

## The Principles of Wraparound: Chapter 2.6

# Implementing Culture-Based Wraparound

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### Connecting Circles of Care



Culture-based wraparound is an approach that expands on the wraparound services model defined by the National Wraparound Initiative by establishing a higher standard for cultural competence. This article describes how to implement these cultural components and offers preliminary comparative findings based on the experience of Connecting Circles of Care (CCOC), a SAMHSA-funded systems of care grantee. The enhanced model ensures that families can receive treatment services that are (a) grounded in their cultures; (b) designed by members of their cultures; and, (c) provided by culturally matched staff. CCOC focuses on four distinct cultural groups: African-Americans, Hmong, Latinos and Native Americans. The process of implementing culture-based wraparound services is examined relative to the community and organization structural supports, the four phases of wraparound, and the adaptations for specific cultural communities. Statistically significant differences were found among CCOC youth and family participants compared to other systems of care grantee sites.

### Culture Based Wraparound

In this article, we describe “Connecting Circles of Care,” a culture-based wraparound model that expands on the basic description of wraparound from the National Wraparound Initiative by establishing a higher standard for cultural competence. The concept of “culture” has its own definition, which is dependent upon the subjective view of an individual, community, and population. In this article, culture is defined as the wisdom, healing traditions, and transmitted values that bind people together from one generation to another (Duran, 2006); thus, “culture-based wraparound”

aligns with the healing power of culture. Wraparound, as defined by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), is a “unique set of community services and natural supports for a child/adolescent with serious emotional disturbances based on a definable planning process, individualized for the child and family to achieve a positive set of outcomes.” Wraparound is a relational process of caring for youth that is designed to keep the family together, thus avoiding the risk of out-of-home placements. The wraparound planning process involves a community care team that consists of the youth, his/her natural support system (e.g., family members and friends), and formal supports (e.g., social workers, teachers, probation officers, and judges). The goal of the focused planning process is to help youth thrive and live harmoniously within their families and communities by respecting, honoring, and incorporating the families’ cultures and spiritual belief systems into the wraparound process.

Wraparound embraces cultural competence as one of its 10 principles (Bruns, Walker, and al., 2004). This principle reads, “The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.” Culture-based wraparound, as we propose to define it, distinguishes itself from the basic description of wraparound by setting higher standards for the cultural competence principle. For instance, in the basic description of wraparound, researchers and experts pose that by sharing a cultural identity with natural supports, family partners, treatment professionals, community-based organizations, and formal and informal supportive services, families may be more effectively served (Bruns, Walker, et al., 2004; Penn and Osher, 2008). Culture-based wraparound—as implemented by CCOC—is intended to build on this principle by affording specific mechanisms for achieving it, such as by allowing families the opportunity to select culturally and linguistically matched care team members, as well as culture-based services (i.e., Native American drumming group, Black Effective Parenting Group, or healing ceremonies led by a Hmong shaman). Additional examples of how CCOC extends basic expectations of cultural competence in wraparound are presented in Table I. It is impor-

tant to note that many wraparound programs may use similar or other methods to exceed the basic standards of cultural competence, which reduces the differences presented in Table 1.

### Connecting Circles of Care

Connecting Circles of Care (CCOC) is a SAMHSA-funded, six-year systems of care initiative in a rural northern California community that emphasizes its culture-based focus. While wraparound programs are intended to adapt to specific local needs and goals (Walker, 2008), attention to cultural components is generally not as decidedly focused upon as in CCOC. CCOC started in response to a palpable concern that one in fifteen African-American and Native-American children in the county were being placed in group homes or foster care, while Latino-American and Hmong-American children were typically not receiving mental health services due to language and profound cultural differences that impeded their access to and engagement in treatment.

In 2000, a multiservice health center serving Native Americans received a SAMHSA Circles of Care grant to engage in a needs assessment and planning process to address emotional and behavioral needs among Native-American youth. The in-depth planning process catalyzed local agencies to listen to the needs and wisdom of families and leaders from among other underserved populations. These cultural communities included African Americans, Native Americans, Latino Americans, and Hmong Americans. Members of each group reported common concerns about their ability to access and be well treated by youth and family service agencies. Issues included distrust of local law enforcement and child protective services agencies that were characterized as focused solely on removing children from their homes and placing them in institutional care, as well as mental health professionals who were perceived as (a) condescending and demeaning, (b) not trustworthy (e.g., assessments could lead to removing children from their families), and/or (c) not understanding of families’ needs. Additionally, language translator services were seen as inaccurate, extremely cumbersome, and ineffective. Out of Circles of Care, a vision for a culture-based wraparound program emerged by combining the

wisdom of local cultural communities, the wrap-around implementation research in tribal groups (Cross, et al., 2000), and the commitment from representatives of local agencies to retool their service models. The effort to achieve the culture-based wraparound vision was primarily funded by SAMHSA through its Systems of Care funding program, starting in 2005.

This article will present lessons learned in implementing culture-based wraparound at the organizational level using the six areas identified by the Community Supports for Wraparound Inventory (Walker, 2008). This will be followed by lessons learned regarding implementation of

culture-based wraparound at the service delivery level across each of the four wraparound phases. Finally, we will discuss outcomes and implications of culture-based wraparound for youth and families. To better understand these issues, examples will be provided on how culture-based wraparound operates within specific cultures.

