



Providing Hope to Families with  
**Complex Needs**

# How did wraparound start?

- Willie's case never went to trial. The State of North Carolina settled and *The Willie M. Decision* stated the state's agreement to provide each child under 18 "placements and services as are actually needed as determined by an individualized habilitation plan rather than such placements and services as are currently available. If placements and services actually needed are not available, the person shall be entitled to have them developed and implemented within a reasonable period."
- Dr. Lenore Behar of North Carolina coined the term wraparound in the early 80's as part of her work to develop this mandated new service delivery system involving an array of community-based services to individual families.

# How did we get here in Mississippi?

2003-Community Based Alternatives grant studied the possible benefits of a SED Waiver.

- January 2006-A small team in Mississippi worked on a grant applying for the waiver (now known as MYPAC)
- December 2006- Mississippi was awarded the grant (1915c waiver) and named it Mississippi Youth Programs Around the Clock (MYPAC).

November 2007- MYPAC Waiver started as a demonstration project

- September 30, 2012- the end of the enrollment period for the MYPAC Waiver or demonstration project. A total of 1,402 children and youth were enrolled in the project.
- April 2010- First statewide Wraparound training was provided.
- MYPAC transitions from waiver service to state-funded program.

# What now?

- MYPAC is now a state funded program instead of a waiver
- Wraparound is available to children and youth outside of MYPAC
  - System of Care grants
  - Stand alone “service”
- Total number of individuals receiving Wraparound in FY 2014: 1,344
- Total number of individuals receiving Wraparound in FY 2015: 1,419. This included 687 youths that were diverted from any type of out of home placement.
- Total number of individuals receiving Wraparound in FY 2016: 2960, with 2335 of those youth having been diverted from out of home placement.
- Since July 2014, 822 individuals have been trained in Wraparound facilitation skills.

# What is Wraparound?

Definition: Wraparound is an ecologically based process and approach to care planning that builds on the collective action of a committed group of family, friends, community, professional, and cross-system supports mobilizing resources and talents from a variety of sources resulting in the creation of a plan of care that is the best fit between the family vision and story, team mission, strengths, needs, and strategies.

- Ecologically based: Focused on helping families develop and benefit from relationships with the people in their communities
- Process: Wraparound is a planning and organization process that is designed to bring helping people together with families who need help. It is much more than a one time event, a meeting, or any one of the steps that occur.
- Collective Action: A team of individuals working together towards the same goal.
- Mobilizing resources and talents: Wraparound involves a commitment to action and uses the strengths present in the team members, family and community as a whole.
- Best fit between multiple parts of the process: Wraparound requires multiple viewpoints to work most effectively. The resulting actions and plans represent the input of everyone on the team.

