

TANF Training and Technical Assistance (TA) Initiative

***WRAPAROUND IN INDIAN COUNTRY:
THE WAYS OF THE PEOPLE ARE WHO WE ARE***

**Squaxin Island Tribe
Wraparound Process Training
Union, Washington
June 7-8, 2011 and June 20-22, 2011**

Prepared for the U.S. Department of Health and Human Services
Administration for Children and Families
Office of Family Assistance



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Background on the Technical Assistance Request

Squaxin Island Tribe of Washington State requested wraparound process training provided by the Native American Training Institute (NATI) through the Office of Family Assistance. The training, *Wraparound in Indian Country: The Ways of the People are Who We Are*, was provided in a two-part training, held over a total of four days, at the Alderbrook Resort & Spa in Union, Washington. Part I of the training was held on June 7-8, 2011 and was provided by NATI trainers Ms. Deb Painte and Ms. Susan Paulson. Part II of the training was held on June 20-21, 2011 and was provided by NATI trainers Ms. Deb Painte and Ms. Janice Birkland.

Participants in attendance represented many a wealth of social services organizations from Squaxin Island Tribe, including many from the Squaxin Island Tribe Family Services Department. Training attendees included: organization directors; domestic violence coordinators; community advocates; prevention and wellness advocates; caseworkers; intake specialists; family support specialists; mental health counselors; behavioral and mental health workers; and education and training workers.

Overview of Wraparound Case Management

The Native American wraparound movement and tribal Systems of Care framework in North Dakota began with the Sacred Child Project, an inter-tribal demonstration project funded by a grant from the Center for Mental Health Services under the Federal Department of Health and Human Services, and administered at the United Tribes Technical College. The Sacred Child Project grant was written in response to the alarmingly disproportionate statewide statistics regarding the placement of Native American children. Its purpose was to operate a System of Care (SOC) from a children's mental health perspective to the Pine Ridge Indian Reservation in North Dakota. Illustration of wraparound case management services and the System of Care framework, which operate on principles of comprehensive, culturally competent, community-based, individualized, strengths-based services, helped attendees conceptualize how they can better provide and coordinate services among their various agencies. NATI trainers, Ms. Deb Painte, a member of the Mandan, Hidatsa and Arikara Nation in North Dakota (Three Affiliated Tribes of the Fort Berthold Reservation), Ms. Susan Paulson, and Ms. Janice Birkland attested to the importance of culture and demonstrated how Tribes can integrate culturally appropriate practices in providing social services, a key ingredient to successful Tribal programs.

Training Part I: The Paradigm Shift

Ms. Deb Painte and Ms. Susan Paulson opened Part I of the training by giving a brief overview and background of wraparound training. They explained that wraparound is a comprehensive way of planning for services, and that the "Wraparound in Indian Country" training module was developed from the experience of North Dakota Tribal Nations in implementing wraparound in Native American communities through the Sacred Child Project.

Ms. Painte elaborated on the history of the Sacred Child Tribal Systems of Care. North Dakota's Tribal Systems of Care have existed in two different phases. The first phase, from October 1997 to September 2003, began with the Turtle Mountain Sacred Child Project on four reservations. Over its lifetime, the Sacred Child Project served 217 youth and 193 families. The project included a National Evaluation Descriptive Study, which showed that nearly 75 percent of

participating youth lived below the poverty level and 41 percent lived in single mother households. The National Evaluation found that among participants in the project, juvenile detention decreased from 28 percent to 17 percent and convictions decreased from 22 percent to 17 percent over a one year period. Also, participants in the project improved their living arrangements and had an increase in functioning as shown on the Child and Adolescent Functioning Assessment Scale (CAFAS), a rating scale that rates youth on their level of impairment in daily functioning emotionally, behaviorally, psychologically, or due to substance abuse problems.¹

North Dakota's second phase of Tribal Systems of Care, the Medicine Moon Initiative, through a demonstration grant through the Children's Bureau, began in October 2003 and continued through October 2008. The Medicine Moon Initiative attempted to take Systems of Care from its original children's mental health perspective and expanded it to child welfare. The work conducted through the Medicine Moon Initiative shows that Systems of Care can potentially be tailored to many human service arenas, including Temporary Assistance to Needy Families (TANF).

