

# Wraparound

# Agenda

- FOUNDATION
- PROCESS
- CHILD AND FAMILY TEAM
- PLAN
- TRANSITION TO GRADUATION
- COMMUNITY TEAM
- FAQs
- QUESTIONS/SUGGESTIONS

- ▶ Individualized, Holistic, Comprehensive Planning Process
- ▶ Youth-Guided, Family-Driven
- ▶ Guided by 13 Principles
- ▶ Safety-Conscious
- ▶ Crisis-Prepared
- ▶ Driven by Underlying Needs
- ▶ Based on Strengths
- ▶ Supported by Child and Family Teams
- ▶ Partnered by Community

# Youth-Guided, Family-Driven

Families have:

- rights to be given the necessary information to make informed decisions
- primary decision-making roles in the care of their youth
- primary decision-making roles in policies and procedures governing the care of all youth
- primary decision-making roles in choosing culturally and linguistically competent supports, services, and providers
- primary decision-making roles in setting goals
- primary decision-making roles in designing, implementing and evaluating programs
- rights to monitor outcomes
- rights to partner in funding decisions

Youth should be viewed as experts and equal partners in creating system change. They have:

- rights to be empowered and educated
- rights to make decisions in their own care
- rights to make decisions in policies and procedures governing the care of all youth

# Guiding Principles

Child Well Being  
Family Focused  
Safety  
Individualized  
Cultural Competence  
Direct Practice and System Persistence  
Community Based  
Strengths Based  
Parent Professional Partnership  
Collaboration  
Social Network/Informal Supports  
Outcome Based  
Cost Effective & Responsible

Follows 4 phases over an average of 11-13 months (MI):

HELLO: Safety planning, needs and strengths discovery, family vision and team development

HELP: Initial team meeting, plan of care development

HEAL: Ongoing team meetings, ongoing outcome evaluation and plan adjustment

HOPE: Transition planning and graduation

Focuses on specific behaviors

Risk reduction

Crisis prevention

Crisis response

Skill development

Short and Long-Term Strategies

# “Hole in the Heart” Needs

“BENEATH EVERY BEHAVIOUR THERE IS A FEELING.

AND BENEATH EACH FEELING IS A NEED.

AND WHEN WE MEET THAT NEED RATHER THAN FOCUS ON THE BEHAVIOUR,

WE BEGIN TO DEAL WITH THE CAUSE NOT THE SYMPTOM.”

-Ashleigh Warner  
Holistic Family Psychologist



# Strengths

Strengths are the foundation of planning in Wraparound

Change is supported by building on functional strengths

Strengths, interests and past successes help team members to see youth and families in a more complete and hopeful way

# Child and Family Team

Youth and Family

Youth's Natural and Professional Supports

Family's Natural and Professional Supports

Community Resources

# Team Approach: Why?

Multiple perspectives support movement toward family's vision

Team mission generates commitment

Teams allow for more effective planning and implementation to occur

More creative plans and strategies are developed through the teaming process

Communication and collaboration support comprehensive planning, promoting holistic healing

Stimulates partnership between youth, their families, community partners and child-serving systems

Developed by Child and Family Team

Plans for relevant life domains

Drives subsequent plans

Built on youth and family strengths

Driven by youth and family needs

Realistic strategies

Measurable, attainable outcomes

Ongoing evaluation and adjustment

Action steps for all team members

Who, What, When, Where, How...?

- Reflects strengths
- Utilizes community resources
- Limits formal services
- Creative, natural ideas to meet needs

How will we know when we are better?

- What are strategies supposed to achieve?
- Where are we now?
- Where do we want to be?
- Who will track progress?

# Evaluation and Adjustment

Outcomes monitored monthly with the team and formally, each quarter

- Is there progress?
- Have current outcomes been met?
- Is the Child and Family Team satisfied with progress?
- Are identified strategies being utilized?

Plans are modified throughout process

- Are current outcomes no longer relevant/desired?
- Are current strategies ineffective?
- Have we identified new needs?
- Are we ready to plan for unaddressed needs?

# Transition to Graduation

When the Child and Family Team decide they are ready to graduate:

## Transition Plan

- Builds on what has been accomplished
- Identifies ongoing needs and how they will be addressed
- Identifies ongoing supports

## Graduation

- Celebrates the youth and family's journey
- Celebrates the Child and Family Team's commitment



# Community Team

Local Child-Serving Systems

Local System Partners

Local Community Partners

Youth

Parents/Caregivers

# Team Approach: Why?

Promotes partnership between systems

Supports community partners

Improves outcomes for youth and families

Provides a platform to problem-solve community barriers

Supports a collaborative effort to improve community service delivery

Who qualifies for Wraparound?

What is so great about Wraparound?

Where can I find Wraparound?

How do I access Wraparound?

# Who is Wraparound for?

- All Medicaid-eligible youth (ages 0-21) that meet two or more of the following:
  - Involved in multiple child/youth serving systems
  - At risk of out-of-home placement or are currently in out-of-home placement
  - Have received other mental health services with minimal improvement in functioning
  - Risk factors exceed capacity for traditional community-based options
  - Numerous providers are working with multiple youth in a family and the identified outcomes are not being met
- All youth served under the Children's Serious Emotional Disturbance Home and Community-Based Services Waiver (SEDW)
- All youth in placement at CCIs (Child Caring Institutions) or Hawthorn Center (up to 180 days while in placement)

# Why Wraparound?

## National Meta-Analysis and Michigan State Data:

- Reduction in out-of-home placements
- Increased stability and permanency
- Increased youth and family confidence, self-sufficiency and resilience
- Improvement in mental health and interpersonal functioning
- Improvement in educational functioning
- Increased utilization of community resources and natural supports
- Decreased utilization of professional supports and system-dependence
- Criminal/delinquent recidivism

# Where is Wraparound?

- All Michigan counties, made accessible through a network of community mental health providers
- There are currently 56 enrolled Wraparound providers

# How to Access Wraparound?

- Referrals may be made by anyone (child-serving agencies, professional providers, community partners, educators, parents/caregivers, families, friends, etc.) on behalf of the youth and family.
- A referral to Wraparound can be made by contacting the community mental health provider in the county in which the youth resides.

<https://cmham.org/membership/cmhsp-directory/>

# Thank you!

Questions?

Suggestions?

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