### Creating the Organizational Context for Culture-Based Wraparound

Families receiving services generally experience culture-based wraparound as a tapestry that interweaves culture with the 10 principles and

**Table 1: Expanding on the Cultural Competence of Basic Wraparound**

Wraparound with Cultural Competence	Culture-Based Wraparound
Integrates culture into wraparound	Integrates wraparound into the youth and family's culture
Trains staff to respect and understand family viewpoints and then adapt services to the culture	Staff are culturally matched and view the world through the eyes of a family's culture
Trains staff in the principle of cultural competence in 4-40 hours	Expertise in a particular culture requires decades of immersion
Focuses on culturally competent techniques of staff to develop therapeutic relations	Realizes that a youth or family member's perceptions of, and level of trust, for staff from different cultures may impair relationship formation no matter how culturally competent staff may be
Often does not offer youth and families the choice to have culturally and linguistically matched professionals	Offers youth and families the choice to have culturally and linguistically matched professionals
Translation with a qualified interpreter is considered sufficient	Fully bilingual staff provided to ensure that true meanings are not lost and family members can emotionally process easier in their first language
Culture is often seen as a family's traditions and ways of doing	Culture is seen as the wisdom, healing traditions, and transmitted values that bind people from one generation to another (family traditions are honored and valued, but not seen as culture)
Wraparound is accountable to families and local agencies	Wraparound is accountable to families, cultural communities, cultural organizations, and local agencies

four phases of wraparound. Their experiences, however, reflect the implementation of cultural-based processes and wraparound at the organizational level, which may or may not transfer to the client intervention level. Yet, successful wrap-



around requires transforming the organizational system to create a hospitable environment and culturally appropriate context to enable service delivery to families (Walker and Koroloff, 2007). Walker and Koroloff identified organization- and system-level conditions that foster wraparound implementation, and these were later grouped into six essential domains—community partnership, collaborative action, fiscal policies & sustainability, access to supports & services, human resource development & support, and accountability—that comprise the Community Supports for Wraparound Inventory (CSWI). The discussion that follows focuses on standards for implementing culture-based wraparound in each of the six domains.

### *Community Partnership*

CSWI defines community partnership as “Collective community ownership of and responsibility for wraparound which is characterized as collaboration among key stakeholder groups” (Walker, 2008b). Ensuring that all community voices are represented and heard can be a challenge. For instance, institutional and professionally trained stakeholders from education, mental health, probation, the courts, protective services, and /or welfare can eclipse the voices of representatives

from culturally diverse groups and youth and families.

Therefore, the first step toward ensuring that diverse stakeholders’ voices are equally heard is the formation of a governance body and adjunct committees in which a minimum of one-half of the members are from the community members, families, and youth belonging to the culturally diverse populations targeted. In CCOC, this commitment to ensuring that family and youth have a meaningful voice in this process has led to each cultural group being represented on the governance body. This included an African-American minister as chair, a Native-American youth as co-chair, and the president of the leading Hmong organization as a parent partner. In an effort to be inclusive, CCOC also has translation services using wireless headsets that are available for public meetings, trainings, and for community events.

In addition, the collaborating agencies need to ensure that other community-based cultural organizations are full partners. Community-based cultural organizations promote a culture-based emphasis within the program and thereby counteract the tendency of public agencies to carry on business as usual. As a show of commitment to these values, CCOC established a co-directorship whereby a public behavioral health agency and Native American agency each provided equal oversight for the CCOC initiative. While the former brought experience in launching large scale initiatives, the latter offered years of experience in designing services in response to the cultural needs of Native Americans, as well as the credibility needed to propagate trust among other cultural communities that theretofore had perceived themselves as being marginalized from mainstream services and resources.

### *Collaborative Action*

Collaborative action is the practical steps that stakeholders take “to translate the wraparound philosophy into concrete policies, practices and achievements” (Walker, 2008b). Collaborative action between governmental agencies is often easier than between a governmental agency and non-traditional cultural groups and cultural organizations. When involving culturally diverse groups, leaders, family members, and organiza-

tions, it can not be assumed that the representatives possess an understanding of public agency processes. It is thus important that people from governmental agencies meet with cultural group representatives so that institutional stereotypes are dispelled, a mutual understanding of how to satisfy cultural needs is fostered, and adherence to public policy regulations is maintained. Through this process, issues that might seem challenging at first—such as inviting cultural leaders to sit in on interviews and make recommendations on the hiring of agency staff—can become standard practice. Cultural leaders and families also need time to adequately acquaint agency leaders with their respective customs and traditions, as well as to orient other cultural groups to differing practices among partners. This will serve to ensure that the cultural groups’ needs are effectively addressed, and that cross-cultural communication among agencies, among cultural groups and agencies, and among cultural groups, is standard practice. In short, these strategies collectively facilitate CCOC’s ability to take collaborative action with the support of all stakeholders.

### *Fiscal Policies and Sustainability*

Fiscal policies and sustainability pertain to how the “community has developed fiscal strategies to meet the needs of children and methods to collect and use data on expenditures from wraparound-eligible children”(Walker, 2008b). To be culture-based in this area means that youth, families, staff members, and cultural leaders must have access to accurate, up-to-date financial information. More precisely, they need to actively participate in the making of financial decisions that affect budget expenditures, thus ensuring that funds are available for healing ceremonies and other cultural activities. This also means that sufficient dollars are set aside to make certain that service providers receiving CCOC funds receive training in culturally competent services and that funds are available to support internships in wraparound services or other activities that enhance short- and long-term sustainability of culture-based services. Supplemental funding may be required to sustain training and internships, along with the engagement of volunteer experts sometimes drawn from the target communities.

An important component of this process has been the CCOC family partner and youth empowerment specialist staff. Individuals occupying these positions have been certified in county-sponsored training programs that permit them to bill Medicaid (Medi-Cal in California) to support their services. Moreover, a non-profit CCOC offshoot entity has been created to provide culture-based training outside of the service area as a revenue generation strategy for supporting local culture-based services, as well as for engaging in grant writing and other fundraising activities on behalf of CCOC.

