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Youth Advocate PROGRAMS, INC.

Strengthening Communities One Biography at a Time

Intensive Care Coordination

Intensive Care Coordination (ICC) is a service to provide High Fidelity Wraparound (Hi-Fi Wrap) care to the most at-risk children and their families for a monthly rate. Hi-Fi Wrap is a team-based, collaborative process for developing and implementing individualized care plans for children with mental health challenges and their families. The goals of Hi-Fi Wrap are to meet the stated needs (not necessarily services) prioritized by the youth and family, improve their ability and confidence to manage their own services and supports, develop or strengthen their natural support system over time, and integrate the work of all child serving systems (DSS, CSU, Schools, CSB) into one streamlined plan.

The youth and family are supported by a facilitator who ensures that the process is driven by their voice, that it works effectively and that care is coordinated among the providers and systems. The facilitator also works with the youth and family members from the beginning so that the coordination and direction of care is transitioned to them as they build their self-efficacy and are able to facilitate their own team process.

ICC as a service is based on the family's needs and priorities and typically includes between 2-8 meetings with the child and family per month based on how long they have been receiving the service. Crisis intervention planning typically takes place in the first month of the process. ICC is provided by clinically trained staff supervised by a licensed counselor.

Additionally, Youth and Parent Advocacy Services are available, though neither are required.

Youth Advocacy: typically provided between 5 and 10 hours per week

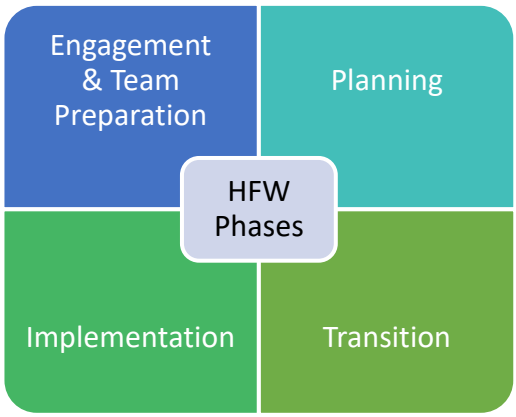
This is a direct 1:1 (can be in a setting with more than one child if indicated by needs) support service designed to meet a child's needs in the community. It can be adapted based on strengths and needs of the child, family, and community. All life domain needs are assessed as are interests and skills of the youth. A plan is developed to build upon strengths of the child to meet the needs while developing interests and skills. The work is done in the home or community and can be designed to support the plan developed through ICC. Advocacy is typically performed by paraprofessional staff.

Parent Advocacy: typically provided between 5 and 10 hours per week

This is a direct 1:1 (can be in a group setting with more than one caregiver to develop relationships) support service designed to assist a caregiver in meeting the needs of their family. It can be adapted based on strengths and needs of the caregiver, family, and community. All life domain needs are assessed. A plan is developed to build upon strengths of the caregiver and typically involves his or her natural supports. The work is done in the home or community and can be designed to support the plan developed through ICC.

The Virginia Office of Comprehensive Services' (OCS) Center of Excellence describes ICC as "a service designed for youth and families where the youth is in, or at risk of, an out-of-home placement. ICC in the High Fidelity Wraparound (HFW) Model provides a structured approach to care coordination for youth with complex, challenging behavioral health issues who typically represent the upper 10 – 20% of a severity pyramid."

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. It 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 develop a family vision.
- 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.

EMERGING EVIDENCE INDICATES SUPERIOR OUTCOMES FOR YOUTH RECEIVING HFW

A comparison study on youth in the child welfare system found that after 18 months, 82% of youth who received wraparound moved to less restrictive, less costly environments, compared with 38% of the comparison group that only received traditional mental health services (Return on Investment in Systems of Care, National Technical Assistance Center for Children's Mental Health, April 2014).

In an Issue Brief by John Jay College of Criminal Justice analyzing over 3500 YAP youth involved with the juvenile justice system and found that 86% remained arrest-free while in the program, and 93% remained in the community at time of discharge; and more than 87% remained in the community up to one year post-discharge, with less than 5% in secure placement.