

Community Stories About Family Partners in Wraparound

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National Wraparound Initiative



Marlene Penn shares three stories about engaging family partners in wraparound efforts—and how it benefited the community.

Coordinated Family Focused Care (CFFC), Massachusetts

In this essay, Linda Roy, Senior Family Partner, Behavioral Health Network in Springfield Massachusetts describes how the family partners in one of the Coordinated Family Focused Care (CFFC) projects in Massachusetts found that, by reaching out to the community, they could achieve tremendous success in providing a way for families to connect to other families during the wraparound process, and stay connected after formal wraparound ends.

There are five CFFC projects administered through the Massachusetts Behavioral Health Partnership throughout Massachusetts. Each agency employs five wraparound family partners.

The (CFFC) family partners initiated and hosted an event they called the “Family Support Summit.” All organizations that offered children’s services in their community were invited to answer the question, “What is available in our community for ongoing family support?” One clearly identified need was for a weekly support group for parents that offered child-care. Two local organizations committed to working with the CFFC Family Partners to develop a weekly support group for all parents in their community. They decided to call it Family Fun Night.

They tackled a series of challenges along the way. They

had to find a central location and set up adequate transportation for families to attend. They had to get child care workers and work with them to structure and provide age-appropriate activities for children over a wide age range. They needed to find local speakers for family-driven topics, and they hoped to find sources for donations of food to serve both the adults and the children.

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Finally, they had to publicize the initial event throughout the community. A further challenge was to negotiate responsibilities among the collaborating organizations.

Their diligence and collaboration efforts paid off. A local elementary school offered them space for weekly meetings. They received many other donations from the community as well,

including food, children's games, art supplies and materials for a "May Is Mental Health Month" children's art show. A local college donated exhibit space for the art show, which has since become an annual event. They found area professionals willing to donate their time and expertise presenting to families on several key topics. Two other local colleges committed college students to execute service projects with the children's group. Together, the three organizations comprising the collaborative publicized the group and the first planned event.

Today, Family Fun Night meets weekly and is completing its second year. The Family Support Summit continues to meet every other month and has published a booklet of direct-access supports for area families.

The Montgomery County Federation of Families for Children's Mental Health, Maryland

Celia Serkin presents this essay entitled "Passing

the Baton: Building Generations of Family Leaders through the Wraparound Process."

The Montgomery County Federation of Families for Children's Mental Health (the Federation) is a family organization in Maryland that serves families of children with emotional, behavioral, and mental health challenges. The Federation underwent a revitalization to sustain the family component of Montgomery County's Substance Abuse and Mental Health Services Administration (SAMHSA) funded system of care grant, which utilized wraparound and family support to help children and youth with serious emotional disorders and their families. The Federation is building generations of family leaders and developing an organically grown peer support network that is integrated into the County's wraparound project. This network strengthens both the individual family members linked to it and the community at large.

Families who were engaged in wraparound for their own children and families are now Federation staff who are delivering family support to other families currently receiving wraparound. Families who are current recipients of wraparound are emerging as the next generation of family leaders. They are giving testimony before legislators, offering peer support to other families involved in wraparound, and organizing family support events. They are part of a grassroots peer support network, which is intricately tied to the national family movement. Building a family-to-family support network not only empowers individual members of that network, but it also strengthens a community. Increasing family-to-family support on a grassroots level improves community well being.

As one example of this process, consider Valerie Oliver, whose individual story was presented earlier in the section in the "Family Stories" chapter. Valerie emerged as a natural born leader. Currently, Valerie is working with the Federation as a family support partner. She serves on the child and family teams and helps families to engage in wraparound, which is provided through Maryland Choices. Valerie runs two support groups for family members. Families can participate in these groups even if they are not involved in wraparound. The community can refer families to

these groups, which are free of charge. Valerie is empowering and educating other family members, and building leaders from within the population she is serving. She has recruited families to organize family support events, to do system advocacy, and to provide one-on-one support to other family members.

