Section:	Child/Youth Mental Health
Policy:	
Policy No.:	CMH 01
Effective:	
Revised/Approved:	

Reserved for future use

Section:	Child/Youth Mental Health
Policy:	Resolving Conflicts between Minors and Family/Guardian Concerning Care during Treatment
Policy No:	CMH 02
Effective:	01/01/1995
Revised/Approved:	03/22/2011

POLICY: Due to the fact that conflicts are known to have arisen in the past regarding assessment, treatment (including use of medication) and referral in the best interest of minor children, it is the policy of Community Counseling Services (CCS) to utilize the following procedures in resolution of difficulties or conflicts occurring between minor program participants and family/guardian during the treatment process.

PURPOSE: To assure a method of resolving difficulties or conflicts that may arise between a minor program participant and his/her family/guardian during the treatment process and to outline the necessary documentation required to insure that every effort has been made to resolve the conflict

PROCEDURE: When conflicts arise, a staff member involved in the treatment of the child/youth and his/her parent(s)/legal guardian will address conflict situations as they occur. The staff member should be someone who is capable of approaching involved parties and has the skills to assist in resolving the conflict. If necessary, a staff member may refer to additional members of the treatment team for assistance, such as the therapist or community support specialist assigned to the case and/or the County Administrator. If additional assistance is sought from members of the treatment team, the identified team member will work with the person and his/her parent(s)/legal guardian in attempts to resolve the conflict.

If the conflict cannot be resolved as reflected above, an attempt will be made to schedule a treatment team meeting. Present for the meeting shall be members of the treatment team, the person receiving services, and the parent(s)/legal guardian. If the person receiving services and his/her parent(s)/legal guardian is not available to attend the treatment team meeting, a family session will be scheduled in the home to address the identified conflict and share the recommendations established at the treatment team meeting. This visit will be scheduled as quickly as possible should a serious conflict occur. In some instances, it will be necessary for more than one member of the treatment team to be present for the home visit.

If the conflict has to do with the use of medication or assessments, the psychiatrist or his/her designee will attempt to resolve the conflict by meeting with the family and the child/youth, utilizing consultative, educational and conflict resolution techniques. If the conflict has to do with the treatment recommendations or referral of the person to a more intensive treatment modality, a meeting with the family, person receiving services, County Administrator and therapist may be scheduled to review and discuss the areas of concern and make recommendations.

If the conflict remains present after the above interventions have been utilized, other appropriate professional staff members may be utilized to assist the family and person receiving services in resolving their conflict. A course of treatment that is based on the

views of all involved parties, addresses the individuals/families concerns, and the best interests of the child/youth will be decided. This will be communicated to the person receiving services, his/her family and the therapist. All recommendations will be documented in the medical record of the person receiving services. The resolution of the conflict or the course of action taken if resolution of the conflict did not occur will become a part of the permanent record of the individual.

Section: Child/Youth Mental Health
Policy: Family Support and Education for Children and Youth
Policy No.: CMH 03
Effective: 09/22/1998
Revised/Approved: 6/22/2021

POLICY: It is the policy of Community Counseling Services (CCS) to offer and implement family support and education services to families of children diagnosed with a serious emotional disturbance.

PURPOSE: To increase the number and quality of self-help and mutual support efforts for people receiving services and their families, based on the view that people with similar circumstances have the capacity to understand and assist each other and that the support of other concerned individuals is a great asset in helping to cope with difficulties

PROCEDURE: Family Support and Education Services, which provide self-help and mutual support for families of youth with mental illness or mental health challenges are based on the view that a person who is parenting or has parented a child experiencing emotional or behavioral health disorders can articulate the understanding of his/her experiences with another parent/family member.

