

INTENSIVE CARE COORDINATION



SERVICE POPULATION

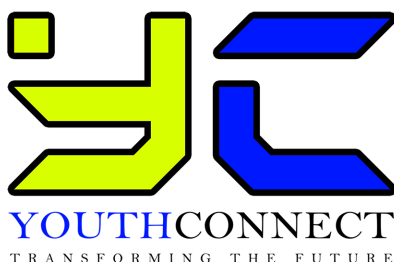
Beneficial for children and their families where the youth is at risk of an out-of-home placement. All age ranges are acceptable for families with children *up to 18 years old*.

SPECIFIC FOCUS POINTS

An evidence-informed practice that is firmly grounded in a system of care values including:

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

For additional information about this program or any other programs that we offer, or to make a referral, please visit us at www.youthconnectva.com



PROGRAM DESCRIPTION

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”.¹

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.¹

The youth and family are supported in this team process by the ICC (team facilitator), 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 measurable plans to accomplish those outcomes making certain to honor the family culture.¹

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. Emerging evidence indicates superior outcomes for youth receiving HFW as compared to those who receive traditional services.¹

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.¹

¹ https://www.esa.virginia.gov/Content/pdf/ICC_In_A_HFW_Model.pdf