Intensive Care Coordination for Children and Youth with Complex Mental and Substance Use Disorders

STATE AND COMMUNITY PROFILES

June 2019

SAMHSA
Substance Abuse and Mental Health Services Administration

ACKNOWLEDGMENTS

This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) under SAMHSA IDIQ Prime Contract #HHSS23200700029I/Task Order HHSS234002T with SAMHSA, U.S. Department of Health and Human Services (HHS). Michael Koscinski served as the Contracting Officer Representative with Stacey Lee as the Task Lead.

DISCLAIMER

The views, opinions and content of this publication are those of the authors and do not necessarily reflect the views, opinions or policies of SAMHSA.

PUBLIC DOMAIN NOTICE

RECOMMENDED CITATION

Substance Abuse and Mental Health Services Administration, Intensive Care Coordination for Children and Youth with Complex Mental and Substance Use Disorders: State and Community Profiles. SAMHSA Publication No. PEP19-04-01-001. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2019.

ELECTRONIC ACCESS

http://store.samhsa.gov/. Or call SAMHSA at 1-77-SAMHSA-7 (1-77-726-4727) (English and Español).

ORIGINATING OFFICE

Office of Policy, Planning and Innovation, 5600 Fishers Lane, Rockville, MD 20857.

SAMHSA Publication No. PEP19-04-01-001

NONDISCRIMINATION NOTICE

SAMHSA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. SAMHSA cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, eded, discapacidad, o sexo.

Contents

INTRODUCTION

In May 2013, the Centers for Medicare and Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) issued an Informational Bulletin on Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions.[1] This landmark policy issuance provided guidance to states, tribes, territories, and communities on effective home- and community-based services and interventions to support children with serious mental health challenges. Approximately one in 10 children in the United States has a serious emotional disorder,[2] and mental health conditions represent the costliest health condition among children.[3] Approximately 10% of children who are covered by Medicaid use mental health care services, yet their cost of care comprises an estimated 3% of all Medicaid expenditures for children. There are a number of different financing mechanisms that states can use under Medicaid to improve the quality and cost of care for these children and youth.[4]

One of the key services and supports highlighted in the bulletin was Intensive Care Coordination (ICC) using Wraparound based on decades of research, including a meta-analysis spanning 30 years and 209 publications.[5]

The bulletin describes ICC as including seven components:

- Assessment and service planning;
- Accessing and arranging for services;
- Coordinating multiple services;
- Access to crisis services;
- Assisting the child and family in meeting basic needs;
- Advocating for the child and family; and
- Monitoring progress.

> "Care coordination is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities, and often includes the exchange of information among participants responsible for different aspects of care."
>
> Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies: Volume 7—Care Coordination. Technical Review (Publication No. 04(07)-0051-7).

In July 2014, the Center for Health Care Strategies published the first state profiles report: Intensive Care Coordination Using High-Quality Wraparound for Children with Serious Behavioral Health Needs: State and Community Profiles.[6] Since publication of that report, much has changed in the way states implement ICC using Wraparound and states have called for an update. In response to the field, this 2019 ICC profiles report provides information on current implementation across 40 states that completed a self-report, with a particular emphasis on using Wraparound. It contains specific information on eligibility criteria, evidence-based screening tools, evidence-based practices, credentialing requirements for care coordinators, integration with physical health care services, role of psychiatry in ICC, financing mechanisms including Medicaid vehicles and managed care organizations, rates and billing structure, staff training and tracking outcomes. This report not only provides a brief overview of the nation's ICC implementation landscape but also details the specifics of implementation enabling interested states to expand and improve ICC strategies.

INTENSIVE CARE COORDINATION

ICC, as outlined in the Joint Bulletin, provides a general framework for the intervention without a specific practice model. As a result, many communities across the country have chosen to implement Wraparound as their approach to ICC. Historically, the definition, design, and implementation of *Wraparound* has varied greatly. Wraparound has been used to refer to a value-base (used in some communities synonymously with *systems of care*), as well as to the idea of merely 'wrapping' all needed services around a family.

