WRAPAROUND OREGON EARLY CHILDHOOD

DESCRIPTION OF PRACTICE

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Hello Community Members,

I would like to introduce you to the “Description of Practice”, created through the efforts and experiences of a Service Team of Family Partners and Facilitators from the Wraparound Oregon Early Childhood Project. Within this document are methods and approaches the Service Team developed in implementing the National Wraparound Initiative (NWI) Model of Wraparound to a very specific population: young and very young children with diagnosed or “diagnosable” mental health conditions. The Service Team’s work is part of a 6 year SAMHSA System of Care development grant, which comes to completion in 2011.

Janet Walker, from Portland State University and a leading researcher in Wraparound, described Wraparound as “the most frequently implemented comprehensive approach for planning and providing individualized, community-based care for children and adolescents with serious mental health conditions” (2008). With a service that widespread, it might be easy to assume there is a shared understanding across the country as to what Wraparound looks like when it is being implemented. However, it is not so! With a core set of values and principles, it appears that Wraparound is done in a variety of ways, dependent upon the agency providing the service, identified population being served, expectations of the funds being used to cover the service, the experience and training level of staff, configurations of staff, and expectations of the community itself.

In 2006, we set out on our project to provide wraparound for the early childhood population, with priority for those children in the child welfare system. At the time we started, there were very few projects that focused exclusively on early childhood and since the NWI model of Wraparound was developed from practice experience with youth-aged kids, we were excited to see if we could identify new components to the NWI Model that were unique to early childhood. Some of the children we served were in foster care, while others had been separated from their siblings and had also been placed in foster care. In the beginning of our project, we had no idea how extensive of an effort would be needed to implement wraparound and help teams keep intact the attachment of young children with their siblings and family, with safety as non-negotiable.

Our goal in creating this “Description of Practice” is to assist others, who are also shaping their own practice processes and methods in wraparound team-based planning, with special emphasis on early childhood. We have enjoyed putting this together.

Sincerely,

Martha McCormack
Clinical Supervisor
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WRAPAROUND OREGON EARLY CHILDHOOD
DESCRIPTION OF PRACTICE

I. INTRODUCTION

Wraparound Oregon Early Childhood (WOEC) is one of nine current grantees in SAMHSA’s Comprehensive Community Mental Health Services (CMHS) Program for Children and Their Families that focuses on building Systems of Care for children 0 to 8 years of age. WOEC is also among the first CMHS funded programs to address complex mental health concerns of very young children and their families using the Wraparound planning process. The WOEC Practice Description, as implemented from 2006 to 2011 by a service team consisting of Facilitators, Family Partners, and a Clinical Supervisor, evolved as it learned the unique challenges in applying team-based planning to this population, while maintaining the principles, phases, and activities of the wraparound process as identified by the National Wraparound Initiative (NWI).

We hope that this document captures the framework of high-quality wraparound the WOEC Service Team has provided. The bulk of information contained in this brief was gathered during two three-hour facilitated dialogues with members of the WOEC Service Team in Summer 2010.

This report outlines the specific tasks associated with the following phases of Wraparound as they have been implemented by the WOEC Service Team:

- Referral and Intake
- Engagement and Team Preparation
- Initial Plan Development
- Plan Implementation
- Transition

The life of the young child is full of rapid growth and change, requiring that attachment and safety needs be met every day. Because of these needs, service delivery approaches in Systems of Care must involve serving both the parent and the child simultaneously.

- Summary from Neurons to Neighborhoods

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II. REFERRAL AND INTAKE

The Cross-Systems Intake Committee

WOEC developed a Cross-Systems Intake Committee to make eligibility decisions. The Committee meets together several times per month to review each referral made to WOEC and is comprised of representatives from community partners invested in the success of Wraparound, including:

- Major Mental Health Providing Agencies
- Family Organizations
- Multnomah County Mental Health Consultants
- Department of Human Services-Child Welfare
- Head Start
- Early Intervention/ Early Childhood Special Education
- Immigrant Refugee Community Organization IRCO
- Juvenile Justice
- Members of Wraparound Oregon School-Aged Project
- WOEC Intake Coordinator
- WOEC Clinical Supervisor
- WOEC Project Director
- WOEC Cultural Competency Coordinator
- WOEC Youth Coordinator

All members of the Intake Committee also participate on the WOEC Steering Committee (the multi-system and family member advisory group to the project). In addition, all Committee members have an investment in System of Care values and wraparound principles, and make a commitment to attend regularly. A quorum of at least four representatives from the six major groups listed above must be in attendance to make eligibility decisions.

**Eligibility Decisions.** The Intake Committee is responsible for deciding whether or not a referral meets the eligibility criteria defined by the program and included on the WOEC Referral Form. Within the defined parameters of the WOEC grant, priority for eligibility is given to those children and families involved in the child welfare system. The established eligibility criteria are as follows:

- Resident of Multnomah County
• Ages 0-9, strong preference for ages 0-5
• Priority for EI/ECSE eligibility
• Priority for risk-of-placement or already in placement
• Diagnosed or “diagnosable” mental health condition
• Served by multiple agencies/systems
• Voluntary (family interested in participating voluntarily)

Referrals (see below for description of referral forms) are presented to the Committee by the Intake Coordinator, who clarifies any information provided on the Referral Form. The above-mentioned eligibility criteria are discussed in conjunction with 5 potential reasons for referral categories on the Referral Form:

• Risk of placement disruption from home, school, or pre-school
• Risk of poor transition to school
• Strengthen and expedite a return-to-home plan if child in foster care
• Fragmented services with no care coordination
• Dissatisfaction with prior services

In some instances, the Intake Committee may request additional information or clarification before being able to make an eligibility decision. These referrals enter pended status. The Intake Coordinator then completes the requests of the Intake Committee and re-presents the referral when the additional information has been gathered. Pended referrals are typically reviewed within two weeks, unless the missing information remains unavailable, in which case the Pending Status may last longer. However, the Intake Committee may decide to deny a pended referral if the Intake Coordinator is unable to gather the needed information from the referral source or the family member in a relatively short period of time. (See also Appendix A: “Definitions and Protocols from Intake to Transition”)

**Role of Intake Coordinator.** The Intake Coordinator position is filled by an individual qualified and experienced as a Wraparound Facilitator, as well as knowledgeable of the systems, services, and partners in Multnomah County. The WOEC Intake Coordinator carries a dual role as member of the service team (as Facilitator) and as Intake Coordinator, and as a result, has direct experience with implementing Wraparound and sharing that work with Family Partners. This individual is skilled at creating seamless and effective communication between the referral source, family member, Intake Committee, Clinical Supervisor, and the Service Team. Additionally, this individual is versed in cultural and linguistic competency, including skills in the use of interpreter and translation services where needed.
Responsibilities of Intake Coordinator.

- Receives and reviews Referral Form and Release of Information Form to ensure completion and accuracy.

- Contacts family and referral source to obtain information needed to complete referral forms.

- Creates documentation of all contacts and activities related to the referral, from the moment of the first contact.

- Provides information and support to the referral source throughout the referral and intake process.

- If referral comes from an agency, ensures the family is aware and consenting to the referral.

- Interviews the referral source and family members (whenever possible) to gain a better understanding of the child and family’s need for Wraparound, participation in prior and/or current services, child’s well-being at home and in school, etc.

- Provides the referral source and family members with more information about Wraparound.

- Coordinates the Intake Committee meetings and agendas.

- Ensures the referral and related status is entered into the referral tracking database.

- Notifies the referral source about the status of the Referral.

- For accepted referrals, acts as a liaison between the Intake Committee and Service Team member once a referral has been assigned to a Facilitator and Family Partner by the Clinical Supervisor.

- For Denied referrals, assists the referral source and family in understanding the reason for Denial decision, relay any recommendations or suggestions by the Intake Committee, and helping to access alternative services in the community.

- For Pended referrals, gathers additional information as requested by the Intake Committee so they can proceed to making a decision.

WOEC Referral and Release of Information Forms.

- All children and families who receive Wraparound services through WOEC have begun their journey with a Referral Form that was accepted through the Intake Committee process.

- Children and Families can be referred to WOEC by self-referral, service providers, community partners, and/or project staff by completing a WOEC Referral Form (see
Appendix B), including Release of Information Form (see Appendix C). The Referral Form must be signed by the Guardian of the Child.

- All the basic information needed to decide whether a child and family is appropriate for WOEC services is included on the Referral Form.
- The completed Referral Form and the status of the referral are entered into a referral database.
- If a child is accepted into Wraparound, a confidential clinical chart is established, which contains the Referral Form, Release of Information forms, Intake Coordinator progress notes, and any outside documents that were received as part of the Intake Committee process.
- The Clinical Chart provides the assigned Facilitator and Family Partner with useful information needed to engage with the family, caregiver, and/or guardian of the child. The clinical chart is where all additional documents and progress notes related to any services and contacts related to the child get placed.

### LESSONS FROM THE FIELD:
The Referral Process

In making a referral to Wraparound, a provider mentioned her hope that Wraparound would help a mother focus more on the educational needs of her youngest child. The provider expressed concern that the mother had several crises around meeting the family’s basic needs while trying to attend to the special needs of her older children. Noticing the worry in the referral source’s voice when going over the Referral Form, the Intake Coordinator immediately proceeded to set up a meeting with the mother, in her own home at a time that was convenient to her, in order to complete the referral process and answer her questions about wraparound.

During the meeting with the mother, the Intake Coordinator could readily see the mother’s strong desire to meet the basic needs of her children, and her difficulties in juggling all kinds of appointments and meetings for her other kids, all by herself. The mother showed signs of exhaustion when talking about attending her older child’s therapy, going to school meetings, filling out SSI forms, and arranging for further assessments of her two younger boys through a large medical facility. She was managing all this without even having her own telephone. The mother shared with the Intake Coordinator her desires to have the tools and education to better understand how to help her youngest child with Autism, but struggled with the lack of coordination between all the different providers coming in and out of her home. She expressed her desire to have an organized schedule with them and wanted everyone to be on the same page. She couldn’t seem to pull it off by herself.

The Intake Coordinator was able to affirm the mother’s desires and challenges, as well as her sense of isolation and feeling misunderstood while trying to do all her own care coordination. The mother liked the idea of something like wraparound to help her.

After their meeting, the Intake Coordinator then was able to complete the referral information and present it to the Intake Committee, including her impressions of the mother’s readiness and willingness for Wraparound team planning to help organize all the people who were trying to work with her family.
III. ENGAGEMENT AND TEAM PREPARATION

PRE-ENROLLMENT ACTIVITIES

Assignment of Accepted Referrals to Staff. After a referral has been accepted by the Intake Committee, the Clinical Supervisor, with the help of the Intake Coordinator's initial impressions of culture and values of the family, assigns a Facilitator and Family Partner to begin the Engagement Phase of Wraparound. The Supervisor considers multiple possible needs within a family in order to create the possibility of a good match between staff and family, and gathers this information from the Intake Coordinator and Referral Form.

Steps taken to assure sensitivity and good match on behalf of the family include:

- Staff meets with Clinical Supervisor to discuss any special circumstances and/or immediate needs of the family.

- Staff review all documents from the Intake Coordinator placed in the confidential clinical chart, and talk with Intake Coordinator to assess immediate safety concerns. Focus of conversations include the noting of strengths and needs of the child and family, as discovered by the Intake Coordinator.

