**MWIN Quarterly**
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**MS Wraparound goes to Portland Oregon**

Hosted by the National Wraparound Implementation Center in partnership with the National Wraparound Initiative, a 2-day Academy was held in July focusing on implementation of high quality, research-based Wraparound care coordination. MWI trainers and partner representatives from PBMHR, MCHS, YV, DMH, and DOM were there to share and highlight our wonderful state and program.

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**Top things "I" learned at the Academy**

Academy attendees were asked to share insight on what they learned based on the track they participated in; tracks offered included Program Administration & Policy, Research & Evaluation, Training and Supporting Young People Who Provide Peer Support, Supervision of Parent Peer-Support Partners, and Supervision of...
Care Coordinators.

**Monica Cunningham, Youth Villages** (Program Administration & Policy track)
I think for me the takeaways were...
1. I really need to know more about policy in MS. I felt so out of the loop.
2. We are really lucky to have a funding stream that supports what we do.
3. We’ve got to find a way to pool our resources more so we can reach those kids who do not qualify to receive Wraparound under Medicaid.
4. I think the most important thing I learned was how to start conversations with key people regarding Wraparound and how to advocate for it.

**Elizabeth McDowell, MWI** (Program Administration & Policy track)
First, Mississippi is doing a great job with wraparound implementation! I learned about how to increase state and community partners. I found out what other states and communities are doing that is working and not working. We learned the benefits of having a certification process for Facilitators and Peer Support. Also, we were able to hear from Wraparound professionals that have been successful with implementation in various communities which gave us insight into funding streams and how to increase billable services. This was an important conversation that lead to how to get Wraparound to families that are not Medicaid eligible.

**Natalie Richey, Youth Villages** (Program Administration & Policy track)
I have primarily worked the front lines with training and implementing Wraparound. This track opened my mind to the broader concepts of what it takes from the state level down in order to start a program like Wraparound and maintain it long term. I learned that there are several things along the way that need to happen in order to sustain Wraparound. Some of these things are attaining buy-in from all the systems involved, providing for a way to financially support it, and being able to effectively hire qualified staff, train them, and be able to continue the fidelity and quality of Wraparound long term.

**Sandra Parks, Dept. of Mental Health** (Program Administration & Policy track)
Most of the States have plans to implement Wraparound Services in one or two of their communities and to expand it State-wide. Each State has a different process for funding, development and implementation of Wraparound. However, some common themes were that regardless of the source of funding, nobody had it figured out (rates, cost per child, cost per training) and most States were partnering with their Universities for fidelity measurements, training, data collection, etc. The most helpful discussion was with Bruce Kamradt, former Director of Wraparound Milwaukee. Even though the funding source for that project was unlike any other; he was very helpful in sharing lessons learned and understanding how to implement Wraparound services with fidelity. He is also available for technical assistance in helping us expand and improve funding allocations.

Erin from Texas was fun to sit with and she was very helpful, except for the play-doh incident. Also, the VooDoo donuts were delicious as I sampled at least 4 of them.

**Vanessa Huston, MWI** (Research & Evaluation track)
I learned about new ways to think about goals and success in Wraparound. The content also got me thinking about ways to make information from data collection available, helpful, and actionable to stakeholders. I also learned how fortunate we are in Mississippi to have the support that we do for Wraparound at the state level. Most other states were talking about the need to collect data to make a case to the state about why Wraparound is important. In Mississippi, we already have strong and supportive buy-in from DMH and DOM, so our data collection will be able to be used in other exciting ways!

**Jennifer Grant, Division of Medicaid** (Program Administration and Policy track)
1. Eric Bruns played bass guitar for Dave Matthews Band in his early years.
2. The University of Maryland is aware of the success Mississippi is having with Wraparound implementation and called on us to speak a few times during the Policy session.
3. Bruce from Wraparound Milwaukee is a wealth of knowledge about Wraparound implementation.
4. I prefer southern BBQ chicken – which is what lead to the sampling of food cart cuisine *grape leaves.*
5. Erin from the University of Texas is a wealth of knowledge and is willing to share information with Mississippi.
6. Play-doh doesn’t bounce, even when formed into a ball (thanks to our Texas friend at the table), which lead to good use of my shout wipes and pocket Kleenex for Elizabeth’s spilled coffee.
7. New Jersey delivers Wraparound as Targeted Case Management and they have an Executive Order for State collaboration.
8. New Jersey made sure to include language in their RFP that says all data belongs to the State, which means states need to take steps to protect their data.
9. Peer Support is an important component of Wraparound (Georgia and Wisconsin looking at Peer Support and the lived experience for additional wraparound support).
10. If WrapStar can be fully integrated with existing electronic documentation software, it could be a valuable tool for our state and how we want to see Wraparound documented and maintain fidelity to the model.