### *Access to Needed Supports and Services*

Access to needed supports and services indicates that the “community has developed mechanisms for ensuring access to the wraparound process and the services and supports that teams need to fully implement their plan” (Walker, 2008b).



In the culture-based wraparound model, CCOC families exercise choice over the services they receive, and may elect, for example, culture-based parent education; coping and social skills training for youth embedded in cultural activities;

and counseling from culturally and linguistically matched staff members. They may also request the use of flex funds for healing ceremonies and other cultural activities, as well as access to peer support from members of their cultural group. Additionally, it is important to have a cultural competence coordinator and a cultural competence subcommittee of the governance body to ensure that these types of services and supports are available, and that they address the needs of participants.

### *Human Resource Development and Support*

Human resource development and support relates to how “the community supports wraparound and partner agency staff to work in a manner that allows full implementation of the wraparound model” (Walker, 2008). Culture-based wraparound requires the recruitment, hiring, and retention of culturally diverse staff so that families can have the choice of working with staff members who are of their culture. CCOC staff members from the local cultural communities report being naturally drawn to culture-based wraparound due to several factors: (a) their own culture is embraced, (b) clinical consultation and supervision is provided by culturally diverse supervisors, and (c) they can effectively serve their cultural communities. To obtain the best staff, it is important to have the cultural communities actively participate in the recruitment and hiring process. In this context, cultural matching is facilitated by having family members and leaders recruit prospective candidates from individuals whom they not only know, but also have observed helping youth and families in their community. Family members and cultural leaders also participate on the hiring panels.

In CCOC, this selection process has led to the hiring of several limited-English-speaking staff who are respected elders within their ethnic communities. They are among CCOC’s most effective staff as they have the trust and respect of their community. In cultural groups where many members have recently arrived in the U.S., hiring younger, more fluent English-speaking staff members is often interpreted as a failure on the part of the agency to adequately embrace the cultural values and traditions of the ethnic group in question particularly since elders are often perceived as being

most knowledgeable in these matters. Indeed, in some cultural groups it may be deemed culturally inappropriate to seek advice from a young adult rather than from a respected elder.

If it is not possible for a program to hire a member from a given culture, it is still imperative that members of that cultural community participate in the hiring process. This is because they bring penetrating insight into the process of identifying individuals who possess the requisite skills to work effectively in a particular cultural milieu. However, perhaps the best way to identify superior candidates for staff positions is through responses obtained from the following questions: (a) Do the cultural communities and families trust and respect the staff member? (b) Does the staff member understand and embrace the families and cultural community? (c) Does the staff member help families to achieve their goals while embracing their culture?

### *Accountability*

Accountability pertains to the community having “implemented mechanisms to monitor wraparound fidelity, service quality, and outcomes, and to assess the quality and development of the overall wraparound effort.”(Walker, 2008b) While at the service level, wraparound teams are clearly accountable to the family, at the organizational and system levels, it is important to clearly define to whom the wraparound program is accountable, and what data and other information will be used to determine whether programmatic, collaborative, managerial, and fiscal goals are reached. In culture-based wraparound, primary accountability is to the cultural communities, their leadership, and organizations that they represent. There is also accountability to funders and participating community-based group and agencies.

While collecting quantitative data that measures fidelity to culture-based services, the wraparound process, and treatment outcomes are important, this information is sometimes difficult to interpret due to the lack of normative data on specific population groups. Furthermore, many cultural groups’ internal values are not easily captured quantitatively. Conducting interviews and focus groups with culturally diverse families, and involving cultural leaders in the interpretation

of findings, are necessary steps to ensuring that cultural needs are being met. It is also of consequence to operationally define what is meant by cultural competence and culture-based processes, so that the project can assess for these elements within the context of continuous quality improvement (CQI). For example, if cultural competence is defined as the ability to interact effectively with people within a cultural context, it could be assumed that we will not see differences in outcomes across cultural groups, assuming that high quality wraparound is provided. Identifying culture-specific elements, however, and reviewing their implementation and client satisfaction, is important information for the CQI process.

### Wraparound Phases

The process of culture-based wraparound implements the four phases of wraparound—engagement, initial plan development, plan implementation, and transitioning; however, within each phase there is an enhanced focus on culture. The following discussion of the wraparound phases concentrates on explicating the context of culture and implementing culture-based processes at each phase.

#### *Phase One: Engagement Phase*

The engagement phase, lasting from one to two weeks, is characterized by wraparound staff meeting with the family to explain the wraparound process, hear the family's story, explore the family's cultural preferences and strengths, and identify informal supports (e.g., people who currently help the youth and family members to thrive) (Walker et al., 2004). Explaining the wraparound process to families from cultural communities is often easy to do as the wraparound approach reflects a way of caring for youth and families that has been practiced by indigenous cultures for thousands of years (Cross et al., 2000).

Referrals for culture-based wraparound preferably come from families requesting services after hearing about the program from a family member, friend, or cultural leader. When a family is referred by someone they trust, they often approach the program with greater trust than if they are referred by an arm of the criminal justice or social services systems (e.g., the courts, proba-

tion, or child protective services). Most families in CCOC self-refer based on an informal recommendation. Families referred by local agencies are often aware of the program since CCOC hires family partners and professional members from local cultural communities. Most enrolled families in small communities are extended family members of at least one of the team members or have friends who know team members. Family members often make inquiries regarding wraparound team members in their own cultural community to determine whether these members are people whom they can trust and have the skills to help them. Therefore, it is important that every team member has the respect of the cultural community, and can act as a cultural liaison (i.e., a person who knows and understands the cultural values, supports, and treatments available to community members, as well as the educational, mental health, and social service systems in the larger community).