Concluding the training overview, Ms. Paulson provided the five competencies that participants would be skilled in after Part I of the training. Upon completion, participants would be able to:

1. Understand the impact of historical trauma and its relationship to working with Native American children and families;
2. Understand the impact of intergenerational grief and its effect on family dynamics;
3. Experience and understand the basic principles of a System of Care;
4. Identify strengths and weaknesses in the current systems; and
5. Differentiate a System of Care from the wraparound process.

Historical Trauma & Intergenerational Grief

During this session, Ms. Painte explained that impact that historical trauma and intergenerational grief play in working with Tribal groups. *Historical trauma* is trauma that occurs in history to a specific group of people causing emotional, spiritual, and mental wounding both during their own lives, and those of subsequent generations. *Intergenerational grief* is grief that is passed from the generation experiencing the trauma to their children—the next generation—even though the next generation may not be aware of or have direct experience of the actual traumatic events. Ms. Paulson connected the ideas of historical trauma and intergenerational grief to the wraparound process, explaining how these two concepts inform not only how social workers relate to the children and families they serve, but also how these families relate to social workers.

Ms. Painte then posed a discussion question to participants: "How are the children in your community?" Ms. Painte explained that children's well-being is usually a good indicator of how communities are doing. In 2002, Native American children under the age of 18 in North Dakota comprised only 7.8 percent of the total child population, but were vastly overrepresented in child welfare services.

¹ For more information on the Child and Adolescent Functioning Assessment Scale (CAFAS), visit: <http://www.cafas.com/>.

For instance, in North Dakota, Native children represented:

- 28.8 percent of the children in foster care;
- 27.1 percent of juveniles in custody of the Division of Juvenile Services; and
- 41.9 percent of the State’s hospital residents.

Ms. Painte discussed some of the reasons that Native American children may be overrepresented in these services, and why they rank lower on the important indicators of child well-being, including:

- High unemployment and poverty;
- High alcoholism and substance abuse rates;
- Domestic violence;
- Disenfranchisement;
- Racism and discrimination;
- Forced removal of children into boarding schools;
- Role displacement and social anomie;
- Loss of culture;
- Fragmented and limited services to address high need, geographic isolation and distance to available services; and
- Historical trauma and intergenerational grief.

What Do We Do with Hugh?

During this session, attendees participated in a group exercise where they were presented with the case of a 14-year-old boy, Hugh:

Hugh has been a pretty good kid – up until the last year and half. Since that time, Hugh has been disruptive in school and has been suspended twice and is in jeopardy of being expelled. While Hugh has a learning disability and sometimes has difficulties in his classes, he generally likes school because he is a very social person. In addition to his troubles at school, Hugh has been caught several times breaking the law by trying to break into cars while extremely intoxicated. In these instances law enforcement went easy on Hugh because he was with some boys who are known as “ring-leaders” in crime sprees. However, Hugh’s parents are being investigated for neglect because each time Hugh was caught by law enforcement they were at the casino. Hugh’s trouble at school and with the law has caused him to sink into depression and he’s been talking about how the world would be a better place without him and how nobody would care if he died.

Following the story, participants were tasked to decide how they would handle Hugh if he was referred to them. Participants were broken into teams and asked to consider Hugh’s situation from the perspective of mental health, substance abuse, law enforcement, child welfare, and education/special education services. The teams then presented their recommendations and plans for serving Hugh to the rest of the group.

After the teams presented their recommendations, the trainers pointed out the fact that each team’s plan involved referring Hugh to existing social services organizations for additional

support services. To illuminate potential gaps in this system, the trainers posed the following questions for participants to reflect upon:

- Who is going to monitor and track whether services or supports were received?
- Did the agencies and service providers ask Hugh what he needs?
- Were families, extended families, and other natural supports used to help Hugh?
- Would you, as Hugh's parent, be able to keep track of all the recommendations and referrals?

The questions allowed participants to reflect on the current social services delivery system and highlighted gaps and potential problems within the established system.

Current Delivery System

Following the "What do we do with Hugh?" group exercise, the trainers led a session on the current delivery system and addressed potential problems within that system. The trainers explained that the current system is service-driven, meaning it focuses on the services that are available, rather than on needs of the families. This is where wraparound services come into play. Wraparound teaches social service providers how to look at the big picture and to prioritize need. In Hugh's case, the most pressing need was to address his risk for suicide and to work with the courts to address his criminal record.