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**Key Element: Driven By Underlying Needs**

Wraparound is an organizing process designed to meet needs. A core concept of effective Wraparound implementation is the concept of underlying needs rather than superficial or simply spoken needs. Rather than focusing on surface needs, the team inclusive of the family will develop an understanding and construct responses to address the underlying causes of behavior or situations. The concept of need is used because it avoids judging people or families for current conditions and all Wraparound activity is focused on meeting needs rather than containing problems.
Timothy B.
Submitted by
Youth Villages, Tupelo

Timothy Bellum is a sixteen year old young man from South, MS who came to MYPAC due to his aggression at home and school and drug use. Timothy had prior treatment with local mental health, several PTRF placements, and, training school in an attempt to address these behaviors. Timothy felt like these placements did help him learn many different coping skills. Such as being able to ignore negative situations, using deep breathing, and keeping himself busy. Timothy keeps himself busy playing video games and playing sports. He likes basketball and football the most. Timothy also likes to fish and hunt. He stated that it helps gives him something to do.

Timothy came into this world fighting as he had a pin sized hole in his heart when he was born and stayed in the hospital for ten days requiring extra oxygen. Mrs. Bellum first began to notice that there were problems with Timothy when he began his kindergarten year at school. This is when he started working with a local mental health center. Then at twelve years old he was placed for the first time in PTRF. Due to several of these placements Timothy talked about how missing his family and being at home with them. Missing the birth of his sister was very difficult for him and bothered him that he could not be home for this family milestone.

Upon entering MYPAC Timothy talked about his goals. His short term goals consisted of finishing high school and getting a job. His long term goals were to go to college and learn how to build and work on cars. He wanted to be a mechanic.

Timothy’s mother Mrs. Allen began to think there was no hope that things wouldn’t get better. She doubted that she was making the best decision for her family, but continued to keep trying to find a way. Things were strained between Timothy and his mother. She would get frustrated with him and he would feel like she was unapproachable. Through family therapy, individual therapy and other strategies to build their relationship. Timothy now feels that is mother is someone he can turn to. Mrs. Allen feels more confident in making decisions about her children and parenting them. Mrs. Allen now feels that she has what she needs and confident that they are going to be fine. Even Mr. Allen, has noticed that his wife is more confident with parenting, he noticed her using some of the things she has learned with their daughter.

Through MYPAC the family was able to pull everyone together to create a plan that worked for Timothy and his family. Due to Timothy’s aggression at school he had gotten suspended from school repeatedly. A teacher at school was able to be engaged and created a pact with Timothy that worked to keep him in school. He supported Timothy through the though days be being there for him to talk to. The team was able to create a plan at school that worked for Timothy and he is now on track to graduate high school. Being later this year he will be allowed to participate in work program where he will be allowed early release from school to go and work. He will be working with Mr. Allen, his step-father, installing flooring.

Timothy said people used to tell him he was not going to turn out to be anything and that he would end up in jail. He now can show them that he is not going to end up that way. Timothy is proud that he will be the first in his family to graduate high school.

J & L (Siblings)
Submitted by
Mississippi Children’s Home Services, Gulfport
The V family began receiving MYPAC and Wraparound services in February when L was referred to the program. L was known to be a smart and witty child who loved school and made good grades. She began having increasingly disruptive outbursts that began to carry over to her mornings at school. Her teacher once described L as an angel in the classroom—once you could get her there. It was getting her there that was the problem. L had been diagnosed with separation anxiety as well as depression prior to being admitted into the MYPAC program.

L’s brother J began MYPAC services the following month in March. J also had disruptive outbursts where he would become angry, oppositional, and physically destructive and was also known for being disrespectful in the home and classroom setting. J often refused to attend school as well. When MYPAC services began, the V children were in the physical custody of their maternal grandmother and in legal custody of DHS. J, their mother, was also placed in the home under protective custody and has a diagnosis of anxiety disorder. J was difficult to engage and interact with due to her constant anxiousness and fear of engagement with strangers.

Less than five months into the plan implementation phase, J has taken control of her family and actively works to see them attain their visions and goals. The family is progressing toward achieving their vision, always striving for more, and both L and J are moving to the transition phase of the Wraparound process. During the plan development phase, J and her team, which included her sister-in-law, mother, older brother, and grandmother, created strategies that would help her feel more confident in making the best decisions for her family. From the beginning, J expressed her desire to see her family grow from their experiences and she has shown that through her own efforts to finish her high school diploma and continue with outpatient counseling for herself. J now attends all doctor and school appointments instead of having her mom attend them for her. She describes herself as no longer parenting out of guilt as she once stated that she felt she was doing her family a disservice by doing so. With the support of her team, J has become more assertive and consistent when it comes to disciplining her children and has noticed improvements in their behaviors because of this.