It shall be the responsibility of each County Administrator to coordinate family education and family support services in the county for which he/she is responsible. Employees providing family support/education will have documented training completed in family education and support (i.e., Mental Health First Aid, peer support training) for families of children/youth with severe emotional disorders and are available to provide education and support upon request. It is the responsibility of each County Administrator to develop and implement a plan for outreach and education that at a minimum, addressed the following:

- A description of individuals targeted to receive Family Support and Education Services
- Specific strategies to be used for outreach to the target population for Family Support and Education Services
- A description of qualifications and specialized training required for family support and education providers
- A description of the service components of Family Support and Education Services

Each County Administrator shall ensure that a variety of appropriate family education activities for families of children/youth with severe emotional disorders is made available, which includes marketing materials geared towards families. Possible methods of delivering those services to an individual family or a group of families include, but are not limited to, the distribution of pamphlets and brochures, conducting workshops and presentations, and/or other social activities and meetings. Workshops and presentations providing educational activities must be documented including the presentation topic, brief description of information provided, target audience, date, number of participants, and name of presenter/qualifications. It is the

responsibility of each County Administrator, in cooperation with the Department of Human Resources, to ensure that all employees providing family support and education services are qualified and have applicable experience/knowledge in the topic(s) being presented.

Presentations/workshops must address one or more of the following or other DMH pre-approved topics:

- Overview of children's mental health disorders
- Family-driven practice
- Common medications
- Child development
- Problem-solving
- Effective communication
- Identifying and utilizing community resources
- Parent/professional collaboration
- System navigation and rights
- Consultation and education
- Pre-evaluation screening for civil commitment for ages fourteen (14) and up

The County Administrator shall also ensure that appropriate outreach efforts are conducted routinely. Outreach shall include, but is not limited to, regular outreach efforts with area professionals, local community agencies, local area media outlets, and opportunities for public service presentations. Additional information regarding community relations and outreach can be found in the Community Relations (CR) section of CCS' Policy and Procedure manual. Specifically, policy CR 02 identifies CCS' expectation to provide consultation, education, and community awareness within the Region VII catchment area and that all staff members have a responsibility to provide education/accurate information in their communities about mental health issues.

Mississippi Operational Standards addressed: 38.1

Section:	Child/Youth Mental Health
Policy:	Children's Day Treatment Programs Magnolia and Back on Track
Policy No.:	CMH 04
Effective:	03/14/1997
Revised/Approved:	6/22/2021

POLICY: It is the policy of Community Counseling Services (CCS) to offer therapeutic day treatment to children, ages five (5) through twelve (12) and middle and junior high school students who exhibit emotional and/or behavioral problems, and for whom the service is a medical necessity.

PURPOSE: To provide an alternative to more restrictive community-based services, such as acute partial and MYPAC, and serve to prevent the need for residential placement, unnecessary acute psychiatric hospitalization, and/or minimize disruptions to the child/youth's participation in the regular school setting. To aid individuals making the transition from more restrictive services to less restrictive, community-based services and supports.

PROCEDURE: Day Treatment Services are an intensive outpatient services available to children/youth with severe emotional disturbance (SED). Day Treatment Services are a behavioral intervention and strengths-based program, provided in the context of a therapeutic milieu, which provides primarily school aged children/adolescents with SED, the intensity of treatment necessary to enable them to live in the community. Day Treatment Services are based on behavior management principles and include, at a minimum, positive feedback, self-esteem building and social skills training. Additional components are determined by the needs of the participants at a particular site and may include skills training in the areas of impulse control, anger management, problem solving, and/or conflict resolution. At a minimum, one (1) Children/Youth's Day Treatment Program is offered to each school district in the region served by each CMHC. For school districts that do not offer day treatment, documentation shall be maintained by the County Administrator reflecting attempts made to offer day treatment services for school districts in their county.

Eligibility: To be eligible for day treatment services, children/youth must have a serious emotional disturbance as defined under the SMI/SED determination section in policy GS 01 or Autism/Asperger's disorder and justification reflecting the need for Day Treatment Services. Justification must include documentation of the intensity and duration of problems as part of the initial assessment or as part of a post-intake case staffing and at least annually thereafter. Children must be between the ages of three and twenty-one (3 – 21) to be considered for enrollment in Day Treatment Services. In addition, Day Treatment services must be reflected on the Individual Service Plan and a prior authorization from the Division of Medicaid, or its designee, must be obtained for individuals receiving day treatment services who are also Medicaid beneficiaries.

