



**Mississippi Department of Mental Health**  
**Provider Bulletin**  
**Number IO0067**

**Subject:** Wraparound Facilitation Agency/Organization registration

**Issue Date:** December 6, 2016

**Effective Date:** January 9, 2017

**Scope**

All DMH Certified Providers of Children and Youth Mental Health Services

**Purpose**

Inform all DMH Certified Providers of Children and Youth Mental Health Services of the revised Wraparound Facilitation Agency/Organization registration process with the Mississippi Wraparound Institute.

**Background**

The Department of Mental Health, the Division of Medicaid and the University of Southern Mississippi's School of Social Work has worked diligently to develop the Mississippi Wraparound Institute (MWI). MWI provides monthly training, technical assistance, coaching, evaluation and outreach to promote and implement Wraparound Facilitation across the State. This includes the required training; "Introduction of Wraparound", "Engagement", and "Analyses of Wraparound".

A Provider Bulletin (IO0056) was issued January 29, 2016 to introduce the registration process for DMH Certified Wraparound Facilitation Provider Agencies/Organizations. There are two (2) revisions to the certification maintenance which includes the addition of the Wraparound Facilitator Employment Verification Form and the revised timeline for submission of documentation for each facilitator. This requirement has been revised from 90 days to within six (6) months of their start date.

**Subject**

Implementation date of the process revisions for current DMH certified Wraparound Facilitation Providers is January 9, 2017. DMH Certified Providers that are not certified in Wraparound Facilitation, but plan to apply in the future, will need to register with MWI before submitting a New Service application to DMH, utilizing the attached revised Instructions and Guidelines.

*End of Provider Bulletin*



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Congratulations on your decision to become a Certified Wraparound Facilitation Provider Organization/Agency! Being a Certified Wraparound Facilitation Provider Organization/Agency means a commitment to ongoing learning and fidelity to the Wraparound Process model. The Mississippi Wraparound Institute (MWI) at The University of Southern Mississippi will be your partners throughout your initial and ongoing implementation efforts. Once your partnership with MWI begins, your organization will have access to ongoing technical support and coaching from nationally certified Wraparound coaches and trainers. Support will be provided through coaching, meeting observations, reviews of documentation, and other consultation as needed. Staff and supervisors will receive individualized feedback and skill development activities throughout this partnership.

Please note that verification of your agency's status as a Department of Mental Health (DMH) Certified Wraparound Facilitation Provider Organization/Agency, which mandates ongoing partnership with MWI, will be required for Medicaid reimbursement of Wraparound services by the Division of Medicaid (DOM). Failure to comply with this special guideline as described below may result in suspension or termination as a Certified Wraparound Facilitation Provider Organization/Agency. Please refer to DMH Operational Standards 2.5.C. and 2.9.B.1-2.

How to get started...

**Step 1:**

A designee at each provider organization must send an email to [wrap@usm.edu](mailto:wrap@usm.edu) identifying your organization and requesting your personalized registration link. Put "**Provider Registration Request**" in the subject line.

**Step 2:**

You will be sent a registration link. Be prepared to provide the following information:

- Name of Provider Organization
- Physical Addresses and phone numbers of all service sites
- Primary Contact Person's Name, Position and contact information (email, phone, mailing address)
- Current number of Wraparound Facilitators
- Name and contact information for all identified supervisors for facilitators. Please note that agencies must identify a minimum of one direct supervisor for every 6 facilitators.
- Current number of youth enrolled in Wraparound programs.

If you have any questions about the registration process, please call Arnecca Byrd at (601) 266-6112 or email at [Arnecca.Byrd@usm.edu](mailto:Arnecca.Byrd@usm.edu).

Once your agency's registration is complete, you will receive an agency/organization ID that will be used to identify your specific agency and technical assistance from the Mississippi Wraparound Initiative can begin. Summaries of technical assistance will be provided to the Department of Mental Health to be used in conjunction with DMH



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certification reviews. Information shared will include schedule of technical assistance activities, staffing totals and skill levels, meeting observation feedback, identified learning needs and organizational support structure.

Maintaining certification as a Certified Wraparound Facilitation Provider Organization/Agency includes the following activities:

1. Identified agencies, supervisors and facilitators must apply for any applicable certifications from DMH/MWI within 60 days of hire and follow all requirements to maintain certification. Make sure to stay up to date on news about procedures and policies for certifications as more information will be coming soon.
2. Agency agrees to secure informed consents, including Consent to Contact forms, from enrolled families for data collection efforts by MWI, NWIC and NWIC designees for the purpose of ongoing quality assurance, training, and evaluation. Data collection will occur primarily through telephone contact from USM representatives throughout the process for each family engaged in the Wraparound process.
3. Agency agrees to submit a completed "Wraparound Facilitator Employment Verification Form" for each designated Wraparound Facilitator within 60 days of hire or transfer to specialized position. This form should be scanned and submitted electronically via email to [wrap@usm.edu](mailto:wrap@usm.edu) with the Wraparound Facilitator's Name, Agency Name and "Verification of Employment in the subject line. Original form should be maintained onsite. Additional instructions are included on the "Wraparound Facilitator Employment Verification Form."
4. Each identified supervisor of Wraparound Facilitators will attend the six hour training, "Management of the Wraparound Process" provided by MWI. Supervisors will utilize process-focused supervision and the supervision tools as described in the training as the primary method of staff development for Wraparound Facilitators. Each supervisor will be required to submit examples of CREST forms that they have completed with their facilitators at least 2X year or as needed to ensure high-fidelity Wraparound supervision as determined by MWI staff based on identified Wraparound supervision development needs.
5. On-site coaching from MWI staff or certified designee at least 4X year per Certified Wraparound Facilitation Provider Organization/Agency or as needed to ensure high-fidelity Wraparound as determined by MWI staff. Some coaching contacts may be provided virtually at MWI's discretion. Coaching provided as part of each staff's certification processes may count towards this requirement.
6. MWI Access to observation of Child/Family/Team Meetings up to 2X year or as needed to determine if facilitators' practice adheres to the high-fidelity model adopted by Mississippi as well as if implementation of that agency's policy, practice, and procedures are supportive of high-fidelity Wraparound. Meeting observations provided as part of each staff's certification processes may count towards this requirement.
7. The Certified Wraparound Facilitation Provider Organization/Agency will support each supervisor in recording one or more supervision sessions per month for the purpose of submission to MWI for ongoing training and support. Procedures for submission of recordings and associated CRESTs will be coming soon.



