

# Quarterly Evaluation Report

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## **Special Report: Qualitative Study of Family Experiences in Wraparound**

*Community Solutions*

*Fort Worth, Texas*

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## **Executive Summary**

The purpose of the Community Solutions family experience study was to collect the personal stories of families participating in wraparound. Trained family members who participated in the program interviewed 40 randomly selected families, asking a series of open-ended questions about their experiences. Several major themes emerged from families' experiences with Community Solutions:

- The most common problem leading families to seek help was that their child was repeatedly getting into trouble at school (3 out of 4 families). The caregivers of these children described the financial and emotional hardships placed on the family as a result of their child's problems. Many (43%) described being isolated or feeling alone, and some (about 1 in 3) described how others dismissed or denied their child's mental health problem.
- Most families were referred to Community Solutions through one of the Family Resource Centers (FRCs) located on Fort Worth ISD campuses. Nearly all families felt they were treated respectfully and promptly by FRC staff.
- When a wraparound facilitator came to their home for the first time, 1 in 4 described feeling anxiety about the meeting. They were uncertain what to expect, had concerns about being judged, or were worried about linguistic barriers. In all but one case, such concerns were quickly put to rest when they met the facilitator for the first time.
- In the great majority of cases (88%), parents described how the facilitator bonded successfully with their child and was able to communicate with the child "on his or her level." Some parents were particularly pleased at how the facilitator treated their child with respect and genuine concern.
- Many described forming close bonds with their facilitator over time, or said that their facilitator became like "part of the family." Some felt a particularly close bond when their facilitator was also a parent. Conversely, when their facilitator was a younger person without children of their own, some parents felt that the person was "too young" to understand the problems their family was facing.
- More than half (53%) mentioned that, through wraparound, they learned they were not alone, that other families were struggling with the same problems. Many said what helped them the most was this knowledge that they were not alone.
- A central premise of wraparound involves teaching families skills they can continue to use after they are no longer receiving services. Most respondents (65%) made reference to skills they learned during wraparound, and most of these mentioned that they continued to use these skills after wraparound. The most commonly mentioned skill was improved communication within the family. A little less than half (48%) said their child was doing better in school, and a similar number said their family's relationship with the school had improved. One in four described being a better advocate for their child as a result of wraparound.

- Another principle of wraparound involves addressing the needs of the whole family rather than treating the identified child in isolation. A number of respondents underscored the importance of helping other family members; in particular, half identified the needs of the child's caregiver as being critical, since the caregiver's needs are often directly related to the child's well-being.
- Recruiting informal (non-professional) supports to serve on the wraparound team is essential to establishing a support network for families which can be sustained after the service relationship ends. Most wraparound teams (about 6 in 10) succeeded in recruiting informal supports, generally overcoming initial reluctance from families who had concerns about sharing their "dirty laundry" with others (about 1 in 4 had such concerns).
- Families in the sample had services lasting on average more than a year (about 13 months), but about half (48%) felt their family was not ready when services ended. Another 35% indicated their family was ready but was nonetheless reluctant to leave the program because they had such a positive experience with wraparound.
- Three in ten families described being surprised when their case closed abruptly with little warning. The abrupt end to services sometimes soured an otherwise positive experience with the program.
- A second major area of complaint surrounded issues of staff turnover. Nearly 4 in 10 families in the sample experienced turnover in the facilitator assigned to their family. The majority of these families (60%) said that their case was dropped or they were "rushed out" of services by their new facilitator. The majority (60%) also indicated that the change in facilitator had a negative impact on their child's progress; such claims are supported by quantitative analyses of outcomes, as reported previously.
- Overall, the majority of families described their experiences in Community Solutions in very positive terms, with 43% indicating that they loved the program and would not change anything about it, and an additional 35% raising only minor issues of concern. Spanish-speaking families in particular were unlikely to raise any concerns, suggesting that there may be a culturally based reluctance to offer criticism. African American families generally offered minor concerns, while Caucasians were most likely to raise major concerns.
- Six specific recommendations based on these findings are provided at the conclusion of the report (p. 39). They include recommendations pertaining to reducing staff turnover, hiring and training of facilitators, expanding family support groups, and educating school staff about children's mental health.

## **Acknowledgments**

This work would not have been possible without the work of the Community Solutions Community Evaluation Team (CET), or Helping Our Parents Evaluate (HOPE). This devoted group of parents was integral to the planning, design, and implementation of the study. In particular, Julia Owens deserves recognition for attending planning meetings and helping to create the training protocol for the study.

Most of all the authors would like to acknowledge the family volunteers who conducted the interviews and transcribed audiotapes. Yesenia Vasquez conducted more interviews, in both Spanish and English, than any other volunteer. Kelly Mays conducted very thorough interviews and had a knack for extracting many of the powerful quotes which appear in this report; she also transcribed numerous audiotapes of interviews. Tonya Manning, Vivian Mayo Martin, Pamela Loper, and Lisa Smith all went above and beyond to make this study a success.

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## **Introduction**

The goal of Community Solutions is to create a sustainable, collaborative System of Care (SOC) in Fort Worth, Texas, for families with children impacted by serious emotional disturbance (SED). The City of Fort Worth Public Health Department is the lead agency, collaborating with the Fort Worth Independent School District (FWISD) and the member agencies and individuals of the Mental Health Connection of Tarrant County. Partnering agencies include All Church Home, Catholic Charities, Lena Pope Home, Mental Health Mental Retardation (MHMR) of Tarrant County, Santa Fe Adolescent Services, and The Parenting Center. The Evaluation and Outcomes Division of Mental Health Mental Retardation of Tarrant County provides evaluation for the project.

Community Solutions is funded by a 6-year federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) with local matching funds. The program is currently in its sixth and final year of funding.

Children are referred to Community Solutions primarily through one of four Family Resource Centers (FRC) housed on Fort Worth Independent School District (FWISD) campuses. Site coordinators located at each FRC and the Community Solutions Clinical Director screen children for eligibility and assign facilitators from partnering agencies to work with the family. Facilitators utilize the wraparound approach, which consists of working with families to identify strengths and needs; recruiting a child and family team; and developing an individualized service plan accessing a network of formal and informal community resources.

Previous evaluation reports have shown that outcomes for children and families participating in the program have been positive. Self-report data collected from families indicate significant improvements in children's behavioral and emotional problems; in their daily functioning at home, in school, and in the community; in their personal strengths; and in their psychological well-being including reductions in depression and anxiety. In addition, there have been significant improvements in family quality of life as well as reductions in the strain faced by caregivers as a result of their children's behavioral and emotional problems.

These previously reported quantitative findings are based on standardized and psychometrically sound instruments. The purpose of the current report is to present qualitative findings from a local study of families' experiences in wraparound. This study was conceived and carried out by family members who received services through Community Solutions. The primary motivation underlying the study was to record experiences of families not captured by standard quantitative measures, utilizing open-ended questions which allowed families to tell their stories in their own words.

Trained family members conducted structured interviews with 40 caregivers of children who completed wraparound through Community Solutions. Interviews were recorded on audiotape, transcribed, and subjected to qualitative analysis.

The family experience study was funded through the Community Solutions Advisory Board (CSAB) and was carried out by family members participating in the Community Evaluation Team (CET) with the guidance and support of professional evaluators.

## **Method**

**Selection of Participants.** Families were randomly selected for participation in the qualitative study. To be eligible, a family must have participated in Community Solutions for at least 180 days (i.e., 6 months)<sup>1</sup> and must have completed services (successfully or unsuccessfully). At the time the study began, 176 families met these criteria (out of 210 closed cases). In all, 40 families participated, for a sample of approximately 1 in 4 eligible families. A random number generator was used to select families for participation.

**Interview Questionnaire.** The Community Evaluation Team (CET), made up of family members who received services through Community Solutions, developed open-ended questions for the study in consultation with the professional evaluators. Questions were organized into four main topics covering the span of the family's involvement with Community Solutions:

1. Referral Experience
2. Engagement in Wraparound Process
3. Ongoing Wraparound Process
4. Transitioning out of Wraparound

Each main topic consisted of an overarching question (e.g., *Please think back to when you first found out about Community Solutions. What was your experience in being referred to the wraparound program?*) followed by a series of probe questions to elicit discussion as needed (e.g., *Why did you go to the referring agency? What kind of situation was occurring with your family?*). Each of the four sections was designed to elicit approximately 15 minutes of discussion, for a total interview time of approximately 60 minutes.

See the appendix for a complete list of the questions.

**Interviewer Training.** Family members were trained to conduct the face-to-face interviews. The intent in using family members rather than professional evaluators was to maximize rapport with interviewees so they would feel comfortable sharing their personal stories.

Six members of the CET volunteered to act as family interviewers. One was bilingual in Spanish and English.

The family volunteers participated in two trainings led by MHMR staff. These trainings focused on issues of confidentiality, informed consent, safety, and interviewing skills. Family volunteers were taught to direct or redirect conversation to the topics at hand, to ask follow-up questions to elicit further discussion, and to avoid leading questions. They conducted mock interviews with one another for practice. Interviewers were paid \$100 for their time and effort for attending the two trainings.

**Procedure.** Upon completion of training, interviewers were randomly assigned an initial set of 5 families and provided names and contact information. Spanish-speaking families were assigned to the bilingual interviewer.

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<sup>1</sup> In addition, families were not eligible if they were involved with designing or carrying out the study.

A letter was sent to the selected families explaining the purpose and nature of the study and notifying them that they would receive a phone call from a family representative who will ask them to set up an interview. Contact information of the Evaluation and Outcomes Division of MHMR was included in the letter if families had any questions about the study. Also included with the letter was the list of questions to be asked in the interview.

