



# COMMONWEALTH of VIRGINIA

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OFFICE OF COMPREHENSIVE SERVICES  
*Administering the Comprehensive Services Act for At-Risk Youth and Families*

## ADMINISTRATIVE MEMO #13-02

TO: CPMT CHAIRS  
CSA COORDINATORS  
CSB EXECUTIVE DIRECTORS  
PRIVATE PROVIDERS

FROM: *SC* SUSAN CUMBIA CLARE

DATE: MAY 14, 2013

SUBJECT: INTENSIVE CARE COORDINATION POLICY

Following a ninety-day public comment period, the State Executive Council (SEC) adopted the attached policy on Intensive Care Coordination (ICC) at its April 30, 2013 meeting. This policy overrides prior guidance issued by the SEC regarding Intensive Care Coordination.

Significant changes between prior guidance and the adopted policy include:

- 1) The provision of ICC is no longer restricted to Community Services Boards or contracts with Community Services Boards.
- 2) All providers of ICC must meet established requirements for training of Intensive Care Coordinators and ICC supervisors in the "High Fidelity Wraparound (HFW)" model.
- 3) Youth eligible for ICC are those in or at risk of "out of home placement" rather than "residential placement." The terms "out of home placement" and "at risk of out of home placement" are defined within the policy.

Training sessions for Intensive Care Coordinators and supervisors will be coordinated by the Center of Excellence of the Office of Comprehensive Services. All current providers of ICC shall remain eligible to continue to provide ICC services without meeting the HFW training requirement until June 30, 2014. New providers of ICC must demonstrate successful completion of the High Fidelity Wraparound "Core Training" (three days) by coordinators

and supervisors before they will be considered eligible to provide ICC services. Completion of the entire training program (six days) for both coordinators and supervisors will be necessary to continue eligibility as a provider of ICC. Training schedules will be posted to the CSA Website. The Center of Excellence will maintain and publish a list of eligible ICC providers on the CSA website.

The new policy on Intensive Care Coordination supports the commitment of the SEC to interagency efforts to expand implementation of Systems of Care philosophy and core values across the state. The Center of Excellence was established through a four year grant awarded to the Virginia Department of Behavioral Health and Developmental Services by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) with the primary goal to bring Systems of Care to scale statewide.

Local Community Policy and Management Teams and Family Assessment and Planning Teams are encouraged to fully embrace the use of ICC to support youth in out of home placements or at risk of such placements. Teams are reminded that ICC services may be purchased through CSA Pool Funds for eligible children and youth.

A document of “Frequently Asked Questions” about the High Fidelity Wraparound model, application of the HFW model to ICC, and the role of the Center of Excellence is attached. For additional information, please contact Deborah Pegram, Center of Excellence Coordinator, at (804) 662-9781.

Attachments: Intensive Care Coordination Policy, April 30, 2013  
High Fidelity Wraparound Model of Care: Frequently Asked Questions

# State Executive Council for the Comprehensive Services Act

## Policy: Intensive Care Coordination Adopted April 30, 2013

### **Definition of Intensive Care Coordination**

Intensive Care Coordination shall include facilitating necessary services provided to a youth and his/her family designed for the specific purpose of maintaining the youth in, or transitioning the youth to, a family-based or community based setting. Intensive Care Coordination Services are characterized by activities that extend beyond regular case management services that are within the normal scope of responsibilities of the public child serving systems and that are beyond the scope of services defined by the Department of Medical Assistance Services as "Mental Health Case Management."

### **Population to be Served by Intensive Care Coordination**

Youth shall be identified for Intensive Care Coordination by the Family Assessment and Planning team (FAPT). Eligible youth shall include:

1. Youth placed in out-of-home care<sup>1</sup>
2. Youth at risk of placement in out-of-home care<sup>2</sup>

<sup>1</sup>Out-of-home care is defined as one or more of the following:

- Level A or Level B group home
- Regular foster home, if currently residing with biological family and due to behavioral problems is at risk of placement into DSS custody
- Treatment foster care placement, if currently residing with biological family or a regular foster family and due to behavioral problems is at risk of removal to higher level of care
- Level C residential facility
- Emergency shelter (when placement is due to child's MH/behavioral problems)
- Psychiatric hospitalization
- Juvenile justice/incarceration placement (detention, corrections)

<sup>2</sup>At-risk of placement in out-of home care is defined as one or more of the following:

- The youth currently has escalating behaviors that have put him or others at immediate risk of physical injury.
- Within the past 2-4 weeks the parent or legal guardian has been unable to manage the mental, behavioral or emotional problems of the youth in the home and is actively seeking out-of-home care.
- One of more of the following services has been provided to the youth within the past 30 days and has not ameliorated the presenting issues:
  - o Crisis Intervention
  - o Crisis Stabilization
  - o Outpatient Psychotherapy
  - o Outpatient Substance Abuse Services
  - o Mental Health Support

NOTE: Intensive Care Coordination cannot be provided to individuals receiving other reimbursed case management including Treatment Foster Care-Case Management, Mental Health Case Management, Substance Abuse Case Management, or case management provided through Medicaid waivers.