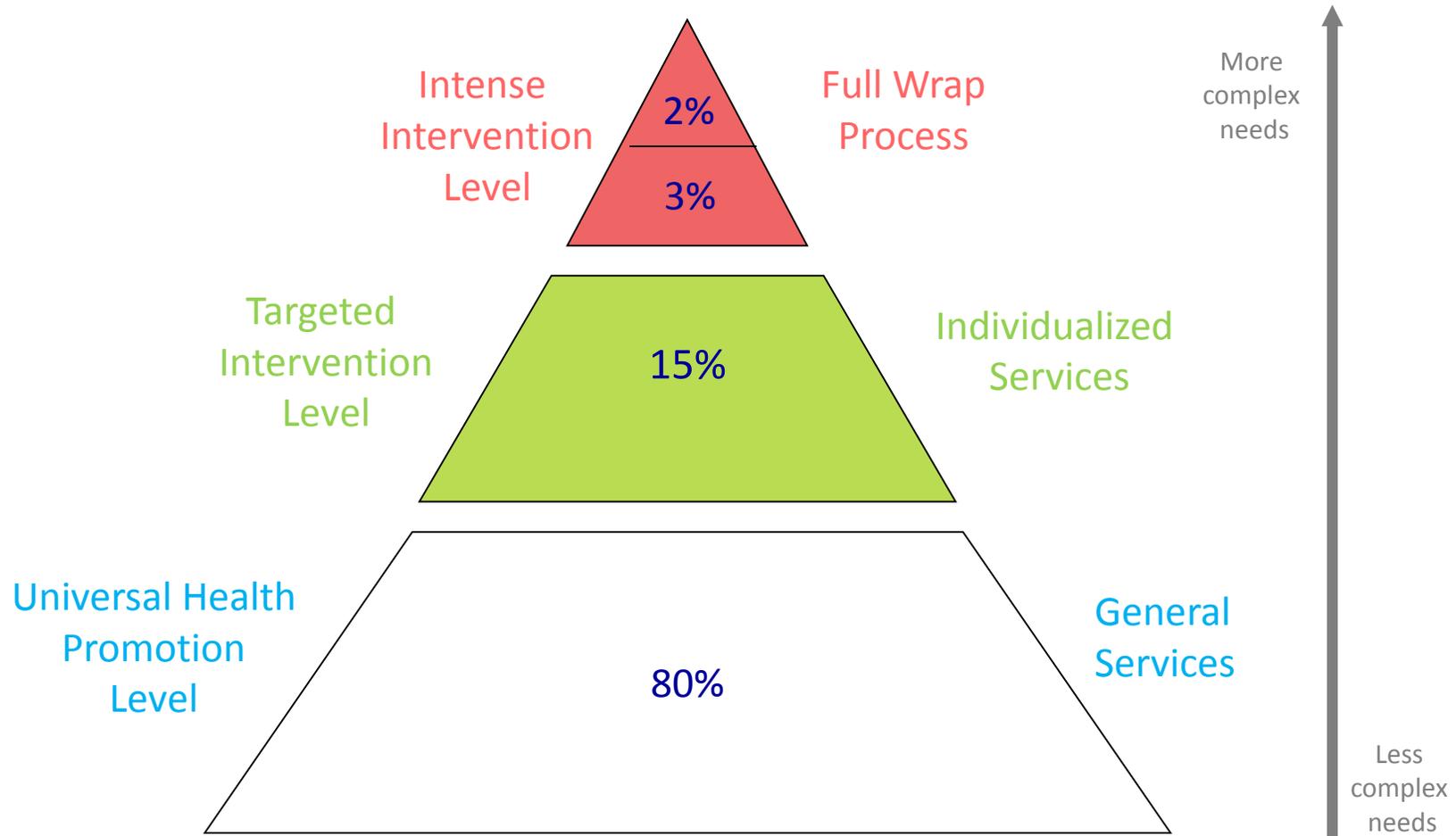
# What is Wraparound?

Wraparound is a way that communities can work together to support and empower families. It builds on the teamwork of a committed group of family, friends, community, professional, and cross-system supports by getting EVERYONE on board to do what they do best. Wraparound results in the creation of a plan of care that incorporates the families' talents, hopes, and dreams; the team's input; and individualized, future-focused strategies.

# Target Population

- Wraparound is designed for families meeting the following criteria:
- 1) The youth is experiencing severe emotional, behavioral, or mental health difficulties.
- 2) The youth is in, or at risk for, out of home/institutional/restrictive placements; and
- 3) The family is involved in multiple child and family-serving systems (e.g. child welfare, mental health, juvenile justice, special education, etc.)

# We are all a part of our system of care...



# Wraparound is NOT Case Management...

- A Case Management model and Wrap Facilitation model are very different approaches
- Wrap Facilitation is a non-traditional approach reserved for children and youth that have tried other system approaches and those things did not work for them

# Case Management

# Wraparound Facilitation

A Service that is provided to an individual that uses a Staff/client relationship

A process that is used with a Family that uses a staff/family partnership

Deficit or problem focus

Strength-based

Makes decisions and uses staffing or supervision to make decisions

Child and Family Team makes decisions while honoring family Voice and Choice

Strategies are developed by professionals to address problems

Strategies are developed by a team to address underlying needs

Standardized plan is given to the family to address behavior

Individualized plan that incorporates needs, outcomes, strengths, and strategies with the goal of reducing challenging behaviors is developed with the team