- Staff begins considering the best ways to begin building a connection with the family and potential team members in Engagement, such as:
  - What is the primary reason for the referral from the family’s perspective and the referral sources perspective?
  - What are the family’s strengths (e.g. what is working well in the family’s life)?
  - What services has the family received and who are the current providers?
  - How have services in the past not met the family’s needs?
  - What is the relationship dynamic between the family and their current providers?
  - How familiar are the current providers with the wraparound process?
  - Who might the family want to consider as potential wraparound team members?
  - Is the referred child (and their siblings) at risk of being placed out of their home or school?
  - Are there safety concerns for the child and/or family that need to be addressed immediately?
  - What might be the specific cultural needs of the family?
  - How might language interpreter and/or cultural broker support assist for better understanding and planning between the family and their providers?


Who might be the relatives and natural supports in this family’s life?

Are there gaps in the information provided (e.g. conflicting or missing info.) that may affect the steps of engagement?

Steps of the Early Engagement Phase

The Engagement Phase begins when the assigned Facilitator and Family Partner make contact with the guardian of the child, if different than the family, and family members who are important to the child (parents, relatives, extended family, etc.). One of the unique features of the WOEC Practice Approach is that every family is supported by the roles of a Facilitator and Family Partner. The degree to which the Family Partner participates in direct service is determined largely by the specific needs of the family and the systems who are working with them.

LESSONS FROM THE FIELD: A Focus on Safety

Facilitators and Family Partners review Referral Information and listen closely to identify whether there is a history of domestic violence in the life of the child and family. If so, the staff find out who was involved and the nature of what happened. This helps to inform future decision-making in regards to how to proceed in contacting people. It is also important to start strategizing on the order in which to contact them and how much information it would be safe to divulge with each person. Additionally, this would potentially inform the meeting process as well as it may require two meeting groups (or more) as opposed to just one joint meeting. This will also inform safety considerations for Wrap team members and Wraparound staff.

Example

After reviewing the Referral Form, a Facilitator and Family Partner noticed domestic violence was part of the family history. Because a Child Welfare Caseworker made the referral, the Wraparound staff proceeded to check in with the Caseworker to gather more information that would help design the most effective and safe approach to engaging with both parents of the child. The Caseworker was able to share with the staff that meeting with one of the parents alone was not advisable. The Facilitator and Family Partner then designed a way to proceed with Wraparound in such a way as to give both parents a voice in the planning process, while also ensuring that the legal parameters were observed and that all Wrap Team members and staff remain safe.

Initial Contacts

The Facilitator and Family Partner both share the responsibility of initially contacting the referral source, the parent (if current guardian of the child), and DHS Caseworker (if child is in State Custody). In most cases, the Facilitator contacts the referral source and the DHS Caseworker, while the Family Partner makes the initial contact with the parent/family member. Initial contact is by telephone, and includes an introduction and scheduling of a first face-to-face meeting with the family. First meetings with family always occur in a location and at a time that is convenient for them, and can typically take 1-3 meetings to accomplish the various tasks that lead to enrollment. Enrollment happens once the family has agreed to proceed with Wraparound and has completed the necessary enrollment paperwork (see below).
**Referral Source.** The Referral source is always contacted to let them know their referral to Wraparound was accepted, and that Wraparound staffs are beginning engagement with the family. Ideally, this step is completed within two business days. The Facilitator makes sure to:

- Let them know who the Facilitator and Family Partner are, answer any questions they have about Wraparound, and be sure they know the steps involved in the Engagement Phase prior to the first Wrap Team Meeting.

- Explain how the Facilitator and Family Partner work together throughout the Wraparound process and the benefits of this partnership model in Wraparound.

- Let them know that Wrap staff will be contacting them for further engagement conversations after they have met with family, family has agreed to participate in Wraparound, and has signed appropriate Release of Information forms.

**DHS Caseworker.** For families involved with DHS Child Welfare, the Facilitator will contact the Caseworker within two business days to:

- Let them know who the assigned Facilitator and Family Partner are, and orient them to the WOEC program.

- Find out if any changes have occurred in the family’s life since the time of the referral and whether there are immediate needs and/or crisis and safety concerns.

- Schedule a face-to-face meeting with Caseworker to complete Engagement Phase activities, which include enrollment paperwork, Release of Information Forms, Participation Agreement, and gathering of historical/current family information with emphasis on strengths and needs.

- Clarify all services and supports currently involved in the family’s life, for preliminary organizing of potential Wrap team members.

**Family Member.** The initial contact with the family member can be made by either the Facilitator or the Family Partner, but is usually made by the Family Partner in order to:

- Introduce Facilitator and Family Partner and explain briefly how they work together as a team to implement the Wraparound team planning process according to the 10 Values and Principles of Wraparound.

- Confirm that the family member knows who made the referral and what their understanding of the reason for the referral.

- Schedule a first in-person meeting, at a location and time convenient to the family, to answer questions about Wraparound, confirm their interest in participating, identify barriers to participating, assess current crisis and safety concerns, and begin learning about the strengths, needs, and culture of the family.
Initial Face-to-Face Contacts

Each of the initial face-to-face meetings with the family, DHS Caseworker, and referral source are typically set up by the Facilitator and Family Partner together as a facilitation dyad. In most cases, these meetings are kept to one hour or less. However, with the family it may take up to three brief meetings to accomplish the various steps in the Engagement Phase, all of which are prerequisites to the first Wraparound Team meeting. The goals and tasks of the first face-to-face meetings are as follows:

**Referral Source.** Meeting with the referral source in person during the Engagement Phase of the wraparound process is not always necessary. There are a few reasons why the Facilitator and Family Partner may meet with the referral source in person, such as:

- The referral source requests a face-to-face meeting.

- There is a need to gather additional information about why a referral was made and their view of how a Wraparound planning process could be of benefit to the family.

**DHS/Child Welfare.** When DHS has custody of the child, it is very important during Engagement for the Facilitator and Family Partner to find out what the Caseworker would like to accomplish through the wraparound process. They also assess the Caseworker’s own understanding of Wraparound and its purpose, as well as their ability to make the time commitment to Wraparound, particularly in the early stages of the Wrap Team planning. The first meeting with a Caseworker gives the Facilitator and Family Partner an opportunity to build rapport and confidence in the usefulness of Wraparound, explore any concerns or questions about Wraparound, and to ensure an initial shared understanding of the key components of Wraparound: the 10 Values and Principles; Strengths and Need-Based planning; and the role of extended family and natural supports in the planning process. In addition, the various consents and releases of information are gathered at this meeting (See Appendix D: Engagement Phase with DHS Worker).

**Family Member** The primary purpose of the face-to-face meetings with the family is for the Facilitator and Family Partner to listen to the family story, build rapport, and begin developing a relationship of hopefulness. In keeping with the wraparound principle of family voice and choice, the initial face-to-face meetings with the family are to ensure they understand that participating in Wraparound is voluntary. This is particularly important when the child resides in DHS custody. Ample time is given to explore any concerns or barriers to the family being able to participate, such as childcare needs, transportation challenges, multiple other meetings, etc. Initial meetings with family begin to reveal family strengths, resources, culture, values, and needs.

The following tasks are typically accomplished in the first one to three meetings with the Facilitator, Family Partner and Family:

- Present the family with Family Binder (Spanish versions available), which includes material on Wraparound, business card holder page, paper, information about resources and family organizations in the community, copy of Participation Agreement, and NWI Guidebook on Wraparound.

- Review wraparound principles, phases, and activities using the NWI Guidebook for Families.
• Provide information regarding the specific roles of a Family Partner and Facilitator.

• Review the Participation Agreement and obtain the family signature once all questions and concerns have been addressed. The signing of the Participation Agreement (see Appendix E) by family, Facilitator, and Family Partner signifies that the family has agreed to receive Wraparound through the WOEC Project. The family is now enrolled.

• Listen to family’s story and begin listening for strengths, needs, culture, values, and dreams of the family. This gathering of this information is put together in a **Strengths, Needs, and Culture Summary** which is given back to the family for their review prior to first Wrap Meeting.

• Talk with family about any immediate crisis/safety matters that are of concern for them. Develop with the family a Crisis Plan if that would be helpful.

• Identify natural supports and/or family support.

• Ask family to begin thinking about who they might like to sit on their child and family’s Wrap Team.

• Explain purpose of Release of Information forms, and ask for signatures, in order to complete the steps of the Engagement Phase prior to the first actual Wrap Meeting.

• Present information about the research and evaluation component of this grant-funded project.

**POST-ENROLLMENT ACTIVITIES**

**Enrollment.** The family is “officially” enrolled in the Wraparound Project once they have signed the *Participation Agreement* form. Ideally, the following tasks will have been completed at this stage:

• An initial list of potential wraparound team members has been created by the family with the Facilitator and Family Partner.

• The Guardian/Parent has signed all Release of Information forms to contact those potential team members, and has provided information so the Facilitator and Family Partner can begin to create the *Strengths, Needs, and Culture Summary*. 

**LESSONS FROM THE FIELD: Initial Meeting with a Parent**

During a first engagement meeting at the family’s dining room table, the mother of a five-year old boy expressed her worry that Wraparound wouldn’t want to help her now that her son was getting a bit better with a new medication. “You should have been here two months ago”, she said. She talked about how professionals seemed to not listen to her when her son was 3 years old and becoming very aggressive. She knew then that something was not right. She decided to become demanding with the providers and felt they would not engage with her anymore because of her desperate demands. She just wants everyone who works with her child to be on the same page and not have one professional telling her one thing, and another something else. When asked what she thought about having all of her providers come together to accomplish that, she said, “Is that even possible?”
The tasks associated with engaging potential team members and preparing them for the first Wrap Meeting are shared between the Facilitator and the Family Partner. The Facilitator may initiate the tasks of this phase of Wraparound. The Family Partner maintains regular flow of communication with the family member and the natural supports while the Facilitator works with multiple service providers and formal supports to prepare everyone and get the first meeting scheduled with everyone’s agreement to attend.

**Preparing the Wraparound Team.** The goal in the Post-Enrollment Engagement Phase is to capture relevant information from all sources and to prepare all team members for the Wrap planning process. The following are activities that the Family Partner and Facilitator will complete before the first Wraparound team meeting takes place:

- Orient team members to Wraparound and how it is different from other team-based planning models a team member may have experienced in the past in other systems.
- Listen to what the team member would like to get from the team meetings. Find out what their expectations are of Wraparound.
- Introduce the Principles of Wraparound with an emphasis on collaboration and team based so that it is clear that the goal is to work together.
- Ask them for their perceptions of the strengths and needs of each family member.
- Listen for team members’ own strengths that they will bring to the team planning process, and to their worries and concerns about the well-being of the child and family.
- Look at how their relationship may be with other team members and how collaboration may work.
- Find out when and how often team members are available to participate on team meetings.
- Find out if the team member has any crisis/safety concerns regarding the child.
- Listen for what might be “difficult subjects” for a team member to talk about in front of others, and let them know how Wraparound structure encourages productive transparency and honesty in a team-based planning process.

**Engaging Natural Supports.** In most cases, the Facilitator takes the lead responsibility in contacting all service providers and formal supports who may participate on the wraparound team. Likewise, the Family Partner most often takes the lead responsibility of contacting and engaging with the natural supports prior to the first Wraparound meeting to:

- Prepare the natural supports for the team planning process.
- Find out when and how often team members are available to participate in team meetings.
- Ask natural supports if there are any barriers to attending team meetings.
• Listen to the strengths and needs of the family from their perspective.