Interviewers attempted to contact families by phone and set up an interview at the family's home or other place of the family's choice. If a family chose not to participate or could not be reached, a new family was assigned to the interviewer. The goal of the study was to recruit a total of 40 families to participate. Evaluation staff were on call to support interviewers with any questions or problems they encountered in the field.

During face-to-face meetings with families, interviewers first presented interviewees with a consent form. They explained the consent form and ensured it was understood by interviewees before obtaining their signature.

After obtaining written consent, the structured interview began. Interviews were limited to approximately one hour and were recorded on audiotape. Interviews were conducted in a conversational style following the general outline of the questionnaire but allowing some freedom to ask follow-up questions to elicit further discussion as needed. Not all of the probe questions listed in the questionnaire were asked in every interview.

Interviewers were compensated \$25 per interview for their time and effort and for fuel costs. Interviewees were compensated \$20 for their time and effort in the form of a gift card.

Audiotapes were transcribed by a team consisting of family volunteers, MHMR staff, bilingual interns, and professional transcriptionists. Spanish transcripts were translated into English for analysis.

Once the audiotapes were transcribed, evaluators conducted qualitative analyses on the narratives, identifying themes and trends in the responses. Five evaluators used an iterative process to reach consensus on identifying and coding themes. Where disagreements occurred on individual items, a group consensus resolved the differences. Narratives were analyzed as a whole, rather than one question at a time, given that any particular theme might emerge at any point during the conversational interview.

Illustrative quotes were extracted from the narratives to support specific themes. These quotes were coded into categories and entered into a searchable database to facilitate analysis. Identifying information such as the names of individuals was removed from the quotes.

### **Characteristics of Families in Sample**

Table 1 shows demographic characteristics of families in the random sample (N = 40) and of all families who received services through Community Solutions and participated in the longitudinal evaluation study (N = 312). Minorities were over-represented in the sample. Spanish-speaking

caregivers were also strongly represented (10 families, or 25% of sample), compared to approximately 20% of Spanish-speaking families in the program.<sup>2</sup>

**Table 1. Demographics**

	Families in Sample		All Families in Evaluation	
	(N = 40)		(N = 312)	
	N	%	N	%
<b>Child's Race/Ethnicity</b>				
White, non-Hispanic	12	30%	134	43%
African American	15	38%	107	34%
Hispanic or Latino	13	33%	81	26%
American Indian	1	3%	8	3%
Asian	0	0%	1	<1%
Multi-Racial	2	5%	17	5%
Unknown/Missing data	0	0%	0	0%
<b>Child's Gender</b>				
Male	32	80%	237	76%
Female	8	20%	75	24%
<b>Child's Age at Intake</b>				
4-7 years	6	15%	63	20%
8-10 years	11	28%	78	25%
11-13 years	14	35%	93	30%
14 years and older	9	23%	78	25%

Source: Enrollment and Demographic Information Form (EDIF),  
Descriptive Information Questionnaire (DIQ)

Note: Children may belong to more than one racial/ethnic group.

The average (mean) length of services for families in the sample was 407 days, or 13.4 months.<sup>3</sup> Because of the requirement that families must have completed service by the start of the study, nearly all participants were enrolled prior to October 2006. The majority (65%) enrolled during the second year of service provision (October 2004 – September 2005).

Most of the time (32 out of 40 families, or 80%), the respondent was the child's biological parent (consistent with 79% in the overall longitudinal study). In the other 21% of households, the child's primary caregiver was an extended family member such as an aunt or uncle, grandparent, or cousin; and in one case the respondent was a friend of the family acting as the child's primary caregiver.

<sup>2</sup> The 20% estimate of Spanish-speaking families is based on a sample of 245 caregivers who completed the Caregiver Information Questionnaire (CIQ). Of the 245 caregivers, 11 (or 4.5%) spoke Spanish only, and 37 (or 15.1%) spoke both Spanish and English.

<sup>3</sup> This length of service is approximately 2 months longer than the average length of service (11.3 months) for the program overall. The difference for the sample may be higher because it excluded families with short service periods (less than 6 months).

## Results

**Family Circumstances Prior to Referral.** Near the beginning of the interview, respondents were asked about situations occurring with their family before they were referred to Community Solutions. Several recurring themes were evident in the caregivers' narratives, as listed in Table 2. (Note that the counts listed in the table may underestimate the actual rates of these circumstances, as the table counts only cases where the circumstance was explicitly mentioned in the narrative.)

**Table 2. Family Circumstances Prior to Referral**  
(N = 40)

	Mentioned in Narrative	
	N	%
Problems in school	30	75%
Behavior problems in school	20	50%
Academic problems	7	19%
Financial problems	21	53%
Problems with anger/violence	21	53%
Conflict within the family	20	50%
Isolated/no support	17	43%
Employment problems	9	23%
Transportation problems	9	23%
CPS involved	8	20%
Divorce/separation	7	18%
Sexual abuse	3	8%
Jail time for family member	3	8%
School staff unhelpful	10	25%
Others denied or dismissed problems	13	33%
School denied problems	10	25%
Friends/family denied problems	4	10%
Society denied problems	3	8%

Note: Counts indicate the number of narratives where each circumstance was explicitly mentioned. Actual rates of these situations may be higher.

The most common circumstance by far (mentioned in three quarters of the narratives) involved recurring problems in school, typically behavioral problems such as getting into fights. These behavioral problems often led to the school calling the child's caregiver to pick the child up from school, creating financial and emotional hardships for the caregiver. Slightly more than half of the caregivers (53%) mentioned experiencing financial hardships, about a quarter (23%) mentioned employment problems, and about a quarter (23%) mentioned car or other transportation problems. For example, one caregiver said,

*I lost my job ... after three years, I lost my job for going to work late. I was tired, I was drained because I didn't know what was wrong with my son. I would have to stay up at night and [take him out] in the car and [drive him] around so he would calm down. Ain't nobody understand that. They weren't with me here at night ...*

Many caregivers (43%) described feeling isolated with no support system. They often described being alone in their perception of the child's mental health problem. For example,

*[My children] didn't feel like they were worth anything because they'd been beaten down. I could recognize this but I didn't know if I could convince anybody else ...*

*They're saying, your kid's just bad ... so nobody's interested ... Nobody wants to get involved ... It makes me feel bad because it seems like I'm the only one that has a child going through this ... I was standing alone.*

Parents sometimes had difficulty convincing others of their child's mental health problem. They described how others attributed their child's behavior to "bad parenting" or to the child being "just a bad kid." One in three respondents (33%) felt their concerns about their child's mental health were denied or dismissed by others. A quarter (25%) mentioned school staff and a tenth (10%) mentioned friends or family members denying or dismissing the caregiver's concerns. These parents often felt that they were being blamed for their child's problems. One mother described others' attitudes toward her:

*This lady ... doesn't take care of her kids. You know how they label us [black people] ... Don't think that I don't want my kid in school like everybody else ... But they said I wasn't really trying, that I was the issue. I wasn't standing up ... "You gotta be the parent, you aren't disciplining him right." You know, they're not here to handle him by themselves like I am ... Sometimes I'd be afraid to go to sleep ... The other morning I'm up at three or four in the morning, walking the streets to calm him down because he doesn't know why he was feeling like he did again. I didn't get any sleep and then the judge wanted me to try to make him go to school ... [When he did go to school] he'd stay there for five, ten minutes and they called ... to come up there and get him because he had gotten out of hand.*

A foster parent expressed her belief that her frequent need to pick up her children from school was itself symptomatic of a legitimate mental health issue:

*I did a lot of going to school and pick them up and bringing them back home ... To me that was an indication ... Anytime a child acts up consistently then something is not right.*

Some parents described the psychological anguish they felt as a result of their child's problems or their inability to help their child. One mother described her struggle with depression:

*I promise you that every parent of a special needs child needs some kind of mental help or emotional support because once you realize that your child is not like other kids it's really hard not to get into a spiral of depression ... You just sort of operate on this low grade depression all the time and you don't even recognize it ... No matter what you do, you feel like you're failing ... You go into the bathroom and cry while your child naps, and you can't find the energy to get up and do your laundry.*

Many described themselves as being "at their wits' end" or "at the end of their rope". For example,

*I was just like pulling my hair out. I mean I didn't know what else to do, didn't know where to turn.*

Some felt embarrassment or shame in asking for help:

*There's a part of me that knows the resources are there and that if I really need them then I can use them ... but there's also another part of me that feels a certain amount of embarrassment and shame for not being able to handle all my problems on my own.*

*I didn't feel comfortable asking anybody because no one has children like this. Everybody else's kids were doing fine. That is why I feel bad ... You feel kind of embarrassed with everybody looking into your things.*

**Referral Experiences.** Most families in Community Solutions (84%) found their way to one of the Family Resource Centers located on FWISD campuses where they received a referral to the wraparound program. In the study sample, a clear reference was made to an FRC in 27 of the 40 interviews (68%).<sup>4</sup>

Of the 27 respondents who made clear reference to an FRC, 96% indicated that they received a quick appointment, and 85% felt they were treated respectfully by staff. (See Table 3.)

**Table 3. Experience with Family Resource Center**  
(N = 27)

	Yes		No		Unclear	
	N	%	N	%	N	%
Quick appointment	26	96%	0	0%	1	4%
Treated respectfully	23	85%	1	4%	3	8%

Several parents expressed appreciation for the prompt attention they received at the FRC. For example, one parent said,

*They didn't waste any time getting me the help I needed. They didn't put me on hold or say come back in a couple of weeks or anything like that. Things were done real quick.*

Another said,

*As soon as I sat down with [the staff person] and told her the circumstances of what was going on with my children ... right away, she got on her computer and started doing research to get the help that we needed and to connect with the wraparound program.*

Several parents were also pleased staff explained their options to them in a way they could understand. For example,

*I'm not the smartest person in the world and they didn't talk over my head. They made sure I understood what they were talking about.*

*If I didn't understand something, they explained it.*

<sup>4</sup> In an additional 9 interviews (23%) it was unclear from the context whether respondents were referring to an FRC or to another referring agency.

