



**Mississippi Department of Mental Health**  
**Provider Bulletin**  
**Number PR004**

**Subject:** Guidelines and Certification for Wraparound Facilitation

**Issue Date:** March 27, 2012

**Effective Date:** April 1, 2012

**Scope**

All DMH Certified Providers of Services to Children/Youth with SED

**Purpose**

- 1) Provide guidelines for Wraparound Facilitation
- 2) Provide guidance for Provider Certification for Wraparound Facilitation

**Background**

Wraparound Facilitation was recently included as a reimbursable service by the Mississippi Division of Medicaid. In order to initiate the provision of Wraparound Facilitation, DMH will certify providers based on these guidelines until the *DMH Operational Standards* are revised to include Wraparound Facilitation.

**Subject**

**Overview of Wraparound**

*Wraparound* is an approach to individualized care planning encompassing the concept of wrapping services and supports around children, youth and families, utilizing both clinical treatment services and natural supports. Wraparound is built on the collective action of a committed group of family, friends, community, professionals, and cross-system supports mobilizing resources and talents from a variety of sources. This results in the creation of an Individualized Support Plan that is the best fit between the family vision and story, strengths, needs, team mission, and strategies.

**Target Population** – Wraparound facilitation is for children/youth with serious emotional disturbances (SED) who have highly complex needs and/or have multiple agency involvement and are at risk of out-of-home placement. With ratios of 1 Wraparound Facilitator to 10 families and youth, youth can be diverted from residential placements and served in their communities and homes.

**Key Elements of the Wraparound Process**

**Grounded in a Strengths Perspective**

Strengths are defined as interests, talents, and unique contributions that make things better for the family and youth. Within an entire process that is grounded in a strengths perspective, the family story is framed in a balanced way that incorporates family strengths rather than a focus solely on problems and challenges. A strengths perspective should be overt and easily recognized, promoting strengths that focus on the family, team, and community, while empowering and challenging the team to use strengths in a meaningful way.

### **Driven by Underlying Needs**

Needs typically define the underlying reasons why behaviors happen in a situation. In a needs-driven process, the set of underlying conditions (needs) that cause a behavior and/or situation to exist are both identified and explored in order to understand why a behavior and/or situation happened. These needs would be identified across family members in a range of life areas beyond the areas defined by the system. These underlying conditions would be articulated with overt agreement with the family and all team members about which to select for action or attention first. The process involves flexibility of services and supports that will be tailored to meet the needs of the family and youth.

### **Supported by an Effective Team Process**

Wraparound is a process that requires active investment by a team, comprised of both formal and informal supports willing to be accountable for the results. Measurable target outcomes are derived from multiple team member perspectives. The team's overall success is demonstrated by how much closer the family is to their vision and how well the family needs have been addressed.

### **Determined by Families**

A family-determined process includes both youth and caregivers with the family having the authority to determine decisions and resources. Families are supported to live a life in a community rather than in a program. The critical process elements of this area include access, inclusion, voice, and ownership. Family access is defined as inclusion of people and processes in which decisions are made. Inclusion in decision making implies that families should have influence, choice and authority over services and supports identified in the planning process. This means that they should be able to gain more of what is working and less of what they perceive as not working. Family voice is defined as feeling heard and listened to, and team recognition that the families are important stakeholders in the planning process. Therefore, families are critical partners in setting the team agenda and making decisions. Families have ownership of the planning process in partnership with the team when they can make a commitment to any plans concerning them. In Wraparound, the important role of families is confirmed throughout the duration of care.

## **Wraparound Facilitation**

Wraparound Facilitation is the creation and facilitation of a child and family team for the purpose of developing a single plan of care to address the needs of youth with complex mental health challenges and their families. The child and family team will meet regularly to monitor and adjust the plan of care if necessary or if progress is not being made. Wraparound facilitation is intended to serve individuals with serious mental health challenges that exceed the resources of a single agency or service provider, experience multiple acute hospital stays, are at risk of out-of-home placement or have been recommended for residential care. Individuals who have had interruptions in the delivery of services across a variety of agencies due to frequent moves, failure to show improvement, lack of previous coordination by agencies providing care, or reasons unknown can also be served through wraparound facilitation.

Wraparound facilitation must be provided in accordance with high fidelity (as outlined below) and quality wraparound practice.