Unfortunately, there are usually a number of barriers that prevent service providers from being able to operate in a needs-based rather than a service-based system. Types of barriers identified include:

- Categorical funding for programs;
- Deficit-based (rather than strength-based) assessments;
- Multiple plans rather than one integrated plan;
- Use of specialized language that may not be familiar to families;
- Limited collaboration among service agencies;
- Not leveraging natural supports; and
- Not listening to a family's identified needs.

The Systems of Care framework aims to address these barriers and to help human services organizations provide comprehensive case management.

Systems of Care

The trainers provided an overview of the Systems of Care framework and its guiding principles. Systems of Care is a general organizing framework that evolves over time; it is not meant to be a discrete model. It is intended to be a guide for case managers to provide comprehensive case management. System of Care characteristics include individualized care practices; culturally competent services and supports; child and family involvement in all aspects of the system and measures of accountability; and interagency coordination. System of Care core values include that services provided are focused on the family and the child, services are community-based, and services are culturally competent and responsive to cultural, racial, and ethnic differences of the populations they serve.

The guiding principles of a System of Care include:

- Comprehensive array of services and supports;
- Individualized services and supports;
- Services and supports that provide the least restrictive, most normative environment that is clinically and culturally appropriate;
- Families should be full participants in all aspects of the planning and delivery of services;
- Services and supports should be integrated with mechanisms for planning, developing, and coordinating services;
- Children and families are provided with case management to ensure multiple services and supports are delivered in a coordinated and therapeutic manner in accordance with their changing needs;
- Early identification and interventions to enhance the likelihood of positive outcomes.
- Children and youth are ensured smooth transitions to the adult service systems as they reach maturity; and
- Non-discriminatory services should be sensitive and responsive to cultural differences and special needs.

Ms. Painte then explained how the Sacred Child System of Care Framework is set up so that each family in wraparound has their own Child and Family Support Team. She emphasized the point that wraparound is not a service, but rather a process, and noted that while you can provide wraparound without a system of care, a system of care framework is very helpful for facilitating the wraparound process.

“Wheel within a Wheel” Exercise

The first day of the first session culminated with an interactive activity called “Wheel within a Wheel.” Participants were given a number of either one or two and told to stand up. Attendees given the number one formed an outer circle and people with a number two formed an inner circle. The two circles were formed facing each other so participants could converse. Ms. Painte then asked a series of questions in which each pair of inner and outer circle participants could talk to each other for about two minutes, before the inner circle moved over one person and the next question was asked. The questions the pairs asked each other were:

- What is your name? What is your Indian name or nickname? How did you receive this name? Where does your family come from?
- What do you do for fun?
- What is a secret talent that you have?
- What habit do you have that bugs other people and you would like to change?
- What is your greatest stressor in life and how do you deal with it?
- Who do you go to for help when you are having a crisis and why?
- Six months from now, what would you need to make your life better, easier, happier, etc.?
- What do you do to maintain a healthy lifestyle?
- If you had the ability to make anything happen, what would you change about your community?

After the activity, Ms. Painte spoke about how the activity and the questions can be related to the wraparound process. Participants and families in wraparound meetings often are asked the same types of questions. Most of the questions are meant to evoke awareness, especially in regard to strengths participants have within them, and how families can potentially change their current situations. Some of the questions might make participants feel uncomfortable as was evidenced by how attendees in the “Wheel within a Wheel” activity felt. Throughout this activity, Ms. Painte encouraged participants to experience empathy for participants engaged in wraparound. Sometimes it is difficult to open up to others. This activity is important in helping wraparound case managers understand where their participants are so they can begin to build rapport with them and facilitate the change process needed for self-sufficiency.

Preparing for High-Fidelity Wraparound

Part I, Day Two of the training focused on the development of seven competencies; training participants would be able to:

1. Define and give examples of family culture;
2. Define natural and professional supports and identify the difference between them;
3. Describe the difference between needs and services;
4. Identify professional services and community supports in their own communities;
5. Become familiar with the process of creating options;
6. Understand the cultural emphasis on talking in a good way; and
7. Reframe deficit-based language into strengths based language.