A family's first contact with CCOC is generally with a family partner from their own culture. While each of the CCOC-employed family partners has gained expertise through having a youth that has struggled in school, at home, or in the community, he or she is also selected for having strong connections and effective leadership skills in their cultural group. Many wraparound programs have discovered that involving a family partner accelerates the trust-building and engagement process. CCOC staff has also observed that having the family partner culturally and linguistically matched

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to the family generally increases the speed and efficacy of trust building. Trust is exemplified when both families receiving services and CCOC team members refer to each other in such familial terms as brothers, sisters, and uncles when it is culturally appropriate. Cultural matching thus emphasizes the salient relational and trust processes that are crucial for success in the engagement phase. Cultural matching, however, does not preclude the need to discover and embrace each family's unique traditions and values that are not part of the cultural community.

CCOC's psychotherapy, family meetings, case management, counseling, parenting education, and social skills training are provided in the languages of the families -- primarily English, Hmong, and Spanish, but also available in Laotian, Mien, Thai, French, and Korean. This is because a range of potentially adverse dynamics may otherwise occur, which include: (a) information is often lost or distorted in translation; (b) services in English shift power from parents and elders to the English-speaking children (using children to translate creates family dysfunction as it increases the power of the child and often breaks cultural taboos where traditions have focused on deference and respect toward elders); (c) speaking in English for a limited-English speaker requires effort, particularly when speaking about complex and emotionally difficult problems, such as trauma, which is generally encoded and interpreted in a person's primary language and culture; and, (e) immigrant families feel further isolated and estranged from processes when translation is provided for them rather than for the English-only team members. Moreover, if psychiatric consultations or psychological evaluations are needed and the psychologist or psychiatrist is not fluent in the participant's native language, a bilingual/bi-cultural wrap-team member provides translation, including cultural information.

### *Phase Two: Initial Plan Development*

In this phase of culture-based wraparound, the family invites relatives, friends, culturally-matched CCOC staff (i.e., family partners, family support workers, and clinicians), church members, community members, probation officers, school teachers, and other supportive persons to

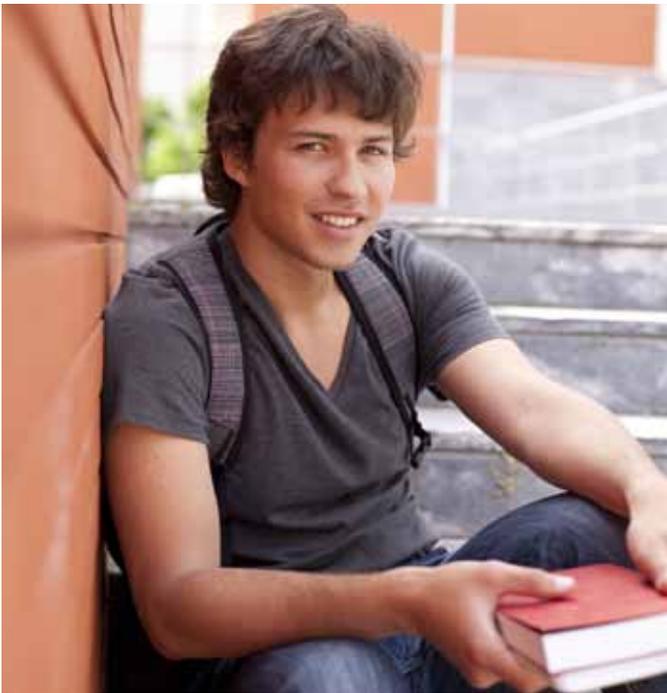
form a wraparound team and create a family plan (plan of care). The wraparound team identifies the youth and family's strengths, challenges and values, and the influential people in their lives. Based on this information, the team produces a family vision, develops goals to actualize the vision, and establishes action steps and services to accomplish the goals. When services are needed to reach goals, implementing culture-based wraparound requires that families have the option of culture-based services. If these services are not readily available, they need to be created. Examples of services available in a successful culture-based wraparound program can be found in the services CCOC offers:

- Ability to select culturally-matched family partners, facilitators, and clinicians for targeted cultural communities (e.g., Native American, Latino American, Hmong American, and African American);
- Mental health, family partner, and youth coordinator services, as well as wraparound facilitation, are available in languages families understand (e.g., Hmong, Spanish, and English).
- Inclusion of cultural leaders within wraparound teams.
- Cultural-based parenting education groups (e.g., Positive Indian Parenting, Southeast Asian Parent Education, Los Niños Bien Educados, and Effective Black Parenting)
- Multicultural events that honor each culture through cultural performances and community convenings (the honor of one is the honor of all)
- Flex funds available for cultural and spiritual activities (e.g., shamans and healing ceremonies).
- Culturally based activities (e.g., weekly Native American youth drumming group).
- Multicultural youth program with youth staff hired from the local cultural communities, where youth staff serve as mentors devising activities that honor the local cultures.

### *Phase Three: Plan Implementation*

Phase three comprises the implementation of the family plan (plan of care). Family meetings

focus on reviewing accomplishments, assessing whether the plan of care has worked, adjusting action steps for goals not being met, and assigning new tasks to team members (children and families included) to reach the family's vision (Walker et al., 2004). CCOC has observed that when the plan of care is achieved, family vision and goals are strongly associated with the youth's pride in his or her cultural background, appreciation for the contributions of elders, and development of a strong connection between family and culture. For instance, a Latino child who has refused to speak Spanish to his mother shows pride after seeing her lead Latino families and other CCOC families in cooking Latino foods. He begins speaking in Spanish and taking pride in his heritage, demonstrating dramatic improvements at school and stopping his gang activity. Another example is a Native American child participating in a drum group during which he receives positive feedback from Native-American elders and from leaders outside of the Native-American community. Embracing his culture and experiencing success lead to his achieving success both at school and at home.



