OFFICE OF COMPREHENSIVE SERVICES

ADMINISTERING THE COMPREHENSIVE SERVICES ACT FOR AT-RISK YOUTH AND FAMILIES

The Comprehensive Services Act (CSA, §2.2-2648 et seq) was enacted in 1993 to create a collaborative system of services and funding for at-risk youth and families.

The CSA establishes local multidisciplinary teams responsible to work with families to plan services according to each child's unique strengths and needs and to administer the community's CSA activities.

The Office of Comprehensive Services (OCS) is the administrative entity responsible for ensuring effective and efficient implementation of the CSA across the Commonwealth.

Guiding principles for OCS include:

- Child and family directed care,
- Equitable access to quality services,
- Responsible and effective use of public funds,
- Support for effective, evidence-based practices, and
- Collaborative partnerships in implementation of the Comprehensive Services Act.

Office of Comprehensive Services
Empowering communities to serve youth

What is Intensive Care Coordination in a High Fidelity Wraparound Model?

Why Should ICC in a High Fidelity Wraparound Model be an Important Component of a System of Care Service Continuum?

(August 2014)

Intensive Care Coordination (ICC) in the High Fidelity Wraparound (HFW) Model provides a structured approach to care coordination that is designed for youth and families where the youth is in, or at risk of, an out-of-home placement. These are youth with complex, challenging behavioral health issues who typically represent the upper 10 – 20% of a "severity pyramid".

HFW is an evidence-informed practice that is firmly grounded in system of care values including:

- Individualized and family and youth driven services
- Strengths-based practice
- Reliance on natural supports and building self-efficacy
- Team-based practice
- Outcomes-based service planning
- Cultural and linguistic competence

Emerging evidence indicates superior outcomes for youth receiving HFW as compared to those who receive traditional services. Examples include a comparison study completed on youth in child welfare (comparing youth receiving HFW with those receiving "mental health services as usual") finding that after 18 months, 82% of youth who received wraparound moved to less restrictive, less costly environments, compared with 38% of the comparison group (*Return on Investment in Systems of Care, National Technical Assistance Center for Children's Mental Health, April 2014*).

Additional evidence is found in state-wide initiatives such as Wraparound Maine which found a 28% reduction in total net Medicaid spending for youth served through HFW, even as home and community based services increased. These cost reductions occurred as a result of a 43% drop in the use of psychiatric inpatient treatment, and a 29% decrease in the use of residential treatment (*ICC using High Quality Wraparound: State and Community Profiles, Center for Health Strategies, July 2014*).

Evidence in support of HFW also lies in follow-up outcomes noted in Los Angeles County that over a 12 month follow-up period, 77% of HFW graduates were in less restrictive placements, while 70% of the comparison group (non-HFW recipients) were in more restrictive placements. Additionally at follow up, the mean service costs for youth following completion of HFW were 60% lower than the costs of the comparison group (*Return on Investment in Systems of Care, National Technical Assistance Center for Children's Mental Health, April 2014*).

ICC using the HFW approach is a process of care management that holistically addresses the behavioral and social needs of a youth and family in order to develop self-efficacy. The youth and family are integral to the HFW process which provides them with voice and choice in the selection of their "team", development of the plan and delivery of services. The youth and family are supported in this team process by the ICC (team facilitator), trained youth and family support partners, the professional system partners and those natural supports identified as important by the family. This team works together to identify the family's vision, goals and needs and then develops specific measureable plans to accomplish those outcomes making certain to honor the family culture. The HFW model follows a "structured" series of four phases (Engagement and Team Preparation, Planning, Implementation, Transition) with associated activities and hallmarks. These include:

- Specific youth/family orientation and engagement practices
- Development of a short-term Crisis Stabilization Plan which targets pressing needs identified by the family. The development of this plan is done by collaborating with system partners (who may already have a crisis plan in place) and utilizing family and youth voice.
- Completion of a unique form of assessment called a Strengths, Needs and Culture Discovery (SNCD) which is distinct from traditional clinical assessments as its purpose is to tell the family story, does not emphasize diagnosis and avoids a problem-oriented focus. In the Discovery, the youth and family tell their story, share their unique strengths and family culture, define their needs and goals, and come up with a family vision. The Discovery process is informed by system-requirements and mandates if they exist, and the facilitator is responsible for communicating with system partners to understand these mandates.
- The formation of a youth and family team to identify and carry out action plans that are different from traditional service plans by being frequently revised, driven by youth and family preference, with a focus on needs as opposed to services, and the significant reliance on natural supports to accomplish desired outcomes.
- Completion of a Functional Assessment on the team-defined potential crisis behaviors in order to better understand the function/purpose of the behaviors as well as what is reinforcing the behaviors.
- Development of a Crisis Prevention Plan incorporating the Functional Assessment, as well as youth and family voice regarding what the results of the Crisis Prevention Plan should be, and use of a measurement strategy that will determine if the Crisis Prevention Plan is accomplishing what the team wants it to achieve.
- Development of a purposeful transition plan that incorporates formal and natural supports in the community.

The HFW model embraces a specific Theory of Change which centers on increasing youth and family self-efficacy by prioritizing youth and family needs, developing natural supports, and integrating planning. As a result of the Theory of Change, and the structured phases and activities, ICC in a HFW Model is distinct from other clinical and case management approaches.

While ICC in a HFW Model is *not a traditional clinical service*, skilled ICC workers will require and utilize many clinical skills including relationship building/engagement, soliciting and empowering client voice, conflict management, facilitating group process, understanding and management of group dynamics, assessing group themes and needs, knowledge of various clinical and related community services, development of case plans, crisis intervention planning and skills, and monitoring progress. While ICC in a HFW Model is *not traditional case management*, many traditional case management activities (e.g., assessment, case planning, service linkages, advocating for the family and youth, and monitoring progress) are accomplished through the guidance and activities of the team (while reducing the prominence of the case manager as the central figure). Specific case management activities assigned to the ICC Facilitator **by the team** are appropriate (e.g., maintaining communications between team members, assisting the youth/family with referrals and service linkages, advocating for youth/family when needed and desired) and as a result the ICC Facilitator does more than "simply facilitate the team". It is through an understanding of the family culture that the team is able to successfully develop plans and complete case management activities. Ownership and voice is given back to families who know best what works for them. Emphasis on the HFW Theory of Change which develops youth and family self-efficacy, and following the specific phases and activities of the evidence-informed HFW model also sets ICC in a HFW model apart from traditional case management.