System of Care Wraparound: What's the Difference?

The trainers began this session by giving an overview of the history of the wraparound process. The term “wraparound” was coined by Dr. Lenore Behar in the early 1980s, and in 1985 was utilized by Dr. John VanDenBerg in the Alaska Youth Initiative. The development of the wraparound process has been shaped by local, state, and Federal innovations with contributions from individuals, consultants, researchers, and family organizations. Additionally, the process has been shaped by certain key Federal laws and lawsuits. From here, the trainers began a discussion of the main tenets of the wraparound process and differentiated between the Systems of Care framework and process of wraparound. One can have wraparound without using a Systems of Care framework, but using Systems of Care helps establish an organizational culture well-suited for wraparound.

National Wraparound Initiative

On June 25, 2003 a diverse group of over 30 parents, parent advocates, wraparound trainers, practitioners, program administrators, researchers, and Systems of Care technical assistance providers convened in Portland, Oregon as the Advisory Group of the new “National Wraparound Initiative.” From this initiative, ten principles of the wraparound process and four phases of the wraparound process were established. These principles and phases establish both *what* needs to happen in wraparound and *how* the work is accomplished.

The ten principles of wraparound process are:

1. Family voice & choice;
2. Team based;
3. Natural supports;
4. Collaboration;
5. Community-based;
6. Culturally competent;
7. Individualized;
8. Strength-based;
9. Unconditional Care; and
10. Outcome based.

The advisory group also designated four distinct phases of the wraparound process. These phases are:

1. Phase I: Engagement and Team Preparation;
2. Phase II: Initial Plan Development;
3. Phase III: Implementation; and
4. Phase IV: Transition.

During Phase I, the goal is to establish trust and a shared vision between the case manager and the client. This involves having an initial conversation around strengths, needs, culture and vision guided by principles of wraparound and teamwork. The purpose of this initial step is to establish team ownership of the process.

The Phase II aims to promote team cohesion and shared responsibility towards team mission and the youth's and family's goals. To do this team trust and mutual respect must be strengthened, and an initial Plan of Care (POC) must be established using a high quality planning process with a special emphasis on youth and family voice and choice.

In Phase III, the implementation phase, the purpose is to meet needs of the youth and family and to build supports so that formal wraparound is no longer needed. This is done by implementing the wraparound plan with process and successes subject to continual review so that changes can be made and implemented as needed. Activities and POC planning are repeated until the team's mission is achieved.

Phase IV of the wraparound process is an overarching one, the purpose of which is to focus on transition throughout the wraparound process, beginning with engagement in the first phase and continuing through the implementation of the wraparound.

These phases of the wraparound process are supported by a set of eight steps of wraparound developed by Dr. VanDenBerg:

1. Engagement of the child and family;
2. Immediate crisis stabilization and safety planning;
3. Strengths, needs, culture, and vision discovery;
4. Child and family team formation and nurturing;
5. Creating the child and family team plan, which includes preparing for the meeting, facilitating the meeting, and the wraparound plan;
6. On-going crisis and safety planning;
7. Tracking and adapting the wraparound plan; and
8. Transition out of formal services.

Dr. VanDenBerg also established guidelines for addressing legal and ethical issues during the wraparound process guided by a set of practice requirements for wraparound. These practice requirements stipulate that wraparound is a community collaborative structure run by an administrative and management organization. Within this organization it is necessary to have a referral mechanism, a strengths and needs assessment, and resource coordinators to facilitate the process. It is also important that the process be interactive and team oriented and that the development plan produces measureable outcomes that are monitored on a regular basis.

Community Strengths Discovery

In the Community Strengths Discovery session, trainers led another group exercise, dividing participants into groups of four. Participants named different community strengths and identified the types of professional services their community has. They were also asked to identify, outside of these services, what kinds of supports their communities have. The groups talked about the advantages of natural supports and the advantages of professional services.

Supports

During this session, the trainers led a group exercise having participants identify the two people that most positively influenced them between the ages of 5 and 18, and what important lessons these individuals taught the participants. Participants wrote their responses down on two Post-It notes and were asked to identify what type of support their responses were by placing their Post-It notes on a white board with two headers: Professional Support and Natural Support.