Accesses available services

Identifies and builds on services and supports in the family's community

Traditional system support

Non-traditional informal supports used in addition to formal supports

Minimum access after hours

24/7 crisis response with flexible work hours to work with the family's schedule

# How is wraparound different?

## The Practice Shift

Control by professionals

Partnerships with families and teams

Formal supports

Natural and informal supports with formal supports

Multiple case managers

One care coordinator

# How is wraparound different? The Practice Shift

Multiple service plans

One comprehensive  
Plan of Care

Eliminating deficits

Highlighting strengths

Mono Cultural

Cultural  
Competence

# Shifting how we look at behavior...

Traditional models tolerate viewpoints in which high risk behavior is seen as “bad” or engaged in only for the behavior’s sake

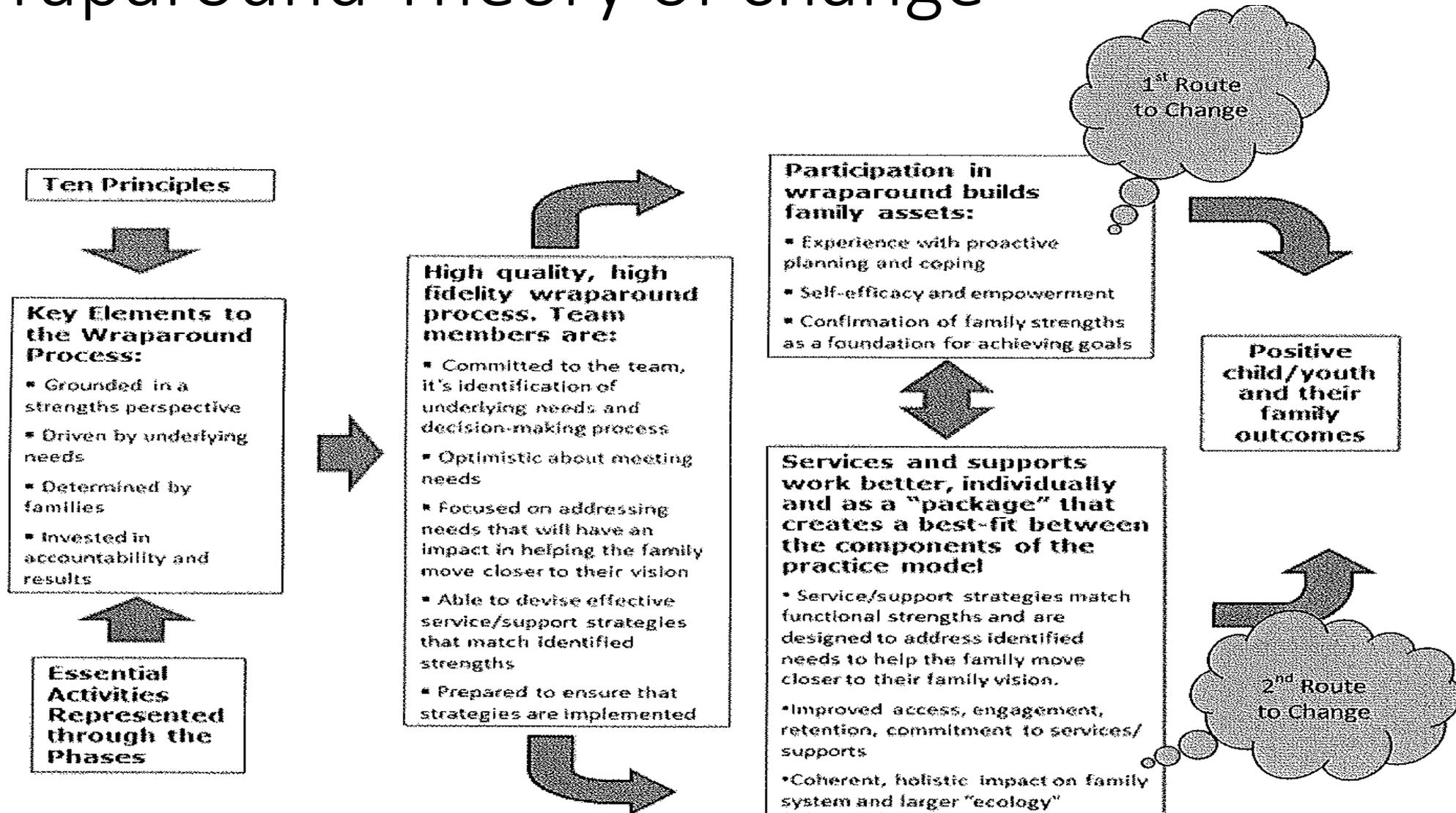
In Wraparound, we believe that behavior communicates information about an underlying need.