Negative comments about the FRCs were less common. One parent expressed frustration with her intake process:

*[The intake staff person] did not believe that I was qualified enough to recognize that my child was having problems.*

The same parent also said,

*The worst part was the initial application. When I filled out the paperwork I felt like the person who was doing the information gathering to see what resources we might qualify for really looked down on me as a parent.*

Other parents not referred through one of the FRCs described frustrating experiences trying to find help for their children when school staff themselves were often unaware of the FRCs. For example,

*I know that with all these thousands of children going to school there has to be somebody associated with the school, who knows what's going on at the school, who can help a child without having to go outside the district. What I got told everywhere I went was, "We can't help you, we can't help you." I asked, Can I have a doctor that would analyze my child? "No we don't do that." But somebody's got to do it. It might not be directly connected to the schools but you could refer them.*

and,

*[The school] didn't want to believe that there was a problem so every time I would go or send a letter I didn't get any response ... The school should have resources. [I asked them], can you tell me a name of doctor I can take my child to? "No ... we don't have anything like that. You have to go to the outside to get it. We have no referrals, no doctors ... you'll have to go someplace else because we don't have it." That's what the principal told me.*

Such sentiments describing unhelpful school staff occurred in 10 of the 40 narratives, or 25%. (See Table 2.) The presence of such experiences indicates some school staff were unaware of the existence of the FRCs or were in some cases reluctant to refer families.

**First Experiences with Wraparound.** A quarter (25%) of respondents described feeling nervous ahead of the first home visit from their wraparound facilitator. For example:

*At first I was uncomfortable cause I didn't know what she was going to think about me or my child.*

*I was a little bit nervous because, you know, there was somebody coming into your home, getting in all your problems and everything.*

*My first meeting [with] my wraparound facilitator I was scared. I didn't know exactly what the program was going to entail.*

*At first I was kind of nervous about it because I'd never been through anything like that.*

Such anxiety was amplified for Spanish-speaking families, who were concerned about linguistic and cultural barriers. Some expressed relief when they discovered that their facilitator spoke fluent Spanish:

*I was worried about them not understanding me, but he spoke the same language as I do.*

*I thought he didn't know how to speak Spanish like I don't know how to speak English; I was surprised when he started talking to me in Spanish. He was bilingual.*

All but one of those who mentioned initial anxiety overcame their anxiety quickly after meeting their facilitator. They described how their facilitator put them at ease right away and made a connection with them and their child. As shown in Table 4, 88% of the narratives described the facilitator connecting with the child, and 85% described the facilitator connecting with the caregiver.

**Table 4. First Meeting with Facilitator**  
(N = 40)

	N	%
Mentioned initial anxiety	10	25%
If yes, anxiety overcome quickly	9	90%
Facilitator connected with child	35	88%
Facilitator connected with caregiver	34	85%
Mentioned importance of home visit	22	55%

In describing how the facilitator connected with their child, a number of caregivers used phrases such as “talked to him on his level.” For example,

*The facilitator basically got down on his level and tried to be understandable to him.*

*The facilitator talked to my son on my son's level and tried to understand his feelings and how he got the way he did.*

*[The facilitator] gave him a chance to talk and explain his feelings and did not talk down to him.*

*They talked to him like he was a human. They wouldn't treat him like he was a kid. They talked to him on a level that he could understand and didn't talk down to him.*

*She was, you know, right at eye level and she ... showed an interest in his likes and his dislikes ... She showed a sincere interest and desire to help him.*

Several parents were very pleased with the way the facilitator treated their children with respect and went on to identify this as a critical element of Community Solutions. For example,

*I really appreciated the way that they sat down and talked to my child. Most people don't want to talk to the children. They just talk to the parents, but it's really important for them to get to know the child themselves. And the child needs to know what's going on. And I really, I really liked that part of it.*

*I think that's what helped the most, the listening. Letting my daughter know that, no matter what she thought, or how she felt, that it was important.*

*It made [my child] feel special in a way because you have a visit that was centered around her. And so I guess she felt like she was being heard, that her thoughts and opinions about things were heard.*

Other caregivers indicated that the facilitator was able to connect with their child when few others could. For example,

*I felt really good because I thought he would never really open up to anybody else [besides] me or my mom. But he opened up to her.*

*She was able to get him to talk. We had gone through counseling, we went to the psych, and nobody could never really get him to talk. But when she came out, he was always willing to talk with her.*

*They reached out to my child by trying to get to know him better and know what he's thinking about and what he was capable of doing ... First, they had to get his trust ... They did a good job of it, because my son could be ornery, he wasn't talking to nobody ... He was like a dark hole, he was something you don't never want to see ... My son was pitch black but [the facilitator] reached in and brought him back out ... They found the things that he liked to do and ... what his interests were.*

Many respondents described the facilitator as being like "part of the family." For example,

*She came in and acted like part of the family ... We felt very comfortable with her.*

*We had so much trust in him because he always treated us like we were his family.*

*[She was] just like one of us ... She sat right on the floor. The boys were right there, just lapping every bit of it up. I said, "No, you can sit up here." She said, "No, it's okay, I'm going to sit right here with them on the floor."*

Several caregivers mentioned that they felt a bond with their facilitator when their facilitator was also a parent. In describing her first meeting with her facilitator, one parent recalled,

*We just got to know each other. She told me a little bit about herself. She also told me that she had two boys, and one was having problems and the other one is doing great. [So] we had something in common.*

Another said,

*She already knew a lot about the behavior ... If you had already been there it was a lot easier to ... help someone [else].*

Parents described feeling at ease with their facilitator and sensing a genuine empathy from them:

*I can't describe it, it's a feeling you get, it's an empathy. You either have it or you don't. You could feel it like vibes, you could pick up on it that when she was around him, she showed a sincere ... desire to help.*

*[My facilitator] was empathetic, she really cared about my sons, not just one of them but both of them.*

*[My facilitator] was very easy to talk to, very empathetic with my son as well as myself, very sincere, and [she had] compassion towards us and what we were going through ...*

More than half of the caregivers (55%) mentioned the importance of a home visit. For example:

*The most helpful [part] was that they could come to my home. They could come to my home, in his setting, and actually see how we lived and what was going on here.*

*It was very convenient for me. They came to my home, so it was really convenient.*

*I've never had anyone come out to my house and work with me and my child, one-on-one. I always had to go in.*

Home visits were particularly important for families with transportation problems (23%, or about a quarter of the families).

Some parents also expressed appreciation that facilitators kept their appointments and showed up on time. For example,

*When they called and said they were coming they showed up. I liked that because when a person tells you one thing and I'm sitting here with my arms folded and they don't show up or call me, then my feelings start to change.*

One question put to caregivers during the interview was, "How was wraparound explained to you?" In response, parents provided apt descriptions of the concept of wraparound. For example,

*[It] was a group that would coordinate between the school and counselors and psychologists, psychiatrists, family, friends, whoever was involved with the child, and they would try and help make sure everybody stayed on the same page to get the child the help they needed. They also told me that they would try and help us to find more resources to help [my child]...*

*Wraparound was explained to me as, I would have a facilitator who would hear my challenges in my household and help me address those challenges and help me find the needs in my home that were not being met and help me find ways to meet them.*

*That they would help us to coordinate the doctors and schools and basically the kid's whole life, the whole picture, that a lot of times kids get left in the cracks or you have so many people working with the child that nobody is overseeing any of it or coordinating*

any of it, and a lot of times you have one side working against the other. The purpose of wraparound is to help coordinate all of it and to help the parents feel empowered and educated to make the best decisions for their children.

*That you would get all these different community resources together, like bundled together, all different programs that have different services but it makes a lot of good sense that some of the same programs you see in the United Way blue book are available to you through these case workers that can bring them to you, you know in a table discussion format where you go once a month to these meetings to decide who's going to do what, or who wants to commit to do certain things to help you become less codependent on a bad influence like the husband and more independent, you know and self-sufficient, you know to help myself to feel good about what I'm able to do to help my children as well as myself.*

*Instead of working one on one with the families through in-home services with MHMR you had the opportunity to draw together all these different community resources and all these different programs and their services together, tie them together to help the families get on their feet to do what they needed to do to help themselves, to teach them the skills to help themselves and therefore help their children better when they can help themselves be a better parent.*

**Experiences During Ongoing Wraparound Process.** Families described how the bond with their facilitator deepened over time, so that they became like a trusted member of the family:

*As I got to know her, she became a big part of my family. I really was comfortable with her. I could talk to her about anything and my kids could too.*

*I thought in fact I had a new mom who was better at being a mom than my mom is. That's what it felt like. She was great.*

*It's kind of like she in her mind just made you part of her family. You know it was as if some how you got a new adopted member to the family, because she was just always there.*

*I felt very comfortable and I felt like he was family.*

*They became good friends and it was easier for my son to explain how he felt. When he didn't want to tell me he would tell the facilitator.*

*They became great friends. The facilitator would go with us to counseling when we would go. He would also go to the doctor with us; he was a great friend to my son. He felt very relaxed with him.*

*[My son] used to stand up in the door and when he'd see [the facilitator] coming he would say, "Here he comes!" He looked forward to it because he knows they were coming when they say they're going to come.*

*[My daughter] would just tell her about everything that she had done since the last time that she had seen her. You know, like it was an old friend or something.*

Table 5 lists several themes that emerged from the narrative descriptions of families' experiences during ongoing wraparound delivery.