Once all of the participants had finished the exercise, it was evident by the number of responses in the Natural Supports section, that most of the participants identified the most influential people in their childhood as natural supports, as opposed to professional supports. This group exercise illustrated the importance of natural supports, and the need for their inclusion in wraparound plans.

Participants then listed and identified advantages of natural supports, and the advantages of professional services. This exercise helped to show the necessity of having a balance between natural and professional supports in a wraparound plan.

In the final part of this exercise, the group focused on creating options using different types of support. Participants were presented with different types of services and asked two questions:

- What is the goal of this service?
- What are some of other ways we can reach this goal using natural supports and community strengths?

Talking in a Good Way

Trainers led a group exercise focused on reframing statements to be positive and strengths based. The group practiced reframing several statements such as:

- *“The child can’t stay on task,”* to
 - *“The child is curious and creative,”* or
 - *“The child is interested in a lot of things and doesn’t want to be left out.”*
- *“The child has a bad attitude,”* to
 - *“The child knows when they are being disrespected and will not tolerate it,”* or
 - *“The child knows what he or she wants and reacts when his or her choices are limited,”* or
 - *“The child is not a follower; s/he may have good leadership skills,”* or
 - *“The child can express him or herself; the child is honest,”* or
 - *“The child knows how to protect himself.”*

Training Part II: Developing the Wraparound Plan

Part II of the wraparound training was held on June 20-22, 2011 at the Alderbrook Resort and Spa in Union, Washington and led by Ms. Deb Painte and Ms. Janice Birkland. The focus of the second part of the training was on giving participants in depth guidance on carrying out the four phases of the wraparound process with a focus on developing the additional competencies. At the conclusion of the training, participants would be able to:

- Demonstrate effective interviewing skills and will be able to model information sharing and use prompts to get more detailed information;
- Write a comprehensive Strengths, Needs, Culture & Vision Discovery (SNCVD);
- Identify members of the Child and Family Support Team (CFST) while doing the initial SNCVD;
- Differentiate between deficit-based assessment and strengths discovery;
- Utilize a written Strengths Discovery to assemble a CFST and write a Plan of Care (POC)
- Demonstrate effective interviewing skills, model information sharing and use prompts to get more detailed information for strengths discoveries;
- Write an initial strengths discovery;
- Identify components of a wraparound plan of care and understand the importance of each component; and
- Gain an understanding of the process in writing a Plan of Care.

Phase 1: Engagement and Team Preparation

During this session, the trainers led the participants in an exercise to understand strategies for writing a Strengths, Needs, Culture & Vision (SNCV) Discovery. Participants listened to case studies and were asked to identify the difference between a social history and an SNCV of the case. The social history revealed feelings of embarrassment by the participants upon hearing the story, and left a negative impression of the family on the participants. Alternately, the SNCV Discovery left participants with a positive, more complete understanding of the entire family. An SNCV discovery is useful to case managers and social service providers, as it helps facilitate writing strength-based plans, and it helps these plans of care to be in line with what the family goals, values, and beliefs are so that the families are more motivated to help themselves.

This session also included exercised on writing and identifying youth vision statements, family vision statements, family needs and concerns, and the family's definition of success. To do these things it is necessary to develop a Child and Family Support Team. The role of this team is to guide the family toward their own vision of a good life, not to tell them what their life should be like. The team helps the family brainstorm options that they may use to achieve their goals, takes on specific tasks in the plan, and helps the family balance their needs with the bottom-line needs of the agencies. Another important part of writing SNCV Discoveries is developing relationship maps that guide the supports, both natural and professional, that will make up the support team and will determine the options available to the child and family.

Phase 2: Initial Plan Development

Trainers discussed the different parts of a plan and discussed what objectives are important in plan development. The ten parts of a plan are:

1. Life domain;
2. Strengths (specific to life domain);
3. Needs;
4. Long term goals;
5. Short term goals;
6. Options and prioritization;
7. Plan;
8. Budget;
9. Outcomes; and
10. Crisis and safety plan.

The trainers suggested that participants follow the SMART objectives when developing their wraparound plans. SMART plan objectives are Specific, Measurable, Achievable and attainable, Realistic, and follow a Timeline.