This results in an approach that seeks to meet needs in order to help behavior change.

# Wraparound ensures that families have...

- **ACCESS** to needed resources and services as well as to the people and settings where decisions are made about their lives.
- **VOICE** In Wraparound, it is the facilitator's job to make sure that the family's voice is always heard and that the family feels empowered to speak up. Families are acknowledged as and empowered to be "full decision makers in charge of their own lives."
- **OWNERSHIP** Families in Wraparound must feel that they are leaders in the planning process in partnership with the team. If the family is not in agreement and committed to carrying out the plan, the plan must be revised until the family can recognize it as their plan.

# Wraparound Theory of change



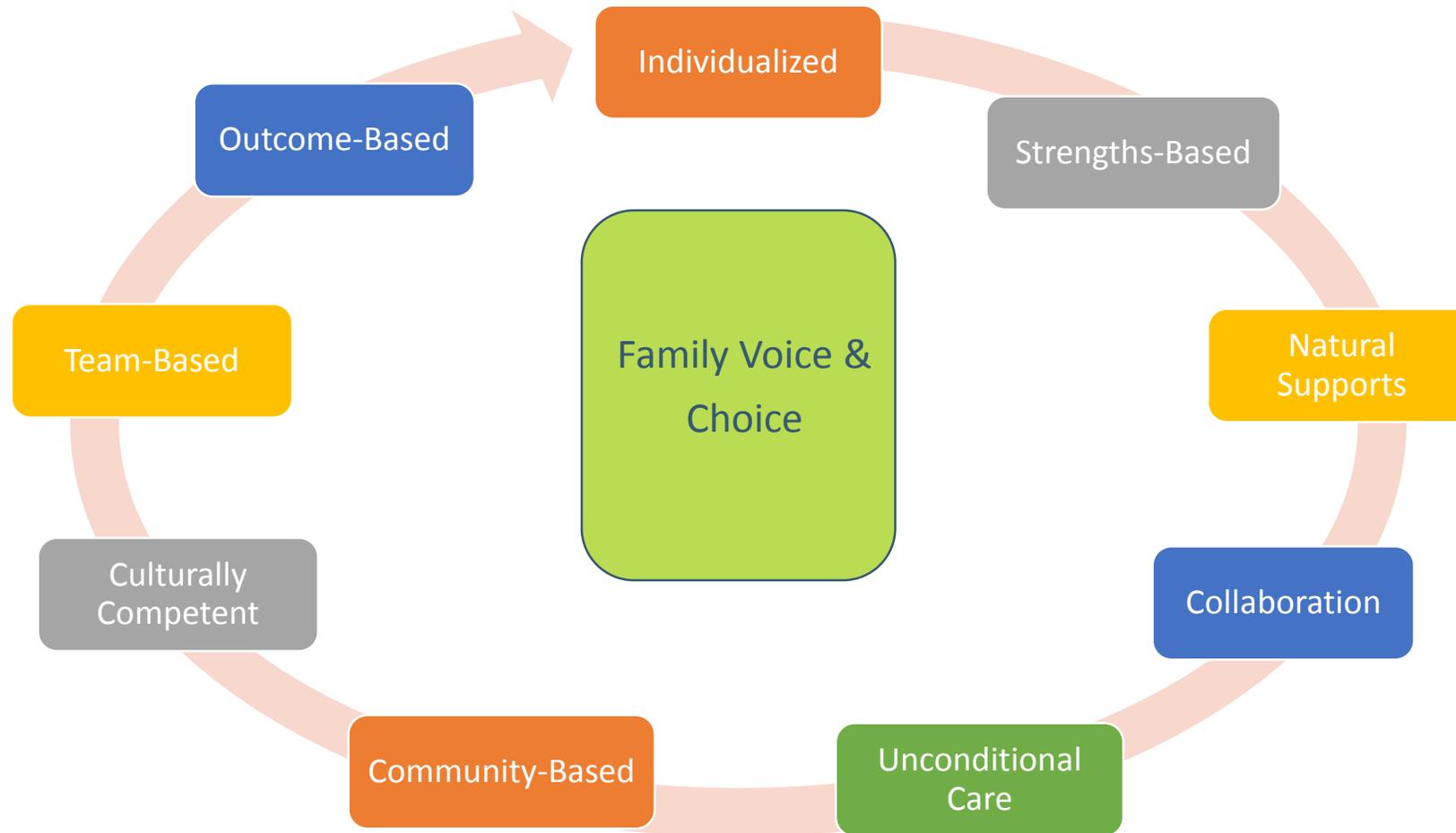
# How does all of this work? How does Wraparound create change in ways that other approaches cannot?