Through the Wraparound and team-building process, J has identified her supports in her sister-in-law, parents and older brother. She has also strengthened the relationship with her children and helped to reassure them that the mistakes of her past are not what she wants for the family's future. L is less anxious when J leaves the home for short errands and J (son) now engages in discussion, rather than tantrums, with mom regarding the decisions she makes and why they are made. L also gets up early and is ready to ride the school bus in the morning which is a major improvement from the plan development phase when L was missing one or more days of school per week.

While J and L are still working on their ability to interact peacefully as siblings, they have made great strides. They are able to play Minecraft together and take outings as a family. In the past, L was known to physically attack her siblings and keep her feelings bottled up. Through the development of her goals and achievement of her strategies, she is now able to be redirected before a major outburst occurs. J has also stopped having the major physical outbursts he had prior to wraparound. J has begun to participate in his therapy sessions as he sees them as a way to let go of some of the anger that he has kept inside. His mother describes him as being more understanding and compassionate than he was only a few short months ago.

The V Family is the epitome of the outdoors-loving family. They love to hunt, fish, and camp. Je stated that prior to wraparound, they were unable to go to the river during the previous summer due to continuous fights and undesirable behaviors. The family was unable to stay in one room together without one family member having a meltdown or blowup. Now, the family is often out and about at least 1-2 times a week. They have been camping multiple times this past summer and are often found at home piled up in one of the bedrooms watching television and movies together. The family is able to have child and family team meetings for L and J that are family-led with each member of the team voicing their observations, noting progress and success while calmly interacting and expressing their feelings.
One of this family’s strengths is its unending support of one another. They love each other and want the best for everyone. They’ve come together not only through the elements of Wraparound, but through their desire to see their individual bonds with one another strengthen. Both J and L successfully discharged from MYPAC September 2015.

A Bird's Eye View of Wraparound TTA 2014-2015

Ask the Turtle

As you all know, the Wraparound mascot (Yes! Wraparound has a mascot!) is represented by none other than me, a TURTLE! Why, you ask? Good question. Many believe that we turtles often experience paradigm shifts, step out of our comfort zones, aren’t afraid to stick our necks out, and although slow to heal, we are resilient; similar to you and the families that you work with.

I, along with the MWI hatchlings (you know them as Vanessa, Liz, and Amecca), need your assistance. Can you help? Before we can get started or before you can “Ask the Turtle,” I need a name. I need a name that is strong, caring, cool, personable, easy to remember and it doesn’t have to rhyme... hence no Myrtles please! Submit your suggestions to arnecca.byrd@usm.edu or click the yellow button that says "Name the
Turtle.” The name (and namer) will be announced in January's newsletter.

So while you ponder the perfect name, I shall leave you with this quote. “What's in a name? That which we call a rose by any other name would smell as sweet.” - William Shakespeare's Romeo & Juliet

Name the Turtle

Wraparounds Training

Introduction to Wraparound is the first training offered to front-line Wraparound practitioners, supervisors, and directors as well as community partners who may participate in a child and family team process. In order to...

Read More

October

10/13
Engagement in Wraparound
Hinds Behavioral Health Systems
3450 Hwy 80 West
Jackson MS

November

11/3
Analysis to Wraparound Facilitator Skills
Lowery Woodall
Hattiesburg MS

11/17
Analysis to Wraparound Facilitator Skills
Hinds Regional Medicaid Office
5360 I55 North
Jackson MS

December

12/8-10
Introduction to Wraparound
Hinds Regional Medicaid Office
5360 I55 North
Jackson MS

For more information or to sign up for Wraparound trainings,

Register Here
Available technical assistance includes but is not limited to: consultation with leadership/directors of organizations, discussion of strategies for implementation, on-site coaching of supervisors and facilitators, support in preparing for Child & Family Team Meetings, observation of Child & Family Team Meetings with customized feedback, and individualized planning for identified learning needs. Please contact us if you have questions or other specialized requests. We look forward to partnering with you!

We invite you to share your Wraparound highlights. If you would like to submit a story, picture, or information of interest for inclusion in the January newsletter, please let us know what you are up to. We would like to hear from you!

Submit Request

MS Wraparound Initiative
118 College Drive, Box 5114
The University of Southern Mississippi
Hattiesburg MS 39406

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