found for Youth and Family Choice, $t(48)=2.83$, $p<.01$, with CFT meetings observed in SOC counties receiving higher average scores for this item. For individual indicators, the percentage of CFT meetings that received a 'yes' differed by SOC status for 16b (Caregiver/parent prioritizes goals/needs), $\chi^2(1, N = 50) = 4.78$, $p<.03$, and 16c (family and youth have highest priority in decision making), $\chi^2(1, N = 51) = 7.31$, $p = .007$, with the desired behaviors occurring more often in SOC counties.

For the overall Wraparound principle of Voice and Choice, reliability analyses showed an alpha score of .64. A significant effect for SOC status was not found for this Wraparound principle.

3.9. WP IX. Strengths Based

For the TOM item 'Focus on Strengths,' reliability analyses showed an alpha score of .74. A significant effect for SOC status was found for this item, $t(50) = 3.77$, $p<.001$, with CFT meetings observed in SOC counties receiving higher average scores for the TOM item 'Focus on Strengths'. For individual indicators, the percentage of CFT meetings that received a 'yes' differed by SOC status for 17a (team members acknowledge or list family strengths), $\chi^2(1, N = 52) = 6.98$, $p<.01$, 17b (team builds an understanding of how youth strengths contribute to team goals), $\chi^2(1, N = 52) = 11.46$, $p<.01$, and 17d (facilitator and team members analyze youth and family's perspectives to identify strengths) $\chi^2(1, N = 52) = 6.98$, $p<.01$, with the desired behaviors occurring more often in SOC counties.

For the TOM item 'Positive Team Culture' reliability analyses revealed an alpha score of .69, with indicator 18d deleted. A significant effect for SOC status was not found for this item. Chi square analyses did not reveal significant associations between SOC status and any of the TOM indicators included in the 'Positive Team Culture' item.

For the overall Wraparound principle of 'Strengths Based' reliability analyses showed an alpha score below .60, with indicators 17a and d and 18d deleted. Because this alpha score is below acceptable levels, differences between CFT meetings observed in SOC and non SOC counties were not examined for this Wraparound principle.

3.10. WP X. Community Based

For the TOM item 'Community Focus' reliability analyses showed an alpha score of .82 with indicator 19b deleted. A significant effect for SOC status was not found for this item. Chi square analyses did not reveal significant associations between SOC status and any of the TOM indicators included in the 'Community Focus' item.

For the TOM item 'Least Restrictive Environment' reliability analyses revealed an alpha score below .60, with indicators 20a and d deleted. Chi square analyses did not reveal significant associations between SOC status and any of the TOM indicators included in this item.

For the overall Wraparound principle of 'Outcomes Based' reliability analyses revealed an alpha score below .60 with indicators 19a, b, and c, and 20a and d deleted. No analyses were conducted.

4. Discussion

The purposes of the current study were to evaluate implementation of Child and Family Team (CFT) meetings with families involved in the child welfare system in North Carolina utilizing an observational measure and to test differences in the quality of CFT meetings between counties implementing the System of Care (SOC) principles and those not implementing them. Although previous studies have examined implementation fidelity of various family meetings in child welfare and mental health (CFTs, Family Group Conferencing and Team Decision Making meetings), very few have done so using direct observation measures. To date, most research examining implementation fidelity to the CFT meeting process via direct observation has been with SAMHSA System of Care sites serving children and youth with serious emotional disturbances and their families. Thus, much is still unknown concerning the dynamics of how these meetings are actually implemented in child welfare.

Results indicated that CFT meetings observed in SOC counties were more likely to have higher fidelity to the Wraparound principles of ‘Collaborative’ and ‘Individualized’ than non-SOC counties. Meetings observed in SOC counties were more likely to have facilitators that exhibited higher levels of meeting preparedness through the prior completion of needed documents and materials as well as a clear agenda highlighting the overall purpose of the meeting. In contrast, however, non-SOC counties were more likely to have facilitators present a plan for the next meeting. CFT meetings observed in SOC counties were also found to have higher average scores for ‘Creative Brainstorming and Options’ indicating that facilitators led a robust brainstorming process that helped teams consider several different strategies for meeting each need and multiple options for action steps.