• Find out what they feel their role can be in supporting the family and how they want to participate.

• Find out what the natural support would like to obtain from participating on the Wrap Team.

• Provide an explanation as to why they are an important part for the sustainability of the family.

LESSONS FROM THE FIELD: Building Family Voice

When Wrap meetings first started for this mother of four, she would sit back and let others do all the talking. This occurred in both Wrap Meetings and Court hearings. The foster parent, although a friend of the mother, was trying to be helpful but tended to talk over the mother, but the Family Partner and Facilitator continued to help the mother recognize her strengths and to see that she had all the knowledge of her children.

Over time, with consistent reassurance and support from the Family Partner, the mother began to grow. In court, she originally would give one word answers to the judge/referee. Towards the end of our time together she was answering the questions the judge asked the attorneys. She transformed into a stronger advocate for herself and her children, while realizing she was able to do the work on her own. Subsequently, she informed the team that she was ready to move on. Some members had reservations but she was able to run her own meeting. Her children had been returned to her care during our time together.

Cultural Considerations. Understanding the culture of a family goes beyond race and ethnicity. It includes spirituality, values and practices, traditions, and historical impacts of such forces as poverty, family violence, mental health, and chemical dependency. Respecting and honoring family culture will lead to a more successful planning process. Important considerations are:

• Holding Wrap Meetings in family homes can create an opportunity for the team to learn and respect family culture, learning first-hand from a family what is important to them.

• Remembering that culture is related to a person’s identity.

• Facilitators and Family Partners are in unique leadership positions to share something about their own cultural background, thereby providing modeling and affirmation to others on a team about the effect and role of each person’s cultural lens.

• Family and team members need to have a sense of safety in order to share about culture.

• Families may not want to share all aspects of their culture with a Wrap Team

• Natural supports are often cultural brokers in the team meetings.
• Each participant has a unique cultural lens. The Family Partner and Facilitator seek to understand the perspective of each team member before coming to the first meeting.

Addressing Potential Challenges

• Coordinating schedules for the first meeting often takes time. Families who have lost their phone service or who have move can take longer to connect with and engage. It is essential that that engagement time be taken. Scheduling a Wrap Meeting without full understanding and agreement to participate on the part of the family is contrary to the values of voice and choice.

• Orienting and preparing team members for the first meeting requires considerable time.

• If there is a family crisis that needs to be addressed immediately, the Facilitator and Family Partner may need to focus efforts on putting supports and resources in place, which may create a delay in scheduling first Wrap Meeting. In some circumstances, however, scheduling a Wrap Team meeting very quickly to get everyone working together on crisis planning may be the best course of action. Each circumstance should be responded to in an individualized way.
IV. INITIAL PLAN DEVELOPMENT

Team Preparation and Development

Preparing for Initial Wraparound Meetings. The Facilitator and Family Partner are strategic about how the first few meetings are facilitated and the topics discussed. It is important to check in with each other about what to accomplish in the first meetings in order to set the right stage for the team in the plan development phase. The Family Partner and Facilitator, having solicited ideas and feedback from the family, natural supports and other team members, design the meeting agenda. The pre-organizing of the agenda (see Appendix F for sample meeting outlines) by the Facilitator and Family Partner ensures that both are helping the team move towards the objectives. The shared task is to not only move the process forward, but also laying the ground work for how wraparound works through education of team members and modeling.

Desired Accomplishments for the first three Wraparound Team Meetings:

- Introduce the role of the Facilitator and the Family Partner
- Introduce the Wraparound principles and give an overview of the stages of a Wraparound Team.
- Help team establish and commit to initial set of ground rules
- Help team generate a list of strengths of the child and family members. (Family Partner and Facilitator model how to weave strengths throughout the process, and identify new strengths during the process).
- Have family share their Vision that was developed during the Engagement Phase.
- Help team develop a Team Mission, to guide the focus of their work together.
- Help team identify any current crisis and/or safety issues in the family, and develop crisis plan to support the safety within the family.
- Identify and prioritize needs.
- Develop goals and outcomes as means for measuring progress.

LESSONS FROM THE FIELD:
Building on Strengths

One Wrap Team was not able to create their Mission Statement until the 6th meeting. Prior to that time, the team had been working together to solve initial crises and other pressing issues. When the team Mission was finally created, team members expressed that they felt they had been working toward the team goals all along. So creating a formal mission really served as a reminder of where the team came from and where they were headed.

After a wraparound meeting, I've heard a parent say "That is the first time I've heard the caseworker say anything nice about me." or "That's the first time I've heard anyone say I'm a good mom.'

During a Wrap meeting, with coaching, a mom was able to move from "my kids need to spend more time with me" to articulating "My kids need to spend more time with me because when visits are canceled their behaviors escalate, because we have an attachment, because they miss me, because they act out less when they consistently see me."
The Facilitator Role in Wrap Team Planning

The Facilitator’s role in the Wrap meeting is to guide the team along the wraparound planning process in order to create an individualized plan of care for the identified child and their family.

**Create a safe environment.** The Facilitator creates an environment, through structure, ground rules, and planning processes, which allows for all team members to become engaged, open and interested in committing to team meetings. As team members become confident in the planning process, they become more transparent. However, there are a few concrete things that the Facilitator does in the first Wrap team meetings that set the stage for everyone to participate fully:

- The Facilitator leads the team in creating their own set of ground rules, which will stay constant over the course of the planning work ahead of them. The ground rules are individualized based on the input and needs of the team.

- The Facilitator models respect for family voice through collaborative interactions with the Family Partner in team meetings.

- The Facilitator pays attention to any dynamics during the meeting, making note to check in with team members after the meeting and find out if there was something that they needed for subsequent meetings.

**Help team accomplish agenda items.** The Facilitator is attentive to what the team hopes to accomplish in one team meeting. Because the Facilitator pays attention to the process as well as the content, they help to bring team members along from one topic to the next in a way that feels like a natural sequence for the team. It is the Facilitator’s responsibility to make periodic check-ins with the team if a lot of time is spent on one particular topic. Facilitators give the team the choice to reprioritize topics during the meeting if it looks like one topic needs to take precedence over the rest.

**Take notes that reflect team’s ideas and plans.** The Facilitator writes on an easel pad while simultaneously leading the team through prioritizing and planning steps. The team is able to see in visual form what they are working on while they are working on it, through the Facilitator’s note taking on the easel pad. The Facilitator ensures the notes they are writing clearly reflect what team members express, and accomplishes this by periodically checking in with the team to ensure the notes are accurate to what is being said.

**Help to reframe statements.** In the early stages of meeting together, team members can sometimes come strongly representing their own viewpoints or system mandates, which can sometimes set a tense tone to the planning process before team members have built confidence in the planning process itself. There may be instances where team members make statements which may make others feel defensive or attacked. The Facilitator’s role is to help reframe a team-member’s expressed view in such a way that it softens or diffuses tension, yet retains the meaning behind the statement. The skill of reframing statements for their positive intent helps all team members come to a better understanding of the usefulness of diverse viewpoints on a team.

**Educate the team.** The Facilitator educates the team on how specific activities of Wrap planning lead to the development of a Plan of Care that rings true to the values and principles of Wraparound. The Facilitator embodies persistence and confidence in the team’s ability to complete
the building blocks for the Plan of Care. The Facilitator helps the team establish a Team Mission, identify functional strengths of all family members, identify and prioritize needs, define outcomes, and identify action steps or strategies. By practicing the team-planning activities that lead to the completion of each of these components, the team builds confidence within themselves from one meeting to the next, thereby building momentum towards an ever-more effective Plan of Care. The Facilitator educates the Wrap Team about these steps, and helps team members avoid a common but non-productive habit of giving each other updates without actual team-planning taking place.

Family Partner Role in Team Planning

Although the Family Partner is sitting at the table with the other team members, their role in the meetings are essential in shaping a values-based planning process.

Check in with the family. During wrap meetings the Family Partner demonstrates for others the value of family voice and choice, and may request the meeting slow down, stop, or go back to another topic if needed for a family member. The Facilitator overtly demonstrates support for the role of the Family Partner in their actions. Prior to the first Wrap meeting the Family Partner and family member may agree upon a signaling system between them, so that the Family Partner can know when the family is feeling confused, disempowered, or needs a break during the meeting. The Facilitator knows of this agreement, and honors the Family Partner when they make a request of the team-planning process.

Redirects and diffuses conflict. When tension or conflict occurs in a meeting that triggers a parent or caregiver to have a strong reaction, the Family Partners can often redirect family members back to a team's ground rules in a way that may feel less shaming to the family member than if done by other professionals at the table. In order for the team process to be safe for all attending, the Family Partner and Facilitator work diligently to keep everyone at the table in a productive way. If the situation is not manageable or people are too upset to participate, the Family Partner or Facilitator will call for a break to determine what is needed for the meeting to continue productively. The Family Partner debriefs each meeting with family afterwards, to identify ways to help family feel safe, productive, and valued in the team-planning process. The Family Partner shares the important content of these conversations with the Facilitator so that the next team meeting can be shaped by the feedback from the family.

LESSONS FROM THE FIELD:
Food and Team-based Planning

In planning team meetings, providing food at a wraparound team meeting is an effective and simple way of engaging family members, natural supports, and providers together in the wraparound process. Ask the family what kind of food they enjoy. Consider providing food that reflects a family or child’s rich cultural heritage. Families will often appreciate and even offer to participate in planning simple, but delicious food items to enjoy while discussing the strengths and needs of the child and family. Food relaxes the environment and offers a common ground for people to connect, share stories, and learn about one another’s cultural values and traditions.
Brings family voice to the table (also for those who are not present). The Family Partner may work individually with a family member who is not attending wrap meetings in order to offer them support and information from the team and to bring their voice to meetings. Sometimes it is simply not possible for family members to be at the table with providers or other family members. It is of paramount interest for the team to not set a family member up, by putting them in a situation that would emotionally compromise them to the point that it would damage perceptions about them or likely drive team members farther apart, rather than bringing them together. If this is the case, then a Family Partner can engage individually with the family member and offer support as well as resources. The Family Partner also can bring their strengths and needs to team meetings.

Protects family member integrity. The Family Partner assesses what the team is ready to hear and pays attention to family relationships and dynamics with professionals. Often the Family Partner can reframe statements from family members and professionals so there is a heightened level of understanding. In this way, the Family Partner serves a bridge between the professional and family voice. Because Family Partners are not actively facilitating the meeting discussion, but rather participating as a member of the team, they have a unique opportunity to ensure that the team discussion is productive and safe for all team members.

For example, the Family Partner is able to pay attention to how the team is responding to the topics being discussed and add clarifications and suggestions as needed. They normalize the family’s experience (such as life in recovery), grief, relationships, and discouragement by sharing personal experiences which lends to the team’s understanding and sensitivity to the family’s current challenges.

Family Partners and Facilitators: Working Together on Wrap Teams

The unique responsibilities and roles of the Family Partner and the Facilitator during the team development and engagement process have been briefly described above. Their individual roles during a wrap meeting are just as important, but can be easily misunderstood. For example, it may appear that the Family Partner is in a reduced facilitation role because they sit at the table with other team members as the Facilitator guides the team agenda while standing at a white board with markers. In reality, however, these two positions work in partnership together to bring the values and practices of Wraparound to each team, and additionally model the ways that systems and families can work together, highlighting respect and honoring each other’s expertise.