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8. Submission of documentation for each facilitator within six months of their start date and then 1X year and upon request to ensure high-fidelity Wraparound as determined by MWI staff. (Required documentation includes: 1) Family Story, 2) Crisis Plan, 3) Two consecutive Wraparound Individualized Service Plans, or Initial Plan if family has just begun the process, 4) Child/Family/Team Meeting Sign-In Sheets, 5) Meeting notes as appropriate.) Documentation for each submission must all be from the same family. Documentation submitted as part of each staff's certification processes can count towards this requirement.
9. For all documentation submissions, Identifying family/youth information must be redacted. Please note that initials or alternate names must remain present in order to ensure that persons and relationships are represented in the documentation. For example, if the youth 's name is redacted to "J," youth should be the only individual identified as "J" and each instance of his name in the documentation should be clearly indicated. Documentation sets that do not include consistent and unique markers for each individual throughout may be returned for clarification.

Documentation can be submitted in the following ways with the attached cover sheet included:

1. Email to [wrap@usm.edu](mailto:wrap@usm.edu) Include '**Agency Name' Documentation Submission** in the subject line,
2. Mail to Mississippi Wraparound Initiative; 118 College Drive, #5114; Hattiesburg, MS 39406-0001, or
3. Fax to MWI at (601) 268-0233.

Annual activities will be assessed for completion within each fiscal year.

Specialized learning needs identified at agencies will be addressed through individualized Technical Assistance Plans developed in partnership with MWI and the agency.

If you have any questions about high-fidelity Wraparound or technical assistance activities, please contact MWI at [wrap@usm.edu](mailto:wrap@usm.edu) or 601-266-6112.

\*\*\*These activities may be subject to change. MWI will keep all registered agencies apprised of any planned changes.

# WRAPAROUND FACILITATOR EMPLOYMENT VERIFICATION FORM

**Directions:** This form is to be completed by the Personnel Officer at the Applicant's current place of employment. Please type or print **ALL INFORMATION**; fill in every blank or check the appropriate boxes. Upon completion, the Personnel Officer should obtain the signature of the identified supervisor. This form should then be scanned and submitted electronically via email to [wrap@usm.edu](mailto:wrap@usm.edu) with the Wraparound Facilitator's Name, Agency Name and "Verification of Employment in the subject line. Original form should be maintained onsite.

**1. Employment:**

<b>Wraparound Facilitator's Name</b>	Wraparound Facilitator Name:
<b>Wraparound Facilitator's Current Place of Employment &amp; Place of Employment (Physical) Street Address</b>	Overall Agency/Organization/Program Name:
	Place of Employment (Physical) <b>Street Address</b> (Information must be included):
<b>Wraparound Facilitator's Date of Hire</b> (Only Report a Single Date of Hire)	_____ / _____ / _____ <b>Month                      Day                      Year</b>
<b>Wraparound Facilitator's Job Title</b>	
<b>Does the Wraparound Facilitator have responsibility for facilitating Wraparound for families on their current caseload?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO (Provide explanation)  Explanation:
<b>What is the Wraparound Facilitator's anticipated maximum and current caseload totals?</b>	Anticipated Maximum:  Current total:
<b>Is the Wraparound Facilitator replacing another facilitator that vacated their position?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, who did this facilitator replace?

Name and contact information of the Wraparound Facilitator's direct supervisor	Supervisor's Name:
	Supervisor's Phone Number:
	Supervisor's Email:

2. **State Mental Health System Qualification:** (Check the appropriate qualification).

a. This Wraparound Facilitator **currently** works for an agency/organization which is **certified as a Certified Wraparound Provider** by the Mississippi Department of Mental Health.

YES  NO (Provide explanation)

b. This applicant/employee **currently** works for a program which is **operated/administered** by the Mississippi Department of Mental Health.  YES  NO (Provide explanation)

3. **Required Wraparound Trainings:**

	Has attended?	If yes...	If no...
Introduction to the Wraparound Process	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: Under what name?	Anticipated date of attendance:
Engagement in the Wraparound Process	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: Under what name?	Anticipated date of attendance:
Analysis or other Wraparound Trainings attended:			

4. **Signatures:**

Personnel Officer Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Personnel Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Identified Supervisor

\_\_\_\_\_  
Date