Facilitators of CFT meetings observed in SOC counties were also more likely to check in with the team members about their comfort and satisfaction with the CFT process and discuss or produce a mission or vision statement. Youth, caregivers and family members in SOC counties were more likely to have an opportunity to: talk about their values, beliefs and traditions; prioritize life domains, goals, or needs on which the team should work; and have the highest priority in decision making. Further, SOC counties were more likely to acknowledge family strengths and build an understanding of how those strengths contribute to team goals.

Findings indicate that receiving SOC support, in addition to MRS, in child welfare leads to a more collaborative and individualized decision-making process with families.

Significant differences between observed meetings in SOC-plus-MRS and MRS only counties primarily involved indicators regarding meeting facilitators. Facilitators in SOC counties appeared to be better prepared for CFT meetings, and have greater ability to lead a more robust and creative brainstorming process to develop a family-driven case plan. For WP principles, items, and indicators where there were differences between the groups, differences likely reflect the increased resources from the SOC grant that were dedicated to CFT facilitation and training, not only for DSS staff members, but community partners as well. In addition, the grant resources allowed the DSS agencies to focus on adopting and integrating SOC wraparound principles into program management goals and frontline practice for six years. Findings from Pennsylvania, another child welfare SOC grantee, lend additional support to this conclusion (Rauktis et al., 2010). Challenges and barriers cited in the adoption and implementation of the FGDM model within Pennsylvania’s child welfare system were most associated with limited resources and staff. Additionally, the presence of a county-wide SOC grant was found to improve the likelihood of key agency personnel being

“on board” with Family-Team meetings and can create a synergy between complementary practices (Rauktis et al., 2010).

For many WP principles, items, and indicators, there were no differences between SOC and non-SOC communities. Generally high fidelity to wraparound principles was observed in both SOC and non-SOC counties, with 71 out of 78 indicators being scored as “yes” for at least 70% of all meetings. These findings likely reflect the fact that in North Carolina, CFTs have been a mandated, rather than recommended practice. In the counties involved in these evaluations, CFTs have been occurring with all cases receiving in-home and out-of-home services since 2002–2003.

Although SOC counties were more likely to have both mothers and fathers present at CFTs, as well as family partners (funded positions through the SOC grant), they were less likely to have service providers attend than non-SOC counties. This finding is surprising given that a primary focus of the SOC grant was to increase interagency collaboration. Similar to previous studies (Berzin et al., 2007; Crea et al., 2009), findings from this study showed that approximately half of all meetings observed, regardless of SOC status, had informal supports for families in attendance (i.e., relatives, friends, neighbors). Thus, more than half of all meetings observed had parents attending without any supports other than service providers and their social worker. Epstein et al. (2003) also found that informal supports and natural family supports were not present at a majority of meetings observed at a SOC site. According to NCDSS policy, parental wishes concerning who is invited or not invited should be considered and respected, however, it is also important that the social worker use diligence in supporting the family as they expand the circle that will sustain them as wide as possible (NCDHHS, 2009). A broad and comprehensive circle of support is more likely to provide support to families in the long-term and keep children and youth safe. Given the high priority on this goal, it appears to be an area in need of improvement with regard to fidelity to the CFT model.

4.1. Limitations

Although these findings suggest a positive impact of SOC support on adherence to the CFT model and principles of Wraparound, there are limitations to the current study that are important to note. First, this observational measure was developed for use with meetings conducted as part of SAMHSA funded SOC sites. Consequently, not all of the indicators may be appropriate for use within child welfare (e.g., indicators associated with ‘Least Restrictive Environment’). To date, this is the first empirical study of the TOM measure. Although 13 out of 20 TOM items were found to have marginal or acceptable levels of reliability with this particular sample, seven items did not. In addition, differences observed among participating counties may be partially attributed to experience with CFT meetings, because the SOC counties had begun implementing CFT a full year earlier than non-SOC counties. It is also important to consider that all of the meetings observed were facilitated by neutral facilitators either contracted by DSS or internal staff members not directly involved in the case. While NCDSS policy requires a neutral facilitator for high risk cases only, it identifies the use of such facilitators as best practice for all CFT meetings regardless of the risk level. However, many counties do not have the resources or staffing levels necessary to utilize neutral facilitators in all cases, therefore, the sample used in the current study may represent a high level of fidelity to the CFT model that is atypical across the state, thus limiting the generalizability of the findings.