- Wraparound is guided by 10 principles and specific activities which promote change. Through this framework, teams remain faithful to a process characterized by:
- High-quality planning and problem solving
- Respect for values, culture and expertise of the family and team members.
- Blending perspectives through collaboration.
- Family-driven, youth guided goal structure and decisions.
- Opportunities for choice.
- Individualization.
- Evaluation of strategies.
- Recognition and celebration of success.
- Through the process, community based teams work together to achieve long-lasting results through:
  - 1) Enhancing the effectiveness of services and supports available to the family.
  - 2) Developing the family's capacity and resources for coping, planning and problem-solving.

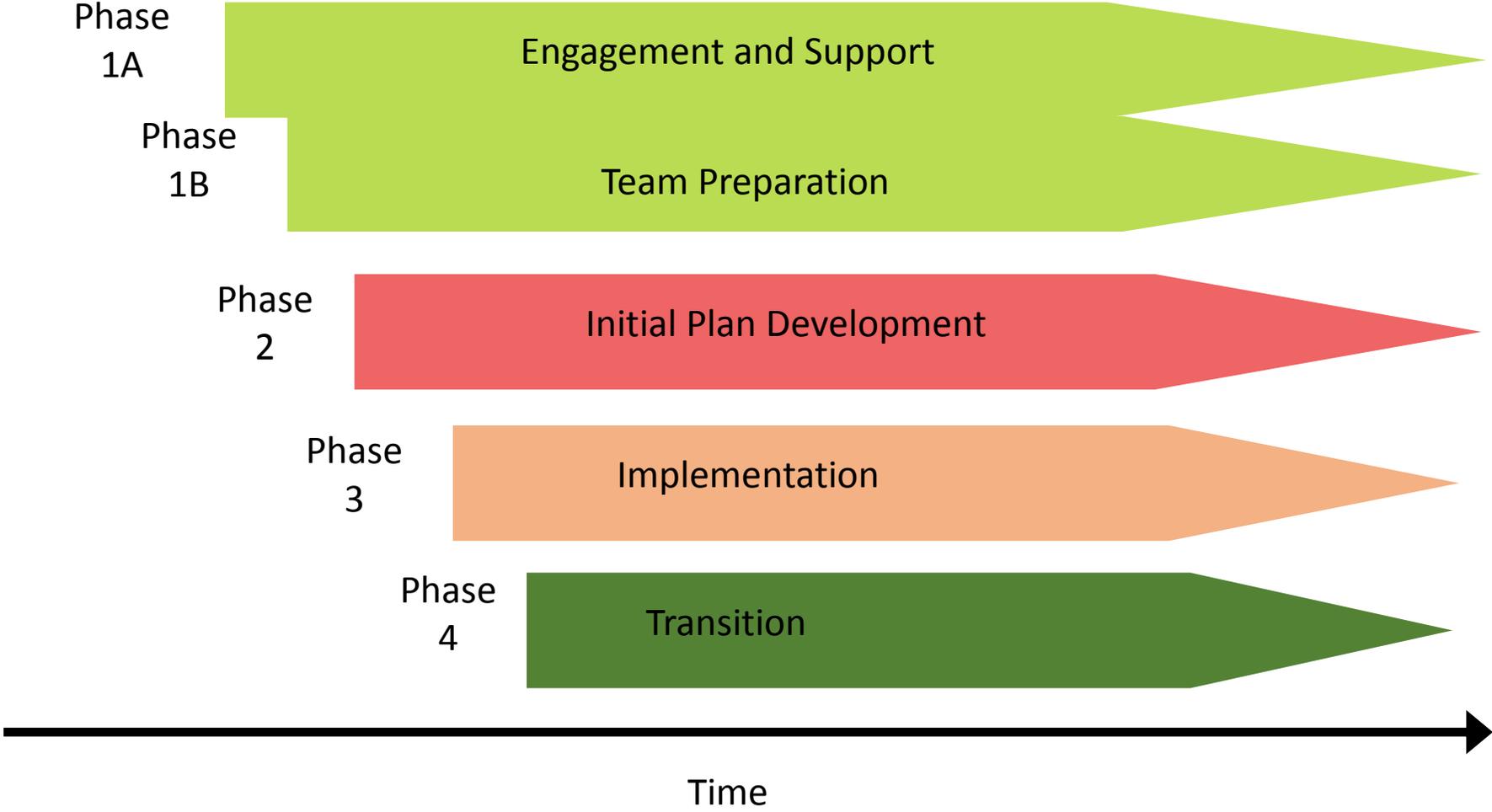
# What about engagement

- The wraparound process provides human service professionals a new way to engage families
- Families with complex needs have been through many services and have been involved in several systems
- Wraparound relies on a set of values and principles that help improve engagement

# Principles of Wraparound



# The Phases of Wraparound



# Relevant Research

- A randomized control study of “at risk” and juvenile justice involved youth in Ohio supported the hypothesis that youth who received Wraparound services were less likely to engage in subsequent at-risk and delinquent behavior. The youth that participated in Wraparound did not miss school unexcused, get expelled or suspended from school, run away from home, or get picked up by the police as frequently as the youth that received conventional services. (Carney & Buttell, 2003)
- A matched comparison study of youth involved in juvenile justice and receiving mental health services found that youth in the comparison group were three times more likely to commit felony offenses than youth in the Wraparound group. They found that during the two year study, 72% of the Wraparound group served detention at some point, while all youth in the comparison group served detention. Of the youth in the Wraparound program that did serve detention, they did so significantly less than their peers in the comparison group. Youth in the Wraparound group took three times longer to recidivate. (Pullman, Kerbs, Koroloff, Veach-White, Gaylor, & Sieler, 2006)