### **Providers of Intensive Care Coordination**

Providers of ICC shall meet the following staffing requirements:

- 1) Employ at least one supervisory/management staff who has documentation establishing completion of annual training in the national model of “High Fidelity Wraparound” as required for supervisors and management/administrators (such documentation shall be maintained in the individual’s personnel file);
- 2) Employ at least one staff member who has documentation establishing completion of annual training in the national model of “High Fidelity Wraparound” as required for practitioners (i.e., Intensive Care Coordinators). Such documentation shall be maintained in the individual’s personnel file.

Intensive Care Coordination shall be provided by Intensive Care Coordinators who possess a Bachelor’s degree with at least two years of direct, clinical experience providing children’s mental health services to children with a mental health diagnosis. Intensive Care Coordinators shall complete training in the national model of “High Fidelity Wraparound” as required for practitioners. Intensive Care Coordinators shall participate in ongoing coaching activities.

Providers of Intensive Care Coordination shall ensure supervision of all Intensive Care Coordinators to include clinical supervision at least once per week. All supervision must be documented, to include the date, begin time, end time, topics discussed, and signature and credentials of the supervisor. Supervisors of Intensive Care Coordination shall possess a Master’s degree in social work, counseling, psychology, sociology, special education, human, child, or family development, cognitive or behavioral sciences, marriage and family therapy, or art or music therapy with at least four years of direct, clinical experience in providing children’s mental health services to children with a mental health diagnosis. Supervisors shall either be licensed mental health professionals (as that term is defined in 12 VAC35-105-20) or a documented Resident or Supervisee of the Virginia Board of Counseling, Psychology, or Social Work with specific clinical duties at a specific location pre-approved in writing by the applicable Board. Supervisors of Intensive Care Coordination shall complete training in the national model of “High Fidelity Wraparound” as required for supervisors and management/administrators

### **Training for Intensive Care Coordination**

Training in the national model of “High Fidelity Wraparound” shall be required for all Intensive Care Coordinators and Supervisors including participation in annual refresher training. Training and ongoing coaching shall be coordinated by the Office of Comprehensive Services with consultation and support from the Department of Behavioral Health and Developmental Services.

Virginia High Fidelity Wraparound Model of Care

Frequently Asked Questions

May 2013

- What is the High Fidelity Wraparound (HFW) Model of Care?

**The HFW model is a process that is youth guided and family driven and builds on the collective action of a committed group of family, friends, community, professional and cross-system supports. The HFW process is used for children, youth and families with the most intense and severe emotional and/or behavioral health needs and who are at risk of placement in out of home care or who are placed in out of home care. The HFW process mobilizes resources and talents from a variety of sources resulting in the creation of an individualized plan of care that is the best fit between the child/youth/family vision and story, family strengths, family needs, team mission and team strategies. The intense level of services identified in HFW will give the child/youth/family the support necessary to build resiliency and move towards recovery.**

- What is the role of the Virginia Wraparound Center of Excellence (COE) in relation to High Fidelity Wraparound (HFW) in Virginia?

**The COE was established through a four-year federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant to bring the HFW model to scale in the Commonwealth. The COE provides opportunities for local Family Assessment and Planning Teams (FAPTs) and Community Planning and Management Teams (CPMTs) to enhance their understanding of the core values and guiding principles underlying the Systems of Care philosophy and the HFW model. The COE provides training to assure that there is a network of qualified and trained intensive care coordinators (ICCs) and supervisors, who are skilled in all elements of the HFW process, to provide care coordination services to youths and families. The COE will also provide oversight, through coaching, to assure fidelity to the HFW process.**

- How is Intensive Care Coordination (ICC) different in the High Fidelity Wraparound (HFW) process?