General Guidelines: Each individual Day Treatment Program operates at a minimum of two (2) hours per day, two (2) days per week up to a maximum of five (5) hours per day, five (5) days per week. Each child/youth enrolled in Day Treatment Services

receives the service a minimum of four (4) hours per week. Only one (1) Day Treatment program is allowed per room during the same time period with a minimum of twenty (20) square feet of usable space per individual. Furnishings, equipment, square footage and other aspects of the Day Treatment Program environment must be age-appropriate, developmentally appropriate, and therapeutic in nature. Each Day Treatment Program operates with a minimum of four (4) and a maximum of ten (10) children/youth and each program must operate under a separate DMH Certificate of Operation. In order to participate in the Day Treatment program, a child or youth must be on the permanent roster for the program. No child/youth shall participate on an intermittent basis. A Day Treatment roll/roster cannot exceed ten (10) children/youth per program. For Day Treatment Programs developed and designed to serve primarily children/youth with a diagnosis of Autism or Asperger's shall not include more than four (4) children/youth with a diagnosis of Autism/Asperger's. Day Treatment Services are intended to operate year-round and cannot be designed to operate solely during the summer months. To ensure each child's confidentiality, no children other than those enrolled in Day Treatment Services can be present in the room during the time Day Treatment Services are being provided.

Staffing: The ratio of staff to children/youth receiving services in each Day Treatment Program is maintained at a minimum ratio of two (2) on-site persons for a minimum of four (4) up to a maximum of ten (10) children/youth per program. Each program is led by a Therapist and a Day Treatment Assistant serves as the second staff member. All therapists providing day treatment services must have at a minimum a Master's degree in a mental health or related field and a professional license **or** hold Department of Mental Health Certification. The therapist assigned is responsible for providing individual, family and group therapy to the children enrolled in his/her Day Treatment program, as well as, providing follow-up/aftercare for those individuals who have graduated from the program. In addition, they are responsible for working directly with the children to assist in the supervision and maintenance of each individual's treatment goals. The therapist participates in clinical staffing for the individuals in the program for which he/she serves as the primary clinical staff member. Responsibilities of the Day Treatment Therapist and Assistant include, but are not limited to, providing day treatment, daily documentation, conducting home and school visits, conducting follow-up for program participants, maintaining daily program planning, determining strengths, objectives and recovery goals for each child in the program, working as a team member with all other staff members, coordination and maintenance of the intake and referral system, and maintenance of the aftercare phase of the program.

Another critical component of the day treatment program is community support services. The community support specialist, who must hold at least a Bachelor's degree in a mental-health related field, is responsible for assessing what other services are needed or desired and for assisting the child in obtaining those services. The community support specialist will also follow-up with program participants and assist in the maintenance of their recovery goals. The community support specialist is an integral part of the treatment team. He/she serves as an extension and liaison of the program to the home and school, as well as to various community services utilized by program participants.

Staff training/development requirements are delineated in CCS' Policy: HR 34 Training of Staff Members/Staff Development

Supervision: The County Administrator, holding a Master's degree and a professional license or Department of Mental Health credential will oversee the entire administration of the program, including but not limited to, budget and finances, hiring and training of new employees, supervision of staff members in their capacity to provide services, coordinating and implementing new programs, and evaluation of the effectiveness of the programs. County Administrators or his/her designee has the responsibility to monitor and evaluate Day Treatment Services in his/her county. Supervision/monitoring is provided at least one continuous hour per month. This includes participation in clinical staffing and/or Treatment Plan review for the people in the program(s) that he/she supervises. In addition, the County Administrator or his/her designee provides at least thirty (30) continuous minutes of direct observation to each individual Day Treatment program at least quarterly. Documentation of the supervision/observation is maintained for review.