1. Services comprised of a variety of specific tasks and activities designed to carry out the wraparound process, including:

- a. Engaging the family;
- b. Assembling the child and family team;
- c. Facilitating a child and family team meeting at a minimum every thirty (30) days;
- d. Facilitating the creation of a plan of care, which includes a plan for anticipating, preventing and managing crisis, within the child and family team meeting;
- e. Working with the team in identifying providers of services and other community resources to meet family and youth needs;
- f. Making necessary referrals for youth;
- g. Documenting and maintaining all information regarding the plan of care, including revisions and child and family team meetings;
- h. Presenting plan of care for approval by the family and team;
- i. Providing copies of the plan of care to the entire team including the youth and family/guardian;
- j. Monitoring the implementation of the plan of care and revising if necessary to achieve outcomes;
- k. Maintaining communication between all child and family team members;
- l. Monitoring the progress toward needs met and whether or not the referral behaviors are decreasing;
- m. Leading the team to discuss and ensure the supports and services the youth and family are receiving continue to meet the caregiver and youth's needs;
- n. Educating new team members about the wraparound process; and
- o. Maintaining team cohesiveness.

2. Child and family team membership must include:

- a. The wraparound facilitator;
- b. The child's service providers, any involved child serving agency representatives and other formal supports, as appropriate;
- c. The caregiver/guardian;
- d. Other family or community members serving as informal supports, as appropriate; and
- e. Identified youth, if age nine (9) or above, unless there are clear clinical indications this would be detrimental. Such reasons must be documented clearly throughout the record.

3. Wraparound facilitation is limited to one hundred (100) units (15 minute unit) per state fiscal year and eight (8) units per day.

4. Provider requirements

- a. Wraparound facilitators and supervisors of the process must have completed and show evidence of completion of the Introduction to Wraparound 3-day training.
- b. Wraparound facilitators and supervisors must participate in ongoing coaching and training as defined by the Division of Medicaid and the Department of Mental Health.
- c. The provider organization providing Wraparound facilitation must be participating in the wraparound certification process through the Division of Medicaid or its designee.
- d. Providers must ensure case load size for each wraparound facilitator of no more than ten (10) cases.

## **Wraparound Facilitation Documentation Requirements**

Documentation must be maintained in accordance with the DMH Record Guide, 2012 Revision. The included *Wraparound Facilitation Individualized Support Plan* and the *Wraparound Team Meeting form* must be utilized to document Wraparound Facilitation and will be included in the future revision of the Record Guide. All contacts, specific tasks and activities must be documented in Progress Note/Contact Summary and filed in the child/youth's record.

### **Providers Receiving MAP Team Flexible Funds**

The Wraparound family and child team must have access to MAP Team flexible funds if needed for non-traditional supports and resources to carry out the Wraparound Individualized Support Plan. The child/youth accessing funds for non-traditional supports will not need to be reviewed by the MAP Team to access these funds. The Wraparound Facilitator will document expenses in the Plan and the MAP Team Coordinator will include the child/youth in the quarterly reports sent to DMH Division of Children and Youth Services.

### **Certification of Wraparound Facilitation**

The DMH Certification Application must be utilized to begin the certification process of Wraparound Facilitation and includes the following timelines:

- A. Complete and submit application for DMH Certification of New Service Cover Sheet and Section D-1: New Service.
  1. The application must include names of the identified Wraparound Facilitators and the date he/she completed the Introduction to Wraparound training. Additionally, include the name of the Wraparound Coach that is currently participating in University of Maryland, Innovation Institutes Certification program. Note: The identified Wraparound Coach does not have to be an employee of your agency.
- B. The application will be reviewed by the Division of Medicaid (DOM) and the Department of Mental Health (DMH) for completeness and approval. DMH or DOM may request additional information during the review of the application. The certification process outlined in the Operational Standards for Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Community Service Providers, Part I – Procedures for Certification will be followed.
- C. Once reviewed and approved, a letter will be issued from DMH indicating status of certification.

## Wraparound Facilitation Individualized Support Plan

<b>Youth Name (First, MI, Last):</b>		<b>Client #:</b>	<b>TAN #:</b>	<b>Date:</b>
<b>Guardian Name:</b>	<b>DOB:</b>	<b>Phone:</b>	<b>Address:</b>	
<input type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Discharge		<b>Start Date:</b>	<b>Target Completion Date:</b>	
<b>Vision/Mission/Strengths</b>				
<b>Family Vision/Preference Statement:</b>				
<b>Team Mission:</b>				
<b>Strengths/Abilities: Youth, Family Members, &amp; Team</b>				

**Client Name**

**Case #**

**Crisis Plan**

**Diagnosis:**

**Medications:**

**Brief History:**

**Triggers:**

**Potential Crisis:**

**Action Steps for home and school to meet Identified Needs re: Potential Crisis:**

**Persons Responsible and phone numbers:**

**Crisis Debriefing after Resolution:**

<b>Client Name</b>		<b>Case #</b>
<b>Needs Statements/Strategies</b>		
<b>Needs Statement:</b>  1		Start Date:
		End Date/Duration:
<b>Outcome:</b>		
<b>Life Domain Area of need:</b>		
<input type="checkbox"/> Family <input type="checkbox"/> Residence <input type="checkbox"/> Social <input type="checkbox"/> Education/Vocation <input type="checkbox"/> Medical/Physical Health <input type="checkbox"/> Community <input type="checkbox"/> Psychological/Emotional/Behavioral <input type="checkbox"/> Safety <input type="checkbox"/> Basic Physical Needs <input type="checkbox"/> Financial <input type="checkbox"/> Leisure/Recreation		
<b>Youth Strategies</b>		
<b>Parent/Guardian/Community Strategies:</b>		
<b>Strategy Completion Date:</b>	<b>Strategy Discontinue Date:</b>	<b>Reason for Discontinuation:</b>