The Facilitator, by virtue of their experiences, is an expert in running a planning meeting according to the Wraparound Model. The Family Partner, with a job qualification requirement of personal experience navigating multiple systems on behalf of a child with mental health needs, understands first-hand the sense of hopelessness and disempowerment many families feel in living with chronic challenges. Through their teamwork, the Facilitator and Family Partner model how family members and their service systems can work together to solve problems. This teamwork is most essential in situations where children are separated from their family as a result of neglect/abuse and child welfare involvement. Family Partners help families and systems not give up on families. The Facilitator honors this influence of the Family Partner. Providers watching the Facilitator and Family Partner work together gives them confidence in the value of family-driven care. These efforts are designed to keep the attachments and bonds between children and their family intact, if at all possible.
LESSONS FROM THE FIELD: Feeling Like a Team

When we noticed that things had changed for this Wrap Team was when it felt like family sitting around a table. It seemed as if we were in concert with the family. The family voice became the team voice. Our team became cohesive as they each felt as if their piece of the puzzle would help with the family's mission which is to "Get out of limbo." Everyone on the team had gifts, skills, talents and funds that could help in the pursuit of this. Partly, it was through having the team meetings in the home at the dining room table that helped the family and the team to invest in the team process and to relax into their assumed family roles.

**Creating a Crisis and Safety Planning.** It is important for the team to have a crisis and safety plan (see Appendix G for Crisis and Safety Plan Template) outlined that the family finds useful. It is the responsibility of both the Facilitator and Family Partner to explore any safety concerns that need to be addressed at the first few meetings. Please note, since the family is working with multiple agencies, an up-to-date safety plan may already exist within those agencies (such as Child Welfare or Mental Health). If this is the case, these safety plans can be included in the family's chart.

**Cultural Considerations.** There are several ways in which the Family Partner and Facilitator work toward being culturally responsive during the Team Development Phase. It is important for the team to understand each individual has their own cultural lens and bring those perspectives to team meetings. The following are some ways that the Facilitator and Family Partner help teams become more culturally aware and responsive when it comes to serving our families:

- The Family Partner and Facilitator discuss the 10 principles at engagement and at the first few team meetings. Each principle highlights ways in which the family’s culture should be valued and honored at all times.

- The Facilitator and Family Partner do not allow culture to become the elephant in the room. Instead they, “Call it out” by introducing what they see and educating the team.

- The Family Partner and Facilitator provide food which can help open dialogue and sharing.

- When misconceptions arise, the Facilitator and Family Partner offer a learning opportunity for the team members.

LESSONS FROM THE FIELD: Honoring Culture

A little boy was adopted by his paternal grandparents. His mother was Native American and the grandparents shared with the Wrap Team how important it was to them that he knew of his cultural heritage. The Wrap Team worked on getting the child enrolled in his tribe. After he was enrolled, a Blessing Ceremony took place where he received his own drum as a gift. He chose the bear as his symbol for the drum. The story of the Bear talks about how the bear symbolizes grandparents watching out for their grandchildren from harm and abuse. The little boy did not know the meaning when he originally chose the symbol. The Family Partner helped the family with the cultural aspects and in getting him enrolled. The Facilitator mainly assisted with the particulars of the adoption process but we definitely partnered together through the process.
• The location for each Wrap Meeting is an important element when considering where the family feels the most comfortable and welcomed.

• The Family Partner and Facilitator encourage team members to look at things from a variety of vantage points.

• Special attention must be paid to potential misunderstandings between families from less-dominant cultures and professionals from mainstream culture. Identifying potential cultural and linguistic barriers during the Engagement Phase guides the actions of the Facilitator and Family Partner to create a Wrap Meeting that is culturally competent. For example: When a family is monolingual in a language other than English, the bi-lingual Facilitator then conducts the meeting in the family’s language, with interpreter services for the English speaking team members. If the Facilitator does not speak the language of the family, then an interpreter familiar with how the Wrap Planning process works is required. (See Appendix H: Wraparound Interpretation/Translation Policy Guide)

Potential Challenges

• When looking at the value of Wraparound as a family driven process, it is sometimes challenging in determining who is included as family. This is especially challenging when a child’s parents and a child’s foster family are at the Wrap planning table.

• In the early stages of meeting together, the Team’s work to define outcomes (“what will it look like when we’ve accomplished that?”) should include discussions about when formal Wraparound will end (transition criteria). This can be a difficult conversation to have.

• Creating Mission Statements has been a challenge for the Family Partners and Facilitators for the following reasons:
  
  o At the beginning of meeting together, teams are not always ready to do this. It can feel premature because there is a need to get people on the same page first (it can come naturally later in the process).
  
  o Sometimes, team members do not understand the concept of “mission” in the team process. Often mission gets confused with identifying goals.
  
  o When DHS is involved, it is hard for the team to look outside of the DHS case plan. It is especially hard for families to “grasp” life beyond DHS.

• Using difficult terminology can lose the team, especially the family members. For example, families do not necessarily “label” terms as goals or outcomes. Rather, it works better to talk about “needs”, and “what we’re doing” instead of confusing rhetoric.
V. PLAN IMPLEMENTATION

In the Plan Implementation Phase, the team has progressed evolved from designing the Plan of Care to monitoring the implementation of the plan, looking to see if the strategies and action steps are working to accomplish goals, or if modifications in the plan need to be made. The roles of the Facilitator and Family Partner remain the same, continuing to have the same functions on the team.

Planning Ongoing Meetings

For subsequent meetings the Family Partner and Facilitator always check-in with the family about the agenda for the next meeting. At the team meetings, the Facilitator will introduce the agenda items obtained from family members or other team members prior to the meeting. Afterward, the Facilitator asks the team members if there are other important topics that need to be addressed that day. The team will work together on prioritizing the topic areas for the agenda. It is important that the Facilitator is flexible to the needs of the team especially as it relates to the needs of the family, while also balancing forward movement in the plan of care. The Family Partner helps to ensure that the needs of the family are being met during the meetings.

Developing the meeting agenda.

- Between meeting check-ins with family/providers.
- Prioritizing order of items.

Ensuring accomplishments of tasks.

- Create and foster team ownership.
- Focus on accomplishments; even small steps make a difference.
- Updates and tasks are built into agenda. Starting with updates can be problematic and can sidetrack process.

Communicating between meetings.

- Email – scheduling, meeting notifications.
- Phone – provider updates, family members.
- Wrap meeting notes – USPS, fax, email (read only attachment). Notes are also distributed at meetings.
- Flex funds – in meetings/face to face.
- Task reminders – email.
- Family member reminders – tasks. Both Facilitator and Family Partner can take on this role, depends on connection with family.
Use of Flex Funds

The use of flex funds is discussed if and when a need arises. Flex funds must be used to meet the needs of the child. The Facilitator and Family Partner will always bring these needs to the team meetings, even if they are made aware of the need outside of meetings. It is important for the team to exhaust all other resources prior to utilizing Wraparound flex funds.

- The use of flex funds are documented in minutes.
- Helping a family with financial needs is an opportunity for the team members to partner and work together as a team. When providers hold back funding resources in the beginning, the flex fund discussion encourages sharing/ownership of funding needs. Team players begin asking, “What can I do?”
- The Facilitator and Family Partner share with the team when flex fund usage is filling in a gap. It is not an ongoing funding resource.
- Flex funds can be creative methods of meeting a child’s needs. (e.g. Christmas, camp, family time, feeling normal).
- Flex funds assure continuity of care.
- Used to meet “culturally specific needs”.

LESSONS FROM THE FIELD:
Flexible Funding

Truly creative Wrap planning and the development of strategies to accomplish goals that are “outside the box” means that teams may discover a service or support in a community for which there is no identifiable way to pay for it. The Wrap Team’s responsibility is to explore all options for funding, and when all resources have been exhausted, the team can request the use of Flexible Funds to cover the strategy (See Appendix J for the Flex Fund form).
VI. TRANSITION

At some point during the Wraparound planning process, the family will come to a place where they are ready to transition. Since Wraparound is individualized for each family, there is no set amount of time from the beginning to the end. Therefore, it is up to the Facilitator and Family Partner working with the team to determine a family’s readiness for transition out of formal Wraparound.

Discussing Transition at Every Stage of Wraparound

The following are some ways that the Facilitators and Family Partners have been able to introduce transition to families at all of the different stages in the Wrap planning process:

Engagement Phase. When the Facilitator and Family Partner are engaging with the family at the very beginning, it is part of their job to explain to the family that there are different phases they will experience in the Wrap planning process, including transition. The Facilitator and Family Partner talk to the family about how the goals and outcomes set at the beginning of the process will help the team and the family in determining when it may be time for transition. The goals and outcomes give the team a way of measuring progress and readiness to transition. It is important to mention transition at the beginning so families know there will be a time when they have reached their goals and are no longer in need of formalized facilitation of family team meetings.

In addition, it is important the referral source and/or DHS caseworker understand Wraparound will not be involved with a family for the duration of their lives. The Facilitator and Family Partner will often explain that their goal is to work themselves out of a job.

Plan Development Phase. As the team begins Wraparound meetings, they are developing a plan that will help guide it through the rest of the process. The Facilitator and Family Partner work with the team in building a good foundation for a plan of care. Within the plan of care, the team lays out the strengths, needs, goals and outcomes that will guide the work of the team for the duration of the process. It is important for the Facilitator and Family Partner to emphasize that the team is working towards a goal that will help them measure progress. This will help reduce the likelihood of endless meetings centered on “updates” without supporting a sense of accomplishment and movement forward.

Plan Implementation Phase. In this phase of the planning process, the team begins to devise strategies addressing the needs and goals for the child in the plan of care. It is important for both the Facilitator and Family Partner to talk about transition when reviewing the original goals. The team

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LESSONS FROM THE FIELD: Transitions

When the team first started the Wrap process, the team members were not transparent with each other and only attended meetings for themselves. The mother was not involved in the process and not very engaged at all. When the new case worker was assigned, her first conversation with the mother was about termination of parental rights. Notwithstanding, the FP was relentless in getting the mother involved. After some time, the mother slowly participated and developed into a strong team member and a leader. The caseworker was willing to work with the Wrap process even though DHS was looking at the concurrent plan. After months of working together, the child was returned to his mother's care. Months later, the case was dismissed in court and DHS left. The best quote was from the mother's attorney looking at the Wrap minutes, "They're not saying bad things about you anymore." The case transitioned out because the mother felt it was time for her to move on and she felt she had the support she needed.
will be able to see how outcome statements originally identified are coming into reality. This is done through ongoing acknowledgement of the family’s progress. It is essential that the team take time to look at ways that the family has shown progress and to acknowledge the small steps along the way. This helps the team move towards specific goals while continuing to have a sense of mission. It also helps families to see how they are making changes for the positive and are becoming strengthened along the way.

**Transition Phase.** There are certain markers in a family’s progress that helps the Facilitator and Family Partner in determining readiness for transition from Wraparound. The following are some points in the Facilitator and Family Partner’s assessment for transition out of Wrap:

**How do I know when a family is ready to transition from Wraparound?**

- Family’s ability to cope/manage.
- Parent can self advocate.
- When family knows their rights and responsibilities.
- No more agenda items- goals have been reached.
- Absence/reduction in problems.
- DHS case closes.
- No more formal supports.