Due to the geographic dispersion of the counties included in these evaluation studies, and limited resources for the evaluations, only one observer attended each CFT meeting. Ideally, a portion of the meetings would have been observed by two independent observers in order to establish inter-rater reliability. While each observer received substantial training and

utilized the scoring manual for the “mock” meeting included in the toolkit provided by the developer of the measure, the inability to test concordance among observers is a clear limitation of the study. Additionally, because data used in this study came from two separate evaluations, the three observers were unable to observe CFT meetings for both projects. Preferably, observers would have scored equal numbers of CFT meetings across the two samples.

While there are limitations, this study provides a much needed description of the CFT meeting process within child welfare using a direct observational measure. Overall, findings from the current study indicate that the CFT meetings observed in North Carolina were conducted with a high degree of fidelity. Furthermore, it builds upon the findings of Rauktis et al. (2010) that support for System of Care principles in child welfare can further improve the implementation fidelity of family meetings. Targeted resources for community-wide CFT training and meeting facilitation in SOC+MRS counties, provided by the SOC grant appear to support increased fidelity at CFTs. Family meeting models are utilized in a growing number of jurisdictions as a way of improving child and family outcomes; yet very little research exists with regard to their successful implementation. If data is not collected to measure whether programs were implemented as intended, it is difficult to interpret significant or null findings regarding program outcomes (Mayer & Davidson, 2000). Thus, findings from the current study may serve as a foundation for future research to examine the impact of both high- and low-fidelity meetings on subsequent outcomes for children and families. Findings from the current study may also benefit policymakers given the increasing federal emphasis on integrating SOC principles into child welfare. Furthermore, as more jurisdictions begin to implement family meeting models in child welfare, and other human service agencies, observational measures can serve as a valuable tool for trainers and supervisors to evaluate staff implementation fidelity.

Acknowledgments

This work was supported by evaluation grants to the Center for Child and Family Policy at Duke University from the North Carolina Department of Health and Human Services. The “Improving Child Welfare Outcomes through Systems of Care” demonstration initiative was funded by the Administration on Children, Youth, and Families, U.S. Department of Health and Human Services. Points of view or opinions in this paper are those of the authors and do not necessarily represent the official position or policy of the sponsors. The authors wish to acknowledge the important role of Hillary Hood and Marianne Latz, for their assistance in collecting the data, and the families who allowed their meetings to be observed.

References

- Berzin SC. Using sibling data to understand the impact of family group decision-making on child welfare outcomes. *Children and Youth Services Review*. 2006; 28:1449–1458.
- Berzin SC, Cohen E, Thomas K, Dawson WC. Does family group decision making affect child welfare outcomes? Findings from a randomized control study. *Child Welfare*. 2008; 87:35–54. [PubMed: 19391466]
- Berzin SC, Thomas KL, Cohen E. Assessing model fidelity in two family group decision-making programs: Is this child welfare intervention being implemented as intended? *Journal of Social Service Research*. 2007; 34:55–71.
- Bruns, EJ. Team Observation Measure. Seattle, WA: University of Washington; 2007.
- Center for the Study of Social Policy. Bringing families to the table: A comparative guide to family meetings in child welfare. Washington, DC: 2002.
- Crampton DS. Family group decision making in Kent County, Michigan: The family and community impact. *Protecting Children*. 2003; 18:81–83.
- Crampton D, Jackson WL. Family group decision making and disproportionality in foster care: A case study. *Child Welfare*. 2007; 86:51–69. [PubMed: 17722681]

