



Child Mental Health Wraparound

An orientation for Wraparound Facilitators



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Welcome!

The purpose of this webinar is to provide Wraparound Facilitators and Wraparound Supervisors with a basic understand of the Child Mental Health Wraparound program CMHW.

The CMHW is a 1915i State Plan Amendment and is funded by Indiana Medicaid.



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Oversight of the CMHW

The following federal and state authorities oversee the implementation of the CMHW program.

- Centers for Medicaid and Medicare
- Family and Social Services Administration
- Office of Medicaid Policy and Procedure
- Division of Mental Health and Addiction



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DMHA CMHW Oversight

- DMHA Assistant Deputy Director
- Provider Specialist
- Provider Coordinator
- Quality Improvement Specialist
- Data Coordinator
- Director of Wraparound Implementation
- Team of Q.I. Wraparound Site Coaches



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CMHW Coaches and Responsibilities

- Each Wraparound Organization is assigned a coach.
- Support Provided:
 - Training of all WFs and WF Supervisors
 - Organizational leadership consultation for installation of the practice model
 - On site coaching and skill building
 - Policy experts



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CMHW provider module

<https://www.in.gov/medicaid/providers/files/modules/dmha-cmhw.pdf>



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CMHW services

- Wraparound Facilitation*
- Habilitation
- Training and support for the Unpaid Caregiver aka FST
- Respite
- Facility-based respite transportation



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Public Health Pyramid

- Imagine a triangle
- Bottom includes general services and universal health promotion
- Middle includes targeted interventions and individualized services
- Top includes intense intervention and the full wraparound process
- We partner with families at the very top!



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High Fidelity Wraparound

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.



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Wraparound creates change

Wraparound is grounded in theory of change which describes two interacting routes to change that lead to outcomes.

1. Services and support work better, individually and as a “package” that creates a best-fit between the components of the practice model

- Service/support strategies match functional strengths and are designed to address identified needs to help the family move closer to their family vision.
- Improved access, engagement, retention, commitment to services/ supports and families report a higher degree of cohesion between their needs and how they are being addressed
- Service practitioners change their approach based on information gathered through the team process to address needs and build on strengths
- Families experience the program-specific positive outcomes that the services/supports are designed to deliver



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Wraparound creates change

Wraparound is grounded in theory of change which describes two interacting routes to change that lead to outcomes.

2. Participation in wraparound builds family assets:

- Experience with proactive planning and coping
- Self-efficacy and empowerment
- Confirmation of family strengths as a foundation for achieving goals
- Connectedness-(increasing social support and decreasing loneliness)
- Family (and team) derive a changed meaning around the situation they are experiencing and that shifts their identity as a family and world view



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10 principles of Wraparound

1. Family Voice and Choice
2. Individualized
3. Strengths-based
4. Natural supports
5. Collaboration
6. Unconditional care
7. Community-based
8. Culturally competent
9. Team-based
10. Outcome-based



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How do families and youth apply?



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Referral and access

To make a referral, <https://incmhportal.fssa.in.gov/> or call 211

- DMHA supports a statewide access site
- The Access Site is responsible for submitting CMHW applications
 - Collecting diagnostic information for the application
 - Completing or obtaining a CANS within last 90 days
 - Obtaining all required signature for application documents
 - Offering families to participate in WFI EZ
 - Providing families and youth with WF picklist.



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Who's eligible for the CMHW?



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Eligibility criteria

- Youth aged 6 -17
 - (if approved at age 17, youth will still get 12 months of program)
- Resides in their home or community
- Eligible for Medicaid
- Two or more DSM V diagnoses not excluded as exclusionary criteria
- CANS score of 4, 5, or 6
- DMHA DCS project score of 1



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Exclusionary criteria

- Primary substance use disorder
- Pervasive developmental disorder (autism spectrum disorder)
- Primary ADHD diagnosis
- Individuals with an intellectual disability/disabilities
- Dual diagnosis of SED and ID/DD
- Youth that resides in an institutional setting
- Youth that are not safe and feasible in the community



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How do I know when a family has chosen me to be their Wraparound Facilitator?



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Initial approval and assignment to Wraparound Facilitator

- DMHA approves the CMHW application
 - Creates an Intervention Plan (budget) for Wraparound to begin.
 - Two month of Wraparound Facilitation units of service are authorized
 - Assigns the youth participant file to WF through Tobi
 - WF receives an email of youth assigned to their caseload



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The four phases of Wraparound

Wraparound occurs in four phases:

- Phase one – Engagement and team prep (first 30 days)
- Phase two – Initial CFTM, WTM (one to two meetings within a week)
- Phase three – Implementation (time after initial CFTM)
- Phase four – Transition (three months before closure)



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CFTM or WTM

- Includes team members relevant to the family
 - Natural Supports, formal supports (MRO providers, Child Welfare, Juvenile Justice, Education, CMHW services chosen by the family and youth, other people paid to care) faith-based supports, informal community supports.
- CFTM or WTM occur at minimum every 30 days
- Crisis CFTM's must occur within 72 hours of the crisis



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Plan of Care

- The POC is developed through the CFTM WTM
- The POC consists of three parts:
 - Intervention Plan: budget for approved CMHW services.
 - Care Plan: details family vision, team mission, functional strengths, underlying needs, and strategies of all team members
 - Crisis Plan: details what to do in a crisis



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Tobi

- The electronic health record system where WFs and WF supervisors have access to submit POCs to the state for approval and authorization of CMHW services.
 - As part of your approval as a WF or WF Supervisor, you will be granted a license to use this computer system.



