

YES STARTER KIT (S-KIT)

Texas Institute of Excellence in Mental Health (TIEMH)



Texas Department of State Health Services (DSHS)





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Initial YES Waiver State-Wide Expansion Timeline

YES & Wraparound Process Map

GETTING READY

--- LMHA DETAILS ---

**To be completed by each LMHA*

LMHA Name:	
County's:	
YES Participants Target # e.g. 100	
Enrollment Start Date:	
Target # to be achieved by? <i>e.g. 1 year from enrollment start date</i>	
YES Contact Person @ LMHA	
Name:	
Email:	
Work Phone Number:	
Cell:	



--- DEFINITIONS ---

Child and Adolescent Needs and Strengths (CANS) - Comprehensive assessment, multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective so as to facilitate the linkage between the assessment process and the design of individualized service plans which include the application of evidence-based practices.

Child and Family Team - Also known as wraparound team, these are groups of people – chosen with the family and connected to them through natural, community, and formal support relationships – who develop and implement the wraparound plan, address unmet needs, and work toward a collective team mission that reflects the family’s vision.

Clinical Management for Behavioral Health Services (CMBHS) - is an electronic health record created and maintained by the Department of State Health Services for the use of contracted Mental Health and Substance Abuse Services. CMBHS is utilized by Local Mental Health Authorities to enter information from the uniform assessment that includes, but is not limited to the CANS and YES waiver service authorization (LOC-YES).

Comprehensive Waiver Provider – An agency, organization, or individual that meets credentialing standards defined by DSHS and enters into a Provider Agreement. The Comprehensive Waiver Provider must ensure provision of all YES Waiver services directly and /or indirectly by establishing and managing a network of Subcontractors. Comprehensive Waiver Provider has the ultimate responsibility to comply with the Provider Agreement and Manual regardless of service provision arrangement (directly or through Subcontractors).

Inquiry List – The inquiry list, maintained by the Local Mental Health Authority (LMHA) in each service area, is a log of children/youth that have expressed interest in participating in the YES Waiver. The inquiry list also establishes the priority of assessing for eligibility on a first-come, first-serve basis.

Licensed Practitioner of the Healing Arts (LPHA) – An LPHA is a licensed employee of the LMHA and may be a physician, professional counselor, clinical social worker, psychologist, advanced practice nurse, or a licensed marriage and family therapist.

Local Mental Health Authority (LMHA) – An entity designated as the local mental authority by DSHS in accordance with the Health and Safety Code, §533.035(a). The LMHA, through a Memorandum of Understanding (MOU), operates under an Authority Role to provide administrative activities.

Qualified Mental Health Practitioner (QMHP) – A QMHP is a staff member who is credentialed as a QMHP and who has demonstrated and documented competency in the work to be performed.

Service Authorization – Formally known as DSHS IPC. The service authorization functions as a pre-service authorization documenting potential YES Waiver services, Non-Waiver services, and State Plan Services a Waiver participant may access. The service authorization is developed jointly with the Waiver participant (youth), Legally Authorized Representative (parent or care giver), and wraparound facilitator, and is approved by DSHS. The service authorization estimates annual cost for proposed plan of care services, details the quantity of services per year, and helps determine if requested services are within the approved cost limits.



Wraparound – The wraparound process is an intensive, individualized care planning process targeting children and youth with severe emotional or behavioral needs and their families. Wraparound is used in the YES waiver to manage the service coordination and intensive case management.

Wraparound Facilitator/Care Coordinator (CC) - A person who is trained to coordinate the wraparound process. The Care Coordinator is the primary contact person for the family and team and is responsible for facilitation of the creation of a Plan of Care.

Wraparound Fidelity - How completely the wraparound process (whether it is for a family, in an organization, or in a whole system) adheres to the 10 principles and basic activities of the wraparound process. Can be measured using fidelity tools such as the *Wraparound Fidelity Index* or *Team Observation Measure*. Wraparound fidelity should not be considered synonymous with wraparound quality; a wraparound team or initiative that scores high on getting the basic wraparound “steps” done may still need improvements in the quality of its work.

Wraparound Plan - During the wraparound process the child and family team develop a wraparound plan during the first team meeting. The plan should be comprehensive enough to serve as the overarching plan of care for the child and family. Therefore it should be synonymous with the Recovery Plan (formerly the treatment plan).



--- WHO'S WHO ---

This section has been included to differentiate the roles for those involved in YES. Knowing 'who does what' helps in then knowing who to ask specific questions to.

ROLE OF THE DEPARTMENT OF STATE HEALTH SERVICES (DSHS)

DSHS is responsible for oversight of the YES Waiver Program across the state. DSHS develops and implements policies, manages waiver enrollment against approved limits and monitoring waiver expenditures against approved levels by reviewing DSHS inquiry list, slot allocation, and client count reports. DSHS approves clinical eligibility determinations and service authorizations to ensure waiver requirements are met.

DSHS is also responsible for recruiting and credentialing new providers; providing initial provider forums, provider training, and technical assistance; and overseeing contract compliance and quality assurance activities.

DSHS gives the final outcome approval for participants' eligibility for YES, determines Medicaid or financial eligibility, organizes and leads the initial provider forum, provides initial staff training to include an overview of YES Waiver, policies, forms, administration, CMBSH etc. DSHS provides ongoing technical assistance and oversight around the operation of the YES waiver as follows: Quality management, Provider relations and contract oversight, service authorization/CED approval, CMBSH, enrollment, outreach and Medicaid Eligibility.

If you have a question for DSHS please email: YESWaiver@dshs.state.tx.us

ROLE OF LOCAL MENTAL HEALTH AUTHORITY (LMHA)

A LMHA enters into a contract with DSHS and helps with recruitment of waiver providers. LMHAs recruit and accept referrals of potential waiver participants, utilizing an inquiry list. Ensuring eligibility requirements are met and supporting the family through the eligibility process is part of the LMHA's role. LMHAs employ the care coordinators who are in turn responsible for leading a child and family team in the creation of a plan of care. LMHA's collaborate on utilization management, quality assurance & improvement activities. LMHA's follow Texas Administrative Code guidelines and bill intensive case management using the NWIC Wraparound model and coordinate with all team members on the development of the POC. LMHA's are responsible for managing the annual YES Waiver budgets for youth, as well as transitioning clients when they age out and/or are no longer eligible.

ROLE OF PROVIDERS

Waiver Service Providers operate under a Waiver Provider Agreement with DSHS; provide or arrange for all requested YES Waiver services, meet credential standards and participate in training and education, under a 3 year term.

The services that are provided are guided by the Plan of Care (POC) that is developed in the CFTM. The provider is responsible for providing or arranging for the provision of all requested services.

Providers must submit service notes in CMBHS for payment of services, participate in POC development and maintenance, utilization management, and quality improvement initiatives. Providers must have a



Medicaid Number and be enrolled with TMHP as a YES Provider. A waiver provider could be an existing waiver provider agency or individuals/agencies specialized in providing behavioral health services to children and youth.