**Table 5. Ongoing Wraparound**  
(N = 40)

	N	%
Mentioned facilitator visiting child in school	15	38%
Mentioned importance of not feeling alone, or knowing that others were going through the same thing	21	53%
Mentioned outside influence of facilitator being important	17	43%
Mentioned that facilitator was unqualified or inexperienced	6	15%

A number of respondents (38%) mentioned the importance of the facilitator visiting their child at school:

*She would go to the school and she would talk to the teachers ... I'd have to take off of work to go up to the school. Well then she would say, "Hey, let me go up there and let me talk to them and don't worry about taking this time off ..."*

*[The facilitator went] to school, sat with the child and observed to see how things were going. And I think that really helped a lot ... When she came back and reported to me how things were going she did say that the teacher respected her, in fact appreciated her coming and sitting there with them. So that helped a lot in our area.*

*She would keep up with my child, she would go and check in on him at school once in awhile and she would ask me whether it was okay ...*

*She made special play dates with her ... went to see her at school at lunch, just made special time for her and I think that really meant a lot to [my child].*

*He went and visited my son at school and they would talk. My son felt very comfortable with him.*

*What I like most about this program is that they are able to help out people with situations like mine. They even called my daughter's school to check if she was there, that's how much they cared.*

Another prevalent theme, mentioned by more than half (53%) of respondents, was the importance of not feeling alone. Through participating in wraparound they learned that other families had experienced similar problems. For many caregivers, this knowledge came as a significant emotional relief and validation. In fact, when asked what part of the program helped them the most, many answers were along these lines:

*What helped me the most was to know other people were going through the same thing ... I'm not by myself as a parent going through this. And then for my mom and them to know that he's just not a bad child, there's other things wrong.*

*The more you talk to people in the wraparound program you find out you're not by yourself and that's one of the most important things to me. It made me realize that I*

*wasn't the only one. It's not bad kids, there's just different type of kids and if they're being directed in the right way, that can help.*

*[What helped me the most was] seeing that my son could do it and that there actually was answers and I wasn't by myself.*

*We then knew that there are other people that cared and we knew we weren't alone in this.*

*[What helped me the most was] the fact that I knew I wasn't alone anymore ... that someone understood how I was feeling and what I was going through.*

*It helped me knowing that, you know, I'm not alone in this, that there's other people like myself and [my child].*

*[What helped my child the most] was knowing, making her feel that she wasn't alone.*

Forty-three percent of respondents mentioned the value of an outside perspective in helping their family. For example,

*Sometimes talking to a stranger is easier than sitting there and talking to my parents. I don't know why, but sometimes it is.*

*An outsider ... can sit down and talk with them and learn a lot about a child that they ain't gonna tell the parents or the teacher or the principal or anybody.*

*Talking to [my child], from somebody from the outside, really helped. Because sometimes they just, he listens to his parents but it's not the same as talking to somebody from the outside.*

Several respondents also discussed how the outside influence of the facilitator helped to keep their family on task with their responsibilities. For example:

*They made sure he was taking his meds. They made sure that I was going to my meetings. They made sure he was getting what he needed and ... went to his doctor's appointments.*

Another mother described how her husband behaved differently when he knew an outsider would be checking on their family:

*Wraparound created stability and created a watchdog in our home where my husband took his medication every day ... Somebody coming in and out, you know even though our Child Protective Services case was closed he'll know [someone is] coming in and out of our home and checking and maintaining the behavior and the environment that my children were in.*

A number of comments from families indicated facilitators were respectful of families' culture. For example,

*[She] would come and she would meet him and talk with him and she brought him little things like holidays and stuff. Like one time she brought something, she said "I left it on*

*the door," it was something for Halloween and we don't celebrate Halloween and she respect our values and she said "Oh, I'll just pick this up and I'll bring you something else." And she did and gave it to him. She would always find out, "Well, do you celebrate this or do you do this?" She would always want to know do you believe.*

*They always respected my needs and my values and my beliefs.*

Some caregivers also appreciated facilitators providing a model of how individuals had overcome their disabilities to achieve great things. One mother said,

*She would bring papers with information off of the website ... One time she brought this flier about ... a museum and we was just talking about how most of the people that have Bipolar or ADHD, they come to be good famous people or being able to learn how to express themselves and lead to higher goals, and a lot of them were people that made good things out of themselves. And so we went to a museum one time.<sup>5</sup>*

A few caregivers (15%) felt their facilitator was unqualified, inexperienced, and/or too young. For example,

*In my honest opinion I think he was too young. I don't think he really knew ... what he was doing. I think he was just somebody that was just thrown into the program.*

A number said that if a facilitator did not have children of their own it was more difficult for them to understand the family's problems:

*I think she tried her hardest and understood as much as she could without having kids of her own ... She was a bit young, didn't really know about kids, didn't have younger brothers or sisters, definitely didn't have any problem children in her family ..*

*I feel that [facilitators] need to be the parents that have dealt with these situations. ...[If] they don't have any children, how are they aware of what needs to be done?*

*I think they need to get somebody in there that has been through the situations and circumstances ... They need to bring in some of the parents and get them involved in the program. Train the parents ... to work in the program.*

*I wish that they had facilitators that actually had experience with problem children, either having them as their own or having them as a close friends' children, somebody that's really felt the way that things go and the frustration ...*

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<sup>5</sup> The caregiver is referring to the multi-media exhibit, "Fine Line: Mental Health Mental Illness" by photographer Michael Nye, sponsored by the Mental Health Connection as part of the community's anti-stigma campaign. The exhibit featured photographs of individuals with mental illness, accompanied by audio recordings of each individual presenting his or her own story. It ran from September 23 to December 3, 2006 at the Fort Worth Museum of Science and History. More than 75,000 visitors attended the exhibit.

**Whole-Family Support.** One aspect of the wraparound approach is to address the needs of the whole family rather than attempting to treat the child in isolation. A number of caregivers mentioned the need of helping other members of the family beyond the identified child. In particular, half of respondents (50%) mentioned that their own needs or the needs of another caregiver were important to address. (See Table 6.) In fact, to help the child it is sometimes critical to first help the child’s caregiver. One parent said,

*[I think the program should] help the parents more because it seems like the children that are in wraparound, you know the parent are the ones having the difficulty which is the reason why the children are having difficulties. So I think if they provided support for the parents ... that would help a lot.*

Another said,

*I was relieved that there was a program that would help me find resources and solve some of my additional stressful problems that didn’t necessarily have to do directly with my child but were contributing factors to the strain in the household that took attention away from dealing with my child’s problems.*

Often caregivers themselves struggled with their own mental health disorders. One mother said,

*I can’t remember a time since I’ve been married that there hasn’t been just crisis after crisis. Just about the time when one ends another one begins, but that has to do with my husband’s bipolar disorder more than it has to do with anything else.*

**Table 6. Whole-Family Support**

(N = 40)

	N	%
Mentioned importance of addressing needs of caregiver	20	50%
Caregiver’s needs addressed in their case	23	59%
Mentioned importance of addressing needs of non-target children	9	23%
Needs of non-target children addressed in their case	10	26%

Most respondents (59%) mentioned that caregiver needs were addressed in wraparound. However, others mentioned that their needs or the needs of another caregiver were not addressed. For example,

*I have a disability, too. I have adult attention deficient disorder, and I wish that ... I’d been offered some more support in managing my own problems so that I could be a better support for my child.*

*[My child] does not have a stable home environment because his mother is homeless and [he] just was jumping around from one relative to the other ... I only wish that there was a way, and I hope that this is possible, I wish that there was a way that [wraparound] could have helped [his] mom get stable and find a place.*

*I needed job training and I didn’t get that goal completed, that wasn’t carried out ... It kept getting put off and there were things that got in the way that put it off and we*

*couldn't get it accomplished. It's really frustrating when I look back and think that was the main thing I needed was to get self-sufficient financially.*

Almost a quarter (23%) of respondents mentioned the importance of addressing the needs of children in the household other than the identified child. A little more than a quarter (26%) described how the needs of other children in the household were addressed during the program. For example,

*[My facilitator] helped my daughter a lot. In fact, he also helped me with my other six kids. In fact, my other kids were not enrolled in the program, but he also helped them. He even bought something for my younger daughter that she needed for school.*

*Our facilitator was really there for my daughter a lot. When there was a lot of things I had to go through with my son. I mean, she ... picked up the ball, so my daughter wouldn't feel so left out. Because I had to spend so much time with him, in and out of the hospital.*

Others, when asked what they would change about the program, said they wished the program would help other children in the family beyond the identified child:

*[I wish] that it was for the whole family and not just the individual child ... In our circumstances, it would've been better to help the younger child as well, not just the older one.*

*I think if more than one of your children needs help, it should cover both of them, instead of just identifying one child at a time.*

**Learning and Sustaining Skills.** Another key element of wraparound involves teaching families skills so they can succeed after services end. During the course of the interviews, 26 caregivers (or 65%) mentioned a skill they learned during wraparound. (See Table 7.) Some described skills that helped their child with their particular disability. For example, these parents described helpful skills for children with attention deficits:

*At one point in time we decided against him being on the medication, and then [my facilitator] showed us a lot of different games that you can play to help him focus ...*

*She would say if someone has a problem with paying attention, give them smaller things to do and really praise them once they get it done. And also she taught us about eye contact with the staring and everything and to see who blinked first, and that would help him ...*

Others described parenting skills they learned during wraparound:

*For me it was kind of like she was doing a parenting classes for me and so helping me to help him.*

*I got a hold of it now, how to control him, make him be still, sit down and listen, time outs. [My facilitator] taught me how to do it.*

*I found out that with the children they don't get rewarded for everything they do, that's what they used to get - if they acted up they could have candy, soda, food or something*