Although the term is often used loosely, over the past several decades, Wraparound has become well-defined and evaluated.[7] In fact, research has demonstrated positive outcomes associated with high fidelity and quality implementation of Wraparound as defined by the National Wraparound Initiative, inclusive of particular sets of activities and necessary system and organizational elements, including accountability.[8]

Wraparound is most appropriate to support children and youth whose needs exceed the resources and expertise of any one provider organization or child- and family-serving system. At the youth and family level, Wraparound is a team-based care planning approach that builds upon strengths to identify appropriate formal and informal supports to address needs and root causes of challenges. The Wraparound care coordinator partners with the youth and their family to convene a team of cross-sector service providers, community members, friends, and other supports to develop a comprehensive, individualized, and creative plan of care.

> "Wraparound is a process relying on a series of practice steps in order to bring a group of people together to craft and match services, supports and interventions to meet unique family needs. Often referred to as a process rather than a service or particular type of intervention, Wraparound integrates and builds on a variety of concepts from a range of sources. This integrative nature makes Wraparound particularly adaptive to the organization, context and people involved in implementation."
>
> ~National Wraparound Implementation Center

For the plan to be successful, Wraparound practitioners, community partners, and team members must create a climate that moves beyond the walls of a single organization and embrace a shared responsibility to provide necessary treatment and support and empower youth and their families to be successful in their homes and communities. Effective and lasting support of youth with complex needs and their families requires a whole system response that extends beyond care coordination to include a comprehensive service array and robust provider network (inclusive of mobile response and stabilization services, peer support, evidence-based and promising practices, and non-traditional services), trauma-responsive and evidence-supported, appropriate cross-system assessment tools, and focused workforce development and outcomes monitoring activities.

State and local leaders have become more sophisticated in their system reform efforts and understand the necessity of creating a comprehensive and values-driven system of care. Leaders across child- and family-serving systems often come to the table with population-specific practice models and philosophies; however, the Wraparound approach most often aligns with these models and cuts across populations to coordinate care for youth with complex needs who are involved in multiple child-serving systems.

States increasingly are using Medicaid to build more sustainable ICC approaches that are supported by a broad, flexible service array. As states develop customized care coordination approaches for populations with complex needs—through health homes, the 1915(i), and other vehicles—Wraparound remains the most frequently used

evidence-based practice approach to support youth with complex mental and substance use disorders and their families. Public child- and family-serving agencies—and child welfare agencies in particular—have an opportunity to leverage Medicaid and, more so now than ever before, Title IV-E, as well as other mechanisms, to implement and sustain ICC using Wraparound to more effectively serve children with complex needs and their families in their own homes and communities.

Many states, as outlined below, have made significant strides in designing and implementing ICC approaches and financing. All states and communities, however, must prioritize implementing ICC with clear quality standards for practice and fidelity, workforce development, and data and outcomes monitoring to achieve positive outcomes for youth and families as well as the systems that serve them. Compared to the 2014 scan of states, more states are including intensive care coordination as part of the states' service array with trends that include:

- Wraparound being named as the model for intensive care coordination in many of the states and communities reporting
- Of the states and communities that identify a specific model for intensive care coordination, 32% are utilizing expert coaching and training to support workforce development activities
- 80% of the efforts reported include parent and youth peer support as part of the service array
- States are increasingly looking to Medicaid to fund intensive care coordination although 52% of states and communities still rely on grant funding to fund all or portions of the effort

While states and communities' implementation of intensive care coordination is expanding, there remains areas of concern that should be monitored:

- Some states and communities seem to be narrowing, rather than expanding, access to intensive care coordination, ultimately supporting a finite number of youth and families
- Many states continue to lack robust outcome tracking and data integration to support improved quality monitoring

APPROACH TO UPDATING THE 2014 PROFILES REPORT

With SAMHSA's guidance, the Institute for Innovation and Implementation, University of Maryland School of Social Work (The Institute), sought to replicate and update the 2014 profiles report. The following methodology was used to compile the extensive inventory of states that have continued their efforts around ICC and to incorporate those states that implemented ICC after the 2014 report was published.