ROLE OF THE TEXAS INSTITUTE FOR EXCELLENCE IN MENTAL HEALTH (TIEMH)

The Texas Institute for Excellence in Mental Health (TIEMH) at the University of Texas at Austin provides implementation support for the YES waiver. The support is provided through data monitoring and the use of a “plan, do, study, act” (PDSA) process. At a minimum, support for YES waiver implementation includes organizational assessment and support in addition to targeted assistance to support the organization in skill attainment toward implementing high quality and high fidelity wraparound. TIEMH provides both wraparound training and coaching support to assist the workforce in gaining the skill necessary to conduct high quality and high fidelity wraparound. Organizational support includes community asset and organizational process mapping, strategic planning support, and the use of data as a part of the continuous quality improvement process.



--- WHAT IS THE YES WAIVER? ---

The Health and Human Services Commission (HHSC) and DSHS received Centers for Medicare and Medicaid Services (CMS) approval to implement a 1915(c) Medicaid Home and Community-Based Services (HCBS) Waiver, called Youth Empowerment Services (YES) in February, 2009.

The YES (Youth Empowerment Services) Waiver is a Medicaid Home and Community-Based Services Waiver that allows for more flexibility in the funding of intensive community-based services to assist children and adolescents with *serious emotional disturbances (SED)* to *live in the community* with their families. Waiver services are provided in combination with services available through the Medicaid State Plan, other federal, state, and local programs the individual may qualify for, and the natural support that families and communities provide.

Goals of the YES Waiver

- To improve the clinical and functional outcomes of children and adolescents with serious emotional disturbance
- To provide a more complete continuum of community-based services and supports for children and adolescents with SED and their families
- To ensure families have access to parent partners and other flexible non-traditional support services as identified in a family-centered planning process
- To prevent entry and recidivism into the foster care system and relinquishment of parental custody, and
- To reduce out-of-home placements and inpatient psychiatric treatment by all child-serving agencies.

YES Waiver Services

The services and supports that are available through the YES Waiver are shown below. Services that are provided are guided by the Plan of Care (POC) that is developed in the Child and Family Team Meeting (CFTM).

Respite

Because of the absence of/or need for relief of those persons who normally provide care for the waiver participant, respite is available as service on a short-term basis.

It may be provided in:

- Participant's home or place of residence
- Private residence of a respite care provider (if that provider is a relative of the participant other than the waiver participant, spouse, legal guardian, or legally authorized representative)
- Foster home
- Day or overnight camps
- Child care centers or homes

Note: Respite services cannot be provided at the same time as supportive family-based alternatives or community living supports.



Community Living Supports (CLS)

Used to facilitate the participant's reaching their goals: For example, remaining in their home and being included in their communities. Supports may be provided in participant's residence or in community settings (including libraries, city pools, camps, etc.).

They may also be trained in skills related to activities of daily living: For example, personal hygiene, household chores, and socialization, if these skills are determined as needed by the participant's child and family team.

CLS may promote communication, relationship-building skills, and integration into community activities. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings.

Family Supports (FS)

Family Supports (FS) includes peer mentoring and support to the primary caregivers; engages family in the treatment process; models self-advocacy skills; provides information, referral and non-clinical skills training; maintains engagement; and assists in the identification of natural/non-traditional and community support systems.

Note: FS are peer-to-peer mentoring services and are not clinical skills training. They may also be known Family Partner services.

Transitional Services (TS)

Transitional Services (TS) are a one-time, non-recurring allowable expense. TS may be provided when a participant transitions from an institution, provider operated setting, or family home to their own private community residence.

Assistance may include:

- Utility and security deposits for the home/apartment
- Household items such as linens and cooking utensils
- Essential furnishings
- Moving expenses
- Services to ensure health and safety in the apartment/home (e.g., pest eradication, allergen control, one-time cleaning)

TS may not be used to pay for furnishing living arrangements that are owned/leased by a waiver provider, may not include monthly rental or mortgage expense, food, regular utility charges, and/or household appliances or items that are intended for purely diversional/recreational purposes.

Note: TS is limited to \$2,500 dollars per waiver participant.

Adaptive Aids & Supports (AAS)

Adaptive Aids & Supports (AAS) are devices and supports that help participants with their SED needs. AAS are essentially modifications to the YES participant's environment, which must directly fit into their plan of care. For example, a lock may be bought for a family who has a child who has tendencies to run away. Modifying a toilet for a child that is paraplegic is another example of using AAS services.



Minor Home Modifications (MHM)

Minor Home Modifications (MHM) services contribute to the community functioning and help participants to avoid institutionalization. MHMs must be age appropriate and related to needs as determined by the child and family team through the plan of care. MHM services include home accessibility/safety adaptations, physical adaptations to residence, such alarm systems, alert systems etc.

Non-Medical Transportation (NMT)

Non-Medical Transportation (NMT) is transportation that assists participants to gain access to waiver and other community services, activities and resources, as specified by service plan.

Note: This service is in addition to, and not instead of, medical transportation and transportation services under the State Plan.

Paraprofessional Services (PPS)

Paraprofessional Services (PPS) is a behavioral aide that supports the participant to meet goals. PPS is provided under the direction of a licensed behavioral health professional.

Services include:

- Mentoring and Coaching
Skilled mentoring would be provided by an individual who has had additional training/experience working with children/adolescents with mental health problems. For example, a teenager with severe behavior problems may require mentoring from a person with behavioral management expertise.
- Paraprofessional Aide
Aide assists the waiver participant in preventing and managing behaviors stemming from SED that create barriers to inclusion in integrated community activities such as after-school care or day care.
- Job Placement
Help finding employment, e.g. developing a resume and completing applications.

Professional Services (PS)

The goal of Professional Services (PS) is to maintain or improve the youth's health, welfare, and/or effective functioning in the community.

Services include:

- Art Therapy
Use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem.
- Music Therapy
Prescribed use of music to therapeutically address physical, psychological, cognitive, or social functioning to optimize the individual's quality of life, improve functioning on all levels, enhance well-being and foster independence.
- Animal-assisted Therapy



Animals are utilized in goal-directed treatment sessions, as a modality, to facilitate optimal physical, cognitive, social and emotional outcomes, such as increasing self-esteem and motivation.

- Recreational Therapy
Activities as a treatment intervention to improve life. Designed to restore, remediate, or habilitate improvement in functioning and independence while reducing or eliminating the effects of an illness or a disability.
- Nutritional Counseling
Counseling in nutrition principles, dietary plans, and food selection and economics.

Supportive Family Based Alternatives (SFBA)

With Supportive Family Based Alternatives (SFBA), therapeutic support and model behaviors are provided for the participant's family. The goal is to help the child or youth return to their family in the community (e.g. temporarily reside within in a home other than the home of their family). A Child-Placing Agency will recruit, train and certify the support family and coordinate with the participant's family.

Support family must provide services as in plan. Services include:

- Guidance/assistance with the daily life activities (e.g. bathing, money management etc.)
- Securing/providing transportation
- Reinforcement of counseling, therapy, and related activities
- Help with medications
- Supervise participant for safety and security
- Facilitating inclusion in community activities, social interaction etc.
- Assistance in accessing community and school resources

Room and board is not included in the payment for supportive family-based alternatives.