*like that, but that is not a solution to the problem. You just don't give a kid some food to shut them up or put them in front of the TV, because my goal was so different - you do your home work and then I would look at it then you could look at TV if your homework was done or if your bed had been made ... We had a point system, you got so many points, and at the end of the game then you would get a reward and they looked forward to getting their reward.*

*I have learned how to work out a schedule for [my son ... So, it's more structured. We've learned how to structure our family's life.*

**Table 7. Skills**  
(N = 40)

	N	%
Mentioned skills learned in wraparound	26	65%
Mentioned that they continued to use these skills after graduation	23	58%
Mentioned improved family relations or communication	21	53%
Mentioned child doing better in school	19	48%
Mentioned wraparound improved relationship with school	18	45%
No apparent change in family empowerment	12	30%
Described being more empowered	17	43%
Described being a lot more empowered	11	28%
Mentioned being a better advocate for child as a result of program	10	25%
Mentioned referring or helping other families	5	13%

Most parents (i.e., all but three) who mentioned skills also mentioned they continued using these skills after graduation from the program. One said,

*The things that we had already set out that we were working on we did ... [now] it's like breathing, I done learned how to breathe and you can't tell them not to do that anymore.*

Another said,

*And even though there's nobody in the Wraparound anymore we still reward good behavior, we don't concentrate on the negative. And one of the things, one of the other things [my child] was good about, they do a point system, they're doing behavior intervention ... so if he saw all the negative he would keep acting out, so we don't concentrate so much on the negative and concentrate on the things that he does good.*

One parent described how her daughter continues to use the skills she learned in wraparound in order to reflect on her problems and make decisions to improve her situation:

*[Wraparound] taught her that whole process of setting goals and brainstorming ... and being able to look at what she's doing and her behaviors, what's working for her and what's not working for her, and being able to make different choices based on that ... That's something that she's able to do [now].*

Another said,

*He comes back to his skills. [The facilitator] told him how to cope with people and how to cope with family members.*

A little more than half (53%) mentioned that their families enjoyed improved relations as a result of skills they learned in the program. Many of these respondents specifically mentioned improved communication with their child. For example,

*Our communication is definitely better ... Whenever [my child] has a problem now she'll come and talk to me about it. If there's something ... going on in school that she's not happy about or people are giving her a hard time, then she comes to me and talks to me about it rather than trying to deal with it on her own. That's definitely a big step. When she was staying out at my brothers she started hanging out with a little boy and when she decided to stay after school, skip the bus, to stay with this little boy, she told me what happened ... So getting the truth out of her is a lot easier for me ... She definitely trusts me more now.*

*My son would always be in his room, depressed, no communication. Every time I needed to talk to him, he wouldn't say anything and I didn't know what was wrong, or I didn't know what he was going through, and now he can talk to me ... He tells me everything. Now he tells me everything.*

*[Now] we can enjoy each other's company. My son and I had gotten to the point where we couldn't really spend any time together, because we were always bickering and arguing ... Now we are able to spend time together and joke around and have fun ... [We] set time aside and go to the movies or go have lunch ... I'm better able to communicate with him and listen to what he is telling me ... [Recently,] one of his friends ended up in jail, and he's able to come and talk with me about these things ... just recently he went to Austin and sat through a political debate with one of the presidential candidates ... Then he called me and discussed with me what went on in the debate and what his thoughts were about it ... That is something I would never have seen my son do.*

*My son and I are a lot closer. We don't scream and yell at each other like we used to. Because we couldn't talk to each other, we'd fight all the time. It's easier now for me to help him achieve goals that he's trying to solve and he can actually reach them.*

*Being able to look at things from everybody's perspective I think really helped us ... We definitely are able to look at things from each other's perspective now which we weren't able to do before.*

*She was able to communicate better. [Before, she] really didn't talk ... just sucked her thumb. She'd just make noises and point. But now she's just like a regular kid.*

A little less than half of respondents (45%) mentioned twraparound improved their relationship with the school. A similar number (48%) mentioned their child was doing better in school. For example,

*Starting out before the wraparound program, he was at D's and F's. Right now he's at C's and B's ... He's come a long way.*

*[My child] improved his attitude and his emotions. The teachers [tell me] how great he is doing ... Now he wants to do his homework, [where] before he would not do his homework.*

*His behavior improved ... His teachers feel very proud of him.*

*[My child was able to] come back to regular school, and he did better, much better in school. Regular school.*

Seven out of ten respondents described their families being more empowered as a result of wraparound, with 28% describing a great deal of increased empowerment in the judgment of evaluators, based on analyses of the narratives. A number of parents (25%) described being better advocates for their child. Many described being more knowledgeable about services, knowing their rights, and having the confidence to speak up at meetings. For example,

*I think going through this program really helped us to exercise our rights and to be very persistent.*

*Even if they're not finding the help for me anymore they helped me find out how to find the help.*

*We ended up better advocates and better able to deal with all our issues because we went through the program.*

*The wraparound program really educated us. It helped show us how to be better advocates.*

*We can go to the school now and just talk to them and say, "This actually needs to be done, you know," and we know the process ... and if they can't do it then we know the steps to get it done.*

*I think that counselor who ran the meeting was used to throwing a few things out and everybody saying O.K. and, you know, saying meeting adjourned. Because she was running it the way she always ran it ... There wasn't a whole lot of give and take ... [But now things] are a lot better ... They are on their toes and paying attention and not just trying to sweep us in the corner.*

Five respondents (13%) mentioned referring or otherwise helping other families. For example,

*As a matter of fact, I'm talking to a lady right now that lives close by. She's having problems with her son and I've already recommended her to call the Family Resource Center. And I've told her about Community Solutions.*

*I have a godchild and I told her about the wraparound program, and she started it about a month ago.*

**Experiences Involving the Wraparound Team.** A central component of wraparound involves forming a team of individuals involved with the child’s life, including professionals and non-professionals. The great majority (85%) said they had team meetings. (See Table 8.) Of those who had team meetings, 85% described the team meeting process as being helpful for their families. For example,

*I think having a whole team of adults that are all following [the child's] progress and goals and interventions and how well they worked, I think that really made a huge difference.*

*Whenever [my child] had enough people asking her the same questions, that made her look at her behavior and choices, and be able to defend them or try to make another decision that is better for her.*

**Table 8. Wraparound Team**  
(N = 40)

	N	%
Had team meetings	34	85%
Team meeting were useful and productive	30	88%
Child involved with team	25	74%
Informal supports on team	20	59%
Had the right people that the family wanted on team	17	50%
School staff on team	9	26%
Caregiver had concerns about “dirty laundry”	9	24%
If yes, were concerns overcome?	8	89%
Youth had concerns about “dirty laundry”	4	11%
If yes, were concerns overcome?	3	75%
Caregiver has support system now	19	48%

Of particular importance is recruiting “informal” or non-professional supports to participate on the team. An informal support is an individual such as an extended family member, neighbor, church member, or other community member who will continue to be involved with the child’s life after services have ended, providing continuity and ongoing support for the family. About 6 in 10 (59%) of the respondents mentioned they succeeded in recruiting informal supports. For example,

*I asked my pastor. My pastor’s always counseling them about one thing or another anyway since I’d had them, so it wasn’t a new thing to him. It was just something that he did on a regular basis.*

*We got the team together. We talked about who should be on that team ... even one of his teachers would show up every meeting and outside people. We are a very functioning church and my mother and people that had a play in his life all the time.*

*My mom and my best friend ... You know, our team was small, but it was the people that mattered to the kids.*

Although informal supports play an essential role on the wraparound team, families can sometimes be reluctant to invite such individuals to participate due to concerns about “airing their dirty laundry” in front of others. Of those who had teams, about a quarter of respondents (24%) describing feeling embarrassed or ashamed about what was going on with their family and not wanting others to know about their problems. One respondent said,

*The worst thing about it was airing out my laundry about my household, about what we all were going through mentally and financially. I hated it, I hated telling them everything about us ... When you're going through issues and problems, you don't want to put your business all in the street, telling them everything.*

In most cases (89%) such concerns were overcome during the course of wraparound. One parent recollected,

*I was really nervous because I've always been a very private person. I didn't want too many people knowing what was going on in my household. But as time wore on, I came to the realization that I need other people to help me when I can't help myself.*

Another said,

*We're fortunate enough to have a very big support base -- friends and family that are able to sit down with us and go through things. We did not have that before; we didn't really feel that we could communicate with them. We didn't want people to really know all the problems that we were having. So that is helping us a lot. We're very fortunate that we have friends that actually help us with him, so if he needs rides places or he needs to talk to somebody and doesn't need to be talking to us, he knows that there are friends of the family that he can call and communicate with.*

Other families, however, had few reservations about letting others know about their problems. One parent said, for example,

*I felt good because my brother knew what was going on. And our pastor, because he also knew our situation. I felt great because there were other people interested and supportive with our problem.*

It was clear in about half the narratives (52%) that the caregiver currently had no informal supports for her family. Even after completing services, these families were left with no ongoing support. One mother said,

*Really all of my support team came from inside Community Solutions. It came from my wraparound facilitator and people that were really on her team, so to speak, so now that I'm no longer in the Community Solutions program I am very much left without a team.*

**Experiences with Youth Coordinator.** The Youth Coordinator worked with children 11 or older, mentoring them and coordinating social activities for them. A third of the respondents (33%) said their children interacted with the Youth Coordinator on an ongoing basis. (See Table 9.)

Most of these families (69%) described their interactions with the Youth Coordinator in positive terms. As shown in Table 9, the remainder of comments were split between neutral comments (2 families) and negative comments (2 families).