**How do you address an impending transition with the family?**

- After the Facilitator and Family Partner assess the family’s readiness for transition, it is important to have a personal conversation with the family first outside of the team meeting. The Facilitator and Family Partner typically share their assessment with the family at a home visit setting. The Facilitator and Family Partner review all of the different accomplishments of the family and explain why they believe the family may be ready to transition.

- After sharing with the family, it is important for the Facilitator and Family Partner to listen to the family’s thoughts regarding transition. The family may share their own concerns or anxiety about transitioning out of Wrap. The Facilitator and Family Partner listen to the family’s thoughts, concerns and needs around transition. They listen to what the family has to say and assess how to address each of their concerns.

**How do you address an impending transition with the rest of the team?**

- After talking with the family, it is essential that the Facilitator and Family Partner talk about transition with the legal guardian (if not the bio parents) about the readiness for transition. The Facilitator and Family Partner outline the progress that the team has been gradually outlining in the Wrap team meetings.
Once the Facilitator and Family Partner share with the legal guardian, the Facilitator and Family Partner listen to the legal guardian’s thoughts, concerns, needs around transition. They listen to what the legal guardian has to say and assesses how to address each of their concerns.

After ensuring that the family and the legal guardian have had time to think and process the idea of transition, it is the responsibility of the Facilitator and Family Partner to bring the topic to the rest of the team at the next team meeting. The team will then have a chance to process their thoughts, concerns and needs around transition. Ultimately, it will be a team decision regarding transition.

Cultural Considerations at Transition

- It can be more challenging for non-English speaking families to continue with team meetings if other providers only speak English. The family members may not be able to facilitate the meeting due to the language barrier.
- Often cases can remain open for a longer period of time with families from different cultures. This can be for multiple reasons, including:
  - There are more barriers and gaps that exist for families of color. (i.e. not documented, not eligible for benefits or services)
  - There are fewer services available for monolingual, non English speaking families. If there are fewer resources, it can take longer to help reach the goals.
  - When DHS is involved and a psychological evaluation is needed, often the evaluations are not adequately culturally responsive. Families from other countries, or who operate from other worldviews are receiving tests and being evaluated based on mainstream culture.
  - It can be a longer process to get all of the varying team members from multiple perspectives on the same page and collaborating together on behalf of the children.

Potential Challenges

- Since one of the Wraparound principles is individualized, it can be challenging to know when it is a good time for transition. Due to this, there has been a range of time of open cases from 3 months to 3 years. The average time for open cases is between 18 months and 2 years.
- The majority of the Wraparound families are involved with DHS Child Welfare. The involvement of Child Welfare and Juvenile court can delay the process and keep cases open longer.
- Wraparound consistently has funding available when sometimes other systems are experiencing budget cuts. This means that cases may remain open because otherwise the family will continue to experience a gap in meeting the child’s need.
• It can be difficult for families to say “good-bye” and move forward. It may also be difficult for other systems to let go of formalized coordination of care. Here are a few possible suggestions to help facilitate a successful transition:

  o There could be a difference in the length of time needed for Wrap if the Facilitator and Family Partner begin the planning process looking for ‘someone’ on the team who ‘can take over’ the facilitation role. The team can then move forward with team meetings without formalized facilitation from Wraparound. One should look at the ethical considerations in having a team member take on the facilitation role. For example, the DHS caseworker in their position automatically has power over the family. This person may not be able to create the level of safety required in the meeting setting.

  o Find someone who can be responsible for pulling a team together post-transition to help the family when needed.

  o Train and/or encourage family members to facilitate their own meetings.
VII. FINAL NOTE

The detailed procedures and practices of Wraparound Oregon Early Childhood Service Team are captured in this report. This endeavor has spanned over several months and countless hours of thoughtful dialogue, team processing, and continual efforts to summarize the many important practices as they have been developed over the life of this project. We hope that the content of this report may prove useful to other communities and/or programs seeking to deliver wraparound services to young children and their families. That being said, we also recognize that each community and agency must identify and develop policies, practices, and procedures that reflect their own values, respond to the unique needs of their consumers, and build on the strengths of their workforce, and of course, the families they serve. We hope that you will take the components of this report that you find useful and see how they work in your own programs.

Many thanks to the families in WOEC, the highly trained and skilled Family Partners and Family Team Facilitators, Wrap Team participants, the WOEC Evaluation Team at Portland State University, and the many providers and community partners who have contributed to this successful effort.
APPENDIX

A. Definitions and Protocols from Intake to Transition
B. WOEC Referral Form
C. WOEC Release of Information Form
D. Engagement Phase with DHS Worker
E. WOEC Participation Agreement
F. Sample Meeting Outline
G. Crisis and Safety Plan Template
H. Wraparound Interpretation/Translation Policy Guide
I. WOEC Flex Fund Request Form
# DEFINITION OF TERMS AND PROTOCOLS

During From Intake Committee to Closure in the Wraparound Oregon: Early Childhood Project

## Referral and Intake Committee Phase

When a Referral Form is presented by the Intake Coordinator to the cross-systems Intake Committee, the committee makes a determination in one of the following four ways: Accepted, Pended, Denied, and Declined. Each determination includes an Action Protocol.

### ACCEPTED

**Definition:**

1. Committee has reviewed Referral form for completeness in key information;
2. Child has met all core criteria, or missing criteria is discussed and conclusion reached that missing criteria to not be required prior to acceptance;
3. Needs described and reason for referral are applicable for Wraparound level of service;
4. Committee reaches consensus to accept child into Wraparound.

**Post-Acceptance Action Protocol:**

1. Intake Coordinator contacts referral source and/or guardian of child to inform of committee’s acceptance and next step and that a Facilitator/Family Partner will contact guardian/family within 10 working days.

### PENDED

**Definition:**

Committee has reviewed Referral form for completeness, key information is either missing, or there are question regarding appropriateness of referral.

**Action Protocol:**

Committee will identify action steps, person responsible to complete steps, and timeline for return of referral presentation to Intake Committee.
DENIED
Definition:
1. Committee has reviewed Referral Form for completeness in key Information;
2. Child does not meet core criteria, or child does meet core criteria but the needs identified are not appropriate for Wraparound.

Action Protocol:
Intake Coordinator or other designated person contacts guardian and referral source regarding outcome, including any recommendations or follow-up plans identified by the Intake Committee.

DECLINED
Definition:
During the Intake Committee phase, the referral source or family inform committee that they are no longer interested in having their Referral Form considered for Acceptance.

Action Protocol:
Intake Coordinator follows-up with Referral Source and/or family with thank you letter and re-contact information.

Services Phase

OUTREACH
Definition:
Period of time between after Acceptance where the assigned Facilitator and Family Partner make contact with family/guardian to engage and complete the steps of Enrollment.

Outreach steps include:
- Providing parents/foster parents/caseworker with information about the Wraparound process so that they can make an informed decision to voluntarily participate.
- Safety planning
- Mandatory reporting
- Initial introduction to the PSU research process
- Begin strengths and needs discovery
- Discuss and sign Agreements and Understanding Form, Client
Rights, and PSU Research-related forms.

"Enrolled" Date: Represented by the date the family, guardian and/or Caregiver signed the above-mentioned forms.

"Closed" Date:
In the Outreach Phase, the family/guardian may decide Wraparound is not an appropriate level of service at this time. Reasons this may occur include:
- Guardian no longer interested
- Child has moved out of Multnomah County
- Needs identified at Intake no longer exist
- Family's needs are being met through other avenues.

The closure date is the last date of activity, and the term represents that the family never became enrolled.
FTF notifies PSU Evaluation and Admin. Support of Closure Date and completes Transition Summary, documenting the contacts and process by which this decision was reached. Any follow-up or referral plans are identified there as well.

"Transitioned"
Definition:
Family has been enrolled and utilizing the Wraparound Planning Process, and that process comes to a close, which can be for a variety of reasons. See Transition Summary.

Updated: 2/10
MM
# Wraparound Oregon - Referral Form

**Intake Coordinator:** (503) 267-6208  
**FAX 1 (866) 472-1306**

☐ Early Childhood - Birth to 8 years old  
☐ School Age - 8 to 18 years old

## Referral Information

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<td>Person Completing Form:</td>
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<td>Agency (if applicable)</td>
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## Reason for Referral: Please Provide Explanation

- Risk of disruption from Home, Preschool or School (circle one):  
- Risk of poor transition in school:  
- Strengthen and expedite a return home plan:  
- Care Coordination needed:  
- Dissatisfaction with prior services:

## Child/Youth’s Behaviors of Concern at home & at school:

- [ ]

## Bonding/Attachment Concerns:

- [ ]

## Mental Health Diagnosis:

- [ ] Is there a Mental Health Diagnosis for the Child/Youth?  
  - Yes  
  - No  
- If NO, is one scheduled?  
  - Yes  
  - No  
- If YES, Date of Diagnosis:  
  - [ ]

## DSM IV:

- [ ] AXIS I  
- [ ] AXIS II  
- [ ] AXIS III  
- [ ] AXIS IV  
- [ ] AXIS V

- All 5 AXIS MUST be completed

## Child/Youth Insurance Information:

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<tr>
<td>OHP+</td>
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<tr>
<td>Private</td>
<td></td>
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<tr>
<td>None</td>
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</table>

**CASII Score**

- [ ]

## Preschool/School Information - Child/Youth participates in:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Preschool/School</td>
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<tr>
<td>Grade</td>
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<tr>
<td>School District</td>
<td></td>
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<tr>
<td>Headstart</td>
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<tr>
<td>Private preschool</td>
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<tr>
<td>Day care</td>
<td></td>
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<tr>
<td>Child/Youth care</td>
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<tr>
<td>Play group</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
</tr>
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</table>

## Education Evaluation:

- Has the Child/Youth been evaluated for Early Intervention/Special Education?  
  - Yes  
  - No  
- Is the Child/Youth eligible?  
  - Yes  
  - No  
- Date:  

- If YES: Does the Youth have a Current IEP?  
  - Yes  
  - No  
- Does the Child have a Current IFSP?  
  - Yes  
  - No  
- Does the Child/Youth have a Section 504?  
  - Yes  
  - No  
- Date of IEP:  
- Date of IFSP:  
- Date of Section 504:
### FAMILY INFORMATION

**Legal Guardian**
- Branch Location & Case Worker: 
- Address: 
- Main Contact Phone: 
- Alternate Phone: 

**Child/Youth resides with**
- Name: 
- Relationship: 
- Phone/Cell: 
- Address: 
- City: 
- State: 
- Zip: 

**Mother's Info (if resides away from Child/Youth)**
- Name: 
- Phone/Cell: 
- Address: 
- City: 
- State: 
- Zip: 

**Wants to participate in Wrap** Yes [ ] No [ ]

**Father's Info (if resides away from Child/Youth)**
- Name: 
- Home Phone: 
- Cell or Alternate Phone: 
- Address: 
- City: 
- State: 
- Zip: 

**Wants to participate in Wrap** Yes [ ] No [ ]

### Cultural Information:
- Child/Youth's Primary Language: 
- Family's Primary Language: 
- Child/Youth's Race/Ethnicity(s): 
- Family's Race/Ethnicity(s): 

**Strengths of Child/Family:** (Values, Traditions, Religious/Spiritual, Other)

**Interpreter Needed:** Yes [ ] No [ ]

### Specific Cultural/Linguistic Needs:
- Cultural Connections & Resources, Gender Specific, Hearing/Vision, Other

### Family Stressors:
- Drug and/or alcohol abuse
- Violence ~ Domestic/Community
- Homelessness/Lack of stable housing
- Parental mental health
- Medical
- Criminal justice
- Lack of stable income

**List all Agencies involved with the family:**

### Authorization/Signatures:

**LEGAL GUARDIAN**

I consent to have my Child/Youth/family considered for the Wraparound program, and to be contacted for additional information.