Karina Funes, a Latina family support partner at the Federation, works with both English speaking and non-English speaking families. She is the family liaison on the Local Coordinating Council (LCC), an interagency group with representatives from public agencies serving children and youth. It is through the LCC that families begin to access wraparound. Karina serves as a cultural broker who advocates for family voice and choice, and for culturally sensitive treatment of family members. She goes with families to IEP meetings, discharge planning meetings at hospitals, court hearings, and meetings with social services agencies. She works to ensure that community agencies treat family members who do not speak English with dignity and respect, and as partners in decision-making.

The community has elicited the support of family support partners to connect and engage families in wraparound. Community members have asked family support partners for help in identifying natural supports and showing family members how to use specific advocacy strategies to access needed services. They have asked family support partners to help families feel less isolated by connecting them to the Federation's family support activities. The community has asked family support partners to give presentations and conduct trainings.

The family support partners sometimes face challenges from the community. They are asked at times to perform tasks that do not promote family members' independence or empowerment; for example, asking a family support partner to do tasks that the family members are capable of doing for themselves. Another challenge is how a community representative

may misinterpret "family-driven" as it relates to the wraparound process and the role of both the family member and the family support partner. A community representative may feel frustrated when the family support partner will not tell the family member what to do. The community representative may want the family support partner to dictate to family members what action needs to be taken. The family support partner wants the family members to acquire knowledge and skills that will help them make their own decisions.

As a result of the work of family support partners, families who were once disenfranchised are testifying before the County Executive, writing to the County Council, and meeting with their legislators. They are speaking up in meetings and encouraging other family members to participate in family support events and leadership opportunities.

Family Involvement Center, Phoenix, Arizona

Lynette Tolliver, Systems Transformation Manager of the Family Involvement Center (FIC), describes the many roles family support partners play in Arizona's system of care and on individual families' child and family teams.



Family support partners (FSP) in Arizona are engaged in the community primarily through the Behavioral Health system. As families in wraparound are generally served by multiple child-serving agencies, the FSP tends to serve as a bridge-builder. The FSP assists in building communication and relationships between the parent, child, school faculty and other

wraparound team members to explore whether there are appropriate supports in place at school. FSPs, having "walked the walk" with their own children, are often the best prepared team member to provide assistance in getting an IEP or 504 plan in place and then ensuring it is adhered to. Through this type of bridge-building and on-going

support, the FSP helps ensure the child and family are consistently supported across both the behavioral health and education systems. This helps ensure the wraparound team can move towards positive outcomes in both arenas.

The FSP provides support to parents on issues or challenges that may have contributed to the family becoming involved with child protective services. The FSP can often more easily engage the parents and get them involved with formal services and informal supports that are geared towards helping the parent achieve reunification goals. This, in turn, often leads to positively impacting the perspective of the professionals involved with the family's plan.

The family support partners in Arizona have also helped address larger community issues through their support to individual families. For example, there was a major void in one family's life due to losing their faith-based support system due to the struggles they regularly encountered related to their child's behavioral health needs. Their house of worship was not equipped to support the family due to their child's challenges, and thus discouraged the family from coming back again. For the family this was a major loss and their trust was shaken because their faith community had been an important part of their culture and values.

Because the FSP was able to help the family feel comfortable talking about this issue, the team was better able to understand how this loss affected the family, and the importance of addressing this need. With this new understanding, the FSP served as a bridge builder and assisted the family in rebuilding this part of their community support system. They also assisted the faith community in better understanding and supporting the

needs of families raising children with behavioral health needs.

The major challenge for FSPs is for other professionals to respect the uniqueness of their role and to understand that, in the clinical arena, there are certain ethical boundaries that simply do not apply to the role of the FSP. They go "in deep" and share their own experiences in order to provide support and hope to other families in their journey. They also assist families in finding their voices as opposed to becoming the voice for families. Finally, they assist professionals in seeing the family perspective, the families with whom they work.

Author

Marlene Penn's initial experience on care planning teams was as the parent of her own child. She subsequently became an advocate for other families and trains and coaches extensively on the role of the Family Partner on wraparound teams. Marlene served as one of the faculty members on the University of South Florida Louis de la Parte Florida Mental Health Institute Course "Wraparound Interventions and the System of Care" and is co-chair of the Family Partner Task Force of the National Wraparound Initiative.

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