Overview of a Wraparound Meeting, Facilitating a Wraparound Meeting, and Writing Plans of Care

The second day of the second part of the wraparound training focused on developing the competencies of care coordinators.

Ms. Jan Birkland led the participants through an overview of the development of a wraparound meeting, including meeting protocol and the development of a wraparound meeting agenda. Ms. Birkland reviewed thirteen training competencies that at completion of the training, participants would be able to:

1. Become proficient at completing a plan of care form;
2. Be able to use or effectively modify an established protocol to conduct a Child and Family Support Team (CFST) meeting;
3. Demonstrate effective questioning skills to conduct child-centered, family-focused meetings;
4. Understand the importance of delegation and utilizing the CFST;
5. Help families identify or clarify their needs, life domains, options, and goals;
6. Utilize a written strengths discover to assemble a CFST and write a plan of care;
7. Write a plan of care utilizing the CFST and the written Strengths, Needs, Culture, and Vision (SNCV) Discovery;
8. Complete a sample plan of care form or effectively modify the format to complete all parts of a plan of care;
9. Understand the meaning of Persistence;
10. Understand how to write a safety plan;
11. Demonstrate the ability to write a crisis plan;
12. Have a basic understanding of the importance of crisis planning to support unconditional care; and
13. Have a working knowledge of documenting incremental change and progress.

Trainers reviewed sample wraparound meeting agendas and discussed with participants how to run a meeting and provided different meeting structure templates.

The “Lenny Rides Along” Family

During this session, trainers led participants in a role playing exercise that involved developing a meeting agenda, meeting protocol, and criteria for meeting facilitation with the Rides Along family. The group reviewed the wraparound plans they developed, making sure that wraparound values were present in the plans

Trainers read the background story of “*Lenny Rides Along*” to participants:

Lenny is a 15-year-old male in danger of being sent out of his community. He has just enrolled in the Circles of Youth Wraparound Program and this is his first Child and Family Support Team meeting.

Lenny lives at home with his mother (Dorothy), his ten-year-old sister (Kayla) and his thirteen-year-old brother (Malcolm). Lenny has been in and out of trouble with the law

for the last three years. He is very independent and has good leadership skills. Although these are his strengths, he sometimes uses them to get into trouble because he makes irresponsible choices.

Lenny was referred to the wraparound project by his basketball coach at school. The juvenile court judge has given Lenny one last chance to straighten up or he will send him out of the community to a residential school for unruly youth. This past week, Lenny and two other boys were charged with vandalizing, curfew violations and "minor in possession of alcohol."

Participants were then tasked as acting as Lenny's Care Coordinator. Participants identified natural supports present in Lenny's life and then determined that the next course of action was to meet with Lenny's family and determine the family's strengths and preferences. With this, participants identified Lenny's Child and Family Support Team. Trainers provided information to participants, which served as Lenny's Strengths Discovery. From this, participants identified Lenny's strengths, as well as the strengths of his family and his Child and Family Support Team.

Developing Crisis Plans and Facilitating Child and Family Support Team (CFST) Meetings

A Crisis and Safety Plan is crucial piece in the overall Plan of Care (POC). It provides a plan to stabilize crises and to address pressing needs and concerns so that the family and team can give their full attention to the wraparound process. The Crisis and Safety plan identifies potential problems and crises, prioritize according to seriousness and likelihood of occurrence, and create an effective and well-specified crisis prevention and response plan that is consistent with the wraparound processes. There are three steps in developing a Crisis and Safety Plan: Prediction, Prevention, and Planning.

Prediction examines the child's past. For instance, have any of the child's close family members or friends committed suicide?

Prevention defines the intervening steps before a crisis occurs. It identifies steps for family and friends to take if there are any signs or other behaviors that cause concern about the child. For instance, is the child talking about suicide? Is the child talking about not wanting to live?

Planning for both during and after the crisis is necessary. Concrete steps for a crisis are written down. For instance, if a child is suicidal and attempts suicide, his or her plan may include being admitted into the hospital for evaluation, meeting with his or her Child and Family Support Team and when he or she is released from the hospital. The plan will contain concrete action steps and responsibilities for who will notify whom and how the child's Child and Family Support Team will interact and intervene.

