



**Mississippi Department of Mental
Health
Provider Bulletin
Number IO0123**

Subject: Wraparound Facilitation Agency/Organization Consent to Contact forms and process	Issue Date: March 16, 2022 Effective Date: Immediately
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Scope

All DMH Certified Providers of Wraparound Facilitation

Purpose

Inform all DMH Certified Wraparound Facilitation Providers of the Consent to Contact collection process for data collection by MS Wraparound Institute (MWI) and National Wraparound Implementation Center. MWI has secured the rights to use the WFI-EZ from the Wraparound Evaluation and Research Team (WERT) to learn more about the effectiveness of Wraparound across the State. **This Provider Bulletin is a revision and replaces Provider Bulletin IO0078 issued November 1, 2017.**

Subject

Providers that are currently certified by DMH to provide Wraparound Facilitation will be provided with the attached script that introduces the purpose of continuous quality improvement. Providers will read the script to each newly enrolled family and ask for their signature on a consent to contact form. These forms will be faxed to MWI using their secure fax line and the MWI secure fax cover sheet within 30 days of enrollment. Families who choose not to participate in the continuous quality improvement project can refuse to sign the consent to contact form. Providers should fax an incomplete consent to contact form indicating the name of the family and youth, and the date that the family chose not to participate. These families will not be contacted by MWI.

End of Provider Bulletin



One of the required activities for Certified Wraparound Facilitator Agency/Organizations (providers) is to secure and submit consent to contact forms for the purpose of continuous quality improvement.

MWI secured the rights to use the WFI-EZ from the Wraparound Evaluation and Research Team (WERT) to learn more about Wraparound provision in our state. Approximately 3 months after the consent to contact forms are received, MWI staff will call families and ask questions from WFI-EZ Caregiver and Youth forms and the Family Empowerment Scale.

Effective immediately, providers should implement the following procedures:

- 1) Representatives from providers will read the provided script to each newly enrolled family.
- 2) Staff will present the consent to contact forms to each family for their signature.
- 3) Completed and incomplete (i.e., refused to participate) consent to contact forms will be submitted to MWI within 30 days of enrollment via secure fax at (601) 583-9333 using the attached FAX cover sheet.

**Providers will also ensure that currently enrolled families have completed consent to contact forms. Families that have been enrolled for 9 or more months are exempt from this request.

Staff at MWI will contact families via phone or email as convenient for the family. MWI will contact providers for clarifications on contact information and additional recommendations for those families that staff have been unable to contact after multiple attempts.

This project has been reviewed by USM's Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research participant should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5125, Hattiesburg, MS 39406-0001, 601-266-5997.

Any questions about this research project should be directed to the Principal Investigator, Tamara Hurst, at 601-266-4173 or tamara.hurst@usm.edu.



THE UNIVERSITY OF
SOUTHERN MISSISSIPPI.

School of Social Work

118 College Drive, #5114 | Hattiesburg, MS 39406

Phone: 601-266-4173 | tamara.hurst@usm.edu | usm.edu

The Mississippi Wraparound Institute
Quality Improvement Project
Script (to be provided to families)

The Mississippi Wraparound Institute (MWI) is part of the University of Southern Mississippi School of Social Work. MWI provides oversight and training to Mississippi organizations that offer Wraparound services. They do not provide direct mental health services.

MWI wants to understand more about how Wraparound services are delivered so they can help improve this resource for families like yours. Wraparound services are being reviewed to find out 1) if professionals are providing Wraparound services that meet your needs, and 2) if Wraparound helps families become happier and healthier in their homes and communities.

MWI would like to telephone your family after you have been receiving Wraparound services for three months to see how things are going. The phone call will involve asking survey questions and will take 30-45 minutes. They would like to speak with one caregiver and one youth from your family. If you decide to participate, you and your child could each receive a \$10 gift card for your efforts.

There is no penalty for not talking with MWI. We will not know if you decided to talk with them and whatever you share with them will be kept confidential. If it is ok for them to contact you in three months, you will need to sign a form allowing me to share your contact information.



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Mississippi Wraparound Institute
Wraparound Quality Improvement Plan

Dear Caregiver,

The Mississippi Wraparound Institute (MWI) makes sure that Wraparound services are offered in the best way possible to meet the needs of your family. We support the agency that is providing this letter and the Mississippi Department of Mental Health. To review the quality of Wraparound services, we would like to call you approximately three months after your family has started participating in Wraparound.

We would like to talk with you and your child about the services you are receiving. The calls will be short – most likely between 30 minutes and an hour. The MWI staff person who calls will ask for your consent before asking any questions. You can reschedule the call or choose not to participate. **The agency you are working with will not know if you talked with us. Your name and survey answers will be completely confidential. If you and your child participate, you will both receive a \$10 gift card to show our appreciation.**

We hope you will consider talking with us in about 3 months. Your participation could help improve Wraparound services for families throughout the state. Please contact me if you have questions or concerns. Thank you for your help.

Best regards,

Tamara Hurst
Principal Investigator, Mississippi Wraparound Institute
The University of Southern Mississippi School of Social Work
601-266-4173
Tamara.Hurst@usm.edu

Mississippi Wraparound Institute
Wraparound Quality Improvement Plan
Consent to Contact

I understand that I may be contacted after three months of my family's participation in Wraparound. My signature gives my Wraparound provider consent to share my contact information with the Mississippi Wraparound Institute (MWI).

Signing this form does not mean I will participate in answering questions. Signing this form means that a staff member from MWI can call me in three months. I can decide then if I want to participate.

I understand I will be asked if my child can participate in answering questions. I can decide if I want my child to participate. I understand I can listen to the questions asked of my child and to my child's responses.

My personal information will remain confidential. My Wraparound provider will not know if I participated in a conversation with MWI.

Participating in a conversation with MWI will not affect or change my family's services.

I understand that the information I provide will be used to help improve Wraparound services in Mississippi. Everything I say will be kept confidential to the maximum extent allowable by law.

I understand that if I want to ask more questions about the project or withdraw my participation, I can contact Tamara Hurst, MWI's Principal Investigator at (601) 266-4173 or tamara.hurst@usm.edu

Your Name (Please Print)

Name and Age of Your Child Enrolled in Wraparound

Your Signature

Your email address (optional)

Your Phone Number and Best Days/Times to Call



Facsimile Cover Sheet

Date _____

TO

Name	
Phone	601-266-6112
Fax	601-583-9333

FROM

Name	
Signature	
Phone	
Fax	

Documents attached	
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Other information	
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Total Pages _____

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