#### *Phase 4: Transitioning*

During this phase, plans are made for a pur-

poseful transition from formal wraparound to a mix of formal and natural supports in the community (and, if appropriate, to services and supports in the adult system). It is important to note that the focus on transition is continual across all phases of the wraparound process in that preparation for transition is apparent even during the initial engagement activities (Walker et al., 2004), though it culminates in phase 4.

Successful transition requires a plan for the family to cope with stressors that occur after the formal wraparound process is no longer available. Though families have acquired problem-solving skills and learned how to work effectively as a team with their formal and natural supports, their skills have not been put to the test. Often, the most challenging and difficult task for transitioning families is to sustain formal and natural supports. Culture-based wraparound helps in building and sustaining community supports. CCOC helps families create a community by providing opportunities for families to develop friendships with other families in CCOC and the community (e.g., culturally-matched parenting groups, culture-specific parent education programs, multicultural youth activities, and multicultural family activities). Youth and families continue to participate in these activities even after successful graduation from CCOC, which helps to maintain cultural connections.

### **Integrating Wraparound into Different Cultures**

A youth and a family's difficulties may reflect the trauma that the family has experienced due to past or current racism, persecution, and oppression, as well as the state of balance and well-being within their local cultural community. Many families in CCOC discover that much of the disharmony and dysfunction in their lives are related to the trauma that their family members have endured for generations, as with Native Americans and African Americans. This perspective often liberates family members to release feelings of guilt, despair, stigma, and hopelessness as they realize their problems are not self-created. By studying the strengths and healing traditions from their culture, families find new pride in their culture and in their personal identity.

Many of the families in CCOC have become isolated from their relatives, their cultural communities, and the general community. CCOC staff have observed that taking pride in their culture raises families' hope, confidence, and self-es-



teem, and also leads them to connect with others. Additionally, CCOC staff has found that cultural healing practices (e.g., seasonal and life-stage ceremonies) are often effective ways of healing and bringing balance to families. Successful implementation of culture-based wraparound requires that it is shaped by the specific needs of the cultural communities targeted by the program. CCOC staff members integrate wraparound services into the family's culture, rather than integrating the family's culture into wraparound. Examples of how CCOC implements culture-based wraparound services for Native American, Latino-American, African-American, and Hmong-American cultural communities are described in the following sections. While the following sections deal with CCOC's methods for tailoring its services to different cultures, this does not negate the fact that the wraparound principle of individualization demands that each family's traditions, values, and circumstances need to be explored, understood, and embraced, and used as the basis for that family's wraparound plan.

### *Native American Wraparound*

The CCOC Native American wraparound services occur on Maidu tribal lands, though most of these lands were confiscated years ago. Trauma

within the Maidu community is the result of various losses, including loss of homeland, spiritual practices (which were outlawed from 1883 to 1978), local Maidu language, federal tribal status, and family members who have been involuntarily taken away to federally-mandated boarding schools (where children were often severely abused) and to out-of-home placements through adoption or foster care. Cumulatively and individually, these losses have led many individuals and their families to develop coping mechanisms, some of which are harmful, such as alcohol and other substance abuse, antisocial behaviors stemming from distrust and fear of the dominant society, and lateral oppression (family members act out the violence and oppression they have received on other family members). Such responses have contributed to medical problems (e.g., diabetes, high blood pressure, and obesity), mental health issues, and other socioeconomic difficulties ranging from poverty to limited social connections (Duran, 2006). In turn, these issues lead to disharmony, or imbalance within the "sacred circle." Dave Chief from the Oglala Lakota Tribe explains the "sacred circle":

*The Circle has healing power. In the Circle, we are all equal. When in the Circle, no one is in front of you. No one is behind you. No one is above you. No one is below you. The Sacred Circle is designed to create unity. The Hoop of Life is also a circle. On this hoop there is a place for every species, every race, every tree and every plant. It is this completeness of Life that must be respected in order to bring about health on this planet.*

Healthy relationships complete the sacred circle, bringing unity, harmony, and balance. Maidu basket makers, for instance, are renowned for using plants to weave baskets capable of holding water. Basket weavers begin by creating strong, balanced circular weaves using materials necessary for the basket's purpose. In this manner of creation, they gather the best materials for their endeavor, using them to create a balanced, secure basket.

Native American wraparound works similarly in helping families become part of the sacred circle. Healing often involves the family and natu-

ral supports reconnecting to cultural traditions. Outdoor activities are important to help the youth and family connect to the sacred circle. The circle becomes stronger as extended family members are added. Elders mentor the children and connect the children to the natural world. This circle is connected to other circles, such as family gatherings, powwows, ceremonies, dances, and holistic healing celebrations. The family can also connect to concentric circles of the larger community (i.e., local schools and other cultural groups). In this way, a child and family learn to live harmoniously, engulfed by a dynamic sacred circle. Maidu and Native Americans' emphasis on cultural traditions thus serve as sources of strength and motivation, and also as the well-spring from which healing unfolds.

### *Hmong Wraparound*

The Hmong are a subgroup of Asian descent with no country of origin, but are known as strong and collective mountain tribesmen who have forcefully fought their way to become free from slavery and warfare (Yang, 1995). After the fall of Saigon, many Hmong escaped Laos due to fear of prosecution because they had assisted the U.S. during the Vietnam War, and more than one million resettled in the U.S. between 1975 and 2004. Many faced trauma, torture, rape and starvation in Laos or in refugee camps prior to leaving Southeast Asia. Due to these experiences, the Hmong community suffers from high rates of mental health disorders that include posttraumatic stress disorder, anxiety, and depression, among others (University of California Irvine Southeast Asian Archive, 1999). The Hmong's transition from a simple agrarian lifestyle based on strong cultural traditions to the fast-paced, technological industry of western culture has resulted in significant cultural adjustment issues among this population, and especially the elders (Mouanoutoua and Brown, 1995).