- Crea TM, Crampton DS, Abramson-Madden A, Usher CL. Variability in the implementation of team decisionmaking (TDM): Scope and compliance with the family to family practice model. *Children and Youth Services Review*. 2008; 30:1221–1232.
- Crea TM, Usher CL, Wildfire JB. Implementation fidelity of team decisionmaking. *Children and Youth Services Review*. 2009; 31:119–124.
- Epstein MH, Jayanthi M, McKelvey J, Frankenberry E, Hardy R, Dennis K, Dennis K. Reliability of the wraparound observation form: An instrument to measure the wraparound process. *Journal of Child and Family Studies*. 1998; 7:161–170.
- Epstein MH, Nordness PD, Kutash K, Duchnowski A, Schrepf S, Benner GJ, Nelson JR. Assessing the wraparound process during family planning meetings. *The Journal of Behavioral Health Services & Research*. 2003; 30:352–362. [PubMed: 12875102]
- Gilliam WS, Ripple CH, Zigler EF, Leeiter V. Evaluating child and family demonstration initiatives: Lessons from the Comprehensive Child Development Program. *Early Childhood Research Quarterly*. 2000; 15:41–59.
- Lawrence CN, Rosanbalm K, Dodge K. Multiple Response System: Evaluation of Policy Change in North Carolina's Child Welfare System. *Children and Youth Services Review*. 2011; 33(11): 2355–2365.
- Loman, LA.; Siegel, GL. Differential response in Missouri after five years, final report. St. Louis, MI: Institute of Applied Research; 2004.
- Loman, LA.; Siegel, GL. Minnesota alternative response evaluation, final report. St. Louis, MI: Institute of Applied Research; 2004.
- Mayer, JP.; Davidson, WS. Dissemination of innovation as social change. In: Rappaport, J.; Seidman, E., editors. *Handbook of community psychology*. New York: Kluwer Academic/Plenum Publishers; 2000. p. 421-443.
- McCrae J, Fusco R. A racial comparison of family group decision making in the USA. *Child and Family Social Work*. 2010; 15:41–55.
- North Carolina Department of Health and Human Services, Division of Social Services. Family support and child welfare manual. Raleigh, NC: 2009. Chapter 7: Child and family team meetings. Retrieved January 15, 2011 from: <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-55/man/>
- Pennell J, Edwards M, Burford G. Expedited family group engagement and child permanency. *Children and Youth Services Review*. 2010; 32:1012–1019.
- Rauktis ME, McCarthy S, Krackhardt D, Cahalane H. Innovation in child welfare: The adoption and implementation of family group decision making in Pennsylvania. *Children and Youth Services Review*. 2010; 32:732–739.
- Shusterman, GR.; Hollinshead, D.; Fluke, JD.; Yuan, YT. Alternative responses to child maltreatment: Findings from NCANDS. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation; 2005. Retrieved January 15, 2011 from: <http://aspe.hhs.gov/hsp/05/child-maltreat-resp/>
- Singh NN, Curtis WJ, Wechsler HA, Ellis CR, Cohen R. Family friendliness of community-based services for children and adolescents with emotional and behavioral disorders and their families: An observational study. *Journal of Emotional and Behavioral Disorders*. 1997; 5:82–92.
- Singh NN, Wechsler HA, Curtis WJ. Family friendliness of inpatient services for children and adolescents with EBD and their families: Observational study of the treatment process. *Journal of Emotional and Behavioral Disorders*. 2000; 8:19–26.
- Stroul, BA.; Friedman, RA. A system of care for children and youth with severe emotional disturbances. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center; 1986. (Revised edition)
- U.S. Department of Health and Human Services, Administration for Children and Families. Issue brief: Differential response to reports of child abuse and neglect. Washington, DC: Child Information Gateway; 2008. Retrieved January 15, 2011 from http://www.childwelfare.gov/pubs/issue_briefs/differential_response/differential_response.pdf
- Wind L, Brooks D. Child welfare demonstration projects: A model for implementation and evaluation. *Children and Youth Services Review*. 2002; 24:543–558.

Table 1

Characteristics of CFT meetings observed.