1. Categorizing the States into 3 Stages of Implementation: The Stages of Implementation Completion (SIC) framework,[9] originally developed with funding from the National Institute of Mental Health, is an eight-stage tool of implementation processes and milestones, with stages spanning three implementation phases (pre-implementation, implementation, and sustainability). Using the SIC framework, multiple experts from the National Technical Assistance Network for Children's Behavioral Health (TAN) and the National Wraparound Implementation Center (NWIC) collaborated to categorize the profiles into one of three phases of implementation:

- Sustainability: those that include maintenance of fidelity and program standards and established markers of competency
- Implementation: those that have hired and trained staff, established a plan for fidelity or quality monitoring, enrolled youth in Intensive Care Coordination, and provide ongoing workforce development support
- Pre-Implementation: those that have considered the feasibility of implementation and are engaged in readiness planning

Each categorized profile was then sent back to the Children's Mental Health Director, State and/or Local Representative for further clarification, if necessary, and to verify that the assigned phase did, in fact, represent each state's activities. All information provided in the profiles was based on self-reporting from the state's representative.

The profiles were then finalized for inclusion in this update. All profiles submitted that indicated ICC was being implemented or used were included.

2. Identifying Key Informants: The 2014 profiles report only included parent peer support questions. For the 2019 update, in addition to these questions, there were questions regarding youth peer support which has evolved significantly in the past 5 years.

Children's Mental Health Directors, members of the Children, Youth and Families Division of the National Association of State Mental Health Program Directors (NASMHPD) and System of Care Project Directors from all states and territories were contacted and asked to complete or update a community profile.

Forty state and five community profiles were returned and compiled for inclusion in this profiles report. Note community profiles represent county level efforts within states.

3. Questionnaire Template: The 2014 profile information was gathered via self-report using an online template with questions to assess elements relevant in implementing ICC. This profile template was used again for the current report with updates to include additional questions considered relevant for the 2019 profile report and advancement of ICC in states as detailed above. The additional questions included:

a. Is ICC (Wraparound) part of a broader tiered (multi-level) care management model? If yes, how many tiers have you defined in your state?
b. Have specific eligibility criteria been established? What are the criteria?
c. Is a standardized tool used to screen for eligibility?
    i. If yes, which one?
    ii. If yes, is the assessment tool used to track individual improvements?
d. Are peer supports available as part of the broader provider array?
e. What service categories/billing code(s) are used related to peer support?
f. Did you contract with an entity to provide training and coaching at the beginning of your implementation effort? If yes, how did you fund it?
g. Do you have a structured coaching process for the Care Coordinators? If yes, how is it financed?
h. Do you partner/contract with an outside entity such as a university partner or family organization to gather data and assess quality and fidelity of Wraparound? If yes, please specify who.
i. Do you have a formalized mechanism or group to share data (or formal data dissemination process) that informs your implementation efforts? If yes, please describe.

ORGANIZATION OF THIS RESOURCE

Since the 2014 CHCS publication, many more ICC programs have been implemented across the country. The state and county profiles include many that have been in existence for some time and have demonstrated cost and quality outcomes, as well as many that are new. Even those that have been underway for some time may be in the process of revamping in the context of larger Medicaid redesign and health reform initiatives. The profiles contain a wealth of information on the various ways that ICC, both using Wraparound and not, is being implemented and used across the country.

Each state and community profile includes the following sections:

- General Structure of the ICC effort
- Eligibility and Screening
- Requirements for Care Coordinators
- Physical Health Integration
- Role of Psychiatry
- Parent/Caregiver Peer Support
- Youth Peer Support
- Financing for ICC using Quality Wraparound
- Staff Training, Capacity and Provider Networks
- Evaluation and Monitoring

State and Community ICC profiles are listed by the category of implementation phase in which they were assigned and as defined by the SIC. States and communities categorized in the Sustainability Phase are listed first followed by those listed in the Implementation Phase. Finally, those categorized in the Pre-Implementation Phase wrap up the Profiles Report.

USING THE RESOURCE

This updated profiles report is intended to assist states interested in improving outcomes for children and youth with complex mental and substance use disorders by developing or revamping ICC. ICC using high-quality Wraparound is one approach to care that improves clinical and functional outcomes while reducing the cost of care for these children and youth.[10] This resource includes lessons learned from 40 states and a small number of local jurisdictions that have implemented ICC, with and without high quality Wraparound, and is intended to support innovation around state planning, program improvement, finance reform and continuous quality improvement for jurisdictions embarking on or continuing their ICC implementation efforts. In an effort to promote peer-to-peer exchange, key informant contact information is included for each profile.