The Hmong culture has strong traditions that value family and clan leadership (Yang, 1995). Accordingly, it is essential to develop a strong relationship with elders and culturally competent agencies in the service area. For instance, CCOC responded to the needs of the Hmong mental health community by embracing the values and

garnering respect of Hmong elders. CCOC hired an elder to be the Hmong team's family partner in recognition that this position needs to be trusted among community members so as to provide credible cultural expertise and guidance for implementing Hmong wrap-around services. To additionally enhance its rapport with the Hmong community, CCOC developed a support network with the only Hmong family services agency in the region. This linkage provided the Hmong services team with cultural consultation on difficulty cases and assistance for families in obtaining bi-cultural parenting education, English as a second language classes, and assistance with accessing social services.

Another important component of the program is the integration of cultural traditions and healing practices into the client's mental health treatment, and the education of allied providers regarding these practices. For example, the Hmong team has utilized a Hmong Shaman/Shawoman in treating mental health difficulties through hand tying and soul calling ceremonies. And, CCOC's Hmong staff has been instrumental in educating school personnel and medical providers about Hmong cultural healing practices.

### *Latino-American Wraparound*

"La familia" and "la comunidad," which means family and community, are central elements of the Latino culture, which includes its language (Spanish or Indian dialect), traditions, folklores/mythology, music, food and religious or spiritual affiliation; all of which are fundamental

*CCOC's approach ensures consistently incorporated culturally competent services that are effective in reducing clinical problems in youth.*

for family norms to be transmitted from one generation to the next. The Latino families served by CCOC are predominately from family systems that have ceased to bond and prosper due to assimilation, acculturation, severe trauma associated with violence in the home, strict male patriarchy (machismo), ongoing immigration-related legal issues, and traumatic deportation history. Although migration experiences to the U.S. may be similar, each family has its own story that often reflects painful generational traumas. Situations leading to immigration from Mexico and Central America include poverty, political persecution, drug cartel wars, the hope of a better future for children, and limited job opportunities. When Latino families experience mental health problems or alcohol and substance abuse issues, or engage in gang behaviors or experience violence within the home, the result can be shame and embarrassment for family members, ostracism from their religious community, and the fracturing of the family system.

CCOC assists Latino youth and families to integrate the past with the present, to reclaim their heritage, and redefine family roles with a positive, strength-based approach. There may be monolingual Spanish-speaking parents trying to communicate with their first generation English-speaking child who speaks and understands limited Spanish. Although parents are often proud to say that their child speaks English, they are grieved over the communication difficulties this creates in the family system and over the way it impedes cultural bonding within the family and community. There is a severe level of segregation in these family systems between the parents and children, a deep level of denial, and often resignation that the fracturing of the Latino family system is necessary to achieve the American dream. CCOC wraparound works with each family and incorporates Latino folklore/mythology, traditions, food, music, and religious or spiritual affiliation to help define what *la familia* and *la comunidad* means to them. CCOC also helps families focus on reclaiming their mental health, family unity, and cultural pride. One of the simplest, and yet most effective interventions is having *la familia* sit together for a meal and start the integration of the past (family stories, folklore/mythology) with the present (education and opportunity).

Integrating *la comunidad* is also vital for

the healing of the family, as well as creating or strengthening support systems for each family. *La comunidad* is often inclusive of the extended family, including individuals who are not blood relatives (i.e., godparents, religious or spiritual community members, neighbors or friends from the same country of origin). They offer important emotional and cultural support systems for the family. CCOC strives to create within each family the opportunity to develop new traditions, to preserve traditions, to pay respect to past generations, to instill cultural pride, to promote emotional well-being, and to find a balance between the new and the old ways so that the Latino family system experiences *la comunidad* and *la familia*.

### *African-American Wraparound*

Most African-American community members in the region are descendants of Africans who were forcibly removed from their homeland and enslaved in America. Many African Americans experienced forced separation of family members in slavery. After the civil war Black Codes and Jim Crow laws continued to break up African-American families. Many African-American families came to northern California for the assurance of good jobs associated with public construction projects, with the State promising an economic boom for the region. Unfortunately, this economic boom did not materialize and the African-American families that located for employment were left without local jobs. Many leaders and gifted members of the community moved again for higher paying jobs in other areas, separating families and relegating those remaining into poverty. Many local African-American families have for generations been subject to trauma, led disrupted family lives and struggled with low paying dead-end jobs. The experience of racial discrimination—actual or perceived—leads to lower levels of mastery and higher levels of psychological distress (Broman, Mavaddat, & Hsu, 2000). Some males respond to trauma and other stressors through aggressive and angry behaviors towards self and others or by using drugs. Amid difficulties of coping, and with bouts of anger, some males engage in illegal behaviors for which they are apprehended and incarcerated, further fracturing the African-American family.

Throughout its history, the mental health field has often pathologized religious or spiritual individuals (Bergin & Jensen, 1990). Nevertheless, reaching the African-American community usually involves collaborating with African-American churches. Many African Americans have used their church as a major coping mechanism in handling the often overwhelming pain of racial discrimination (Billingsley, 1994). Acknowledging this, CCOC has established strong participation of African American pastors on its governance body, including one who served as its president. Of the four African-American staff employed by CCOC, two are pastors and another is a pastor's daughter.