Interruption in service/summer schedule: DMH Division of Certification must be notified immediately of any interruption of service with an individual Day Treatment program extending over thirty (30) days. If operation has been interrupted for sixty (60) calendar days, the DMH Certificate of Operation for that individual program must be returned to the DMH Division of Certification. Day Treatment Service programs that are unable to provide services during a school's summer vacation will be allowed to hold that individual program's Certificate of Operation until it can be reopened the following school year. If the program has not reopened within sixty (60) calendar days from the first day of the school year, the Certificate of Operation must be returned to the DMH Division of Certification. The County Administrator shall ensure that mental health services are offered to the child/youth during the summer and/or vacation time if his/her day treatment program is temporarily not operational. These services may include day treatment services, if needed, provided at other sites, maintaining program capacity requirements. In addition, therapy and community support services will be made available. Documentation must be maintained in the individual's case record that the availability of such services was explained and services were offered to the parent(s)/legal representative(s). If the parent(s)/legal guardian(s) refuse the offer of such services, this shall be documented in the case record.

Day Treatment programs operated at school: Individual Day Treatment programs operated in a school must ensure that day treatment programs adhere to all DMH Operational Standards for MH/IDD/SUD Community Service Providers for this service. For programs located in a school, the mental health provider is responsible for ensuring that the school district provides a site or facility that meets all DMH Health and Safety requirements. Programs that are conducted in space that is currently accredited by the Mississippi Department of Education will be considered as meeting all Environment/Safety standards. Day Treatment Services and educational services may not be provided concurrently.

Programmatic: Each Day Treatment program is designed and conducted as a therapeutic milieu as evidenced by the use of a curriculum approved by the DMH and includes, but is not limited to, such skill areas as functional living skills, socialization or social skills, problem-solving, conflict resolution, self-esteem improvement, anger

control and impulse control. The approved curriculum is kept on site. All activities and strategies implemented are therapeutic, age appropriate, developmentally appropriate and directly related to the objectives in each child/youth's Individual Service Plan. Each Day Treatment Program has a monthly Master Schedule posted at each location to include, at a minimum, the specific skill areas being addressed each day and the specific times these skill areas are being addressed. Skill area activities shown on the Master Schedule are curriculum-specific.

Family involvement: All Day Treatment Programs include the involvement of the family or individuals acting in loco parentis as often as possible, but not less than twice per month, in order to achieve improvement that can be generalized across environments.

Transition planning: For all children/youth participating in Day Treatment Programs, there is documentation of plans for transitioning a child to a less intensive therapeutic service. This documentation is a part of each child's Individual Service Plan and/or case staffing. Transition planning shall be initiated when the child begins to receive Day Treatment Services and is documented within one (1) month of the child/youth's start date for the service.

Magnolia/Back on Track Day Treatment Programs: Children participating in Magnolia programs are ages five (5) through twelve (12), exhibit emotional and/or behavioral problems, and for whom the service is medically necessary. Adolescents participating in the Back on Track programs are junior high/middle school aged students up to age twenty one (21), exhibit emotional and/or behavioral problems, and for whom the service is medically necessary. Programs are operated at school-based sites, as well as, CMHC facilities. All are conducted in attractive, safe and sanitary environments. Treatment environments are age-appropriate, developmentally appropriate, and therapeutic in nature. Referrals are received from parents/guardians, school personnel, psychologist, pediatrician or other health care provider, CCS staff members, Department of Human Services personnel, or any other interested agency/individual.

Eligibility criteria: Children ages 5-12 who exhibit severe emotional/behavioral problems (Magnolia) and junior high/middle school aged students under (18) years of age (Back on Track) are eligible for day treatment services. The child/youth has at least one eligible diagnosable mental disorder as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), including Autism/Asperger's Disorder, and is classified as having a Serious Emotional Disturbance (SED) as defined by the Department of Mental Health. Other program requirements include:

- The child/youth exhibits symptoms of sufficient severity to cause significant impairment in day-to-day social, vocational, and/or educational functioning.
- The child/youth is able to exhibit adequate control over his/her behavior and is judged not to be immediately dangerous to self or others.
- The child/youth has the physical and intellectual capacity to actively participate in all aspects of the therapeutic program, as well as being cognitively able to process the relationship between behaviors and consequences (A child is not enrolled or denied placement based on an I.Q. score or type of classroom in which the child is classified. However, the student must demonstrate the cognitive ability to comprehend the behavioral program. The treatment team

may make exceptions if it is determined that the child's emotional disturbance is the limiting factor of his/her cognitive ability. The treatment team will make these and other exceptions on an individual basis.)

