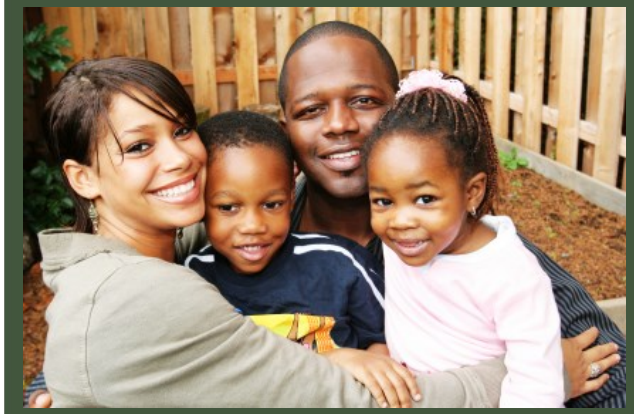
Evidence-based practices are a way to be sure that consumers receive the right treatments. They give the best chance of the greatest success to meet their individual person-centered needs.

Evidence-based practices are also a way for SCCMHA to be sure of 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 — April 2021

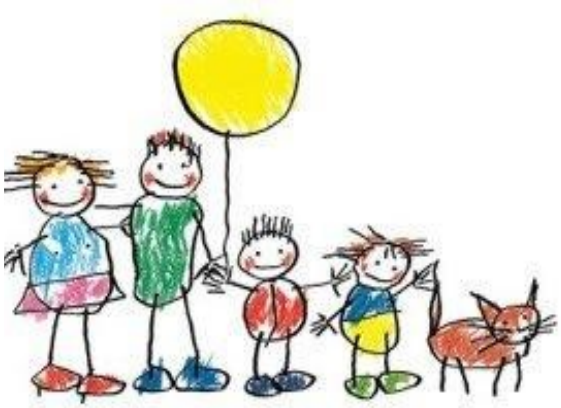

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# 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)