When asked about their family's interactions with the Youth Coordinator, about a quarter (23%) of families in the sample who worked with the Youth Coordinator were enthusiastically positive in their comments about him. (See Table 9.) For example,

*[My son] fell in love with him. [The Youth Coordinator] is just such a likable guy ... He's just a really fun person that knows children. I noticed that when [my child] was around him he loved to play, he loves to create things, and that was just right up his alley ... so that was really good. Yeah, [the Youth Coordinator]'s terrific.*

*Yeah! Loved [the Youth Coordinator]. Loved him. Her brother loved him! Loved him! We ran into him at Big Lots, maybe a few weeks ago and they heard his voice a couple of rows over, and they recognized it, and they ran away from me and threw their selves at him. I mean they love him. He's great!*

Most of the families who worked with the youth coordinator (69%) described positive, beneficial interactions with him. For example,

*I could hear [my children] talking to each other, " No, [the Youth Coordinator] told me not to do it like this, he told me to do this," but you know I never pretended I was eavesdropping. It just happened that I was there at the right time, on purpose. [The Youth Coordinator] had an impact on them ... they put a lot of the things they was told into operation and actually it helped them.*

*He let them come play basketball ... and oh God they thought they were it, but they were good ... and then after that they joined a basketball team. They came in second place and that's the first time they'd ever played basketball!*

*I felt real good [about the Youth Coordinator]. I felt real good when he explained [how he had] ADHD, and I was like 'whoa.' And how he overcome, and how he got through things, and he was telling [my child] he could do the same thing.*

Two families had negative comments about the Youth Coordinator. Their concerns centered around the Youth Coordinator not following through with appointments or promises made to their children.

**Table 9. Youth Coordinator**

(N = 40)

	N	%
<b>Involvement with Youth Coordinator</b>		
Unaware of YC	19	48%
Not much involvement with YC	2	5%
YC worked with child	13	33%
YC not discussed	6	15%
<b>Impression of Youth Coordinator</b>		
Enthusiastically positive	3	23%
Positive	6	46%
Neutral	2	15%
Negative	2	15%

**Transitioning out of Wraparound.** When asked about their experiences at the end of services, a little more than a third of families (35%) said they met most or all of their goals and were ready to graduate from wraparound. (See Table 10.) For example,

*Well, [my child] was doing a lot better ... We had really taken care of enough of the problems ... Once it had gotten to that point, we thought maybe we really don't need to continue with the services ... We'd already worked through the major issues and so we were just fine tuning it at that point.*

*[My child] believed that she didn't need help anymore. I think so because the goals for my daughter helped her. The situation no longer exists ... She's doing great.*

**Table 10. Leaving Services**  
(N = 40)

	N	%
Felt they needed longer service for their family	19	48%
Were ready to leave services	14	35%
Surprised by abrupt closure	12	30%
Think services should be longer in general	7	18%
Think families should be able to reenter wraparound if needed again	14	35%
Expressed understanding that time is limited due to limited resources	11	28%

Some families were ready to graduate, but were reluctant to leave the program after they had become accustomed to receiving help from their facilitator. For example,

*Well they felt like we were [ready], but I didn't want to see it stop. I [wanted] to continue but I know that we all need to grow and sometimes have to grow on our own, but I didn't want to stop [wraparound] because I had such a good experience with it.*

*[Our facilitator] kind of had us spoiled a little bit, and I don't think you ever get tired of being spoiled, but ... was it really time to be out of the system? Probably, yeah.*

A number described a graduation party with their facilitator. For example,

*At the very end we had a party at CiCi's Pizza and he got to invite his friends and it was really nice. There was a lot of friends that showed up and [my facilitator] was like the proud parent on graduation day, you know she took bookoos of pictures and then she emailed them back to us ... The kids had a fun time playing, there were gifts and I even got a gift ... It was real nice, we had a fun time.*

*When we got to the end we did a graduation party. [My facilitator] brought certificates and honored [my child] with a certificate. We had a meeting to put more goals in and what we were still going to work on.*

About half of the sample (48%) said their family was not ready to end services and wished they could have received a longer time in the program. For example,

*I wish that it didn't end like it did. I wish it had ended when the person's need was up, not when the time was up, because I still needed it and it left me so desperate. Things were still really bad when it left me ... I was still in crisis.*

*We need a little more help and I would've loved for it to be much longer. [My child] would've had more time to talk to his facilitator ... I don't think we reached our goals ... I would've wanted more time.*

Seven respondents (18%) said they thought services should be longer in general. Others said the length of service should be need-dependent rather than time-dependent.<sup>6</sup>

*I wish it would actually last longer than it did. I know it varies per child. I know they have a set time and I think it should vary upon the child. I really do, because, each child is different. And, something that works for one child may not work for another. So, I think the time frame should also vary for each child.*

*I wish that they would still deal with you even though they graduated you out.*

*I would have liked it if there was some way [my child] could have stayed on file even though there was no one contacting them ... I don't think there ever should have been a graduation, I don't think they should have a graduation for the kids in wraparound, there should be a permanent cause once a kid needs that help.*

Some (28%) expressed understanding that resources were limited but urged a lengthening of services, in some cases specifically requesting an average program length of 18 months instead of 12 months:

*I wish that we had more time ... I know that there's a bunch of people need services, but maybe extending the time from a year to maybe 18 months, giving us about a year and a half to get to a better point ... I think that would help a lot.*

*Honestly, I don't think we were ready ... I still almost a year later think I still need help with this. But with a time limit of having so many people that need services they can't just keep you as long as you want to be in ... Maybe they could think about extending it maybe 18 months instead of just 12. Maybe with 18 months I would have been better prepared.*

Most families, whether they were ready to graduate or not, knew ahead of time that an end to services was coming and worked with their facilitator to plan for their transition out of services. For example, when asked how their facilitator prepared them for the end of services, some respondents said,

*They let us know up front how they were going to do it. They let us know way ahead of time and everything.*

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<sup>6</sup> In fact, length of time in the program was largely need-dependent and varied substantially from family to family. There was, however, an understanding that a given family could not remain in services indefinitely.

*She told us, "Look, you all are getting towards the end of your services. Let's see where we're at. Let's make a plan for when you get out of services."*

However, three in ten (30%) described feeling surprised when their services ended suddenly. For example,

*Actually when we got to the end of it we were all shocked. All of us there could not believe that it was the end until we were told, "I will not be back," but that was when we went to the graduation. We didn't really understand what graduation was ... We went and we were all pumped up we were just getting ready for graduation and you know it was a big thing and then at the end ... [my son] wanted to cry because she said "I won't be back," and he said, "What do you mean you won't be back?" She said, "But you graduated and we don't come back." He said, "Why didn't you tell us before we came to graduation that you would not be back?" You know I felt bad because they felt bad because they had no idea this was it and I didn't know how to explain it because I really didn't know my own self. I really did not know that we were ending the program.*

*I was informed that we had achieved all of our objectives and even though some new objectives had been laid out our initial objectives had been accomplished, and so we were released from the program in a little bit of a shocking and stunning way ... I'm expecting at least another three months of involvement, and I've become very attached to my people ... I was disappointed because an expectation that couldn't be met was laid out ... I was a little stunned.*

*Actually we had gotten so used to folks coming, till we didn't even realized that we were out of it, until the lady told us we had one more meeting ... I mean, it was like a friend come over to visit, that's how comfortable we had gotten with it.*

*She said, "We're all finished," and I'm thinking, I can understand us being all finished but somewhere we took a bath and didn't get dried off, you know, because there's a lot to be done when you get ready to graduate.*

*They never told me how the end was going to be.*

Whether they felt ready to leave services or not, many families were disappointed at the end of their relationship with their facilitator and felt it was like losing a family member or good friend.

*When [my facilitator] left, then things just didn't quite go the same anymore because [my children] were so disappointed.*

*It's like my dog died, you know... without my facilitator ... I feel lost, because even if there wasn't some other resource that I needed there was just the emotional support ... just having that anchor was really important.*

*The kids were so disappointed when [our facilitator] left.*

*The worst experience was probably having to say good-bye ... at the end of our year. You know, everyone became very involved with my children and everybody was just very helpful and I hated to have to leave.*

*I felt really bad when he had to leave.*

**Experiences with Staff Turnover.** Some respondents described how employee turnover in facilitator positions negatively affected their family’s case closure. (See Table 11.) Fifteen (or 38%) of respondents mentioned that they experienced turnover in the facilitator assigned to their family. Of those, a majority (60%) felt that they were dropped or rushed out of services as a result of the changeover in the facilitator position. For example,

*We weren’t ready to discontinue services. It was difficult when [our facilitator] said she was leaving her job ... It happened pretty quickly when she found out she got the job and she quit the Community Solutions and also her liaison with MHMR was all cut and severed within a week or two ... so there wasn’t much time to transition into anything else, we just got dropped, you know.*

*I didn’t hear anymore from the team since the facilitator left his job.*

*I got a phone call [from my facilitator who] said, “Look this is how it is, I’m not going to be with Community Solutions any more, but there’s supposed to be somebody else taking over your case.” The new person that I got was ... rude. [She] told me I wasn’t in the program anymore ... Totally different attitude than the [first facilitator]. So we just kind of gave up.*

*Our new facilitator, it was like she hardly ever came around. No matter how we would explain my daughter’s needs, she just wasn’t too sure about what else she could do. If she’s not going to be able to help us, then we might as well let her go to help somebody who she could. So, we just asked to get released.*

**Table 11. Staff Turnover**  
(N = 40)

	N	%
Experienced turnover in their assigned facilitator	15	38%
If Yes,		
Change impacted services negatively	9	60%
Dropped or “rushed out” as a result of changeover	9	60%
Problems with transition from one facilitator to another	5	33%
Sense of emotional loss when facilitator left	3	20%
Chose to end services when their facilitator left, rather than start with a new facilitator?	2	5%

Of those who experienced staff turnover, 60% described how the change in facilitator negatively impacted their services. Local evaluation data collected as part of the national longitudinal study confirms that families impacted by employee turnover have poorer outcomes relative to families who had a single facilitator.<sup>7</sup>

<sup>7</sup> See Community Solutions Quarterly Evaluation Report, Year 6, Quarter 2. Available online at <http://www.mentalhealthconnection.org>.

