

Evidence-based practices are a way to ensure that consumers receive appropriate treatments with the potential for the greatest success to meet their individual person-centered needs.

Evidence-based practices are also a method for SCCMHA to ensure the best use of limited resources through the delivery of proven services and supports for persons with disabilities in the Saginaw Community.

For more information about Evidence-Based Practices, please call our Evidence-Based Practice and Trauma-Informed Care Coordinator at 989-272-7372 or go to <https://www.sccmha.org/resources/evidence-based-practices.html>.



SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Main Facility

500 Hancock, Saginaw, Michigan 48602

Phone

(989) 797-3400

Toll Free 1-800-258-8678

Michigan Relay 711

24 Hour Mental Health Emergency Services

(989) 792-9732

Toll Free: 1-800-233-0022

www.sccmha.org

CS Approved — December 2020



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Wraparound

An Evidence-Based Practice

What is Wraparound?

Wraparound is a process that follows a series of steps to help children and their families achieve their goals and meet their needs!



Who is Wraparound for?

Wraparound is for at-risk children and adolescents who: (1) have a serious emotional/behavioral disorder; (2) are involved in multiple service systems (e.g., child welfare, juvenile justice); (3) are at immediate risk for out-of-home placement (e.g., residential, correctional, or psychiatric hospitalization) or are in an out-of-home placement; (4) whose needs have not been met in other programs as evidenced by lack of improvement; and (5) meet SCCMHA admission criteria .

The Wraparound Process:

Engagement & Team Preparation:

- ◆ Meet with the facilitator and tell your story
- ◆ Address immediate needs and crisis planning
- ◆ Develop an initial support plan
- ◆ Create a list of individual and family strengths
- ◆ Generate a list of potential team members

Initial Plan Development Phase:

- ◆ Develop a family goal and mission statement
- ◆ Choose the immediate needs to address
- ◆ Brainstorm strategies to meet those needs
- ◆ Choose strategies and team members to meet those needs

Plan Implementation Phase:

- ◆ Planned activities/services are being provided
- ◆ Accomplishments are reviewed and recorded
- ◆ Plan is adjusted using team feedback
- ◆ Assessment of the plan is occurring

Transition Phase:

- ◆ Leaving the Wraparound process has been discussed
- ◆ Triggers are recognized and crisis prevention is implemented
- ◆ Ongoing, post-wraparound services are identified, secured, and put in place
- ◆ The family goal has been met

Frequently Asked Questions:



Who can be on your team?

Family (grandparents, siblings, aunts/uncles, cousins)
Friends
Neighbors
Church members
Service providers
Educators (teacher, principal, school support)
Probation officers

Where can we meet?

Home
Community
SCCMHA office
Virtually (phone, video telehealth)

How often will we meet?

Wraparound is an intensive service and will meet regularly according to what the team decides but the facilitator will need to meet with you as often as once a week and a minimum of twice per month.

What services can we possibly receive?

Therapy (individual and/or family)
Respite
Community Living Supports
Parenting Groups
Youth Groups
Summer Camp (day or overnight)