- The child/youth is ready for discharge from an inpatient or residential setting, but is assessed as needing daily monitoring, support and ongoing therapeutic interventions.
- Exceptions to age requirements are available to meet the needs of specific school systems and/or developmental ages of referrals.
- The child/youth has not made sufficient clinical gains within outpatient/community support services, or the severity of his/her presenting problems is such that success in only an outpatient/community support services is unlikely.
- The child/youth is at a high risk of out-of-home placement
- The child/youth is in foster care, experiencing multiple foster home placements or transitioning from foster care back into the natural home
- The child/youth is in need of a transitional experience from a more restrictive environment to a less restrictive environment

Children/youth who do not meet the eligibility criteria for the program will be referred for services for which they are eligible and appropriate to meet their needs. Day Treatment program staff members are responsible for making follow-up calls to ensure that appropriate services were accessed by the child/family. All referrals and follow-up contacts must be documented in the individual's case record.

Intake/Initial Assessment: The intake/initial assessment is designed to give all information necessary to determine whether or not the child/youth's problems are of sufficient severity/intensity and duration to merit the intensity and frequency of day treatment. Once a referral has been made, the program therapist will meet with the family, the student, and school faculty to determine appropriateness for the program. An appointment for an interview with the parent and the child/youth will be scheduled with the program therapist. If the individual is not a current Community Counseling Services recipient of services, an intake will be completed consistent with policy GS 01: Initial Assessment/Eligibility. After appropriate consents to release information are signed, the school will forward school records, academic achievement, school testing, and behavior checklists/reports to the day treatment staff. From this information, an assessment will be made. The treatment team will discuss the child/youth's initial interview and his/her appropriateness for day treatment. If the treatment team determines that the child/youth is appropriate for the program, he/she will be considered for immediate enrollment. Prior authorization for Day Treatment from the Division of Medicaid, or its designee, must be obtained for individuals receiving Day Treatment services who are also Medicaid beneficiaries.

Waitlist: If there are no current vacancies in the program or the child/youth is not appropriately suited for the current group dynamics, he/she will be placed on a waiting list. While on the waiting list, the child/youth and family will be referred and linked to another therapeutic service. Those on the waiting list are admitted based on the following considerations:

  - Degree of risk for out-of-home placement and removal from school
  - Family support

- Length of stay on the waiting list
- Group dynamics
- Severity of problems

Justification for day treatment: A justification of the need for day treatment will be included on the Individual Service Plan. Documentation of intensity and duration will be included. If the individual is a current CCS client, an addendum to the individual service plan will be completed that supports the need for day treatment. Justification for day treatment services and severity of presenting issues will reflect that treatment in a less intensive environment has been/or would be unsuccessful.

Program enrollment: At this time of enrollment into day treatment, the child/youth and his/her parent/guardian will be given an orientation to the program which includes a) an introduction to program rules, including the requirements for parent/guardian participation, and b) an explanation of the persons rights, as well as grievance procedures, including the toll-free number for the Office of Consumer Support at the Department of Mental Health.

Program dynamics: The programs operate within a therapeutic milieu to increase appropriate behaviors and decrease inappropriate behaviors. This is accomplished by teaching the child/youth that there are consequences, good and bad, based on his/her behavior and choices. The program focuses on the strengths of the child/youth to promote the opportunity for appropriate behavior. Because day treatment provides therapeutic services while maintaining the child/youth in the home, it serves to foster a better community awareness of emotional and behavioral problems and the need for development and support of these services. The therapeutic nature of the program is carefully documented in the individual service plan of each individual served. The therapeutic services that are components of Day Treatment Programs include, but are not limited to,:

- Day treatment
- Individual therapy (no less than 1 time per month)
- Family therapy (no less than 2 times per month in order to achieve improvement that can be generalized across environments)
- Community Support Services

Program Goal: The goal of the Magnolia Program/Back on Track program is to help the child/adolescent become a more responsible, productive individual capable of maintaining appropriate behavior within the regular home, school and community environment.