May not receive respite or CLS while receiving SFBA.

Supported Employment

Supported employment services assist people in choosing, getting and keeping employment. This service is provided, in order to sustain competitive employment, to an individual who, because of a disability, requires intensive, ongoing support to be self-employed, work from home, or perform in a work setting at which individuals without disabilities are employed. Supported employment includes employment adaptations, supervision, and training related to an individual's assessed needs. Individuals receiving supported employment earn at least minimum wage (if not self-employed).

Note: This service cannot be provided simultaneously with respite.



--- IDENTIFYING OR DEVELOPING A PROVIDER NETWORK ---

All waiver participants will have access to all services that are a part of the regular public mental health system. All waiver services are fee-for-service. There are 11 waiver services that are new Medicaid services available for Medicaid reimbursement *only to waiver participants*.

A comprehensive provider (which may be the LMHA) must have all requested supports and services available to YES participants, as authorized in the waiver. The comprehensive provider will have a contract with DSHS. If a comprehensive provider is unable to provide all YES services they are required to seek out such service providers outside their network and obtain individual subcontracts.

Providers are required to meet qualification requirements/standards as set by DSHS to provide YES services. Please refer to the DSHS website for further information:

<http://www.dshs.state.tx.us/mhsa/yes/>

Please note, services delivered by providers are secondary to informal supports that are identified during wraparound team meetings. The objective is for families to build upon their existing natural supports as this is more sustainable, reducing reliance on formal provider services that may not be a long-term option.

DSHS TRAINING: PROVIDER DEVELOPMENT

In order to prepare the provider network, DSHS facilitates a training for LMHA's that includes a section about provider recruitment best practices. Information includes an overview of the YES Wavier and the provider's responsibilities and expectations, should they agree to be part of the provider network.

PROVIDER ONLINE TRAINING

The Texas System of Care web-based wraparound training series is intended to provide participants with a broad overview of wraparound. Participants must complete questionnaires and 3 learning modules to become a YES provider. The web-based training series can be accessed on the Texas System of Care website via the link below.

Texas System of Care Website:

<http://www.txsystemofcare.org/wraparound/web-based-wraparound-training/>

Learning Modules

What's This Thing Called Wraparound?

This web-based training is intended to provide participants with a broad overview of wraparound. The intended audience for this webinar includes anyone involved with children or youth programs or services interested in learning about how wraparound is used as part of a continuum of care for family and youth in a system of care framework.



Team Roles in Wraparound

This web-based training is intended to provide participants with an overview of what team members can expect at a wraparound team meeting and how they can be effective in their role on the team. The intended audience for this web-based training includes providers, wraparound facilitators, families, youth, and individuals who support families and youth in either formal or informal relationships who are interested in learning about how wraparound teams are used in a system of care framework.



Overview of the Youth Empowerment Services (YES) Waiver

This web-based training is intended to provide participants with a broad overview of the YES waiver (1915c). The intended audience for this webinar includes anyone involved with children or youth programs or services interested in learning about the YES waiver and how it may be used as part of a continuum of care for family and youth in a system of care framework.

Finding it difficult to find providers for YES services?

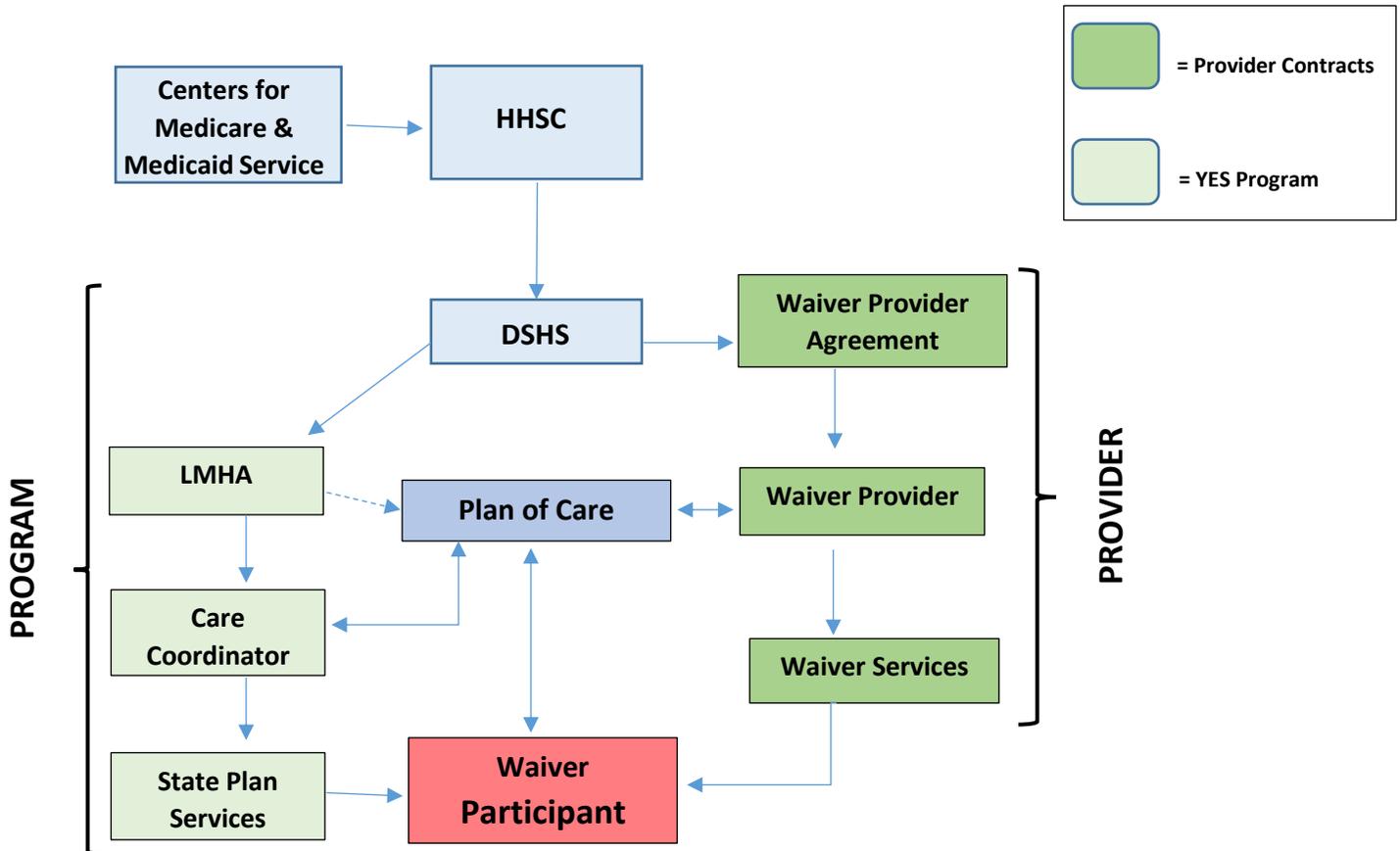
Here's a real life example...