Participants reviewed sample safety plans and discussed the ten steps for developing a functional safety plan:

- I. Describe what has happened in the past;
- II. Set clear expectations and goals;
- III. Define what the child can do;
- IV. Define what the child cannot do;
- V. Develop family rules;
- VI. Develop a plan to educate siblings, relatives, and friends;
- VII. Plan for community safety;
- VIII. Plan for 24 hours a day, seven days a week;
- IX. Plan for the behavior;
- X. Plan for negative reactions from the community;
- XI. Plan for healthy family alternatives; and
- XII. Utilize critical incident reports and protocols.

Participants role played in a team exercise to practice facilitating meetings, putting together wraparound plans, mapping out crisis plans, and putting together the concepts they learned and knowledge they gained during the entirety of the meeting.

Conclusion

Through the *Wraparound in Indian Country: The Ways of the People are Who We Are*, social service providers and members of Squaxin Island Tribe were able to gain valuable information from Ms. Painte, Ms. Paulson, and Ms. Birkland to enhance their Tribal TANF program and related agencies' offerings. They learned ways to incorporate culturally appropriate activities into their Tribal services and incorporate existing social service offerings into wraparound case management.

Appendix A: Agenda

**WRAPAROUND IN INDIAN COUNTRY:
THE WAYS OF THE PEOPLE ARE WHO WE ARE
Squaxin Island Tribe
Wraparound Process Training
Alderbrook Resort & Spa, Union, WA
Part I Agenda**

June, 7th 2011

THE PARADIGM SHIFT

- | | |
|-------------------------|--|
| 8:00 a.m. – 8: 30 a.m. | Registration <ul style="list-style-type: none">• Hand out participant manuals & power pt handouts• Name badges |
| 8:30 a.m. – 9:00 a.m. | Welcome and Overview <ul style="list-style-type: none">• Introductions and Expectations• Ground Rules |
| 9:00 a.m. – 10:30 a.m. | Historical Trauma & Intergenerational Grief <ul style="list-style-type: none">• Community challenges – Brainstorm (10 min.)• “Experiencing Loss” Group exercise• Definitions• Removal of Children |
| 10:30 a.m. – 10:45 a.m. | Break |
| 10:45 a.m. – 12:00 p.m. | What do we do with Hugh? <ul style="list-style-type: none">• Group Exercise• Group Presentations• Debrief |
| 12:00 p.m. – 1:15 p.m. | Lunch |
| 1:15 p.m. – 1:45 p.m. | Current Delivery System <ul style="list-style-type: none">• Barriers to Effective Service Delivery |
| 1:45 p.m. – 3:15 p.m. | System of Care <ul style="list-style-type: none">• Characteristics of SOC as Systems Reform Initiative• Core Values• Guiding Principles• System of Care Framework• Components of a System of Care• Tribal SOC: The Sacred Child Project• Basic Tenets of a SOC |
| 3:15 p.m. – 3:30 p.m. | Break |
| 3:30 p.m. – 4:30 p.m. | “Wheel within a Wheel” Exercise – |
| 4:30 p.m. | Adjourn for Day |

June 8th, 2011

PREPARING FOR HIGH-FIDELITY WRAPAROUND

8:30 a.m. – 8:45 a.m.

Housekeeping Announcements & Ground Rules –

8:45 a.m. – 9:15 a.m.

System of Care and Wraparound: What's the Difference?

- Wraparound Movement
- History of Wraparound Process
- Continuum of Family-Professional Relationships

9:15 a.m. – 10:30 a.m.

National Wraparound Initiative –

- Standardized (10) Guiding Principles
- Wraparound Practice Phases
- Steps of the Wraparound Process
- Engagement Issues – Addressing Legal & Ethical Issues
- Practice Requirements for Wraparound
- Continuum of Family Professional Relationships

10:30 a.m. – 10:45 a.m.

Break

10:45 a.m. – 12:00 p.m.

WRAPAROUND SKILLBUILDING

Respecting Family Culture - "The Bungling Host"

12:00 p.m. – 1:00 p.m.

Lunch

1:00 p.m. – 2:00 p.m.

Community Strengths Discovery

- Formal
- Natural/Cultural
- Thinking outside of the Box discussion

2:00 p.m. – 3:00 p.m.