<b>Client Name</b>		<b>Client #</b>
<b>Needs Statement:</b>  <b>2</b>		Start Date:
		End Date/Duration:
<b>Outcome:</b>		
<b>Life Domain Area of need:</b>		
<input type="checkbox"/> Family <input type="checkbox"/> Residence <input type="checkbox"/> Social <input type="checkbox"/> Education/Vocation <input type="checkbox"/> Medical/Physical Health <input type="checkbox"/> Community <input type="checkbox"/> Psychological/Emotional/Behavioral <input type="checkbox"/> Safety <input type="checkbox"/> Basic Physical Needs <input type="checkbox"/> Financial <input type="checkbox"/> Leisure/Recreation		
<b>Youth Strategies</b>		
<b>Parent/Guardian/Community Strategies:</b>		
<b>Strategy Completion Date:</b>	<b>Strategy Discontinue Date:</b>	<b>Reason for Discontinuation:</b>



<b>Client Name</b>		<b>Client #</b>
<b>Needs Statement:</b>  3		<b>Start Date:</b>
		<b>End Date/Duration:</b>
<b>Outcome:</b>		
<b>Life Domain Area of need:</b>		
<input type="checkbox"/> Family <input type="checkbox"/> Residence <input type="checkbox"/> Social <input type="checkbox"/> Education/Vocation <input type="checkbox"/> Medical/Physical Health <input type="checkbox"/> Community <input type="checkbox"/> Psychological/Emotional/Behavioral <input type="checkbox"/> Safety <input type="checkbox"/> Basic Physical Needs <input type="checkbox"/> Financial <input type="checkbox"/> Leisure/Recreation		
<b>Youth Strategies</b>		
<b>Parent/Guardian/Community Strategies:</b>		
<b>Strategy Completion Date:</b>	<b>Strategy Discontinue Date:</b>	<b>Reason for Discontinuation:</b>

<b>Client Name</b>		<b>Client #</b>
<b>Needs Statement:</b>  4		<b>Start Date:</b>
		<b>End Date/Duration:</b>
<b>Outcome:</b>		
<b>Life Domain Area of need:</b>		
<input type="checkbox"/> Family <input type="checkbox"/> Residence <input type="checkbox"/> Social <input type="checkbox"/> Education/Vocation <input type="checkbox"/> Medical/Physical Health <input type="checkbox"/> Community <input type="checkbox"/> Psychological/Emotional/Behavioral <input type="checkbox"/> Safety <input type="checkbox"/> Basic Physical Needs <input type="checkbox"/> Financial <input type="checkbox"/> Leisure/Recreation		
<b>Youth Strategies</b>		
<b>Parent/Guardian/Community Strategies:</b>		
<b>Strategy Completion Date:</b>	<b>Strategy Discontinue Date:</b>	<b>Reason for Discontinuation:</b>



<b>Client Name</b>	<b>Client #</b>
Wraparound Facilitator Signature:	Date:
Supervisor Signature:	Date:
Other Signature (Name/Relationship):	Date:
Other Signature (Name/Relationship):	Date:

## Wraparound Team Meeting

Wraparound team for \_\_\_\_\_ and Family

Date: \_\_\_\_\_

Start – End Time: \_\_\_\_\_

\* I am aware that everything said in this meeting is confidential. Confidentiality means that what we discuss is private and should not be discussed outside of this meeting or with others not involved in this family's Wraparound process. By signing, I agree to preserve the confidentiality of all information discussed. I agree that this information will be used for the purposes outlined in the Wraparound planning process only. I understand that if any abuse or neglect is disclosed in this process, mandated reports will be made.

Name of Family Team Member*	Role, Agency, or Relationship to Youth	Phone Number(s)	<i>To be filled out by Wrap Facilitator: Release authorized?</i>
	Wrap Facilitator		
			Y or N
			Y or N
			Y or N
			Y or N
			Y or N
			Y or N
			Y or N
			Y or N
			Y or N

“*Wraparound* is a family centered, community-oriented, strengths-based, highly individualized planning process aimed at helping people achieve important outcomes by helping them meet their unmet needs both within and outside of formal human services systems, while they remain in their neighborhoods and homes, whenever possible” (wraparoundsolutions.com).