An LMHA representative had to organize their own network providers; had to find all the different services that can be offered under YES.

To find animal assisted therapy they literally drove to a barn and started asking questions. This led to phone numbers being given and various calls until they finally had access to several different animal assisted therapists – all who signed up to be part of the provider network for YES!

ORGANIZATIONAL CHART *(adapted from Texas DSHS)*

The chart below demonstrates the relationships between various organizations involved in YES. The left hand side of the chart demonstrates the contracts and processes required for LMHAs. The right hand side of the chart demonstrates the contracts between the comprehensive provider and DSHS.

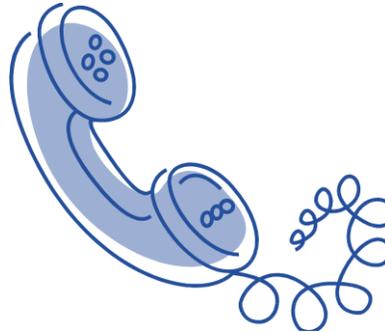


Please note at times the LMHA may act at the comprehensive provider for YES services. If this occurs the LMHA will also have a comprehensive provider contract with DSHS, as well as the overall YES program contract.



--- SETTING UP AN INQUIRY LINE ---

An inquiry phone line must be set up in preparation for Yes Waiver participants.



Please note the following:

- Set up dedicated phone line, whereby interested participants call for registration on the YES Waiver inquiry list
- Make sure the phone number is a 'no charge' line, i.e. avoid long distance numbers
- Set up an answering message with appropriate details
- Identify a staff member to listen to phone messages and return phone calls within 1 business day
- Identify process on how appointments are going to be scheduled: Assessment Schedule
- Intake assessments should be scheduled within 7 business days after telephone screening or sooner if crisis or urgent care services are needed.



--- ESTABLISHING HIGH QUALITY WRAPAROUND PRACTICE ---

What is Wraparound?

The wraparound practice model is an evidence-based practice targeting children, youth, and families with severe emotional or behavioral needs. Based in an ecological model, wraparound draws upon the strengths and resources of a committed group of family, friends, professionals, and community members. Wraparound mobilizes 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.

During the wraparound process, a committed team of people who are relevant to the child or youth (e.g., family, friends, professionals, and community members) work together with the family to develop an individualized plan of care, utilizing the strengths of the community, team, youth and family. The plan of care represents the best fit between the family vision and story, team mission, strengths, needs, and strategies. The wraparound plan includes both formal supports - such as paid professionals - as well as support and assistance provided by friends, kin, and other people drawn from the family's social networks and community. The team meets over time to implement this plan, monitor its effectiveness and work towards success. Providing comprehensive care through the wraparound process requires a high degree of collaboration and coordination among the child- and family-serving agencies and organizations in a community. The values of wraparound are aligned with the system of care framework.

How is Wraparound being implemented?

Wraparound implementation focuses on systems-level structures, policies, and supports to ensure appropriate support is in place to ensure quality practice-level implementation. It also requires careful planning and support around workforce development at both the facilitator and supervisor level. Utilizing the National Wraparound Implementation Center (NWIC) model for support and guidance, TIEMH is collaborating with the DSHS YES waiver team to implement high quality and high fidelity wraparound through the YES waiver.

The following sections provide a more detailed discussion around implementation of wraparound.

Hiring/Identifying Appropriate Staff

Wraparound Facilitator/ Care Coordinator

It is important that we hire the right people from the beginning, those who encompass several necessary personality traits, qualities and skills, as this will help the ease of the overall process of wraparound. For facilitators, shifting from a "case management" as usual model to the facilitative model of wraparound can be difficult. Therefore, identifying or hiring staff who are well suited to the wraparound process is an essential component toward implementation. The desired qualities that are ideal for wraparound facilitators/care coordinators are shown below.



Qualities to look for in hiring facilitators/care coordinators (CC):

- Likes kids and believes in families
- Is open-minded and creative
- Is receptive to the values that form the wraparound philosophy
- Demonstrates good insight and judgment
- Is well organized
- Has an engaging and enthusiastic personality
- Is comfortable speaking in front of a group of people
- Knows when to be flexible and when to take control
- Has good writing skills
- Can speak to past experience of team work

(Supporting Wraparound Implementation: The Resource Guide to Wraparound)

Wraparound Supervisors

As the range of staff roles and skill evolve in the wraparound effort within the organization, the wraparound supervisor has to develop a capacity to provide proactive, behavioral, field-and office-based coaching and supervision. Coaching and supervision of staff is different than maintaining fidelity to the practice model. Instead, this is the process by which staff are given clear direction on the process. The effective wraparound supervisor is able to move conversations in working with their staff from how the family behaves with the process to how staff follow the process with families. The desired qualities that are ideal for wraparound supervisors are shown below.

Qualities to look for in hiring wraparound supervisors:

- Able to work across departments with peers and other stakeholders
- Able to help all involved in wraparound at various levels to feel a sense of ownership and participation in wraparound
- Create/work towards capacity: 1: 10 (CC: Families), 1: 7 (Supervisor: CCs)
- Work cooperatively with administration to ensure wraparound is well-placed in the organization
- Develop effective alliances with public system; e.g. child welfare, juvenile justice systems, mental health, school systems
- Able to bring everyone together
- Understand and able to teach the wraparound process & component steps, rather than getting stuck on 'details' with wraparound facilitators
- Knowledge of how current system/organization operates
- Able to use a variety of methods to give feedback to staff

(Supporting Wraparound Implementation: The Resource Guide to Wraparound)



WORKFORCE DEVELOPMENT

Training

To prepare and build skill for wraparound facilitators and supervisors to implement wraparound, different levels of wraparound training framed within the NWIC model form the core foundation of the workforce development. During trainings participants can expect to observe role plays, practice skills, and give feedback. Various teaching methods are utilized throughout training.

Introduction to Wraparound (3 days)

First training of the series for frontline wraparound practitioners, supervisors, and directors as well as community partners who may participate in a child and family team process. Through attendance at this training, participants will be able to:

- Gain an understanding of the critical components of the wraparound process in order to provide high fidelity wraparound practice
- Practice these steps of the process to include eliciting the family story from multiple perspectives, reframing the family story from a strengths perspective, identifying functional strengths, developing vision statements, team missions, identifying needs, establishing outcomes, brainstorming strategies, and creating a plan of care and crisis plan that represents the work of the team and learn basic facilitation skills for running a wraparound team meeting.