# Relevant Research

- A randomized control study of youth in child welfare custody in Florida showed significantly fewer placement changes for youths enrolled in a Wraparound program. Researchers also observed fewer days on runaway, fewer days detained, and older youth were significantly more likely to be in a permanency plan at follow-up. (Clark, Lee, Prange, & McDonald, 1996; Clark et al., 1998.)
- A matched comparison study of youth in child welfare custody in Nevada showed that after 18 months, 27 of the 33 youth receiving Wraparound moved to less restrictive environments as compared to only 12 of 32 in the comparison group. More positive outcomes were found on school attendance, school disciplinary actions and grade point averages. (Bruns, Rast, Walker, Bosworth, & Peterson, 2006; Rast, Bruns, Brown, & Peterson)

# Relevant Research

- A study in urban Baltimore of youth with serious mental health issues was conducted to track a single rating with combined indicators (living situation, school attendance, job attendance and serious problem behaviors.) The study found that at a 2-year follow-up after participating in Wraparound, 47% of the Wraparound groups were living in regular community placements, attending school and/or working and had fewer than three days of behavior problems over the course of the previous month as compared to 8% of youths in traditional mental health services. (Hyde, Burchard, & Woodworth, 1996)

# How widespread is the challenge of mental health in our juvenile justice system?

- Studies have consistently documented that...
- 1) 65% to 70% of youth in contact with the juvenile justice system have a diagnosable mental health disorder;
- 2) Over 60% of youth with a mental health disorder also have a substance abuse disorder;
- 3) Almost 30% of youth have disorders that are serious enough to require immediate and significant treatment.
- 4) At least 75% of youth in the juvenile justice system have experienced traumatic victimization.
- 5) 93% of youth in detention reported exposure to “adverse” events including accidents, serious illnesses, physical and sexual abuse, domestic and community violence—and the majority of these youth were exposed to six or more events.