**HFW ICC services are characterized by activities that extend beyond regular case management services that are within the normal scope of responsibilities of the public child services systems and that are beyond the scope of services defined by the Department of Medical Assistance Services as “Mental Health Case**

**Management.” By putting HFW into practice, providers, users and purchasers of HFW ICC services will be able to incorporate best practice methods to improve their work with children, youth and families. To be efficient in the HFW process, the ICC can facilitate a smaller caseload which will allow for more concentrated, thorough and holistic clinical practice.**

- Is High Fidelity Wraparound (HFW) a mandatory process in Virginia for those who are providing Intensive Care Coordination (ICC) services?

**Virginia’s commitment to the effective coordination of care is evidenced in its statutory requirement for each local CPMT to establish policies for the provision of ICC services. The State Executive Council (SEC), for the CSA, has approved policy that requires all providers of ICC to be trained in and utilize the HFW process in their work with children, youth and families with severe emotional or behavioral health needs and who are at risk of placement in out of home care or who are placed in out of home care.**

- What are the qualification requirements Intensive Care Coordinators (ICCs)?

**There are no changes in the qualifications and experience requirements for ICCs. ICCs, as established in prior guidance for ICC, are required to possess an undergraduate degree (Bachelor’s) in a human service field and at least two years of direct, clinical experience providing children’s mental health services to children/youth with a mental health diagnosis.**

- What are the training requirements for Intensive Care Coordinators (ICCs)?

**The SEC, for the CSA, has approved policy that requires all ICCs to complete trainings and receive certification in the national model of HFW that includes: Introduction to Wraparound (3 days); Engagement in the Wraparound Process (1 day) and Intermediate Wraparound (2 days).**

- What are the qualification requirements for supervisors of the Intensive Care Coordinators (ICCs)?

**There are no changes in the qualifications and experience requirements for supervisors of ICCs. Supervisors must possess a Master’s degree in one of the following domains: social work; counseling; psychology; sociology; special education; human, child or family development; cognitive or behavioral sciences; marriage and family therapy; and art or music therapy, with at least four years of**

**direct, clinical experience in providing children’s mental health services to children/youth with a mental health diagnosis. The Supervisor must be a licensed mental health professional (as defined in 12VAC35-105-20) or a documented Resident or Supervisee of the Virginia Board of Counseling, Psychology or Social Work, with specific clinical duties at a specific location pre-approved in writing by the applicable Board.**

- What are the training requirements for supervisors of Intensive Care Coordinators (ICCs)?

**The SEC, for the CSA, has approved policy that requires supervisors of ICCs to complete training in the national model of HFW that includes: Introduction to Wraparound (3 days); Engagement in the Wraparound Process (1 day); Intermediate Wraparound (2 days) and Advanced Wraparound Practice (2 days).**

- What are the requirements for supervision of Intensive Care Coordinators (ICCs)?

**Clinical supervision must be provided to the ICC at least once per week. All supervision must be documented, to include the date, begin time, end time, topics discussed, signature and credentials of the supervisor/manager.**

- What are the re-certification requirements for the Intensive Care Coordinator (ICC)?

**The SEC, for the CSA, has approved policy that requires all ICCs to participate in annual refresher trainings. Annual refresher trainings may be in the form of training modules with a short test at the end.**

- What are the re-certification requirements for the supervisor of the Intensive Care Coordinator (ICC)?

**The SEC, for the CSA, has approved policy that requires all supervisors/managers of ICCs to participate in annual refresher trainings. Annual refresher trainings may be in the form of training modules with a short test at the end.**

- Are providers of ICC services restricted to any training requirement time limits in the HFW process?

**All current providers of ICC shall remain eligible to continue to provide ICC services without meeting the HFW training requirement until June 30, 2014. New providers of ICC must complete the first core training session (Introduction Wraparound- 3 days) before they will be considered eligible to provide ICC services.**

- What is the role of the Coach in the High Fidelity Wraparound (HFW) process and how will the Coaching element be put into practice?

**The coach will use various coaching strategies to support the ICC supervisor, ICC and Parent Peer Support Partner or Family Partner in their work in the team process. Those strategies may include: group coaching, documentation review, technical assistance/consultation, assessment and monitoring of ICC services, as well as other modalities that build knowledge and create fidelity to the process.**

**All local coaching activities will initially be provided by State agency staff. The long-term plan is to develop a pool of local coaches to be trained and certified to provide the ongoing training and coaching activities.**

- What is the role of the Parent Peer Support Partner (PPSP) or Family Partner (FP) in the High Fidelity Wraparound (HFW) process?

**The PPSP or FP will work with the child/youth/ parent(s) and team to assist the family in locating community resources, identifying and engaging natural supports and building social networks by identifying other families that may be facing similar challenges. The PPSP or FP can support the parent(s) as a peer because of their lived experience.**