Several respondents mentioned that their facilitators left their positions because “they got better jobs.” One mentioned burnout:

*They get burned out at their jobs because there’s too many cases, they can’t handle the case load ... So the families are suffering and doing without but the case workers are getting burned out because they’re not getting their needs met so that they can meet the needs of the families.*

**Experiences with Evaluation.** In about a quarter of the narratives, it was evident that the caregiver confused their evaluator with their facilitator.<sup>8</sup> (See Table 12.) Often the same evaluator worked with a given family for up to 3 years, developing strong rapport during that time. As a result, families sometimes identified their evaluator as a support. Some quotes pertaining to evaluation are given below:

*She’d come over here and we’d do the evaluation to see where about [my son] was and if he’s still doing this and that, and at the end of it ... we would get gift cards from Wal-Mart. She would try to base it on a time when you are available ... Me and [my evaluator], we got close to each other ... because she had a daughter that’s dealing with this.*

*[My evaluator] always manages to find me. Somewhere, somehow it doesn’t matter if I’m lost or not, she will find me.*

*I call [my evaluator] whenever I think about it. If I need something, or if I have a question when something happens to my kids. She is a great help. Any kind of literature that she can give me, she does. Anything that she can help me with, she really does. I try not to bug her. She always holds her hand out, and tells me that I can call her. I really like her, she is nice.*

*I’ve been with that lady three years and she’s a wonderful lady ... She’s what I like to call good people. She treats you like you’re somebody and she comes here and she does what she’s supposed to do and we talk a little bit ... She tells me if you need anything, call me.*

**Table 12. Evaluation**  
(N = 40)

	N	%
Confused evaluation with services	9	23%
Identified evaluator as a support	10	25%

<sup>8</sup> This confusion between roles sometimes made analysis of the narratives more difficult. Throughout this report, responses pertaining to facilitators were counted only in those cases where it was clear that the respondent was referring to their facilitator and not to their evaluator.

**Overall Impressions of Wraparound Program.** Based on the overall tone and content of the narratives, evaluators coded respondents' overall impressions of the program into four categories, as shown in Table 13. The largest category of respondents (43%) were individuals who praised the program and found no faults with it. A little more than a third (35%) were satisfied with the program with some minor concerns. One in five (20%) found the program worthwhile overall but had major problems in their experience with the program. One respondent (3%) found the program to be of no use at all.<sup>9</sup>

**Table 13. Overall Impression of Community Solutions**  
(N = 40)

	N	%
Loved it, wouldn't change a thing	17	43%
Satisfied, with minor concerns	14	35%
Worthwhile, but major problems	8	20%
Not useful at all	1	3%

Table 14 breaks down the overall impressions by demographic groups. As can be seen in the table, most of the Spanish-speaking respondents (70%) described the program in very positive terms without raising any concerns. English-speaking respondents were far more likely to raise concerns. These results suggest that Spanish-speaking individuals are reluctant to offer criticisms.

African Americans most often (60% of the time) expressed satisfaction with the program but generally had minor issues of concerns. In contrast, Caucasians were most likely to raise major concerns.

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<sup>9</sup> In order to test the validity of evaluators' ratings of the narratives, the category (coded 1-4) was compared with each family's self-report on the Youth Services Survey for Families (a five-point scale) collected from families in the national longitudinal study. Scores on the two measures were well correlated ( $r = .60, p \leq .001, N = 33$ ).

**Table 14. Overall Impression by Demographic Group**  
(N = 40)

	Not useful at all		Worthwhile, but major problems		Satisfied, but with minor concerns		Loved it, wouldn't change a thing	
	N	%	N	%	N	%	N	%
<b>Caregiver's Preferred Language</b>								
English	0	0%	7	23%	13	43%	10	33%
Spanish	1	10%	1	10%	1	10%	7	70%
<b>Child's Race/Ethnicity</b>								
White, non-Hispanic	0	0%	5	42%	4	33%	3	25%
African American	0	0%	0	0%	9	60%	6	40%
Hispanic or Latino	1	8%	3	23%	1	8%	8	62%
American Indian	0	0%	0	0%	1	100%	0	0%
Multi-Racial	0	0%	0	0%	1	50%	1	50%
<b>Child's Gender</b>								
Male	1	3%	5	16%	13	41%	13	41%
Female	0	0%	3	38%	1	13%	4	50%
<b>Child's Age at Intake</b>								
4-7 years	0	0%	1	17%	2	33%	3	50%
8-10 years	0	0%	3	27%	5	45%	3	27%
11-13 years	0	0%	3	21%	5	36%	6	42%
14 years and older	1	11%	1	11%	2	22%	5	56%

**Difference Wraparound Made in Families' Lives.** Previous evaluation reports have shown substantial improvements in family-level outcomes which have been sustained over time. The following quotes illustrate some examples of the difference wraparound has made in the lives of families:

*I don't know what I would have done without them honestly ... When they got involved slowly but surely he just, you had to have been there to see the process, the change that he went through, it was awesome. Is that my son? WOW!*

*The behavior is so much better. We still focus on the positive, we deal with the negative, and I'm more consistent on what I say I'm going to do. I'm more at peace and I think it took a bunch of people to help do this ... I'm happy, I'm happy.*

*There is tranquility at last at my home. I used to call the cops every day because of my daughter. It's been three years since we ended the program and everything is great.*

*I'm in a better position now. I have a job now. My son goes to therapy. I have a home ... My son can open up a lot more now than he did when we were first started in the wraparound process. We've grown up. We've matured a lot.*

*The best I remember is when [my child] improved his behavior... I saw my son with a light on his face and I felt very happy, too. I cried, I was so happy to see him like this.*

*[Now] I can get out and I can go places. I used to couldn't go places by myself ... I can go in the other room without worrying about what he's doing ... I can spend time by myself.*

*The best thing [my facilitator] did was to help my daughter get away from drugs, to help her believe in herself again, and to have pride in herself. Her self-esteem was so low at the time that she even said she wanted to die. However, she overcame all of these things with the help of [our facilitator].*

*It helped me a lot, and it gave him a little bit of confidence. That's where it started because he had had no self-confidence. Today he has more self-confidence than he's ever had. So it's a big step forward.*

*All the good things that he is doing now is because of the help he received.*

*They recommended what was called "art therapy." [For my child], that was one of the best things. He was able to express himself through art and I noticed a big difference in [my child]. And I would have never, ever, known about this center had it not been for Community Solutions.*

*My best experience came about ten minutes into the program. I was living in a home where I didn't have the money to pay the electric bill ... It was during January during a bad winter storm. I had no electricity and they put us up in a hotel for the night until we could get our electricity turned back on.*

*I had a heart attack while I was in the shelter... When I was in the hospital, they [wouldn't allow] my children to stay at the shelter ... There was a threat that they were going to put [my child] in foster care while I was in the hospital. But that did not happen because [the facilitator] stepped in ... [My child] didn't have to go through the system.*

*I can't imagine what the last year of my life would look like without these people in it. I know it doesn't look this good, that's what I know.*

*They really helped him ... They said that out of all the kids they worked with in wraparound, he was the one that stood out because of the state that he was in and the tremendous change that he made ... And now looking at him, you would never know he was like that. He's just like the perfect child ... It was wraparound that helped.*

*I know now that I can do things on my own. I'm a stronger person now than I was back then ... I was not able to take care of my family, now I know I can.*

**Family Statements to Lawmakers, Policymakers, and Voters.** At the conclusion of the interview, caregivers were asked, “What would you tell lawmakers, policymakers, or voters about your experience to convince them to support more funding to pay for programs like wraparound for children?” The following quotes are drawn from their responses to this question:

*I would tell them to take a look at my family. Take a look at my son. He had a very difficult time in school and that he has made very poor choices. And, by all rights, shouldn't have graduated ... Many times I would have happily showed him the door and have him not come back through it, had it not been for the efforts of the wraparound program. I think that is true of a lot of families that have participated in this program. And also, there are a lot of people out there that cannot afford to seek these kinds of services on their own. Wouldn't even know where to begin. The wraparound program [is designed] to be able to see the bigger picture, and for our children to be successful and be able to graduate and be productive members of society, [even if] they are struggling in school, and they are having some problems. It's the bigger picture than just a typical program. This program should be there and should be available to everyone. It's a benefit to all of us for those kids to have those opportunities. If they are not successful, productive members of society, we are going to pay for it in the end.*

*There are a lot of children and a lot of families that need help. [Let's] get the children the help that they need early on. Make sure they can grow to be productive and happy adults. If you can't give them that help early, then you might as well go ahead and get a cell ready for them. Head it off at the pass, get it done now.*

*Honestly the main thing I would say is if you have more funding for wraparound programs like the one I was in, it would keep a lot of the kids from going through a lot of stuff and maybe not having the kids turn out so rebellious, so out of place, out of touch ... [There would not be] as much crime, not [as likely] that they would end up in jail, in prison, or dead. I don't know where my son would be if it hadn't been for the wraparound program. He was very angry, he was very rebellious, and now he's not.*

*We're spending a lot of money defending another country while our children are suffering here in the United States. I think that the government needs to invest in our children because our children are the future. We not only need to focus our attention on those children who are from functional homes, wealthy homes, but we need to focus on the children who are from dysfunctional homes because they can be somebody too. Their parents just need a little help; the children just need a little help. So I think the policymakers need to channel some money in the direction of our children who are from dysfunctional families.*

*I would tell them that some of the issues that our children are having the parents have no control over. They think we do but sometimes we don't, especially when they get out of hand. Just help as much as you can and get more people involved with mental health situations and help out with the parents and the school ... They need funding.*

