

## **WRAPAROUND SERVICES**

### **I. Definition:**

Wraparound is a term used to describe a process by which service providers agree to collaborate to improve the lives of children, families and adults by creating, enhancing, and accessing a coordinated system of support through a strengths-based, client-driven model. An emphasis is placed on identifying and enhancing the client's natural and informal supports, or to assist them in finding new informal supports. The client may be defined as an individual or as an entire family. Wraparound is specifically designed to address crisis concerns and keep an individual adult or child in their home and community.

Key components of Wraparound service planning include:

- 1) Listening carefully to the client in order to assist them in creating/finding their own emotional and other supports. These natural supports often including family peer specialists, advocates, or friends and family members.
- 2) Identification of client-centered teams that include formal and informal representation from the client's community;
- 3) Individualized goal(s) development, based on unique client strengths, culture and expressed needs.
- 4) All interventions in the plan must reflect client-centered or community-based strengths.
- 5) Identifying potential ways of handling crisis situations.

Wraparound Services are recognized as being clinically effective and necessary for many clients and typically require a higher intensity and frequency of service provision than the traditional medical necessity standard. However, the advantage of access to flexible funding through the wraparound process can be critical in helping clients and their families maximize and maintain their functioning in the community. Wraparound Programs may be peer, consumer or facility operated.

A therapeutic Wraparound Services program for children and adolescents includes a full range of services designed to provide the necessary support to both the child and their family. Additionally, the process needs to address concerns such as preventing out of home placement or to facilitating the child's successful discharge from out of home placement through reintegration into home and community life. The Wraparound process is being utilized in many community early childhood programs in effort to ensure early problem identification and intervention with very young children and their parents/caregivers.

#### **EXAMPLES OF WRAPAROUND SERVICES INCLUDE:**

Respite Services  
Warm Line  
Crisis Hostels  
Intensive Case Management  
Peer Case Management  
Drop-In Center/Clubhouse  
Recovery/Self-Help Groups in the community  
Peer Advocacy  
Assertive Community Treatment (ACT)

Family Assessment, Skills Development, Behavior Management  
School-based Services  
Home-based Services  
Service Coordination, Linkage and/or Monitoring

**II. Admission Criteria:**

*Any of the following criteria are necessary for admission:*

- A. A covered DSM-IV-TR Axis I or Axis II diagnosis;
- B. Assistance required in obtaining and coordinating treatment, rehabilitation and social services;;
- C. Individual requires a more intensive level of case management than previously offered;
- D. Multi-agency involvement with a need for coordinated efforts to address basic life needs.

**III. Exclusion Criteria:**

*Any of the following criteria are sufficient for exclusion from this level of care:*

- A. Individual or family chooses not to participate in program.
- B. The individual meets criteria for a less intensive level of care.
- C. The individual cannot safely be maintained in an outpatient level of care.

**IV. Continued Stay Criteria:**

*All of the following criteria are necessary continuing treatment at this level of care:*

- A. Severity of illness and resulting impairment continues to require this level of service;
- B. Services are focused on maintaining community based living or reintegration of the individual into the community and improving his/her functioning in order to decrease utilization of more intensive treatment alternatives (e.g. residential or inpatient);
- C. Continued progress towards goals;
- D. Treatment planning is individualized and appropriate to the individual or family's changing conditions, and includes any existing and new creative services and efforts by the team as appropriate to stabilize and improve functioning;
- E. The services provided and coordinated through the Wraparound service plan are delivered as needed and agreed upon by both the client and their formal and informal providers included on the "Wraparound Team".

**V. Discharge Criteria:**

*Any of the following criteria are sufficient for discharge from this level of care:*

- A. Individual or family's treatment plan and discharge goals have been substantially met;
- B. Consent for treatment is withdrawn;
- C. Individual or family meets criteria for a less/more intensive level of care; and/or
- D. Individual or family chooses not to participate in services described in wrap plan as necessary for this level of care.

**BIBLIOGRAPHY/RESOURCES** Note: I did not update this section as LOC Guidelines do not require Bibliographical references (unlike Clinical Care Guidelines).

1. The Professional Wraparound Facilitator: the Basics of the Wraparound Practice Model. Vroon VanDenBerg LLP. 2004
2. Wraparound Fidelity Index 3.0: User's Manual. Wraparound Evaluation and Research Team; <http://depts.washington.edu/wrapeval>. 2005.
3. *Wraparound Milwaukee: Aiding Youth with Mental Health Needs Office of Juvenile Justice and Delinquency Prevention, Volume VII.* April, 2000.
4. *Promising Practices In Wraparound for Children with Serious Emotional Disturbance and Their Families;* National Technical Assistance Center for Children's Mental Health, Georgetown University
5. National Mental Health Association's *Treatment Works For Youth In The Juvenile Justice System.*