Therapeutic components: All activities and strategies implemented are therapeutic and directly related to the individual objectives on each person's individual service plan. Day treatment services are based on behavior management principles of which positive feedback is a critical component. Skill areas addressed by the program include, but are not limited to:

- Functional living skills: personal hygiene, health and safety maintenance, daily living skills
- Social skills: responsibility, communication
- Relationship skills: interpreting events, trust building, empathy for others, conflict resolution

- Problem-solving skills
- Stress management: breathing, meditation, imagery techniques
- Self-esteem improvement
- Self-identity development: identifying strengths and weakness
- Impulse and anger control

Curriculum will be incorporated to address skill areas outlined in this policy. Curricula and evidenced based practices currently being utilized in day treatment programs operated by CCS include, but are not limited to:

  - ARISE Curriculum
  - Goldstein's Skillstreaming: A Guide for Teaching Prosocial Skills
  - Goldstein's The Prepare Curriculum: Teaching Prosocial Competencies
  - Goldstein's and Glick's: Aggression Replacement Training
  - SPARCS

Supplemental materials may be used to address particular issues that arise in the day treatment program that is not adequately addressed by the above mentioned curriculum. The Day Treatment Therapist shall ensure that schedules of day treatment activities are maintained on file for at least three (3) months which indicate that activities are related to implementation of objectives in individualized service plans of children/youth served in the program.

Each County Administrator shall ensure that the Day Treatment Program(s) located in his/her county has access to a Day Treatment Manual and the Policy and Procedure for day treatment which includes, but is not limited to a) the program's purpose, goals and objectives, the population served, and the range of diagnostic categories served, b) strategies utilized in diverting children/youth from residential treatment; how the program will serve as an alternative to and/or transition from residential treatment, c) screening, selection, admission and discharge procedures, d) program policies and procedures, e) plan for intervention management and resolution of aggressive and assaultive behaviors, f) description of procedures for determining the need for and development, implementation and supervision of behavior change/management programs, and g) plan for transitioning a child/youth to a less intensive therapeutic service when deemed clinically appropriate.

First aid and safety: As indicated, all programs are conducted in safe and sanitary environments including: a) access to a first aid kit meeting DMH standards and contents, b) approved fire extinguishers and alarms/smoke detectors which show evidence of annual fire department inspection must be strategically placed, and c) in school district based programs, CCS is responsible for ensuring that the school district provides a site or facility that meets all of DMH Health and Safety requirements. Programs that are conducted in a space that is currently accredited by the MS Department of Education will be considered as meeting all Environment/Safety standards.

The County Administrator shall ensure that there is available for review a signed MOU between the school district(s) and CCS for each school district in which CCS provides mental health services. The standardized MOU developed by the Department of Mental Health will be utilized. The agreement will include: 1) Describes in detail the respective

responsibility(ies) of each entity in the provision of mental health services provided in the local school and any support services necessary for the provision of that service (such as facilities, staffing, transportation, etc.), and 2) Includes a written acknowledgment of the school district's receipt and understanding of standards applicable to the children's mental health services.

Mississippi Operational Standards addressed: Rule 26.1, 16.5J

Section: Child/Youth Mental Health
Policy: Making a Plan (M.A.P) Teams
Policy No.: CMH 05
Effective: 10/01/2002
Revised/Approved: 04/24/2015

POLICY: It is the policy of Community Counseling Services (CCS) to participate in the Making a Plan Team (MAP) process to address the needs of children, up to age twenty-one (21) years, with serious emotional/behavioral disorders and dually diagnosed with serious emotional/behavioral disorders and an intellectual disability or SED and alcohol/drug abuse; who require services from multiple agencies and multiple program systems, and who can be successfully diverted from inappropriate institutional placement.