# Families containing a youth with mental illness have unique needs...

- Congressional inquiries and media reports as well as the opinions of mental health professionals, correctional authority and parents all converge on the sad reality that the juvenile justice system has become the avenue of last resort for youth with mental disorders (Desai et al., 2006).
- Without treatment and ongoing care after detention for these youth with specialized needs, youth coping with mental illness often continue to be at risk for a path of recidivism and possibly adult crime.

# Wraparound as Diversion

Community-based treatment is an important option for juveniles who, with sufficient support, do not pose a danger to public safety and for whom detention intensifies their mental health problems.

Detention can be a poor choice for juveniles whose symptoms may intensify trauma responses and acute feelings of depression and anxiety. It can also interrupt therapy and medication for youth that are already receiving them.

Youth struggling with mental illness can sometimes create situations that are difficult to manage for corrections systems personnel.



# Wraparound as Diversion

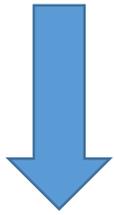
- Meeting the needs of youth such as this in the community rather than in detention can lead to better outcomes for both the family and the juvenile justice system.
- In cases where detention is unavoidable, Wraparound can serve as a bridge to return youth and families to a functional and satisfying place in their community.
- Whenever safe and appropriate, youth with mental health needs should be prevented from entering the juvenile justice system in the first place. For youth who do enter the system, a first option should be to refer them to effective community treatment. For those who do require placement, it is important to ensure that they have access to effective services to help them re-enter their community successfully.
- Wraparound can be the key to meeting the practical challenges that come with meeting the needs of youth with mental illness that become involved with juvenile justice. In a climate where funding is becoming more challenging to come by, community partners and informal supports are needed to meet the needs that professionals cannot meet.

# The end of AOP leaves behind a gap...

- AOP used modalities including day treatment/group counseling, individual counseling, recreational therapy, role playing, supervision (curfew) and family intervention. Family sessions taught parents effective parenting skills and strategies to help them understand their child's behavior. In addition, AOP addressed customized issues involving the adolescent's continuing educational and vocational training.
- Wraparound can help bridge the gap left behind by the end of AOP through engaging families in new and effective ways to participate with a team in planning. While Wraparound does not mandate any specific intervention, it does assemble a team that will review all available options and work towards making sure that families are able to participate in the interventions that will work for them.
- Supervision and support can be addressed through the purposeful building of teams that will not only be on board during the time that the court is involved, but also after the family's involvement with juvenile justice has ended.
- The responsibility for follow-up and actions that support ongoing maintenance of safe and appropriate behaviors would no longer rest solely on professionals. Instead, the team as a whole would be tasked with working together to allow the youth to stay in the home and out of future detention stays.

# Successful Wraparound Implementation depends on 3 levels of support:

State



Organization



Child and Family Team

# What are the next steps for youth involved in Juvenile Justice in Mississippi?

- Wraparound is already offered in communities, but is that enough?
- Establish a strong partnership between MWI and MS Youth Courts to ensure that all youth that meet the criteria have access to wraparound.
- How does wraparound fit in a youth court setting?

# Jobs associated with Wraparound

- Wraparound Facilitator- facilitates the process by ensuring the activities in each phase are carried out and facilitates the Child and Family Team meetings
- Supervisor- manages the facilitator and uses tools associated with high fidelity wraparound
- Parent Peer Support Partner/Peer Support Specialist- a legacy family member that has experience as a caregiver to a child with mental health challenges or as a youth growing up with complex needs
- Team Members- Informal or formal supports that live or work in a community that have a vested interest in a child, youth or family



NEVER DOUBT  
THAT A SMALL GROUP  
OF THOUGHTFUL COMMITTED CITIZENS  
CAN CHANGE THE WORLD:  
INDEED IT'S THE ONLY THING  
THAT EVER HAS.

MARGARET MEAD

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