Engagement in Wraparound (1 day)

Second training in the series for frontline wraparound practitioners, supervisors, and directors as well as community partners who may participate in a child and family team process. Through attendance at this training, participants will be able to:

- Identify barriers to engagement
- Develop skills around engaging team members and the family
- Utilize research-based strategies of engagement for increased positive outcomes for youth and their families

Intermediate Wraparound Practice- Improving Wraparound Practice (2 days)

Third training in the series for frontline wraparound practitioners, supervisors, and directors to enhance their skills and move toward higher quality practice. Common implementation challenges are addressed in this training; however, topics can be adjusted based on individual, organizational, or state need. Through attendance at this training, participants will be able to:

- Practice and utilize tools in telling and reframing the family story
- Pull out specific and individualized functional strengths for use in the planning process Identify underlying needs of the youth and caregiver
- Practice developing outcome statements and strategies that tie back to the reason for referral and address underlying needs moving the family closer to attaining their vision



Advanced Wraparound Practice for Supervisors (2 days)

Provided for supervisors/managers in wraparound. Through attendance at this training, participants will be able to:

- Identify the essential elements of quality wraparound implementation
- Develop an increased understanding of the role of the supervisor in quality wraparound implementation
- Learn how to manage quality throughout the phases of wraparound implementation
- Learn how to utilize supportive tools to develop quality wraparound practitioners, individualized and strength-based service plans, and team processes
- Learn how to transfer knowledge and skills to the workforce

Conducted by local coach candidates coordinated by TIEMH under the supervision of national trainers from the NWIC, the trainings include lecture presentations, demonstrations and skill-based practice sessions with each incrementally building upon the earlier training.

For more information & training dates please refer to the

Texas System of Care Website

<http://www.txsystemofcare.org/>

COACHING

WHY COACHING?

The growing literature around implementation of evidence based and promising practice indicates that practitioners need on-going coaching support in order to gain skill in the intervention being implemented. The NWIC model indicates that facilitators should receive ongoing coaching that includes specific focus on deepening the wraparound practice and that supervisors should receive support around gaining skill toward wraparound supervision.

WHY SUPERVISION?

Facilitators should receive individual and/or group supervision on at least a weekly basis. This ongoing supervision should be provided by someone who has the skill to provide specific and intentional focus on supporting facilitators to further develop their practice skills, as well as their understanding about how skilled practice is connected to the wraparound principles, and how skilled practice activates positive change for children and families. The NWIC recommended wraparound facilitator to supervisor ration is one to seven.



YES COACHING MODEL

TIEMH provides coaching support that targets wraparound supervisors, in order to help them gain skill to support their wraparound facilitators' skill attainment. Coaching activities include, but are not limited to a review of documentation, telephone or web-based feedback, and on-site observation of team meetings or supervision sessions. Coaching contacts will occur monthly with each site, with on-site supervision provided quarterly. The specific coaching methods used with supervisors is shown below:

Expectation of Wraparound Supervisors:

- At least one hour of one-on-one supervision a week to discuss the wrap process as it applies to all families (STEPS wheel & CREST)
- One hour of group supervision monthly
- Observation of team meetings monthly
- Please note the ideal Supervisor to Care Coordinator/Wraparound Facilitator Ratio is 1:7

Coaching Supervisors & Wraparound Facilitators together:

- Monthly virtual sessions for supervisor and 1 facilitator
- Quarterly on-site sessions for supervisory sessions or team observations

MEASURES USED TO ASSESS WRAPAROUND QUALITY

Wraparound practice is supported by a variety of tools intended to support skills attainment, measurement of competency, quality of services, and fidelity to the practice model. The tools are described below:

Coaching Observation Measure for Effective Teams (COMET)

The purpose of the COMET is to provide a framework for developing a skilled workforce and for use as a tool to provide feedback as well as frame supervision conversations for developing quality wraparound practitioners building on a high-fidelity wraparound process. The COMET is an instrument to be used when assessing a wraparound practitioner's skill level throughout the four phases of the wraparound process. This instrument will be utilized as a document, skill, and process review across a number of settings including team observations, family visit observations and in supervision with facilitators. The COMET is designed to be used in a coaching process to enhance skill, not as a punitive tool to illustrate deficiencies in skill.

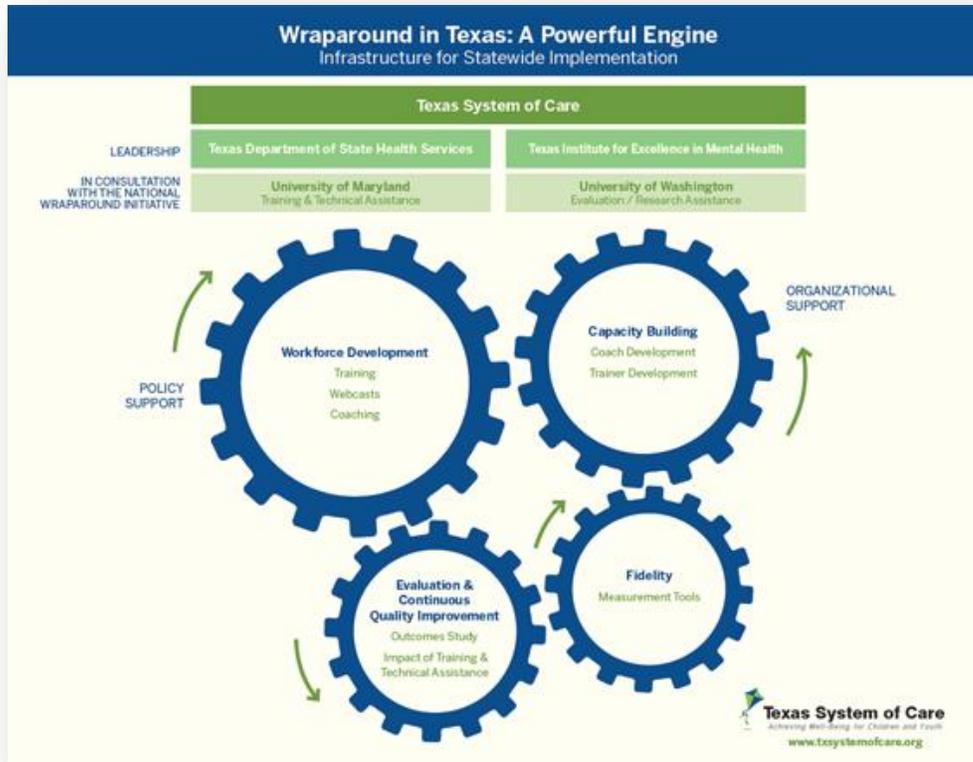
Coaching Response to Enhance Skill Transfer (CREST)

The CREST is used to communicate the task the supervisor wants completed and tie that particular task to the broader skill, concepts, and values of wraparound. This 5-step process should not be used as a corrective action but rather an interactive process used to build skills and provide rationale for the actions asked of the worker. The 5-step method provides supervisors a clear pathway for

communication around not only the task to be performed but also the rationale for why things should be done that way.

Supportive Transfer of Essential Practice (STEPS) Wheel

The STEPS wheel is a method for constructing a dialogue with wraparound staff. This method reflects a guided approach to coaching staff in all eight quadrants embedded in the wheel.



wraparound@txsystemofcare.org



--- MARKETING & RELATIONSHIP BUILDING WITH COMMUNITY PARTNERS ---

Marketing of YES waiver is incredibly important. The YES waiver is a relatively new option enabling youth to access numerous services, whereby many people are unaware that it exists or how it functions.

