FAQs
Child & Family Treatment Teams
In the Wraparound Process

What is a Child & Family Treatment Team?

A Child and Family Treatment Team (CFT) is an inter-disciplinary team who meets regularly and whose main purpose is to develop and approve highly individualized wraparound service interventions and supports in four or more life domain areas. These interventions and supports are centered on the strengths of the child, family and community. A Service Coordinator assembles and facilitates the meeting, communicates with members, recruits new members, and oversees the team's progress.

Who should be on a Child & Family Treatment Team?

The typical Child and Family Treatment Team has four to ten members. Service Coordinators should see the team as a dynamic process in which some members may be added or subtracted as the needs of the child and family change over time.

This team includes the child, family, referring worker, and those who are close to the family – personally and professionally. Team members may include extended family, professionals, clergy, neighbors, and friends. The Service Coordinator should solicit potential members from the family and referring worker and cultivate their attendance. Ideally, the membership of the team should be at least one-half non-professionals who have access to information, resources and supports which the professionals my not be familiar with. Experience has shown that a team composed primarily of professionals can serve to discourage family access, voice, and ownership, and the resulting plan may be primarily composed of existing formal services that may not reflect the individual needs of the child and family.

The composition of the team is an important element to ensure the cultural competency of the eventual plan. If the team has been correctly configured, it is likely that several members of that culture will represent the culture of the family. Therefore, the eventual plan is likely to be culturally competent. This is in stark contrast to the potential cultural competency of plans that are generated solely by professionals who may not represent or truly understand the culture of the family.
*** What is an “Initial” Child & Family Treatment Team Meeting?***

An Initial Child & Family Treatment Team Meeting should occur within two weeks of enrollment. This initial meeting should be with the “core” team members and should include the family, service coordinator and referring worker. Any existing team members prior to the referral can also be invited. The purpose of the Initial Child & Family Treatment Team Meeting is to clarify the goals, timelines, and reasons for the referral and to plan for subsequent team meetings. This should include a conversation about the need for additional team members, assessment of the immediate need for services and supports, and the creation of an initial plan to “get the ball rolling.” It should also include a time to develop an Initial Crisis Plan with the family.

*** What is a “Full” Child & Family Treatment Team Meeting?***

A “Full” Child & Family Treatment Team Meeting should occur within 30 days. By that time, more team members should be involved. A parent or surrogate parent must be present at the meeting and the referring worker (DCS, PRO, EDU) should also be in attendance. This meeting should occur after the service coordinator has met with the child and family and has completed the Strength-Based Intake Assessment. If the referring worker is unable to attend, accommodations should be made (conference call, reschedule, etc.) but lack of attendance by a referring worker should not impede progress. It is necessary to staff the issues with your supervisor immediately if you are unable to schedule a meeting or progress has been stalled. It is also important to document your attempts to include all core team members and rationale for proceeding.

***What is a Professional Meeting?***

A Child & Family Treatment Team Meeting is a team meeting only when the family is present. A Professional Meeting occurs when the family, for whatever reason, is not present. Sometimes, there is no identified family, the family member is unable to attend or refuses to attend, the family member is a no-show to a CFT Meeting where others have gathered, or the parent is using alcohol, drugs or making other high-risk choices which make attendance impossible or unsafe.

A Professional Meeting should only occur when absolutely necessary. The focus of the Professional Meeting should be to plan on how to return the meetings to a CFT (i.e. drug treatment for parent, identify a new family member, etc.), to clarify/work-on existing plans made at the last CFT Meeting, or resolve a current or pending crisis that places the child at-risk. New decisions about the child and family should not be made unless the child is in danger.

Again, attempts to include the family and the rationale for proceeding should be documented.
What is my role as a Team Meeting Facilitator?

The role of a team meeting facilitator falls into three main categories: encourage participation; facilitate decision-making, and housekeeping.