The African-American team incorporates the conceptual framework of the rites of passage, developed by Ron Johnson, Executive Director of the National Family Life and Education Center in Los Angeles. Rites of passage programs have gained popularity in many African-American communities as a way of developing a positive African-American identity in young male and female adolescents (Harvey, 2001). The rites of passage are based on meeting different developmental tasks from a biblical framework and African ceremonies. The 10 rites are: (a) personal; (b) emotional; (c) spiri-

tual; (d) mental; (e) social; (f) political; (g) economic; (h) historical; (i) physical; and (j) cultural. The rites of passage personal domain says, "Life can seem hard and unfair, but our ability to Love, struggle and overcome obstacles produces the fruit of our labor and gives us the Faith to go on." The African-American team uses a faith-based approach that has arisen over the centuries of struggling to overcome persecution and legal obstacles to find personal, communal, and spiritual liberation. Families' struggles are discussed in relation to how they mirror the struggle of people in the Bible, as well as African Americans before and after emancipation. CCOC families draw strength from these references, and gain inspiration, insight, and resolve.

### Outcomes of Cultural-Based Wraparound

A preliminary look at outcomes suggest that CCOC's approach ensures consistently incorporated culturally competent services that are effective in reducing clinical problems in youth. As part of the Cultural and Linguistic Competence Implementation Sub-study of the National Evalu-

Figure 1. Caregiver Ratings of Provider Cultural Sensitivity

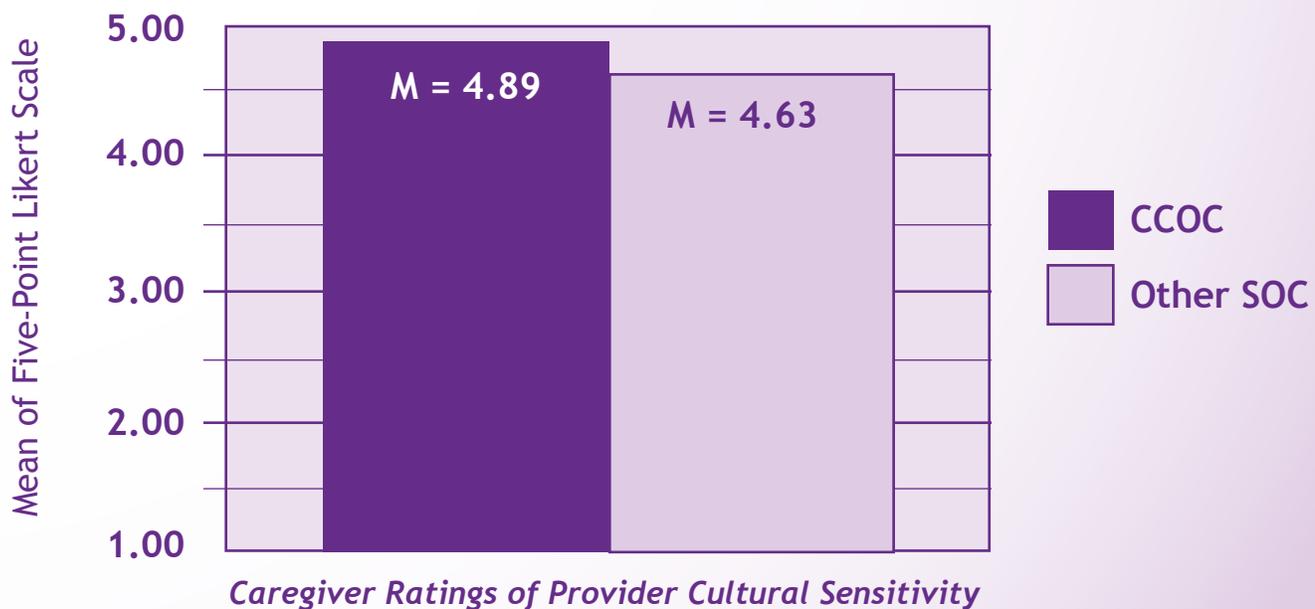
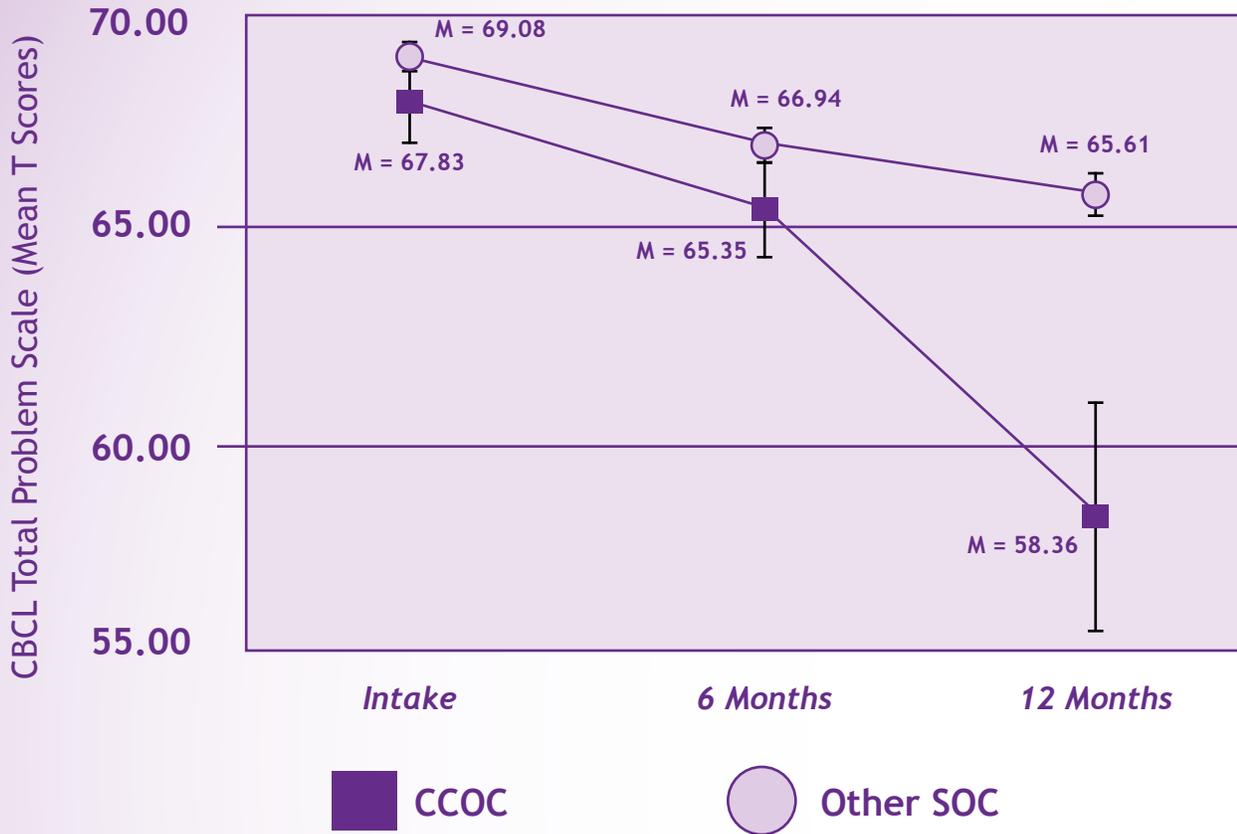