The YES Waiver allows for more flexibility in the funding of intensive community-based services to assist children and adolescents with *severe emotional disturbances to live in the community* with their families, i.e. avoiding hospitalization. Waiver services are provided in combination with services available through the Medicaid State Plan, other federal, state, and local programs the individual may qualify for, and the natural supports that families and communities provide.

Strategy Examples:

- Within organizations
- Flyers & Posters
- Community Resource Coordination Group Meetings
- Inform all staff at LMHA & give handout information
- Public forums
- Schools
- Juvenile Justice
- Child Welfare
- Mental health coalition meetings
- Other- get creative!





ESTABLISHING ENROLLMENT PROCESSES

--- ELIGIBILITY CRITERIA ---

Demographic Criteria

- Be between 3-18 years of age
- Reside in current YES Waiver community
- Reside in a non-institutional setting with the child's or adolescent's Legally Authorized Representative;
 - or
 - In the youth's own home or apartment, if legally emancipated.

Clinical Criteria

Have serious functional impairment or acute severe psychiatric symptoms as indicated by:

- A. The client must score at the identified levels on **one or more** of the following domains:
- CHILD RISK BEHAVIORS: 3 for Suicide Risk **OR** Self-Mutilation **OR** Other Self Harm
 - CHILD RISK BEHAVIORS: 2 or 3 for Danger to Others OR Sexual Aggression OR Fire Setting OR Delinquency
 - CAREGIVER STRENGTHS AND NEEDS: 2 or 3 for Involvement with Care OR Family Stress OR Safety
 - LIFE DOMAIN FUNCTIONING: 2 or 3 for School **AND**
 - 2 or 3 on School Module; School Behavior OR 2 or 3 on School Module; Attendance
 - PSYCHIATRIC HOSPITALIZATION: 1 for Psychiatric Hospitalization **AND**
 - 1, 2, or 3 on Psychiatric Hospitalization Module; Time Since Most Recent Discharge

There is a reasonable expectation that, without YES Waiver services, the child or youth would qualify for inpatient care.

Financial Criteria

A child or adolescent must be eligible for Medicaid.

- If you are a current Medicaid recipient, you may already meet financial requirements for the YES Waiver or additional information may be required.
- If you are not a current Medicaid recipient, you may qualify to receive Medicaid through the YES Waiver (Special Waiver Income Group).

Financial eligibility is based on standards to determine eligibility for Medicaid in institutions and parental income is not counted.

For more information on
Eligibility Criteria
Please refer to the YES Manual



--- MEDICAID ---

Additional documentation is needed for children/youth who are going through the eligibility process for YES services who are not currently enrolled in Medicaid.



When a youth ***doesn't have Medicaid***, DSHS requests the following:

- Medicaid Application Form H1200
- Financial Application and supporting documentation (If a client has a bank/savings account in their name or a life insurance policy in their name this will be included)
- Form H3034
- Form H3035
- Diagnosis Review
- Medical History
- Form 8001- (Only if participant has CHIP)

If you have any questions regarding Medicaid, please refer to the YES manual or alternatively contact DSHS: YESWaiver@dshs.state.tx.us

COORDINATION OF SERVICES & SUPPORTS

WRAPAROUND ACTIVITIES: Hours & Face-to-face time

A time study was conducted by the University of Maryland that evaluated what Wraparound Facilitators/Care Coordinators did when they were doing wraparound to high fidelity and quality practice. The chart below demonstrates these findings.

***Things to consider that are not accounted for:** *Travel time for rural jurisdictions, new wraparound facilitators don't get it right the first time and the tasks done with a new family may need to be repeated several times, and more than one crisis happens in a month with this population.*

Wraparound Facilitation Based on 10 Families with 4 additional team members

Tasks	Time Spent (per month)	Face to Face
<i>Team Meetings</i>	20	Y
<i>Set up for Meeting</i>	10	N
<i>POC Completion</i>	10	N
<i>Meeting Minutes</i>	10	N
<i>Coordinating & Prepping Team Members</i>	40	N
<i>Family Check-in</i>	30	Y
<i>Documentation</i>	20	N
<i>Supervision</i>	4	N
<i>Group Supervision</i>	4	N
Total =	148	

The following is in addition to the above & hours to be added per episode:

For Every Crisis:

Tasks	Time Spent per month	Face to Face
<i>Crisis Plan update within 24 hours</i>	1	Y
<i>Team Meeting within 72 Hours</i>	3	Y
<i>Reportable Event Paperwork</i>	1	N
Total Crisis =	5	

New Family

Tasks	Time Spent per month	Face to Face
<i>Family Interview</i>	2	Y
<i>Timeline</i>	1	N
<i>Strengths Discovery</i>	0.5	Y
<i>Needs Discovery</i>	1	N



<i>Team Discovery</i>	0.5	Y
<i>Edif/Noms if Applicable</i>	0.5	Y
<i>WFAS</i>	0.5	N
<i>CANS</i>	1	N
<i>Waiver Paperwork If Applicable</i>	0.5	Y
<i>Initial Crisis Plan</i>	0.5	Y
<i>Consents</i>	0.5	Y
<i>Releases</i>	0.5	Y
<i>Total New Family =</i>	9	

On-going

<i>Tasks</i>	<i>Time Spent per month</i>	<i>Face to Face</i>
<i>Cans</i>	0.5	N
<i>Updating Consents/Releases</i>	0.5	Y
<i>Edif/Noms</i>	0.5	N
<i>Updating Data</i>	1	N
<i>*Attending other System Meetings: IEP, FIMS</i>	2	Y
<i>Total On-going</i>	4.5	

Total Billable Hours (Per Month)**70 HRS**

Comparing Traditional Case Management Models to Wraparound Care Coordination	
Traditional Case Management	Wraparound Care Coordination
Focus on youth behaviors and strategies to fix them	Ecological focus inclusive of the whole family with focus on why behaviors occur
High staff ratios (1:25-50; sometimes higher)	Low staff ratios (1:8-10)
Based on some consistent practices	Requires full fidelity to a practice model that follows explicit steps and processes. In the process of being deemed evidenced-based (currently a research-informed approach).
Minimal requirement for contact	Child and Family team meetings required every 30/45 days; at least 1-2 additional face-to-face meetings with the youth and their caregivers/parents, minimum weekly telephonic contact
Used to serve all levels of care/intensity	Intensive process used primarily with individuals with intensive behavioral health needs
Often requires some broad based training	Requires intensive training, coaching and certification approach
May not have an evaluation component to ensure standardized best practice	Requires an evaluation to ensure hi fidelity practice and skilled staff who meet standards
Makes decisions alone or in consultation with colleagues	Child and family team decision making inclusive of family voice and choice
Creates a plan for the family that has family tasks	Facilitates a process that builds a team of formal and natural supports and assigns team tasks
Works alone, consulting colleagues as needed	Part of a team
Creates plans with minimal family input	Learns and understands the family story and incorporates the family into all decision making
Focus on negative behaviors	Focus of strengths, positives, resiliency and understanding the reason behind the behavior
Assessment-driven engagement process	Multi-meeting engagement process to understand the full family story spanning to before the identified youth's birth through to the present reason for referral. Understanding of the entire family story not just the child and the coping mechanisms of the family unit.
Meetings with providers about the family without family	Not holding a meeting about the family without the family
Creates a plan that includes referrals to available services to address behavior	Creates a plan of care that is driven by underlying needs (behind the behavior) and incorporates outcomes, strengths, strategies which include formal services, community activities and natural supports that are determined by the team and tasks for which the entire team is responsible. The goal is still to decrease challenging behaviors, but through a very intensive, individualized evidence informed process.
Utilization of available services	Responsibility to identify and build new services to enhance the service array
Standardized crisis plan if there is one at all)	Individualized crisis and safety plan that moves from least intensive to most restrictive strategies to prevent and stop a crisis. Inclusion of the team and all areas of a child's life in the crisis plan (home, school, etc).
Traditional "cookie cutter" services – over reliance on system responses	Use of both traditional/professional and informal supports (community and natural); normalizing approach
Focus on following the service plan and participating in services	Focus on transition and assistant the family in achieving self-efficacy
Not responsible for outcomes	Team tracks & is accountable for outcomes; families don't fail, plans fail & need to be changed
Minimal availability for after-hours crisis response	24/7 crisis response available where the family has someone to call to walk through the crisis plan if necessary in the hope of maintaining the child in the community (this may not include formal mobile crisis response)