	SOC <i>n</i> = 29 (%)	MRS <i>n</i> = 23 (%)	Difference
Meetings by county			
Rural	6 (20.7)	–	
Urban	23 (79.3)	–	
Rural	–	2 (8.7)	
Rural	–	6 (26.1)	
Urban	–	10 (43.5)	
Rural	–	5 (21.7)	
CFT participants by role			
Parent	29 (100)	23 (100)	
Two parents	13 (45%)	4 (17%)	<i>p</i> < .04
Foster parents	3 (10.3)	6 (26.1)	
Child/youth	14 (48.3)	10 (43.5)	
Friend	4 (13.8)	4 (17.4)	
Extended family	13 (44.8)	9 (39.1)	
School representative	3 (10.3)	7 (30.4)	
Community support	21 (72.4)	2 (8.7)	<i>p</i> < .001
Social services representative	28 (96.6)	23 (100)	
Court representative/legal	6 (20.7)	8 (34.8)	
DJJDP representative ^a	–	1 (4.3)	
Mental health representative	5 (17.2)	15 (65.2)	
Other service provider	1 (3.4)	5 (21.7)	

^aDJJDP = Department of Juvenile Justice and Delinquency Prevention.

Table 2

Key dimensions, items and results of observations (N = 52).

Item	Yes %		Significance of difference	α
	SOC (<i>n</i> = 29)	MRS (<i>n</i> = 23)		
I. Team based	—	—		—
1. Team Membership and Attendance	—	—		—
a. Parent/caregiver is a team member and present at the meeting.	100 (29)	100 (23)		
b. Youth (over age 9) is a team member and present at the meeting. ^a	63 (10)	44 (8)		
c. Natural supports for the family are team members and present.	48 (14)	48 (11)		
d. Key school or other public stakeholder agency. ^a	50 (11)	68 (13)		
e. Key service providers are team members and present. ^a	55 (12)	81 (17)	†	
2. Effective Team Process	99	91		<.60
a. Team meeting attendees are oriented to the wraparound process and understand the purpose of the meeting.	97 (28)	83 (19)	†	
b. The facilitator assists the team to review and prioritize family and youth needs. ^a	100 (29)	95 (19)		
c. Tasks and strategies are explicitly linked to goals.	100 (29)	96 (22)		
d. Potential barriers to the nominated strategy or option are discussed and problem-solved. ^{a,b}	100 (29)	100 (19)		
II. Collaborative	95	86	*	.65
3. Facilitator Preparation	98	78	**	.82
a. There is a clear agenda or outline for the meeting, which provides an understanding of the overall purpose of the meeting and major sections of the meeting.	100 (29)	74 (17)	**	
b. The meeting follows an agenda or outline such that team members know the purpose of their activities at a given time.	93 (27)	74 (17)	†	
c. The facilitator has prepared needed documents and materials prior to the meeting. ^a	100 (29)	86 (19)	*	
d. A plan for the next meeting is presented, including time and date. ^{a,c}	36 (10)	83 (19)	**	
4. Effective Decision Making	93	94		.66
a. Team members demonstrate consistent willingness to compromise or explore further options when there is disagreement. ^a	86 (25)	95 (18)		
b. Team members reach shared agreement after having solicited information from several members or having generated several ideas.	97 (28)	96 (22)		
c. The plan of care is agreed upon by all present at the meeting. ^a	97 (28)	91 (20)		
d. The facilitator summarizes the content of the meeting at the end of the meeting, including next steps and responsibilities. ^{a,c}	85 (23)	96 (22)		
III. Individualized	97	77	***	.80
5. Creative Brainstorming and Options	97	64	***	.85
a. The team considers several different strategies for meeting each need and achieving each goal that is discussed. ^a	97 (28)	71 (15)	*	
b. The team considers multiple options for tasks or action steps. ^a	100 (29)	76 (16)	**	
c. The team uses a structured process or procedure to generate options or choices. ^a	90 (26)	50 (10)	**	

