



# THE UTAH FAMILY COALITION FAMILY RESOURCE FACILITATOR WRAPAROUND INITIATIVE PROTOCOL

## **Purpose:**

The purpose of the WFI-4 Evaluation is to outline a procedure that the Family Resource Facilitators will follow in order to show high fidelity to the wraparound model that we have chosen to use from the National Wraparound Initiative. The anticipated outcomes of this evaluation are as follows:

- High fidelity to the National Wraparound Initiative wraparound model.
- To show community participation in the wraparound process.
- Areas of wraparound that need more training.

## **Protocol:**

All FRFs will be required to enroll three (3) or more families.

Interviews to complete the evaluation will be as follows:

Parent/Caregiver

Youth – older than 11 years of age

Family Resource Facilitator (Wraparound Facilitator)

Team Member

### **1. PARENT/CAREGIVER CONSENT**

- A letter will be presented to parents/caregivers (including foster parents, step parents, kinship guardians) that will help them know the purpose of the initiative and what the expected outcomes, benefits of participation, confidentiality protection, risks, extra costs, compensation, voluntary participation, legal guidelines, and who to call with questions. It will be necessary that you get Parent/Guardian Consent ***before*** asking for Youth Consent.
- The Parent/Caregiver Consent letter will be presented to the parent/caregiver by the Family Resource Facilitator. Attached to the letter are two copies of the signature page. One copy (Client Copy) is to be signed by the parent/caregiver and left with them for their records. The second copy (Utah Family Coalition Copy) is to be signed, dated, contact information included and returned to Cami Roundy at Allies with Families
  - By mail: 505 E. 200 So., Ste. 25, Salt Lake City, UT 84102.

- Scanned and e-mailed to [allies@allieswithfamilies.org](mailto:allies@allieswithfamilies.org) OR
- Faxed to (801) 521-0872.

## **2. Youth Informed Consent**

- The Youth Informed Consent should be signed by youth older than 11 years of age. *Same procedure should be followed as with the parent letter.*

## **3. Family Resource Facilitator (Wraparound Facilitator)**

- The Evaluator (Cami Roundy) and the Family Resource Facilitator/Wraparound Facilitator will arrange for a time for the evaluation interview. This can be done face to face or on the phone.

## **4. Team Member Consent**

- A Consent letter should be signed by the Team Member. *Same procedure should be followed as with the parent letter.*

Cami Roundy, certified FRF, will conduct the interviews and input the data into the National Wraparound Initiative database. Strict confidentiality will be adhered to. All interviews will be kept confident, no names will be used. An aggregate score of all interviews as to the fidelity of the process will be returned to The Utah Family Coalition.

Approved and adopted August 1, 2013 by

THE UTAH FAMILY COALITION

Lori N. Cerar, Allies with Families

Tracy Johnson, New Frontiers for Families

Lis Rosen, NAMI-Utah



FRF: \_\_\_\_\_  
Client# \_\_\_\_\_

The Utah Family Coalition in partnership with  
The National Wraparound Initiative

## **An Evaluation of Services and Supports for Children and Their Families** ***Caregiver Consent for Participation***

The Utah Family Coalition is committed to providing high-quality care to the children and families that we serve. We want to know about the level of quality of our services. We also want to know what the children and families in our program think about our services.

As a result, The Utah Family Coalition is currently asking all its clients to help us to learn more about how well we are doing. To do this, we will ask you and your child (if your child is 11 years or older) to do short interviews about the quality of services. These interviews will last about 20 minutes and will ask about the kinds of services that your child and family have received, and what you and your child think about those services. We will also ask your Family Resource Facilitator/Wraparound Facilitator to do similar interviews. We will use the information we collect to help improve the quality of services you and other families receive.

**All data will be anonymous.** At no time will any information be given to anyone in a way that can be linked back to your family. Your Family Resource Facilitator will not know the information you give about services you receive.

You do not have to participate in these interviews in order to receive services. If you do not want to participate, you can say no and there will be no change in the services you receive or how you are treated. You can also say no when you or your child is called and asked to participate in the interview. However, we hope that you will decide to help us improve our services by participating.

**If you have questions about this program evaluation, you can call Tracy Johnson, Executive Director, New Frontiers for Families and a member of The Utah Family Coalition at (435) 616-3471.**

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I have read this information and/or have had it read to me

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Signature of Parent/Caregiver

Date

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Name of Youth (Please Print)



FRF: _____
Client# _____

**PARENT/GUARDIAN CONSENT FORM**

I have been given a description of this initiative and had a chance to ask questions about it, and these have been answered to my satisfaction.

I understand that my participation is voluntary, and that I may refuse to participate or withdraw at any time without penalty.

I understand that the findings from this initiative will be used to improve services to my family and other families enrolled in this process. I also understand that anything I say will remain confidential to the maximum extent allowable by law. All identifying information will be removed, and only group results will be reported.

I have been told that Cami Roundy, Project Evaluator will be contacting me by phone for completion of the interview. I also understand that if I want to ask more questions about the initiative I may contact Tracy Johnson, New Frontiers for Families, (435) 616-3471.

I agree to participate in this initiative, and I have received a copy of this signed form.

\_\_\_\_\_

\_\_\_\_\_

Name (Please Print)

Name and Age of Youth

\_\_\_\_\_

**I agree that my child may be asked  
to participate in this initiative**

Signature

Telephone number(s) where I may be reached:	
Home: _____	Other: _____
Best time of day to be contacted: (please circle all that apply)	
	M    T    W    Th    F    S
Morning (9:00 a.m. – 11:00 a.m.)	
Noon (11:00 a.m. – 1:00 p.m.)	
Afternoon (1:00 p.m. – 5:00 p.m.)	
Evening (5:00 p.m. – 8:00 p.m.)	