HELPFUL HINTS, TOOLS & RESOURCES

--- FAQ ---

What are some challenges I can expect with implementing YES?

Typical challenges that have been observed with implementing YES include YES being a new program, the requirements for the Waiver Provider Agency to provide or arrange for all services (bundling of services, the other Processes (eligibility and service plan approvals, claims payment, service data reporting), rates and provider qualifications.

What happens if sites don't reach their minimum enrollment requirements by the expected date?

DSHS will help sites reach their minimum enrollment requirements, by identifying and working through barriers. On the rare occasion the sites are still not meeting minimum enrollment requirements despite assistance and working through challenges, a fine will be assessed as last resort.

Organizational Readiness Tool

Agency Name: _____ Counties Served: _____

1. Where is your center in the process of implementing high fidelity wraparound?

- How many facilitators do you have trained?
- How many supervisors do you have trained?
- What are the caseload sizes of wraparound facilitators?
- Do you have a long-term plan for maintaining, recruiting, and training facilitators?
- Other important information?

2. What is the availability of YES Waiver services in the counties served by your LMHA?

SERVICE	PROVIDERS AVAILABLE IN ALL COUNTIES?	PROVIDERS AVAILABLE IN SOME COUNTIES?	NOTES
Family Supports			
Paraprofessional Services			
Respite-Camp			
Respite- Facility Based			
Respite- In Home			
Community Living Supports			
Music Therapy			
Art Therapy			
Nutritional Counseling			
Recreation Therapy			
Animal Assisted Therapy			

3. Are there agencies in your community that may be willing to serve as a comprehensive YES Waiver Provider? If so, please provide names and any other information.

4. Is your center willing to serve as the comprehensive provider?



--- RESOURCES ---

YES Manual

For an overview of the YES Waiver, please refer to the video link below:

<http://www.txsystemofcare.org/wraparound/web-based-wraparound-training/youth-empowerment-services-waiver-overview/>

Please refer to the **DSHS website** for the YES Waiver Manual <http://www.dshs.state.tx.us/mhsa/yes/>

Wraparound Guidelines & Implementation

Please refer to the wraparound section on the Texas System of Care website <http://www.txsystemofcare.org/> for the following resources:

Wraparound Implementation Guide: A Handbook for Administrators & Managers

The Implementation Guide is designed to provide a “road map” for this in program and system oversight roles for wraparound, to help keep them focused on the range of important issues in overseeing effective wraparound practice.

The Wraparound Process User’s Guide: A Handbook for Families

The User’s Guide was created to serve as a “road map” for family members. It can be used to make sure families are on the right path, and to make sure the process follows closely to the principles and activities of wraparound. The guide includes information on the wraparound process including descriptions of the 4 phases, as well as notes on how to work through common problems that occur in each phase.

Resource Guide to Wraparound

The Resource Guide is a collection of articles, tools, and resources that represent the expertise, experience, and shared work of the members of the National Wraparound Initiative. Within the guide there are a variety of different types of contributions, including:

- Central products from the National Wraparound Initiative, including descriptions of the wraparound principles and practice model;
- Examples of how different communities and programs have implemented wraparound and supported its implementation;
- Stories from youth, families, and communities;
- Review articles about the theory and effectiveness of wraparound; and
- Appendices containing tools and resources that can be used in everyday practice.

For more information please refer to the NWI website
<http://www.nwi.pdx.edu/>



DATA SCAN:

How to Identify Potential YES Participants within the System



STEP ONE:

Perform searches within the following groups shown below:

Level of Care (LOC):

1. Check LOC 4
2. Check LOC 3

Funding Stream:

3. Check TCOOMI Funding

STEP TWO:

Filter results from Step One: LOC or funding stream, to search for the following YES Criteria:

- Age 3 -18 years old
- Hospitalized
- In and out of crisis
- Has Medicaid/ eligible for Medicaid
- Would qualify for inpatient care
- Have serious functional impairment or acute severe psychiatric symptoms in the following areas:
 - Risk of self-harm
 - Disruptive or aggressive behavior
 - Family resources
 - School behavior
 - Have a current diagnosis

Please note: A lot of this information can be found from CANS assessments, uniform assessments, and general demographic information.



SAFETY / CRISIS PLANS

A safety assessment & crisis plan for managing significant risk, harm to self or others, or crisis situation should be completed for every youth/family

Talking about **safety**:

- Talk about harm & risk
- Legal mandates & concerns
- What would their worker say (e.g. child welfare/JJ)
- Talk about initial concerns
- Explain any safety concerns will result in action by team members
- Is non-negotiable

Talking about **crisis**:

- Normalize their experience - “we all have times when we don’t know what to do”
- Crisis = When you’re not sure what to do
- Ask family for times when a crisis has happened to them; what happened? What’s been effective? What’s not been helpful?

Other information that should be gathered & included?