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Ongoing Eligibility Annual Eligibility Reviews

- Every 12 months, youth are re-evaluated for eligibility
- WF is responsible for submitting annual eligibility application
 - CANS last 60 days
 - Rights and Attestation form
 - Picklist for services
 - WFI EZ consent if families wish to participate
 - Annual Intervention, Care, and Crisis Plans



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Incident reports and complaints

- WF are responsible for reporting any adverse incidents and complaints
- WF are responsible to participate in the following Incident Reporting Training:

<https://www.youtube.com/watch?v=kDj7ab2xfPo>



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Wraparound Facilitation

Wraparound Facilitation is a required component of the CMHW program. All decisions are made through the CFTM process. The CFT, with guidance provided by the Wraparound Facilitator as the expert of the practice model, is responsible for assuring the youth and family's POC, which includes Family Vision, Team Mission, Functional Strengths, Underlying Needs, Strategies and a comprehensive crisis plan is entered into the Tobi state system and is reflected with the following items submitted to DMHA:

Intervention Plan, the Care Plan and the Crisis Plan.



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Documentation requirements and Tobi

- POC: Intervention Plans, Care Plans and Crisis Plans
- CFTM minutes, sign in sheets, reflect team composition
- All components of the Annual Eligibility Review
- Any added CMHW services through uploading of the signed picklists
- Signed POC's by family and youth



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What are the other CMHW services families and youth can choose from?



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How do families add CMHW services?

- CFTM WTM is where all planning occurs!
 - Brainstorming and strategy development for the POC
- Presentation of the pick list by the WF
- Adding the CMHW service strategies and units for service to the POC in Tobi
- State reviews
- NOA is sent to all CMHW providers



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Habilitation

Enhance the youth functioning, quality of life, and use of social skills, build the youth and family's strengths, resilience, and positive outcomes. The Habilitation provider helps the youth through development of the following skills:

- Identification of feelings
- Managing anger and emotions
- Giving and receiving feedback, criticism or praise
- Problem-solving, decision making
- Resist negative peer pressure, develop pro-social peer interactions
- Improving communication skills
- Building and promoting positive coping skills
- Learning positive interactions with peers and adults



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Habilitation

- May not duplicate another Medicaid service, a.k.a. MRO
- One-on-one with youth, face-to-face, no groups
- May not be provided in the school setting
- May not be provided in an office setting
- Must be provided in the home or community
- Cannot be recreational only, must have a therapeutic component related to meeting a need
- Habilitation is different than Rehabilitation



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Training and support for the Unpaid Caregiver FST

- Service provided for a caregiver who is providing unpaid support for the youth. Service provides education and supports to the caregiver that preserves the family unit and increases confidence, stamina and empowerment
- Practical living/decision-making skills/Child Development/parenting skills
- Home management skills/Link to community resources/informal supports
- Conflict resolution, coping skills
- Education on youth mental health needs
- Crisis de-escalation skills for youth



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Training and support or FST

- Face-to-face with unpaid caregiver's hourly service
- FST fees
 - Non hourly service. \$500 per POC year paid to WF organization for:
 - Unpaid caregiver to attend conferences, training, books and supplies associated with training and support of the youth needs
- May not duplicate any other MRO or Medicaid service



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Respite

Respite is a service for the caregiver. At times parents need a break or have an emergency and need someone to provide care for their youth in their absence. Respite is short-term. Respite is proactively planned. (exception unexpected respite service).

CMHW Respite services provide help with daily living skills, grooming, personal hygiene, meal prep, and supervision of the youth. Everything a caregiver does in a normal day.



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Respite

- Hourly – under 7 hours in a day
 - Provided in home and community or a facility
- Daily – 7 hours to 24 hours in a day
 - Provided in home and community, or a facility
- Unexpected – 7 hours to 24 hours in a day
 - Provided in home and community or a facility
- PRTF – 7 to 24 hours in a day
 - Daily only: PRTF facility due to the high needs
- Max Respite days per POC year is 40 days
- Can only receive 14 consecutive days



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Facility-based Respite transportation

- FBR transportation service enable participants to attend FBR services when no other transportation is available to the participant. Assists with transportation to/from the youth's home within 120 miles of the Facility-based Respite Care location.
- Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge will be used.



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Remember You Need to Know!

- All CMHW providers are responsible for knowing policy!
- Please, take time to read and note our policy module!
- <https://www.in.gov/medicaid/providers/files/modules/dmha-cmhw.pdf>
- This module is your guide to everything related to your role, as well as other CMHW providers!



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HAB, FST, Respite monthly report

Monthly reports are due to the WF on the fifth business day of the month. They must include the following information:

- Dates of service and total hours provided
- Strategies executed from approved POC and progress
- Individual new strengths and needs seen through sessions



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Resources and links

- DMHA CMHW website
 - <https://www.in.gov/fssa/dmha/youthservices/program-description/>
- National Wraparound Implementation Center NWIC
 - <https://www.nwic.org/>
- National Wraparound Initiative
 - <https://nwi.pdx.edu/>



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Thank You!
Welcome to Wraparound!



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Certificate of Attendance

hereby certifies that

_____ has attended
CMHW Orientation for Wraparound Facilitators

on

_____ for _____ contact hours.



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