Supports

- Natural Supports
- Professional Services
- Needs v. Services
- Creating Options

3:00 p.m. – 3:15 p.m.

Break

3:15 p.m. – 4:15 p.m.

Talking in a Good Way – Cultural Meaning

- The Language of Respect
- Professional language
- Reframing Language

4:15 p.m. – 4:30 p.m.

Wrap Up & Evaluation

**WRAPAROUND IN INDIAN COUNTRY:
The Ways of the People are Who We Are
Squaxin Island Tribe
Wraparound Process Training
Alderbrook Resort & Spa, Union, WA**

Part II Agenda

June 20, 2011

DEVELOPING THE WRAPAROUND PLAN

- | | |
|-------------------------|---|
| 8:30 a.m. – 8:45 am | Welcome & Introductions <ul style="list-style-type: none">• Housekeeping• Ground Rules |
| 8:45 a.m. - 10:30 a.m. | PHASE 1: Engagement & Team Preparation <ul style="list-style-type: none">• Strategies for Writing a Strengths, Needs, Culture & Vision (SNCV) Discovery• Youth Vision Statement• Family Vision Statement• Family Needs & Concerns• How Does the Family Define Success? |
| 10:30 a.m. – 10:45 a.m. | Break |
| 10:45 a.m. – 12:00 p.m. | PHASE 2: Initial Plan Development (Note: Crisis & Safety Planning will be addressed separately, although it is part of Phase 2 and continuous through all phases.)

Reviewing & Writing Plans of Care <ul style="list-style-type: none">• Jeremy's First Life Domain/Area of Need |
| 12:00 p.m. – 1:00 p.m. | Lunch |
| 1:00 p.m. – 2:00 p.m. | Reviewing & Writing Plans of Care (continued) <ul style="list-style-type: none">• Jeremy's Second Life Domain/Area of Need |
| 2:00 p.m. – 3:00 p.m. | Clayton's Plan of Care |
| 3:00 p.m. – 3:15 p.m. | Break |
| 3:15 p.m. – 4:15 p.m. | Connecting the Skills to Wraparound Meeting Facilitation
Conducting CFST (wraparound) Meetings <ul style="list-style-type: none">• Meeting Protocols• Review Sample Wraparound Agenda |
| 4:15 p.m. – 4:30 p.m. | Question & Answers |

June 21, 2011

THE WRAPAROUND MEETING

8:30 a.m. – 8:40 a.m.	Housekeeping Announcements
8:40 a.m. – 9:15 a.m.	Facilitating a Wraparound Meeting & Writing Plans of Care <ul style="list-style-type: none">• Instructions for Mock CFST meeting (wraparound) facilitation instructions (10 min.)• Review Skill Demonstration Criteria
9:15 a.m. – 10:00 a.m.	The “Lenny Rides Along” Family (wraparound meeting facilitation exercise) Competency based exercise <ul style="list-style-type: none">• Role Play Assignments• Review “Rides Along” Strength Discovery• Depend on # of participants, may break into 2 groups.
10:00 a.m. – 10:15 a.m.	Break
10:15 a.m. – 12:00 p.m.	PHASE 3: Implementation Facilitating CFST (wraparound) Meetings (practice exercise—continued)
12:00 p.m. – 1:15 pm	Lunch
1:15 p.m. – 3:00 p.m.	ALL PHASES OF WRAPAROUND: Crisis & Safety Planning Reviewing Crisis and Safety Plans <ul style="list-style-type: none">• Crisis Plans• Other Crisis Tools Available
3:00 p.m. – 3:15 p.m.	Break
3:15 p.m. – 4:30 p.m.	PHASE 4: Transition Transition Planning & Graduation <ul style="list-style-type: none">• Review Transition Planning & Graduation Summary• Lenny Rides Along Transition Plan
4:30 – 4:45 p.m.	Wrap-up <ul style="list-style-type: none">• Q & A• Evaluation
4:45 p.m.	Training Session Ends

Appendix B: Participant List

**WRAPAROUND IN INDIAN COUNTRY:
THE WAYS OF THE PEOPLE ARE WHO WE ARE**

Squaxin Island Tribe
Wraparound Process Training
Alderbrook Resort & Spa, Union, WA

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