**UTAH FAMILY COALITION COPY**



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I understand that the findings from this initiative will be used to improve services to my family and other families enrolled in this process. I also understand that anything I say will remain confidential to the maximum extent allowable by law. All identifying information will be removed, and only group results will be reported.

I have been told that Cami Roundy, Project Evaluator will be contacting me by phone for completion of the interview. I also understand that if I want to ask more questions about the initiative I may contact Tracy Johnson, New Frontiers for Families, (435) 616-3471.

I agree to participate in this initiative, and I have received a copy of this signed form.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Name and Age of Youth

\_\_\_\_\_  
Signature

**I agree that my child may be asked to participate in this initiative**

Telephone number(s) where I may be reached:	
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Best time of day to be contacted: (please circle all that apply)	
	M      T      W      Th      F      S
Morning (9:00 a.m. – 11:00 a.m.)	
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**PARTICIPANT COPY**



FRF: _____
Client# _____

The Utah Family Coalition in partnership with  
The National Wraparound Initiative

**An Evaluation of Services and Supports for Children and Their Families**  
***Youth Assent for Participation***

The Utah Family Coalition wants to know how good its services for young people are. We also want to know what the children/youth and families in our program think about our services.

To find out your opinions about the services you have been receiving, we would like to do a short interview on the telephone. This is a chance for you and other youths like you to let people know what you think about services and what things you would like to see changed.

All of the things you tell us in the interview will be kept completely confidential. We will not tell anyone what you said. We will only report what all the youth we talked to said as a group.

To do this evaluation, a person will call you and ask you questions related to the services you receive. For example, they will ask if you are involved in deciding what services are most helpful for you. Another question will ask you if the team helps you to get involved in activities that you like or do well. This telephone interview will take about 15 minutes.

If you agree to participate, you need to understand the following:

1. I may stop at any time, and it will not affect any of the services I am presently receiving.
2. Anything I say will be kept confidential. No one other than the people doing the evaluation will know how I answered the questions.
3. The information I provide will help improve services for other youth, like myself.

If you still agree to participate, please sign below:

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Name (Please Print)



FRF: \_\_\_\_\_  
Client# \_\_\_\_\_

The Utah Family Coalition in partnership with  
The National Wraparound Initiative

**An Evaluation of Services and Supports for Children and Their Families**  
***Team Member Consent for Participation***

The Utah Family Coalition is committed to providing high-quality care to the children and families that we serve. We want to know about the level of quality of our services. We also want to know what the children and families in our program think about our services.

As a result, The Utah Family Coalition is currently asking all its clients to help us to learn more about how well we are doing. To do this, we will ask you, as a wraparound team member to do a short interview about the quality of services. This interview will last about 20 minutes and will ask about the wraparound process in which you have been a participant. We will also ask the family/caregiver and the Wraparound Facilitator to do similar interviews. We will use the information we collect to help improve the quality of services and ensure fidelity to the wraparound process.

**All data will be anonymous.** At no time will any information be given to anyone in a way that can be linked back to you. The Wraparound Facilitator and the family will not know the information you have given.

You do not have to participate in these interviews. Participation is voluntary. You can say no when you are called and asked to participate in the interview. However, we hope that you will decide to help us improve our services by participating.

**If you have questions about this program evaluation, you can call Tracy Johnson, Executive Director, New Frontiers for Families and a member of The Utah Family Coalition at (435) 616-3471.**

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I have read this information and/or have had it read to me:

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Signature of Parent/Caregiver

Date

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Name of Youth (Please Print)



FRF: _____
Client# _____

**TEAM MEMBER CONSENT FORM**

I have been given a description of this initiative and had a chance to ask questions about it, and these have been answered to my satisfaction.

I understand that my participation is voluntary, and that I may refuse to participate or withdraw at any time without penalty.

I understand that the findings from this initiative will be used to improve wraparound services. I also understand that anything I say will remain confidential to the maximum extent allowable by law. All identifying information will be removed, and only group results will be reported.

I have been told that Cami Roundy, Project Evaluator will be contacting me by phone for completion of the interview. I also understand that if I want to ask more questions about the initiative I may contact Tracy Johnson, New Frontiers for Families, (435) 616-3471.

I agree to participate in this initiative, and I have received a copy of this signed form.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Name and Age of Youth

\_\_\_\_\_  
Signature

Telephone number(s) where I may be reached:						
Home: _____	Other: _____					
Best time of day to be contacted: (please circle all that apply)						
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Evening (5:00 p.m. – 8:00 p.m.)						

**UTAH FAMILY COALITION COPY**



### TEAM MEMBER CONSENT FORM

I have been given a description of this initiative and had a chance to ask questions about it, and these have been answered to my satisfaction.

I understand that my participation is voluntary, and that I may refuse to participate or withdraw at any time without penalty.

I understand that the findings from this initiative will be used to improve wraparound services. I also understand that anything I say will remain confidential to the maximum extent allowable by law. All identifying information will be removed, and only group results will be reported.

I have been told that the Family Resource Facilitator Project Evaluator will be contacting me by phone for completion of the interview. I also understand that if I want to ask more questions about the initiative I may contact Tracy Johnson, New Frontiers for Families, (435) 616-3471.

I agree to participate in this initiative, and I have received a copy of this signed form.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Name and Age of Youth

\_\_\_\_\_

#### Signature

Telephone number(s) where I may be reached:	
Home: _____	Other: _____
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