1. Encourage Participation
   - Feed team members 😊
   - Identify ground rules for participation
   - Get hidden agendas and vested interests out on the table
   - Insure buy-in by sending minutes to team members, even if they don’t attend the meeting
   - Clarify team member’s roles openly
   - Require proactive, practical ideas which relate directly to the child and family needs
   - Evaluate satisfaction of team members with the process at the close of each meeting
   - Create an environment that will assure participation and leadership by the parent and child.
   - Reward volunteerism and creativity by team members
   - Encourage participation of all team members

2. Facilitate Decision Making
   - Decisions should be made through consensus
   - Interventions should build on child, family, and community strengths
   - No team members should be allowed to dominate
   - Encourage flexibility and ingenuity in solutions and plans
   - Celebrate team member’s attempt to solve problems in new ways through recognition, applause, etc.
   - Identify the process for solving problems if consensus cannot be reached
   - Identify outcomes/goals early in the process and remind team members of those outcomes/goals every meeting

3. Housekeeping
   - Schedule meetings every thirty days whether you think you need them or not
   - Set up a mechanism for calling an emergency meeting if necessary
   - Minutes should reflect those team members who did not attend as well as those who did
   - Arrange meetings when and where the child and family are most comfortable
   - Distribute minutes within seven days after the end of the meeting to insure that everyone shares a common understanding of goals
**What is Wraparound?**

Wraparound is a process, not a program. It is a way to improve the lives of children and families who have complex needs. It is NOT a specific type of service. The Wraparound Process is used to help communities develop individualized plans of care for children and families. The plan of care is developed by an interdisciplinary Child & Family Treatment Team and is community based, unconditional, centered on the strengths of the child and family, coordinated, is culturally competent, and includes delivery of highly individualized services in three or more life domain areas.

There are several unique characteristics to a wraparound process:

- The plan is needs-driven rather than service driven
- The plan is family centered rather than child centered
- The plan is based on strengths, values, norms, and preferences of the child, family, and community
- The plan is focused on the needs in all life domain areas
- All services and supports are culturally competent and tailored to the unique values and cultural needs of the child and family
- Services are unconditional – families don’t fail, plans do
- Services and supports are community based, where the child and family live
- Planning, services, and supports cut across traditional agency boundaries through multi-agency involvement and funding
What are the roles of a Service Coordinator in the Wraparound Process?

**ADVOCATER:** Support and assist the family in getting their needs met in multiple service systems.

**COORDINATOR:** Coordinate the care and services to be provided to the child and family. Monitor the services, assess progress and outcomes, and cultivate family members and providers to discuss the plan.

**EDUCATOR:** Assist families in developing the skills necessary to work with their child’s specific behavior difficulties. Educate the family about the service system and community resources available to them. Assist them in becoming self-sufficient and independent.

**ACCOUNTANT:** Monitor the family budgeted amount, assess the projected and expended amounts, insure that the families and children are benefiting from the services that are authorized and purchased for them.

**WRITER:** Record all aspects of care for the family and youth by writing, updating, and revising plans, minutes, and court reports.

**COMMUNICATOR:** Communicate the needs of the family and child to the community providers, orchestrate the service provisions, clearly articulate the goals and outcomes, and link the child and family to others.

**ASSESSOR:** Assess the needs of the child and family and the service needs of the community. Assess the clinical and fiscal outcomes and make decisions based on the all information.

**PLANNER:** Bring together key stakeholders, professionals, community member, and family members to participate in the plan or implement the plan. Implement the individualized coordinator plan.

**LINKER:** Link family to services that they may not have been aware of, encourage relationship building between services and families, and connect community resources to the family.

**MONITORER:** Monitor the daily and monthly analysis of the progress and expenditures of care for the family. Assist the family in making changes in the service provisions when services are not what the family expects.

**EVALUATOR:** Evaluate the current plan and bring recommendations to the family for discussion. Clinically evaluate a family crisis or lack of progress and develop the next steps.