



## Wraparound Program

The purpose of this form is to explain two parts of the Wraparound program evaluation, invite you to ask questions in advance, and for you to acknowledge receipt of this information and your participation.

Sacramento Children's Home Wraparound is committed to providing high-quality Wraparound care to the children, youth, and families that it serves. To ensure quality of services, Sacramento Children's Home evaluates the program using observations, surveys, and assessments. The evaluation is used to understand how we can better serve families and how we can better train and support our Wraparound providers.

In one part of the program evaluation, a member of our Quality Improvement Department observes the Child and Family Team (CFT) meetings to assess how the program adheres to high-quality Wraparound. This is called the Team Observation Measure (**TOM 2.0**). This person is a completely neutral observer and does not participate in the meetings. It is important for CFT meetings to happen as they normally would as if this person were not there. The TOM 2.0 does not focus on the specific content of the meeting or circumstances of a youth or family, but rather on how the team communicates, makes decisions, puts together a plan, and tracks progress.

A second part of program evaluation consists of brief surveys (**WFI-EZ**) sent to youth (11 years or older), caregivers, Wraparound Facilitators, and other CFT members. These surveys can be completed electronically through an email link or by phone. Individual responses will be confidential. At no time will any information be presented externally in a way that can be linked back to you or your family. Also, your Wraparound Team will not know your specific answers about the services you receive.

## Wraparound Program

By signing this acknowledgement form below, you are stating that:

1. *I acknowledge that a member of my Wraparound team has explained to me, \_\_\_\_\_ (youth name), that the program evaluation includes an observation of a team meeting and a set of surveys for myself and members of my team.*
2. *A member of the Sacramento Children's Home Wraparound staff has reviewed this form with me and I have had an opportunity to ask questions about the program evaluation.*
3. *I understand that a member of the Quality Improvement team will be present at one of my CFT meetings for observational only **(TOM)**. I may choose that they attend either by teleconference (video conference with video on or off- my choice) or in person (if permissible).*
4. *I also understand and that the Quality Improvement team will send a survey to myself and surveys to other members of my CFT. I may choose to complete the survey with the Quality Improvement team over the phone, by teleconference, or independently online.*
5. *I also understand that these measures are for program evaluation of Wraparound and are not evaluating me. I understand that participation is voluntary and that I may refuse or withdraw from the program evaluation at any time without changes in services.*
6. *If at any time I have further questions, I am welcome to ask my Wraparound Facilitator and/or the Quality Improvement team.*

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Youth Signature

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Date

Thank you for your participation!

- Sacramento Children's Home Wraparound program

Accredited by the Council on Accreditation

*The Sacramento Children's Home is opening doors to the future by maximizing the potential of children and families.*