PURPOSE: To ensure that children/youth receive all available essential services and that teams have a uniform core of representatives from basic community service agencies in order to benefit children with serious emotional disorders

PROCEDURE: It is the responsibility of the Executive Director to ensure that CCS makes available and participates in at least two (2) standing MAP Teams in its region. The Executive Director also ensures that each MAP Team is comprised of at least one child behavioral health representative employed by CCS who has a Bachelor's degree. In addition there shall be at least one representative from each of the following:

- Each local school district in a county served by a MAP Team
- County Family and Children's Services Division of the State Department of Human Services
- County or Regional Youth Services Division of the State Department of Human Services
- County or Regional Office of the State Department of Rehabilitation Services
- County or Regional Office of the Mississippi State Department of Health
- Parent or family member with a child who has experienced an emotional and/or behavioral disturbance
- Additional members may be added to each team, to include significant community-level stakeholders with resources that can benefit the children with serious emotional disturbance

Access: It is also the responsibility of the Executive Director to ensure that there is a written plan that describes how each county in the catchment area will develop or have access to a MAP Team. CCS works with Making a Plan (MAP) teams in Clay, Lowndes, Noxubee, Oktibbeha, Webster, and Winston Counties. Children in Choctaw County may be served by the team in Webster County or the team in Winston County. It is the responsibility of the County Administrator in those counties to ensure a current written interagency agreement will be maintained with agencies participating in the MAP Team.

Interagency agreements: CCS maintains current written agreements with all agencies participating in its MAP teams that identify the primary functions of the team, including at a minimum:

- Review of cases of children/youth, ages up to twenty-one (21) years, when appropriate, who have a serious emotional disturbance and are at risk for inappropriate out-of-home placement due to lack of access to or availability of needed services in the home and community
- Identification of community-based services that may divert children/youth from out-of-home placement
- Facilitation of the provision and coordination of services across multiple agencies/entities for the target population
- Facilitation of continuity of care for children/adolescents with serious emotional disturbance
- Facilitation of support for children/youth with serious emotional disturbance and their families

Referrals for PRTF: Before referring a child/youth to a Psychiatric Residential Treatment Facility (PRTF), CCS must first have the local MAP Team review the situation to ensure all available resources and service options have been utilized. This does not include those children/youth that are in immediate need of acute hospitalization due to suicidal or homicidal ideations or have been referred for such service by a psychiatrist or psychiatric mental health nurse practitioner.

Mississippi Operational Standards addressed: Rule 39.1, 39.2

Section:	Child/Youth Mental Health
Policy:	
Policy No.:	CMH 06
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Reserved for future use

Section: Child/Youth Mental Health
Policy: Wraparound Facilitation
Policy No.: CMH 07
Effective: 3/28/2018
Revised/Approved: 6/22/2021

POLICY: It is the policy of Community Counseling Services (CCS) to provide wraparound services to children/youth with severe emotional disturbance and their families. Wraparound services are designed to develop an individualized plan of care that addresses the unique and complex needs of the child/youth and their families so they can remain in their homes. The hopes, values, and preferences of the individual and his/her family are given primary importance during all phases and activities of wraparound. Providers of wraparound facilitation must comply with the most recent version of the DMH Wraparound Agency Provider Registration Procedure and Operational Guidelines.

PURPOSE: The purpose of wraparound services is to provide positive outcomes for children/youth that have unique and complex mental health needs. A holistic approach is utilized that involves increasing natural supports, by strengthening interpersonal relationships and identifying resources that are available in the family's social network and community.

PROCEDURE: The wraparound process focuses on the strengths of the child/youth and his/her family while developing an individualized service plan that is effective and more relevant to the needs of the child/youth and their family. Emphasis is placed on involving the youth and increasing the families social support network. The wraparound process provides a structured, holistic, creative, and individualized team planning process. The team is comprised of individuals that are relevant to the child/youth and who collaboratively work together to develop and individualized plan of care.