Item	Yes %		Significance of difference	α
	SOC (<i>n</i> = 29)	MRS (<i>n</i> = 23)		
d. The facilitator leads a robust brainstorming process to develop multiple options to meet priority needs. ^a	100 (29)	57 (12)	***	
6. Individualized Process	98	87		<.60
a. Planning includes action steps or goals for the other family members, not just identified child. ^{a,c}	97 (28)	100 (21)		
b. Facilitator and team members draw from knowledge about the community to generate strategies and action steps based on unique community supports. ^a	100 (29)	90 (19)	†	
c. Team facilitates the creation of individualized supports or services to meet the unique needs of child and/or family. ^b	100 (29)	100 (23)		
d. Youth, caregiver, and family members give their opinions about potential services, supports, or strategies; including describing what has or has not worked in the past.	97 (23)	87 (23)		
IV. Natural Supports	90	83		.96
7. Natural and Community Supports	90	87		.92
a. Team provides multiple opportunities for natural supports to participate in significant areas of discussion. ^a	100 (13)	85 (11)		
b. Community team members and natural supports participate in decision-making. ^a	88 (22)	90 (19)		
c. Community team members and natural supports have a clear role on the team. ^a	96 (24)	86 (18)		
8. Natural Support Plans	87	78		<.60
a. Brainstorming options and strategies include strategies to be implemented by natural and community supports. ^a	97 (28)	90 (18)		
b. The plan of care represents a balance between formal services and informal supports.	79 (23)	61 (14)		
c. There is flexible funding available to the team to allow for creative services, supports, and strategies. ^a	85 (23)	82 (9)		
V. Persistence	95	86	†	.75
9. Team Mission and Plans	95	80		<.60
a. The team discusses or has produced a mission/vision statement.	93 (27)	65 (15)	*	
b. The team creates or references a plan that guides its work.	97 (28)	96 (22)		
c. The team has confirmed or is creating a crisis plan. ^c	59 (17)	78 (18)		
d. The team plan contains specific goals that are linked to strategies and action steps. ^{a,b}	100 (29)	100 (22)		
10. Shared Responsibility	95	91		.87
a. The team explicitly assigns responsibility for action steps that define who will do what, when, and how often. ^a	97 (28)	91 (20)		
b. There is a clear understanding of who is responsible for action steps and follow up on strategies in the plan. ^a	93 (27)	91 (20)		
c. Providers and agency representatives at the meeting demonstrate that they are working for the family and not there to represent a different agenda or set of interests. ^a	97 (28)	90 (18)		
d. Team members communicate outside of team meetings about completion of action steps or accomplishment of plan strategies. ^{a,c}	97 (28)	94 (16)		
VI. Cultural Competence	97	85		<.60

Item	Yes %		Significance of difference	α
	SOC (<i>n</i> = 29)	MRS (<i>n</i> = 23)		
11. Facilitation Skills	96	87		<.60
a. The facilitator checks in with the team members about their comfort and satisfaction with the team process.	97 (28)	78 (18)	*	
b. Facilitator is able to impart understanding about what the wraparound process is, how it will work for this family, and how individual team members will participate.	97 (28)	87 (20)		
c. Facilitator reflects, summarizes, and makes process-oriented comments. ^c	86 (25)	91 (21)		
d. Facilitator is able to manage disagreement and conflict and elicit underlying interests, needs, and motivations of team members. ^a	100 (28)	95 (18)		
e. Talk is well distributed across team members and each team member makes an extended or important contribution.	90 (26)	91 (21)		
12. Cultural and Linguistic Competence	98	74	**	.60
a. The youth, caregiver, and family members are given time to talk about the family's values, beliefs, and traditions. ^a	100 (29)	50 (9)	***	
b. The team demonstrates a clear and strong sense of respect for the family's values, beliefs, and traditions.	97 (28)	87 (20)		
c. Team members do not hold "side-bar" conversations that do not include the youth and family. ^{a,c}	—	91 (20)	***	
d. Meetings and meeting materials are provided in the language the family is most comfortable with. ^b	100 (29)	100 (23)		
e. Members of the team use language the family can understand. ^b	100 (29)	100 (23)		
VII. Outcomes Based	98	99		—
13. Outcomes Based Process	100	94		—
a. The team has or sets goals with objective measurement strategies. ^b	100 (29)	96 (22)		
b. The team assesses goals/strategies using measures of progress. ^{a,b}	100 (29)	95 (20)		
c. The team revises the plan if progress toward goals is not evident. ^{a,b}	100 (29)	100 (12)		
14. Evaluating Progress and Success	97	97		<.60
a. The team conducts a systematic review of members' progress on assigned action steps. ^a	100 (29)	91 (10)		
b. The team sets or reviews progress on measurable outcomes that are included in the plan. ^{a,b}	100 (29)	95 (19)		
c. Objective or verifiable data is used as evidence of success, progress, or lack thereof. ^a	93 (27)	100 (18)		
VIII. Voice and Choice	90	81		.64
15. Youth and Family Voice	85	88		.69
a. The team provides extra opportunity for caregivers to speak and offer opinions, especially during decision making. ^b	97 (28)	100 (23)		
b. The team provides extra opportunity for the youth to speak and offer opinions, especially during decision making. ^a	80 (8)	75 (3)		
c. Caregivers, parents, and family members are afforded opportunities to speak in an open-ended way about current and past experiences and/or about hopes for the future. ^b	100 (29)	100 (23)		
d. The youth is invited to speak in an open-ended way about current and past experiences and/or about hopes for the future. ^a	90 (9)	75 (6)		