Section 1: Sustainability Phase

The following states and counties have Intensive Care Coordination (ICC) programs that are supported by sustainable funding streams and include low staffing ratios and ongoing workforce development activities. Outcomes are regularly tracked, reported, and used for continuous quality improvement.

GEORGIA

Name of Care Management Entity(ies) (if applicable): View Point Health Care Management Entity and Lookout Mountain Care Management Entity

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/Wraparound	Department of Behavioral Health and Developmental Disabilities (DBHDD) contracts with behavioral health provider organizations functioning as Care Management Entities (CMEs) for ICC/Wraparound
Agency responsible for overseeing provision of ICC/Wraparound	Department of Community Health (DCH-Medicaid) and its Managed Care Organizations (MCOs) enroll providers as qualified by the DBHDD
Tiered (e.g., populations in each, number of tiers) care management model	N/a for state-funded and Medicaid Fee-for-Service members. MCOs have tiered systems identified within each of their unique policies, among which ICC is an option.
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	DBHDD with the support of the DCH-Medicaid
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Quasi-governmental comprehensive community behavioral health centers: (1) View Point Health Care Management Entity and (2) Lookout Mountain Care Management Entity. While these are comprehensive providers, there are firewalls for Intensive Customized Care Coordination (ICCC) covered youth so that the ICCC function is provided with conflict-free coordination. In addition, the CMEs and Medicaid managed care vendors are in contractual arrangements to provide this service to youth.

GEORGIA

Population(s) served (including the *target population definition*, if applicable)	**State Funds:** • Youth ages 4-21; • Youth is uninsured or has Medicaid eligibility; • Youth is at risk of being placed in an intensive program in an out-of-home setting due to behavioral, emotional, and functional concerns which cannot be addressed safely and adequately in the home; and • Youth has a mental health diagnosis, co-occurring substance-related disorder and mental health diagnosis, co-occurring mental health diagnosis, and learning/developmental disabilities; • Youth has shown serious risk of harm in the past 90 days as evidenced by the following: – Current suicidal ideation with clear, expressed intention and/or currently suicidal or homicidal with past history of carrying out such behavior; and at least one of the following: – Indication or report of significant and repeated impulsivity and/or physical aggression, with poor judgment or insight, and that is significantly endangering to self or others; or – Recent pattern of excessive substance use (co-occurring with a mental health diagnosis as indicated in the target population definition above) resulting in clearly harmful behaviors with no demonstrated ability of child/adolescent or family to restrict use; or – Clear and persistent inability, given developmental disabilities, to maintain physical safety, and/or use environment for safety. **Additional Criteria for Money Follows the Person (MFP):** – Youth must meet level of care and have been in a psychiatric residential treatment facility (PRTF) for 60 days or more at the time of submitting the Community Based Alternatives for Youth (CBAY) MFP enrollment packet. – Of the 60 or more days, youth has at least one day being Medicaid eligible. – Youth will discharge from the PRTF to their family or a placement with no more than four unrelated youth.

GEORGIA

Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	1,000 youth
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	Yes, based on CANS-Georgia scoring at least one rating of "2" or "3" on the following Child Behavioral/Emotional Needs: • Psychosis • Attention/Concentration • Impulsivity • Depression • Anxiety • Substance Abuse • Attachment Difficulties • Anger Control **And** At least one rating of "1" on the following Exposure to Potentially Traumatic/Adverse Childhood Experiences: • Sexual Abuse • Physical Abuse • Emotional Abuse • Neglect • Witness to Family Violence • Community Violence • School Violence • Disruptions in Caregiving/Attachment Losses **And** At least one rating of "2" or "3" on the following Life Functioning Needs: • Family *Continued on next page*