Figure 2. Total Problem Scale



ation conducted by Walter R. McDonald & Associates (WRMA), and ICF Macro (Macro 2009), CCOC families reported high satisfaction with cultural sensitivity and clinical services. WRMA and Macro (2009) also found that CCOC wraparound teams:

*create an environment of safety, positive regard, and nonjudgmental support underpinned by the cultural beliefs and tradition of each community. Respondents reported services were delivered in the language and from the cultural belief system of the family member.*

CCOC participates in the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program of SAMHSA funded systems of care grantees. CCOC youth and families are given the option of enrolling in the longitudinal study of the National Evalu-

ation, which allows for the comparison of CCOC to other system of care grantee sites funded by SAMHSA. The study includes a Cultural Competence and Service Provision Questionnaire of 10 items that measure the cultural sensitivity of the primary service provider as reported by the youth’s caregiver. The questionnaire uses a five-point Likert-type format ranging from 1 (never) to 5 (always). An aggregate mean score is created to produce a provider cultural sensitivity quotient. Mean CCOC scores were compared to those of 29 other system of care funded communities. At 12 months of service, the scores for CCOC compared with other system of care funded communities were significantly higher for provider cultural sensitivity (Figure 1;  $t(33.7) = 4.59, p < 0.001$ ).

A second measure, the Child Behavior Checklist (CBCL; Achenbach, 1991) also suggests that CCOC outcomes are superior to average improve-

ments achieved in other sites based on mean score differences. The figure below illustrates that although CBCL Total Problem Scale for CCOC was similar to those of cohort communities at the time of intake, youth reassessed after 12 months in CCOC show fewer problem behaviors compared with other systems of care sites for a comparable 12-month period. The difference between CCOC and other sites is substantial (more than one standard deviation) and statistically significant for the Total Problem Scale (Figure 2,  $t(27.7) = -2.43$ ,  $p = 0.022$ ).

In addition to high scores in cultural sensitivity and greater reduction in problem behaviors, caregivers of youths enrolled in CCOC also report higher satisfaction with CCOC services compared with average satisfaction scores across caregivers at other systems of care sites. Satisfaction with services was measured by the Youth Services Survey for Families (YSS-F; Brunk, Koch, & McCall, 2000), which assesses satisfaction with services

and outcomes, and produces an overall satisfaction score. As shown in Figure 3, CCOC was statistically higher for each scale of the YSS-F at 12-months compared to the mean of other systems of care sites, suggesting that culture-based wrap-around services may contribute to higher service satisfaction levels (Services,  $t(38.0) = 7.14$ ,  $p < 0.001$ ; Outcomes,  $t(33.2) = 4.61$ ,  $p < 0.001$ ; Overall,  $t(35.2) = 6.06$ ,  $p < 0.001$ ).

### Results of Youth Satisfaction Survey (Family)

Additionally the Wraparound Fidelity Index v. 4.0 (WFI) was used to assess wraparound fidelity across the four racial and cultural groups (Bruns & Walker, 2008). CCOC overall scores were above national means, which suggests that it is possible to provide culture-based wraparound without losing fidelity to the wraparound process.

Figure 3. Parent Satisfaction: CCOC Vs. Other SOC



## Implications and Limitations

The culture-based wraparound model designed by CCOC is intended to establish a higher standard for cultural competence in wraparound implementation. The preliminary results from this small cohort of youth and their families are promising. Findings from this review suggest that a culture-based wraparound program is responsive to personal preferences of racially and culturally diverse youth and their families, and may contribute to greater reductions in problem behaviors coupled with higher caregiver satisfaction compared to non-culture based programs. The WFI results also suggest that it is possible to establish culture-based processes while maintaining fidelity to the wraparound model.

Additionally, independent program evaluations for cultural competence have found CCOC to be reaching its clinical and programmatic objectives. Conclusions drawn from these findings are limited, however, in that systems of care comparison data represents a range of interventions that while including wraparound services, also includes intensive case management and other modalities.

The statistical differences in results between CCOC and other SAMHSA System of Care sites also could be a result of extraneous factors, such as simply having a high quality wraparound program, rather than having incorporated higher standards for cultural competence at the organizational and service delivery levels. Other possible factors include CCOC's comprehensive approach to community engagement, its awareness of intergenerational and historical trauma, its explicit reference to spirituality, or the higher premium that it may place on relationships and trust building with families. This being said, additional research as to the benefit of infusing cultural competence into wraparound programs serving youth from diverse cultures is worthy of continued exploration, as well as the influence of other programmatic and thematic elements that transcend specific cultural groups.

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