**DATE:**

**LEGAL GUARDIAN**

I consent to have my Child/Youth/family considered for the Wraparound program, and to be contacted for additional information.

**DATE:**

**REFERRAL SOURCE**

I attest that this child/youth/family meets the criteria and have shared all referral information with the legal guardian.

**DATE:**

*Intake/Referral Form & Release Form MUST be completed*

Revised 01/14/09 ~ AC
Appendix C

1. I authorize the following provider(s) to use and/or disclose educational, protected health, &/or corrections information regarding my child.

<table>
<thead>
<tr>
<th>(Child/Youth’s Name)</th>
<th>(Date of Birth)</th>
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<tbody>
<tr>
<td>Wraparound Oregon Intake Committee</td>
<td></td>
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<tr>
<td>(Referral Committee Name)</td>
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<tr>
<td>Name and address of WO contact authorized to:</td>
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<tr>
<td>☐ Receive/use protected medical, social service &amp;/or corrections information</td>
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<tr>
<td>☐ Receive/use protected educational information</td>
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</table>

<table>
<thead>
<tr>
<th>(Family/Guardian)</th>
<th>Name and address of provider/referral agency authorized to:</th>
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</thead>
<tbody>
<tr>
<td>☐ Send/disclose protected education, health and/or corrections information</td>
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</tbody>
</table>

Representatives of the following organizations are members of the WO Intake Committee:

- Multnomah Education Service District, WO staff member;
- Multnomah Early Intervention/Early Childhood Special Education staff member;
- Morrison Center;
- Family Advisory Council Member;
- Multnomah County Department of Community Justice;
- Department of Human Services/Child Welfare staff member;
- Multnomah County Mental Health staff member;
- WO Care Coordinator Supervisors from Albertina Kerr Center;
- Parent Partner/Facilitator;
- Portland State University Regional Research Institute;
- Oregon Youth Authority;
- Other (specified):__

3. I understand that this information will be used for the following purposes:

- Determining eligibility for Wraparound Oregon
- On-going case planning after eligibility determination
- No information will be shared by the Referral Committee that has not received signed consent for release and discussion

4. By marking the boxes below, I authorize the use/disclosure of the following specific medical and/or educational records:

| Physician’s Eligibility Statement | Communicable disease(s) | Psychological evaluations and findings |
| Health Assessment Statement | Progress notes | Social work reports, including plan for child |
| Prenatal information | Clinic records | Child’s current living situation |
| IFSP/IEP document | Additional issues facing the family | OYA Case Plan |
| MCO Community Justice Records | | Other:__ |

5. By initialing the spaces below, I authorize the use/disclosure of the following, if identified specifically by referral source:

- Mental health related information requested:
- Early childhood educational Information requested:
- DHS/Child Welfare care plan information:
- Additional medical/health information:
- Additional social services information:
- OYA Case Plan:
- Community Justice Case Plan:

6. I understand that:

- a. This authorization is voluntary and I may refuse to sign it without affecting my child’s health care or eligibility for current services.
- b. I have the right to request a copy of this form after I sign it as well as inspect or copy any information to be used and/or disclosed under this authorization (if allowed by state and federal law. See 45 CFR § 164.524).
- c. I may revoke this authorization at any time by notifying ______________ in writing. However, it will not affect any actions taken before the revocation was received or actions taken based on the previously shared information.
- d. Federal privacy rules for protected health information apply only to health plans, health care clearinghouses or health care providers. If I authorize disclosure of medical information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.
- e. Federal privacy rules for education information apply only to schools and E/I/ECSE programs. If I authorize disclosure of educational information to other agencies or individuals, the disclosed information may no longer be protected by federal privacy regulations.

7. I consent to the use/disclosure of the above information. I understand that the use of this information for any reasons other than the expressed reasons stated above is prohibited. This consent is subject to revocation at any time, except to the extent that action has been taken based on information that has already been disclosed.

| (Signature of Parent, Legal Guardian, Student/Child) | (Relationship) | (Date) | (Expires – 1 year from date of signature) |
Purpose of form:
- So that referring agencies could release information to the WO Intake Committee.
- This form is used when there is a need to obtain consent from a parent, legal guardian or student/child to authorize the referring agency to:
  - Send/disclose protected health information, Child Welfare, educational information, Juvenile Justice and/or Oregon Youth Authority Information.

Directions for completing form:
Box 1. Required:
- Enter the student/child’s full legal name including middle name;
- Enter child’s date of birth;
- Enter the name and address of the referring agency, who will send requested protected health, Child Welfare, educational &/or corrections information;
- Enter the name and address for the WO Intake Committee receiving the requested protected health, Child Welfare, educational &/or corrections information

Box 2. Required:
- Mark all the boxes of the participating agencies on the WO Intake Committee. For an agency that is not represented in the list, check the "other" box and specify the additional agency, organization or individual.

Box 3. Required:
- Mark both of the boxes that apply regarding which specific medical, Child Welfare, educational, &/or corrections records are being requested.

Box 4.
- Mark the boxes approving the release/transfer of the information necessary for consideration by the WO Intake committee.

Box 5. Required only if the form is being used to communicate additional information.

Box 6 & 7. Required:
- This box contains information relating to the parent’s, guardian’s, or child’s rights in giving authorization including the right to refuse to sign, the right to request a copy after signing, the right to inspect the information to be used and/or disclosed, and the right to revoke the authorization. Information is given that clarifies that when requested information is sent, the laws that protect that information may no longer apply since the receiving agency may not be bound by the same laws as the sending agency.
- In item c., identify who will receive the potential revocation. The statement clarifies that if an action has already been taken, for example, protected health information has already been sent, then the revocation for that specific information is not valid. However, the agency may voluntarily return the information received after the revocation has been signed and submitted.
- Parent, legal guardian, or student/child must sign for the authorization to be valid. If parent or guardian, the relationship to the child must be indicated. The date of the signature must be entered.
- The authorization is only valid for the purposes checked or stated in the form.
Engagement phase (with DHS worker)

During this phase, the tone is set for teamwork and team interactions that are consistent with the wraparound principles, particularly through the initial conversations about strengths, needs, and culture.

At the first meeting:

What to bring:
1. Wraparound OR: EC pamphlets and booklets
2. Releases of information (at least 10)
3. Evaluation paperwork (EDIF Consent sheets)
4. Participation Agreement form

Points to remember:
1. The initial meeting with the DHS worker should take place ASAP to get the ball rolling on engagement with family.
2. Plan for about 1.5 hour for this initial meeting
3. Seek to understand before being understood. Be a listening ear.
4. Look for ways to partner with DHS
5. Frame language in ways that are family friendly (WO staff are always modeling principles of Wraparound)
6. Frame Wraparound in ways that will demonstrate compatibility with their goals and vision for the family.
7. Find opportunities to build common ground between caseworker and family.

Topics to address at the initial meeting: A. DHS involvement with family (historic and current), B. Strengths and needs of family, C. Vision and goals, D. Wraparound orientation, E. Signing paperwork

A. Ask about DHS’ involvement with family:
   • How did DHS first get involved with this family? What were the original safety concerns? *(Be sure to ask follow up questions, the following are some examples)*
     ○ If they say, domestic violence, ask if there is a restraining order or no contact order. If they say drug and alcohol, ask about drug of choice, and length of time parent is clean and sober.
   • Have new concerns arisen since the initial involvement?
   • Sometimes a lot of time is focused one parent, typically mom, ask about dad as well.
   • What are DHS’ expectations in terms of a service plan? *(Ask to get a copy of the Action plan/Service agreement)*
• What are the current safety plans? *(Ask to get a copy of the Safety Plan)*

B. **Ask about strengths and needs of the family:**
   • What are some positives aspects of this family?
   • What are some things that the parent does well with their child?
   • Have you seen areas of improvement in the parent and/or child? In what ways?
   • How is your relationship with the family?
   • How do you feel about where the child is placed?
   • How does the child do in school/Headstart/preschool?
   • Is there extended family involvement?
   • Is there community involvement?
   • What are some aspects about the family that makes you hopeful?
   • What are some aspects about the family that worry you?
   • What is the child’s most pressing need at this time?

C. **Find out about DHS’ vision or goal for this family within the Wraparound process**
   • Say to the worker, “I will be explaining Wraparound in greater detail to you in just a minute. Based on your current understanding of Wraparound, what do you hope to accomplish with this family?”
   • What are you most worried about, concerned?
   • (If they referred) What prompted you to make a referral to Wraparound?

D. **Orient the worker**
   • Use the booklet as a guide to address 10 principles, phases and team process
   • Address the issue of voluntary process for family
   • Address the plan of care concept to show how the DHS plan can be incorporated with the wider vision of the family.
   • Try to incorporate the above with all of the information you just received.

E. **Sign paperwork and important paperwork to get**
   • Go through the Participation Agreement form, optional to have the caseworker sign it.
- Get releases signed (Need to have the full name of participant and their birth date, better to use agency name rather than provider's name, make sure they initial each line and sign at the bottom)
  i. Get releases for: parent, foster parent, children's attorney, CASA, teachers, therapists, Family Skill Builders or OPTIONS worker and anyone else that provides services for the child. Better to get too many releases, than to have to track the worker down later!
- Get Evaluation paperwork signed. At that time you can explain the PSU evaluation and the longitudinal study. If you do not get this signature, you will not be able to get the Consent to Contact signed by the caretaker!
- Get their business card (to get appropriate email and fax number)
- Get a copy of the Service agreement/Action plan
- Get a copy of the Safety plan
- Get a copy of the child(ren)'s psych evals
Wraparound Oregon: Early Childhood (WO:EC) Participation Agreement

This agreement represents an understanding between WO:EC Staff and families/partners that we are committed to developing a Wraparound Team using the Wraparound Planning Process.

Your WO: EC Staff will:
- Coordinate and facilitate team meetings; orient team members to their roles and responsibilities on the team; guide the wrap team in applying Wraparound values and principles to the planning process; help the team develop a single Plan of Care; help team monitor and adjust Plan of Care so that goals are met.
- Listen closely to family needs and strengths at all times.
- Help all team members emphasize child and family strengths when working together to develop goals and strategies.
- Help team members constructively share ideas and concerns with you regarding your child & family.
- Ensure your child & family’s voice is heard and respected in all discussions.
- Assist you in effectively using and understanding community resources and legal expectations (if relevant) that affect your child and family.
- Respect your privacy while prioritizing safety at all times.

Participants understand that:
- The Wrap team process requires everyone to be in regular communication with the WO: EC staff.
- Willingness to discuss your child & family goals, needs & strengths as well as identify potential wrap team members (including natural and community supports) makes for a strong wrap process.
- Attendance and participation in wrap team meetings also makes for a strong wrap process.
- Talking openly with WO:EC staff about questions, concerns, and dissatisfactions with the wrap process is welcomed.
- WO:EC staff are Mandatory Reporters in relation to abuse reporting laws.
- Participating in Wraparound is voluntary on the part of families.

Signatures below represent our understanding of and commitment to the Wraparound Planning process.