Item	Yes %		Significance of difference	α
	SOC (<i>n</i> = 29)	MRS (<i>n</i> = 23)		
16. Youth and Family Choice	98	76	**	.82
a. The youth prioritizes life domains, goals, or needs on which he or she would like the team to work. ^{a,c}	75 (9)	33 (1)		
b. The caregiver or parent prioritizes life domains, goals, or needs on which he or she would like the team to work.	97 (28)	76 (16)	*	
c. The family and youth have highest priority in decision making. ^a	100 (29)	77 (17)	**	
IX. Strengths Based	93	85		<.60
17. Focus on Strengths	97	72	***	.74
a. Team members acknowledge or list caregiver/youth strengths. ^d	100 (29)	78 (18)	**	
b. Team builds an understanding of how youth strengths contribute to the success of team mission or goals.	93 (27)	52 (12)	**	
c. In designing strategies, team members consider and build on strengths of the youth and family. ^a	97 (28)	90 (18)		
d. Facilitator and team members analyze youth and family member perspectives and stories to identify functional strengths. ^d	100 (29)	78 (18)	**	
18. Positive Team Culture	.88	.88		.69
a. The team focuses on improvements or accomplishments throughout the meeting.	93 (27)	87 (20)		
b. The facilitator directs a process that prevents blame or excessive focus on or discussion of negative events.	100 (29)	91 (21)		
c. The facilitator encourages team culture by celebrating successes since the last meeting.	96 (24)	100 (18)		
d. Serious challenges are discussed in terms of finding solutions, not termination of services or sanctions for the family. ^{a,b}	100 (29)	100 (22)		
e. There is a sense of openness and trust among team members. ^a	62 (18)	78 (18)		
X. Community Based	—	—		<.60
19. Community Focus	98	95		.82
a. The team is actively brainstorming and facilitating community activities for the youth and family. ^{a,d}	97 (28)	94 (17)		
b. The team prioritizes services that are community-based. ^{a,b}	100 (29)	100 (20)		
c. The team prioritizes access to services that are easily accessible to the youth and family. ^{a,d}	100 (29)	95 (19)		
20. Least Restrictive Environment	97	100		<.60
a. The team's mission and/or identified needs support the youth's integration into the least restrictive residential and educational environments possible. ^{a,b}	96 (27)	100 (14)		
b. When residential placements are discussed, team chooses community placements for the child or youth rather than out-of-community placements, wherever possible. ^a	96 (25)	100 (8)		
c. When educational options are discussed, team chooses the most normative options possible for the child or youth. ^a	95 (18)	100 (10)		
d. Serious challenges are discussed in terms of finding solutions, not placement in more restrictive residential or educational environments. ^{a,b}	100 (28)	100 (16)		

Note. Indicators included in the items and Wraparound Principles are in boldface.

[†]*p* < .10.

*
 $p < .05$.

**
 $p < .01$.

 $p < .001$.

^a Item had N/A responses.

^b Item was deleted due to low or zero variability.

^c Item was dropped in order to improve alpha score.

^d Item was dropped in order to improve alpha score for the Wraparound Principle only.