- **Warning signs**- thoughts, images, thinking processes, mood, behaviors – use youth’s OWN WORDS
- **Internal coping strategies**- collaborative, problem solving approach to address potential road blocks, alternative coping strategies. Success builds off things that have worked in the past
- **Social contacts** that may distract from crisis- who helps? Safe places? – List several people and places.
- **Family or friends** who may offer help and have helped in the past?
- **Professional/agencies** to contact for help? – List names, numbers
- **Making environment safe** – e.g. lethal means restriction (get others to remove from house or lock up)...e.g. guns, medication, knives etc.
- Building from **family tradition & culture** – how are these sources of strength and how can they be used in times of crisis



CRISIS/SAFETY PLAN COMPONENTS

<ul style="list-style-type: none"> ▪ Youth Information ▪ Strengths 	<p><i>Particular attention to things used or known to work in the past (utilizing strengths of all team members)</i></p>
<ul style="list-style-type: none"> ▪ Safety concerns &/or Family/Youth definition of a crisis ▪ Risk factors 	<p><i>Related to reason for referral and past behaviors</i></p>
<ul style="list-style-type: none"> ▪ Triggers 	<p><i>Be specific</i></p>
<ul style="list-style-type: none"> ▪ Action plan to address triggers/risks/maintain safety 	<p><i>Moving from <u>least</u> to <u>most</u> Restrictive / Intensive Intervention</i></p>
<ul style="list-style-type: none"> ▪ Escalation to crisis 	<p><i>Proactive / Prevention Components of Safety Planning</i></p>
<ul style="list-style-type: none"> ▪ Action plan to address crisis & maintain safety 	<p><i>Reactive / Response Components of Crisis Planning</i></p>
<ul style="list-style-type: none"> ▪ Key contact information 	<p>Remember system responses should be the last resort</p>
<ul style="list-style-type: none"> ▪ Relevant medical information 	

What Safety / Crisis Planning looks like in Wraparound:

Crisis/Safety Stabilization: Phase 1

(Initial Meeting)

- Address reason for referral & any safety concerns (e.g. child abuse/neglect etc.)
- Ask family & youth about immediate crisis concerns (e.g. lack of basic needs such as food & shelter)
- Elicit information from family & youth about triggers, strategies & supports
- Immediate response needed = formulate a response for immediate intervention &/or stabilization

Crisis/Safety Planning: Phase 2

(1st Child & Family Team Meeting)

- Review initial crisis/safety plan
- Communicate family's perspective to team (if family unable to)
- Ensure team knows how crisis is being defined & safety issues
- Revise plan as needed with input from team members
- Add team members to crisis plan: clear roles & responsibilities
- Ensure team members have copy of plan

Crisis/Safety: Phase 3 (Implementation)

- Make sure team’s aware of plan
- Add community resources as needed
- Develop & use emergency communication plan
- Try to stick to plan, but maintain a flexible response

➤ *Continuously evaluate effectiveness & relevance of plan*

Crisis/Safety: Phase 4 (Transition)

- Family take ownership of plan
- Plan: sustainable & empowering
- Everyone understand their roles in plan
- Youth & family have copies of the plan
- Plans fail – NOT families
- Crisis occurs again- review and revise

CRISIS / INCIDENT Occurs (Review)

- Respond within 24 hours and as appropriate, update the plan if needed
- Review plan with team within 72 hours of incident
- Establish benchmarks to monitor progress
- Use institutional support as last resort
- Reinforce calm hearts & cool heads

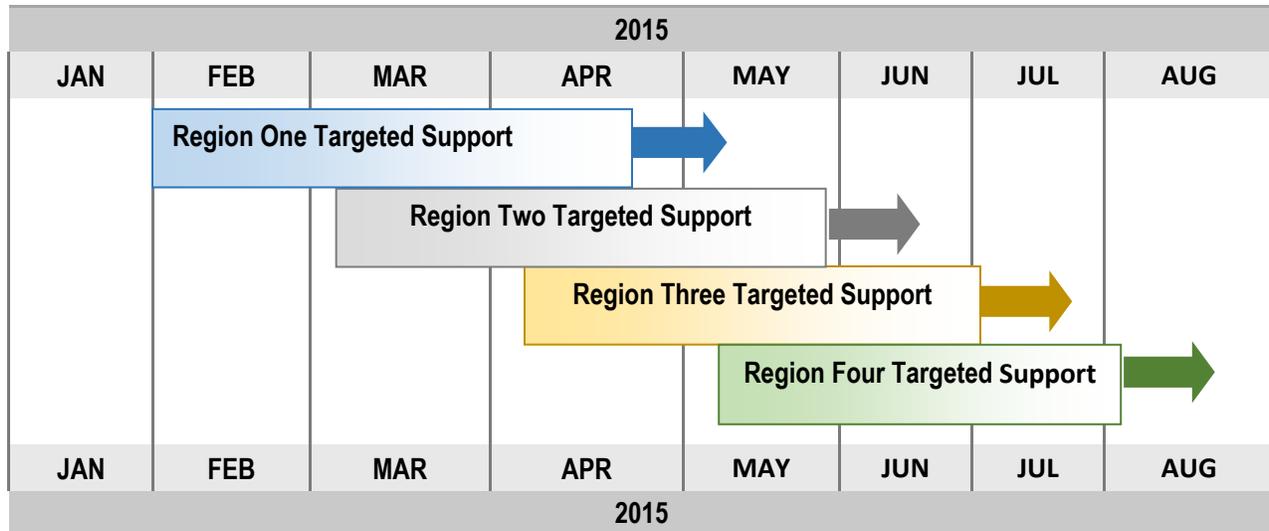
We want to ensure:

Trust & connection is built with Youth & Family	<i>Information & understanding is essential in creating an effective plan</i>
Families actively involved in creating the plan	<i>Ways families have coped and handled crisis in the past are crucial</i>
Plans are to strengths-based	<i>Plan should be empowering, build upon families strengths = effective, sustainable & realistic</i>
We are culturally relevant	<i>Value the families traditions & culture</i>
Plans are reviewed & modified regularly	<i>Planning starts at first contact & continues throughout wraparound</i>

--- APPENDIX ---

Initial YES Waiver State-Wide Expansion Timeline

(February 1, 2015 – August 30, 2015)



Region One (TBD)

- Receive S-Kit and Implementation Workbook -- February 2, 2015 (or other date TBD)
- Turn in completed S-Kit and Implementation Workbook to TIEMH -- February 16, 2015
- TIEMH reviews S-Kit and Implementation Workbook and submits Process and Organizational questions for review and consideration -- February 27, 2015
- Regional In Person Planning and Strategy meeting -- 2 Days in March – DATE TBD
- Process and organizational support calls with TIMEH – DATES

Region Two (TBD)

- Receive S-Kit and Implementation Workbook -- TBD
- Turn in completed S-Kit and Implementation Workbook to TIEMH -- TBD
- TIEMH reviews S-Kit and Implementation Workbook and submits Process and Organizational questions for review and consideration -- TBD
- Regional In Person Planning and Strategy meeting -- TBD
- Process and organizational support calls with TIMEH – TBD

Region Three (TBD)

- Receive S-Kit and Implementation Workbook -- TBD
- Turn in completed S-Kit and Implementation Workbook to TIEMH -- TBD
- TIEMH reviews S-Kit and Implementation Workbook and submits Process and Organizational questions for review and consideration -- TBD
- Regional In Person Planning and Strategy meeting -- TBD
- Process and organizational support calls with TIMEH – TBD

Region Four (TBD)

- Receive S-Kit and Implementation Workbook -- TBD
- Turn in completed S-Kit and Implementation Workbook to TIEMH -- TBD
- TIEMH reviews S-Kit and Implementation Workbook and submits Process and Organizational questions for review and consideration -- TBD
- Regional In Person Planning and Strategy meeting -- TBD
- Process and organizational support calls with TIMEH – TBD

YES Wavier and Wraparound Process Map