Signature __________________________________________ Date __________ Initials
Signature __________________________________________ Date __________ Initials
Signature __________________________________________ Date __________ Initials

WO:EC Staff Signature ____________________________ Date __________
WO:EC Staff Signature ____________________________ Date __________

Rev. 2/08
Appendix F

Meeting Outline
Meeting #1

I. Introductions
   a. Welcome members
   b. Introduce yourself
   c. Have team members introduce themselves and their role/relationship to the family

II. Review the Wraparound Principles
    a. Point to the list of 10 Principles posted on the wall or in the handout format
    b. Read short descriptions of each principle, how it relates to the team

III. Determine ground rules
     a. See the ground rule sheet

IV. Describe and document strengths
    a. Elicit strengths from the team members
    b. Use the strengths/needs discovery as a tool

V. Create team mission (this may come at subsequent meetings)
    a. The team mission is the collaboratively set, long-term goal that provides a one or two sentence summary of what the team is working towards
    b. Use the vision and long-term goal that the family has shared during the engagement phase.
    c. Start to brainstorm ideas on what the team would like to accomplish together

VI. Address any immediate needs/crisis

VII. Closing
    a. Show appreciation for the team’s hard work.
    b. Schedule a time for the next meeting
Meeting Outline

Meeting #2

I. Introductions
   a. Welcome members
   b. Introduce yourself
   c. Have team members introduce themselves and their role/relationship to the family

II. Review the ground rules
   a. Demonstrate how expectations are incorporating the wraparound principles
   b. Check to see if there are additional rules to add.

III. Review the meeting minutes for approval

IV. Create mission statement
   a. Write the family’s vision and long-term goal
   b. Review the brain storm from meeting #1
   c. Create the one or two sentence summary on what the team is working towards

V. Describe and prioritize needs (The elicitation and prioritization of needs is often viewed as one of the most crucial and difficult activities of the wraparound process).
   (refer to the sheet on Needs Identification and the other on Prioritizing needs)
   a. Allow the team an opportunity to list the needs of the children/family
   b. Needs are not services but rather broader statements related to underlying conditions
   c. Spend time to prioritize the needs (pick the top 3 most pressing needs)
      The team must ensure that needs are considered broadly, and that the prioritization of needs reflects youth and family views about what is important.

VI. Choose priority need #1
   a. Determine goals and outcomes
      i. Guide team in discussing a specific goal or outcome that will represent success in meeting this need.
      ii. Guide the team in deciding how the outcome will be assessed, including specific indicators and how frequently they will be measured.
      iii. Multiple goals or outcomes may be determined
      iv. Multiple indicators may be chosen to be tracked by the team
         (Should not include too many goals, outcomes or indicators as to overwhelm team or to make tracking progress difficult)
   b. Select strategies
      i. Guide the team in a process to think in a creative and open-ended manner about strategies for meeting needs and achieving outcomes.
(Strategies do not have to follow the conventional services such as parenting class or therapy)

ii. Brainstorm-Generate options to achieve outcomes

iii. Evaluate options by considering the extent to which they are likely to be effective in helping reach the goal, outcome, or indicator associated with the need. The extent to which they are community based, build on/incorporate strengths and consistent with family culture and values.

iv. Assign action steps
   1. Determine specific individuals responsible
   2. Specify a particularly timeframe

VII. Closing
   a. Show appreciation for the team’s hard work.
   b. Schedule a time for the next meeting
Meeting Outline

Crisis and Safety Planning Meeting

I. Introductions
   a. Welcome members
   b. Introduce yourself
   c. Have team members introduce themselves and their role/relationship to the family

The purpose of this meeting is to identify potential problems and crises, prioritize according to seriousness and likelihood of occurrence, and create an effective and well-specified crisis prevention and response plan that is consistent with the wraparound principles. A more proactive safety plan may also be created.

II. Determine potential serious risks
   a. The facilitator guides the team in a discussion of how to maintain the safety of all family members and things that could potentially go wrong, followed by a process of prioritization based on seriousness and likelihood of occurrence.
   b. Talk about the past crises, and the outcome of strategies used to manage them. This can help with current safety plan.

III. Create crisis and safety plan
   a. The facilitator guides team in discussion of each serious risk identified
      i. Includes safety needs or concerns and/or potential crisis situations
      ii. Discuss potential responses for each type of crisis
   b. Specific roles and responsibilities are created for team members
   c. Document in a written crisis plan
   d. Team may also undertake steps to create a separate safety plan, which specifies all the ways in which the wraparound plan addresses potential safety issues.

IV. Closing
   a. Show appreciation for the team’s hard work.
   b. Schedule a time for the next meeting
Wraparound Oregon: Early Childhood

**Family Name**

**Safety & Crisis Prevention Plan**

<table>
<thead>
<tr>
<th>Area of concern</th>
<th>Plan / Intervention / Strategy</th>
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Interpreter Policy
Many Languages, One Voice!
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   * Federal Regulations

2. Policy and Procedure of Working with Interpreters

3. Determining the need for an accredited Interpreter

4. Understand Consecutive and Simultaneous Interpreting

5. Procedure: Checklist—Arrangements for an Interpreter

6. Accessing the interpreter for a face to face meeting  
   Telephone Interpreting Services  
   Accessing telephone interpretation  
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7. Documentation in Clients Chart  
   Working effectively with Interpreters  
   * The Value of Properly Trained Interpreters

8. Cultural Brokers

9. Standard of Excellence we required from an Interpreter Service

10. Tips for working with Interpreters

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12. References
The Legal Rights of Linguistic Minorities

Provisions related to language access
Service providers should implement policies and procedures to provide access to services and information in appropriate languages other than English to ensure that persons with limited English proficiency and persons with hearing impairment are effectively informed and effectively participate in any benefit.

Title VI of the 1964 Civil Rights Act
"No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." 42 U.S.C. § 2000d.

The United States Supreme Court in Lau v. Nichols (1974) stated that one type of national origin discrimination is discrimination based on a person’s inability to speak, read, write, or understand English.

I. Purpose
This Procedure establishes the policy and guidance for Wraparound Oregon Cultural and Linguistic Competency Plan. The purpose of this policy is to:

a. Describe the essential practices and processes for the proper provision of interpretation and translation services.

b. Raise awareness of interpretation (including sign language) and translation needs and to encourage staff to proactively plan for these needs.

C. Ensure that staff have knowledge of how to access interpretation and translation services and the confidence to use them.

II. Policy
Wraparound Oregon’s policy to provide meaningful access to persons who, as a result of national origin are limited in English proficiency, or limited in hearing.

III. Authorization
This Policy and Procedure is established pursuant to and in accordance with National Standards on Culturally and Linguistically Appropriate Services (CLAS) that states that healthcare organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each consumer with limited English proficiency at all points of contact. In addition, ADA standards require, that we must effectively communicate with people who have hearing and speech impairments. This standard is found as part of a more global standard on respecting patients’ communication needs.

This policy and procedure applies to all Wraparound Oregon staff and partners providing services for Wraparound children, youth, and families.
Policy and Procedure of Working with Interpreters

INTERPRETER SERVICES

To ensure culturally and linguistically responsive services to our families who have limited English proficiency or hearing impairment, an interpreter needs to be present or made available by phone when communication with staff is essential while receiving Wraparound Services. Services must be provided to families in their preferred language, both verbal offers and written notices informing them of their right to receive language assistance services.

USE OF PROFESSIONAL INTERPRETER SERVICE
A. The decision to use a professional interpreter service will be decided by the Intake coordinator, facilitator, family partner and in consultation with the client/family or client's representative.

B. Advance notice of an interpreter needed optimizes the opportunity to obtain an interpreter in the language required or when a sign language interpreter will be needed.

C. If you are requesting a sign language interpreter, you must give as much notice in advance to assure that a sign interpreter will be available for your meeting.

D. As a standard, family and friends should not be used to provide interpretation services unless it has been requested by the family. In such cases, it must be recognized that non-professional interpreters may not have the technical terminology, or expertise required in that language, to accurately pass on information. Avoid using children as interpreters as much as possible.

If client requests that the family/representative interpret on their behalf, this must be documented within clinical notes (progress notes, plan of care).

If a family member or friend is the interpreter, you may not get an accurate or "honest" interpretation, and opinions will be shared by the "interpreter" and can be mistaken for the family members' opinion. In addition, there is no guarantee of confidentiality.

• In a crisis or emergency situation, and an interpreter is not readily available, use phone interpretation.
DETERMINING THE NEED FOR AN ACCREDITED INTERPRETER

A. Accredited Interpreter Checklist:

✓ Client requests an Interpreter, after being informed they have a right to an interpreter
✓ Client is deaf or limited in hearing
✓ Language spoken at home is not English
✓ Language spoken with family or friends is not English
✓ Ask if there are any personal conflicts with providing interpretation
✓ Family act as Interpreters for the client
✓ Client responds to questions by nodding but not speaking English (when there is no clinical reason for doing so)
✓ Client responds to questions in a language other than English
✓ Staff are unsure about having been understood

B. When to use an accredited Interpreter:
1. During any point of contact for example, at intake, engagement phase, wraparound meeting, evaluation, trainings, family advisory meetings, steering committees, phone calls etc.
2. Admission to service: Explaining admission procedures, rights, responsibilities of clients and staff
3. Obtaining informed consent - when client signature is required
4. Explaining what the service will be able to provide and associated costs
5. Informing client of referral to another service
6. When planning to cease a service or collaborate with another agency
7. When client wishes to make a formal complaint/complaints
8. When client is invited to an event or activity hosted by Wraparound

Interpreter as Part of Professional Team

Culturally competent Provider + Linguistically proficient trained Interpreter = Quality services for consumers and family
Understand Consecutive and Simultaneous Interpreting

Consecutive interpreting is used in smaller settings, such as training workshops, negotiations, and technical seminars. During consecutive interpreting, the speaker will speak for a few minutes (a few paragraphs), then pause. The interpreter takes notes and then translates the speaker's message during the pause.

Simultaneous interpreting is used for large conferences or meetings and requires that the linguist "translate" what the speaker is saying, as they speak. Thus, the interpreter is both listening and speaking at the same time. Simultaneous interpreters often work in teams, generally requires equipment such as microphones, and headsets.

Understand types of interpreters needed for hearing impaired

Oral interpreting is when an oral interpreter silently mouth interprets speech for the non-signing hearing impaired individual. An oral interpreter may use facial expressions and gestures. This service benefits non-signing deaf people and hard of hearing people who read lips.

Sign Language Interpreters interpret the signed message into spoken English for the hearing consumer. They also interpret (using American Sign Language [ASL]) or transliterate (using English word order) the spoken message for the consumer who is deaf or hard of hearing.

Tactile Interpreters work with deaf or hard of hearing individuals who have a visual impairment and receive communication through touch.

Getting two interpreters for individuals with hearing impairments if a meeting will last more than an hour and a half, it is recommended to have two interpreters. It is difficult to interpret for more than an hour and a half. If the meeting, class, or lecture will take longer, two interpreters will work on a rotating basis. Interpreters rotate every 15-20 minutes in order to remain fresh and provide effective, accurate communication.
PROCEDURE: CHECKLIST-ARRANGEMENTS FOR AN INTERPRETER

A. The Facilitator or Family Partner

Ensure you have the right information about the language or dialect spoken. Critical information may not be translated properly if using incorrect dialect. Inform the client or their representative they have a right to an Interpreter, at no cost to them.