Team members: Members of the team include, but are not limited to, a) child/youth (if age 9 or above) and there are no clear indications that participation by the youth would be detrimental, b) caregiver/guardian/parent, c) wraparound facilitator, d) service providers for the child/youth, e) representatives from service agencies involved with the child/youth and family, and f) identified supports/community members

Individuals appropriate for wraparound facilitation include:

a. Children/youth with serious mental health challenges who exceed the resources of a single agency or service provider
b. Children/youth who experience multiple acute hospital stays
c. Children/youth who are at risk of out-of-home placement or have been recommended for residential care
d. Children/youth who have had interruptions in the delivery of services across a variety of agencies due to frequent moves
e. Children/youth who have experienced failure to show improvement due to lack of previous coordination by agencies providing care, or reasons unknown can also be served through wraparound facilitation.

Phases of Wraparound

Engagement and team preparation: During this phase, the focus is on team building and embracing the shared vision of the child/youth, family, and team members. The family's role is emphasized and their integral role in the process is reinforced. The persons/families hopes, desires, and preferences are prioritized. Activities include orientation of the family and youth to wraparound, stabilize any presenting crisis/address pressing needs, explore strengths, needs, values, and vision with child/youth and family, engage/orient other team members, and arrange meeting arrangements.

Initial plan development: During this phase, trust and mutual respect between team members is built on from the previous phase. An initial, individualized plan of care is developed utilizing a planning process that incorporates wraparound principles. Activities include development of a plan of care, development of a crisis/safety plan, and completion of necessary documentation.

Implementation: During this phase, the wraparound plan is implemented, monitored, and reviewed for changes/modifications. Team cohesiveness is maintained and/or activities incorporated to improve team dynamics and mutual respect. Activities include implementing the wraparound plan, assessing progress and updating plan as needed, continuing to build/maintain team cohesiveness and trust, and completing necessary documentation.

Transition: During this phase, a purposeful transition is made out of formal wraparound and to celebrate successes. Activities include creating a transition plan, a post transition crisis management plan, a commencement that celebrates successes and frames transition positively, and follow-up with family to monitor continued success.

Wraparound Facilitator Requirements: Wraparound Facilitators must meet the requirements as outlined in Policy HR 16: Qualifications of Staff. In addition, the facilitator must provide wraparound services on a full-time basis, caseloads must be no more than ten (10), and cannot serve as the therapist for a process that he/she is facilitating.

Service Delivery: Wraparound facilitation must be provided in accordance with high fidelity and quality wraparound practice. Activities should be aimed to recognize, identify, and develop talents, strengths, and positive abilities. Activities include:

a. Engaging the family
b. Assembling the child and family team
c. Facilitating a child and family team meeting at a minimum every thirty (30) days
d. Facilitating the creation of a plan of care, which includes a plan for anticipating, preventing and managing crisis, within the child and family team meeting
e. Working with the team in identifying providers of services and other community resources to meet family and youth needs
f. Making necessary referrals for youth

g. Documenting and maintaining all information regarding the plan of care, including revisions and child and family team meetings
h. Presenting plan of care for approval by the family and team
i. Providing copies of the plan of care to the entire team including the youth and family/guardian
j. Monitoring the implementation of the plan of care and revising if necessary to achieve outcomes
k. Maintaining communication between all child and family team members
l. Monitoring the progress toward needs met and whether or not the referral behaviors are decreasing
m. Leading the team to discuss and ensure the supports and services the youth and family are receiving continue to meet the caregiver and youth's needs
n. Educating new team members about the wraparound process
o. Maintaining team cohesiveness

MAP Team involvement: Those individuals involved in the wraparound process must have access to MAP team flexible funds in needed to carry out non-traditional services that have been incorporated into the individualized plan of care. Individuals accessing funds for non-traditional supports do not need to be reviewed by the MAP team to access these funds. Expenses will be documented in the plan and the MAP Team Coordinator will include the child/youth in the reports sent to DMH.

Mississippi Operational Standards addressed: Rule 41.1, 41.2