*I could show them exactly how my son benefited from it and when it comes to my child, trust me, I would fight for it. I have everything documented ... There is so much that my son benefited from, that I would present to continue to ask for more funding, because it's definitely something that helps these children and there's not enough out there to help these children ... If this program was gone, then it's one less piece of help for these children who need it.*

*The children are what's important. Without this program children might not reach the goals that they are capable of. It's definitely needed. Not only for the kids but for the parents too, because I know as a parent, I didn't see my kid going anywhere except juvenile hall and now he's in high school and I didn't see that at all and I'm really proud of him and I know because that's where I got my start, the wraparound program.*

*I would say make people more aware, because people are shy to talk about things that kids are going through ... We know that people have chemical break downs, mental illness ... I would say bring it more to the light. It's a new thing, it's something people didn't used to talk about ... I want to see people reaching out more.*

*It is very crucial that they keep the wraparound program because there are families out there cannot afford family service or private counseling sessions for their kids, that really need the help. And, I was one of those parents that needed the help, and they were there for me.*

*[We need] more funding to educate the counselors and the teachers and the nurses so they can be more aware of children that have problems like this. So they won't just bypass the child and they can actually know where they can send the child, the parents to get help.*

*I would tell them that this program is great; it is worth helping people out there that have situations like mine. This program should continue helping other families. Thank you.*

Several Spanish-speaking caregivers made pleas for bilingual staff persons:

*I would like for there to be more bilingual people because most of the children need them; they are the future of our country ... For them to help us and give us advice and more people to speak our language, for them to understand us.*

*I would tell them, thank you for helping me with my case and to keep up the good job with this program, and for financially supporting these programs in order for them to help people. There are many kids that need this help. In the Hispanic community there are many that need help but some are too shy to ask for help or sometimes it's because of our language barrier. To get more bilingual staff, think about our future and to do more great things.*

*For them to support programs like this because they do help families who go through problems such as the one I had to face. The programs do work, and in fact they need to have additional programs, so that more people can be helped. They also need to have more bilingual people, so that those that do not speak English have a better chance to express their problems.*

*There need to be more Hispanic ladies working for the program, so they can get to know more Mexican families and they can talk to them.*

## Conclusions and Recommendations

Families who received wraparound through Community Solutions described overall very positive experiences during wraparound, but many identified problems involving staff turnover and with their transition out of wraparound.

Wraparound is an intensive intervention with facilitators' caseloads limited to approximately 10 families each. As such, facilitators and families had sufficient time together to build a strong and trusting relationship. The great majority of families described forming strong bonds with their facilitators. In fact, families often described their facilitator as being like "part of the family."

As a result of the close bonds between facilitators and families, it was often traumatic for families when that relationship came to an end. About 4 times in 10, the relationship came to an end because of staff turnover. In most of these cases (60%), staff turnover had a direct and detrimental effect on the family's progress. (And as previously reported, staff turnover resulted in measurable, negative effects on long-term family outcomes.) Families found it difficult to "start over" with another facilitator because of the time it would take for the new facilitator to understand their family and to rebuild the therapeutic alliance. Often (60% of the time) families felt their case was dropped or "rushed out" by the new facilitator. Some families chose to end services rather than start with a new facilitator.

These findings relating to staff turnover lead to the following recommendation:

**Recommendation #1:** Take measures to reduce staff turnover, such as increasing salaries and support for front-line staff, in order to improve outcomes for families.

The other way the relationship with the facilitator ended was when the family completed services. About half the families did not feel they were ready to end services at the time of their graduation. About 3 in 10 said they were taken by surprise when their facilitator told them their services were over. These findings indicate that more emphasis must be placed on training facilitators to prepare families for the end of the service relationship. The principles and procedures of wraparound recommend that facilitators revisit the issue of graduation at each team meeting. Moreover, families should have some control over when their services end.

**Recommendation #2:** Train wraparound facilitators to prepare families for the end of services by revisiting progress toward graduation at each meeting with the family.

A number of parents felt a particularly close bond when their facilitator was also a parent. Conversely, when their facilitator was a younger person without children of their own, some parents felt that the person was "too young" to understand the problems their family was facing. These parents said that the person working with their family should be someone who has had personal experience with childhood mental illness in their family. Such background should be weighed positively in hiring decisions:

**Recommendation #3:** Hire wraparound facilitators who have had personal experience with childhood mental illness in their families.

Hispanics and Latinos, particularly those who speak Spanish as their primary language, were the least likely of any group to express grievances about their experience with the program.

African Americans were most likely to raise minor concerns, while Caucasians were most likely to raise major concerns. This pattern of results indicates cultural differences in the expectations, attitudes, or willingness to be critical of social services. Mental health professionals must make special efforts to understand Hispanic culture in particular and to be proactive about addressing concerns which are left unvoiced by this population.

Hispanic family members frequently pointed out the need to hire additional bilingual staff and individuals connected with the Hispanic/Latino culture. Qualified individuals who are bilingual in Spanish and English are in high demand in many fields. To meet the need for bilingual and Spanish-culture staff, special efforts must be made to recruit such individuals:

**Recommendation #4:** Offset barriers to the hiring of bilingual Hispanic/Latino staff (e.g., relax educational qualifications, offer salary incentives).

Another theme that emerged from interviews was the importance of parents not feeling alone. Many said what helped them the most was the knowledge that other families were struggling with the same problems. Exposure to other families with similar experiences can be a major turning point for families and a source of considerable empowerment by providing a model and support. Given the importance placed on this factor by families, and given the comparatively inexpensive costs associated with letting families know they are not alone, the following recommendation is included:

**Recommendation #5:** Expand and promote family support groups.

Finally, one in four families described having problematic relations with their child's school. A similar number said that school staff dismissed or denied their child's mental health problem. In some cases the school staff appeared unaware of the existence of the Family Resource Centers. These findings indicate that further efforts must be made to educate school staff how to recognize mental health warning signs and to make appropriate referrals.

**Recommendation #6:** Provide training and educational materials to school staff to make them aware of mental health warning signs and how to access available resources.

These six recommendations encapsulate the views expressed by 40 randomly selected caregivers of children receiving wraparound through Community Solutions. These experiences provide one valuable source of information to use in strategic planning of future services and programs serving children and families.

The qualitative, open-ended nature of the questions provided information that in some cases would not have been detected using standard quantitative measures. A qualitative approach to program evaluation allows participants to express what is most important to them, providing valuable insights toward improving consumer experiences. Future research should take advantage of qualitative methods to complement standardized quantitative measures.

## **Appendix. Questionnaire**

### **Approximate length of interview: 1 hour**

Allow 15 minutes per section. Each section has a primary question in bold followed by a series of probe questions which may be used to elicit stories as needed. It may not be possible to ask all probe questions in the allotted time.

### **I: The Family Resource Centers (or other referral source)**

***Please think back to when you first found out about Community Solutions. What was your experience in being referred to the wraparound program?***

--Why did you go to the FRC/CRCG/referring agency? What kind of situation was occurring with your family?

--Were you able to schedule an appointment with the staff of the FRC, CRCG, or referring agency quickly and at a time that was convenient for you?

--Do you feel the staff treated you with respect and gave you time to fully express what was happening with your family?

--Do you feel that the staff understood your needs? What indications did they give you that they understood and would help you?

--Who at the referring agency helped you the most? What kind of help did you get?

--What was the best/worst thing about your experience with the FRC/CRCG/referring agency?

--Do you feel you could seek additional services from the FRC, CRCG, etc, if your family needed help again? Have you returned to the FRC or initial referring agency? If so, what for? How did the visit work out for you?

## **II: Engagement in Wraparound**

### ***What was it like to first meet your wraparound facilitator?***

--At your first meeting with your Wraparound Facilitator (WF), did you feel comfortable talking to him/her? Do you feel he/she really listened and understood your situation and your family's needs?

--What did the WF do in order to reach out to your child? Did your child feel comfortable with the WF?

--How was wraparound explained to you? What do you know now that you wish you had known back then?

--Early on, did you and your WF talk about getting a team together? Did you talk about who could be on your team?

--How did you feel about asking outside people to join your wrap team who were not professionals and not your immediate family (like a neighbor or friends)? How did your child feel about it?

## **III: In the Midst of Wraparound**

### ***Once you got started with your WF, what sticks out in your mind the most?***

--Did your family have many crisis situations or very difficult times during wraparound? Were you able to get the help you needed? Can you think of a specific story you would like to tell?

--What part of wraparound made the biggest difference for your family? What helped YOU the most? What helped your child the most?

--How did your facilitator reach out to your child? Did your child also get involved with the youth coordinator ([name])?

--Did you have wraparound team meetings? Who was on your team? How often did you meet? Do you believe your wraparound team meetings had an impact on your family and your child's behavior? Did the team meetings help your child and family? Did the wraparound team meetings help your family's relationship with your child's school? With the neighbors? Other kids?

#### **IV: TRANSITIONING OUT OF WRAPAROUND SERVICES**

##### ***When you got to the end of involvement with CS, what happened?***

--Was your family ready for the end of services with Community Solutions and your WF? How did your WF prepare you and your child and family for the end of the service relationship? Did your family and child reach their goals during the wrap process?

--What has happened with your family since you completed services with Wraparound? What can your child/family do now that they couldn't do before the wraparound process? Can you think of a specific example?

--If your family needs help now, who do you get help from? Who do you talk to? Have you stayed in touch with the people on your team or anyone else who has made a difference for your family?

--What do you wish were different about the wraparound program? What would you change about it?

--What would you tell a new family entering into wraparound?

--What would you tell lawmakers, policymakers, or voters about your experience to convince them to support more funding to pay for programs like wraparound for children?