- Ask what language the person speaks, not where they are from as this may be different

- Emotions/difficult concepts are usually best expressed in a native language

Ensure you have the particular communication needs the Deaf individual has noted, e.g., American Sign Language (ASL), Pidgin Signed English (PSE), or Signed Exact English (SEE). Others may prefer an oral interpreter. Also, it is important to consider that some deaf-blind individuals prefer a "tactile interpreter." Simply ask the deaf or deaf-blind individual.

Ask the client if they prefer a same gender interpreter and make arrangements, if possible. If you are unable to meet the request, inform the client or their representative prior to the first meeting.

If the client speaks some English, make sure their level of English is sufficient for what needs to be communicated. An easy test is to ask the client to repeat information back to you in their own words, to determine if they have understood. Self-assessment of language skills is not always accurate. This initial dialogue can occur with the assistance of bi-lingual staff, or telephone interpreter services (Intake coordinator should access).
Accessing the Interpreter for a face to face meeting

- Decide which agency you will use
- Language or dialect required
- Name of the client
- Communication needs the hearing impaired individual
- Date, time, name of contact, phone number, program, duration of service
- Address where the Interpreter must be and the location in the building
- Provide the interpreting agency with your agency’s name for billing purposes.
- Inform the agency of the type of meeting (Wrap meeting etc) and sensitive language that will possibly be addressed. It can allow the agency to provide you with someone who is familiar with terminology about sexual/physical abuse, mental health, addictions, etc.
- Ask the name of the Interpreter and request an interpreter you have already worked with if you have liked them.
- Ask for same sex Interpreter, if the client requests

Inform the Interpreter and client of each other’s name, prior to the meeting date, to ensure neither party knows the other.

Telephone Interpreting Services

These services can be used for quick communication and in determining the language or dialect spoken by the client. The difficulty in using telephone interpreting services is that the interpreter may not be trained in the terminology used in our profession. Provide access to a TTY wherever telephones are available for making outgoing calls. Be prepared with Name of the client and Client’s phone number.

Accessing telephone interpretation:

- Call the interpreting agency
- Inform them of your agency (Wraparound Oregon)
- Inform them of the kind of service needed (telephone interpretation)
- Provide the language needed
- Provide them your name and phone number
- Provide them the client’s name and phone number
- An interpreter will conduct a three-way phone call with the staff member and the client.
- If the client’s voicemail comes on, you can leave a message for your client, but you must give the interpreter the message prior to he/she calling the client. You can also set-up a specific phone appointment in advance with the interpreter company. If possible do not use a speaker phone; they will disconnect when you are on the line.
DOCUMENTATION IN CLIENTS CHART

A. Details of interpreter used, whether professionals/bilingual staff/family or friends, should be documented in the client’s chart.

B. Bi-lingual staff members, who use their language skills as part of their daily duties, should record such use in the client’s file.

C. If individual is deaf or has limited hearing and oral information must be put in writing.

5. WORKING EFFECTIVELY WITH INTERPRETERS
A. The role of interpreter is to facilitate accurate communication between the client and the staff member, ensuring integrity, impartiality and confidentiality. We will provide quarterly discussions and/or trainings for staff of best practices of working with interpreters.

B. The interpreter is not responsible for:
   • Giving advice or opinions
   • Acting as a witness
   • Completing forms – Is the responsibility of facilitator or family partner
Interpreters as cultural brokers

Interpreters who are bicultural can also serve as cultural brokers for the group. This can be especially useful when there are no other members of the group who belong to the same culture as the family. The interpreter can therefore play a role of explaining the framework from which the family is operating. Having someone who knows the culture can inform the others on the best way to work with the families and to get to collaborative ground (Fadiman, 1997, p. 95). It must be noted however that there can be some drawbacks with some of the cultural brokers. Al-Krenawi and Graham (2003) explain that “homo-ethnic practitioner(s) may run the risk of getting trapped in relationships of similarities and allegiance” (p.133). This was mentioned on some of the facilitators’ surveys that at times interpreters belonging to the close knit immigrant groups would become too enmeshed and invested in what was being discussed. One must be aware of whether or not it is inhibiting the process or if it is helping all parties better understand the other perspective. Of course, one must also consider the code of ethics for interpreters; ascertaining what they can or cannot do and what would be considered as crossing a boundary.

Reflection on Interpreters:

Interpreters interpret meaning. They do not directly translate what is said.
Always use certified, professional interpreters when there are multiple languages involved
-Even when conducting a meeting in the family’s language, there will almost always be someone who will need language interpretation.

Hold pre-meetings if time and funding permits.

Use over-the-phone services when attempting to schedule a meeting.

Use in-person services during the meeting process.

During the meeting process, check in with the interpreter and allow for pauses.

Check-in with participants after the meeting process to assess the quality of interpretation.

Request the same interpreter (if appropriate) for consistency.

Consider interpreters as cultural brokers when appropriate.

Martine Coblentz-Brown, 2009
Cultural Brokers

Cultural brokers are those individuals who are from the same country or region of the immigrant or refugee family. These individuals are bicultural because although they may be from another country, they have mastered the norms, values and customs of the new country as well. As a bicultural people, these individuals are able to help to explain the new world to immigrant families coming from the same frame. At the same time, the cultural brokers can explain the world of the immigrant to American providers, caseworkers or attorneys in a manner that is understandable to them as well.

For example, “In Latino communities, young adults from a range of ethnic backgrounds work in programs for school-age children and often act as culture brokers. They value children’s home communities, and many share a common language and sometimes a family history...Yet many have learned to be bicultural and can help children become so as well” (Cooper, Denner and Lopez, 1999, p. 54).

Cultural brokers can also be a useful resource for the facilitators who themselves may have their own limitations in making strong connections with families. For example, for many Korean-American families, the third party intermediary is usually someone who is close to the family or an elder in the community. If a facilitator happens to be young in age, it may be prudent for them to seek natural supports in the community who can fit into that role of intermediary. Otherwise, “a younger person giving advice to an older person...is considered very bad form” and it would hinder the meeting process (LeBaron, 1992, p. 181).

Many times, cultural brokers can be a service provider working with the parent intimately on whatever service is being provided. In the process of educating the parent on parenting, for example, this bicultural provider is also able to make reference to the parent’s country of origin to relate to what is being taught in the curriculum. Naturally, when parents are able to share with providers because they come from the same culture, the trust between provider and client is a strong one. Some may even assert that by having staff members of the same culture will increase likeliness of success for the client (Philleo, Brisbane & Epstein, 1997, p. 47). In addition, bicultural providers who are also bilingual can help to assist with language and communication barriers that can slow down the process in a Child Welfare case. Other cultural brokers can be community support people from a Church, a school, etc. In any case, one can see how helpful it would be to have someone who can serve as a bridge between the two cultures. When cultural brokers can attend meetings they provide an invaluable service for all of those present.
Standard of Excellence we require from an Interpreter Service

Cultural Courtesy: Interpreters shall strive to be culturally responsive and appropriate, be aware of cultural nuances of the families culture, and will be respectful of the person/persons they serve.

Professional Demeanor: Interpreters shall be punctual and prepared for assignment.

Faithful and Accurate Conveyance of Messages: Interpreters should communicate all verbal information between client and provider accurately without embellishment, omission, or explanation.

Confidentiality: Interpreters should protect from unauthorized disclosure all privileged or other confidential information that they obtain during the course of their professional duties.

Disclosure of Conflicts: The interpreter must disclose potential conflicts of interest, withdrawing from assignments if necessary. For example, an interpreter avoids interpreting for a family member or close friend.

Communication: Facilitate communication and Support patient-provider relationships. Articulate participant’s questions and statements clearly. As the interpreter, you are there to provide a service, not to get to know the family and make friends.

Understanding English: Interpreters must also understand English, and be able to interpret from one language to another clearly, if interpreting to English.

Private Solicitation: The interpreter shall not give clients their cell phone numbers to obtain “side jobs” from the family, this is strictly prohibited.

What to do if standards are not followed:
  o Take a break during the meeting to consult with the interpreter about concerns/ issues.
  o If the above does not work, you can request another interpreter in the future.
  o Contact the interpreting agency to give the constructive feedback.
  o Complete a satisfaction survey and send it directly to interpreting agency with positive and negative feedback if needed.
TIPS FOR WORKING WITH INTERPRETERS

When setting up at the beginning of the meeting, meet with the interpreters (pre-session) about your expectations, and interpretation style needed. The interpreter will figure out the best positioning to ensure effective and comfortable communication.

Holding group meetings: When working with the clients, it is important that one person speaks at a time to insure that the interpreter is able to capture one voice at a time. Use visual aids when appropriate.

Hold a brief meeting with the interpreter, if needed: Meet with the interpreter before the meeting to agree on interpretation protocols, especially within the context of Wraparound Meetings. Let the interpreter brief the family on the interpreter’s role.

Read body language during face-to-face encounters: Making eye contact is key to provider-family relationship. Arrange yourself so that you, the family member and the interpreter are visible to one another (i.e. triangular).

Speak in a normal voice, clearly, and not too fast: It is easier for the interpreter to understand speech produced at normal speed and with normal rhythms, than artificially slow speech.

Avoid jargon and technical terms: Avoid idioms, technical words, or cultural references that might be difficult to translate. (Some concepts may be easy for the interpreter to understand but extremely difficult to translate.)

Talk to the family using first person: Remember that you are communicating with the family through an interpreter. Pause after a full thought for the interpretation to be accurate and complete. If you speak too long, the interpreter may not remember and exclude some of the things you say.

Don’t ask or say anything that you don’t want the family to hear: Expect everything you say to be interpreted, as well as everything the client and the family says.

Be patient and avoid interrupting during interpretation: Allow the interpreter as much time as necessary to ask questions, for repeats, and for clarification. Be prepared to repeat yourself in different words if your message is not understood. Professional interpreters do not translate word-for-word but rather concept-by-concept. Remember that English is a direct language, and may need to be relayed into complex grammar and a different communication patterns.

Be sensitive to appropriate communication standards: Different cultures have different protocols to discuss sensitive topics and family concerns. Many ideas taken for granted in the US may not exist in the families culture and may need explanation.

(Adapted from) MSH: The Provider’s Guide to Quality and Culture
References


Tips for Working with Interpreters (Adapted from) MSH: The Provider’s Guide to Quality and Culture, Available http://erc.msh.org

WRAPAROUND OREGON ~ Multnomah Education Service District
Author and Cultural and Linguistic Competency Coordinator Aisha Hollands
Principal Investigator Barbara Jorgensen
Project Director Rob Abrams
Wraparound Oregon: Early Childhood Flex Fund Request

Date of Request __________  Child’s Name ____________________________

1. Item or Service to be Purchased
   (If service, please include name of person, agency, dates of service, type of service,
   for what purpose, and partnerships developed).

   Amount Requested:

2. How does this request meet the needs of the child(ren)?

3. Please explain how the Wrap Team members have explored, combined, and
   exhausted other ideas and resources to meet this need.

4. How is this request documented in the Wrap Plan of Care?

   Facilitator/Family Partner Signature Team ___________________________
   Date __________________________
   Supervisor Approval __________________________
   Date __________________________

CHECK ONE:
☐ Case Consultation
☐ Therapy Sessions
☐ Recreational/Social Activities
☐ Short-term Emergency Needs
☐ Transportation
☐ Family Support Services
☐ Respite Support

For Office Use Only
Payment Method __________
Date of Payment __________
Initials ________