	• Living Situation • Social Functioning • Legal • Sleep • Recreational • School Behavior And one or more of the following: 1. Individual has shown serious risk of harm in the past one hundred and eighty (180) days, as evidenced by one of the following: a. Indication or report of significant and repeated impulsivity and/or physical aggression, with poor judgment and insight, and that is significantly endangering to self or others, **OR** b. Recent pattern of excessive substance use (co-occurring with a mental health diagnosis as indicated in target population definition above) resulting in clearly harmful behaviors with no demonstrated ability of child/ adolescent or family to restrict use, **OR** c. Clear and persistent inability, given developmental abilities, to maintain physical safety and/or use environment for safety, **OR** d. Current suicidal or homicidal ideation with clear, expressed intentions and/or current suicidal or homicidal ideation with history of carrying out such behavior. **Or** 2. The clinical documentation supports the need for the safety and structure of treatment provided the individual's behavioral health issues are unmanageable as evidenced by: a. Documented history of multiple admissions to crisis stabilization programs or psychiatric hospitals (in the past 12 months) and individual has not progressed sufficiently or has regressed; and one of the following: i. Less restrictive or intensive levels of treatment have been tried and were unsuccessful, or are not appropriate to meet the individual's needs; **OR** ii. Past response to treatment has been minimal, even when treated at high levels of care for extended periods of time; **OR** *Continued on next page*

	iii. Symptoms are persistent and functional ability shows no significant improvement despite extended treatment exposure, **OR** b. Have experienced two or more placement changes within 24 months due to behavioral health needs in home, home school or GNET, **OR** c. Have been treated with two or more psychotropic medications at the same time over a 3-month period by the same or multiple prescribing providers, **OR** d. Youth and/or family risk of homelessness within the prior 6 months. **And** 3. Individual and/or family has history of attempted, but unsuccessful follow through with elements of a Resiliency/ Recovery Plan which has resulted in specific mental or emotional behaviors that place the recipient at imminent risk for disruption of current living arrangement including: i. Lack of follow through taking prescribed medications; ii. Following a crisis plan; **OR** iii. Maintaining family and community-based integration.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	State agency vendors conduct eligibility screening: • Money Follows the Person: Georgia Collaborative Administrative Service Organization (Beacon Health Options). • State Funds: CMEs. • Care Management Organizations.
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	• DBHDD's: Administrative Service Organization Beacon Health Options • Care Management Organizations

GEORGIA

Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	Child and Adolescent Needs and Strengths (CANS) is used to determine eligibility and then is continuously used to establish continuing stay approvals.
Average length of involvement with ICC/ Wraparound	12–18 months

REQUIREMENTS FOR CARE COORDINATORS

Credentialing requirements for care coordinators	Care coordinators are required to go through a series of National Wraparound Implementation Center trainings, receive supervision, shadow a worker and receive coaching from the Center of Excellence for Children's Behavioral Health, Georgia State University.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's of art or bachelor's of science in social work, psychology or related field and a minimum of two years' clinical intervention experience in serving youth with serious emotional disturbance (SED) or emerging adults with mental illness. All bachelor's level and unlicensed care coordinators must be supervised at minimum by a licensed mental health professional (LMHP) (e.g., Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT)). For care coordinators, experience can be substituted for education.
Certification requirements for care coordinators	N/a
Care coordinator to child/family ratio	1:10
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Master of art or master of science in social work, psychology or related field and a minimum of two years' clinical intervention experience in serving youth with SED or emerging adults with mental illness. All unlicensed Wrap supervisors must be supervised at minimum by an independently licensed mental health professional (e.g., LCSW, LPC, LMFT). Experience can be substituted for education. All supervisors are required to go through a series of National Wraparound Implementation Center trainings, receive supervision, shadow a worker, and receive coaching from the Center of Excellence for Children's Behavioral Health, Georgia State University.

GEORGIA

Supervisor to care coordinator ratio	1:6
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	The service assists individuals in identifying and gaining access to required services and supports, as well as medical and other services and supports, regardless of the funding source for the services to which access is sought; and Comprehensive youth-guided and family-directed assessment and periodic reassessment of the individual to determine service needs, including activities that focus on needs identification to determine the need for any medical, educational, social, developmental, or other services and include activities such as: taking individual history; identifying the needs, strengths, preferences, and physical and social environment of the individual, and completing related documentation; gathering information from other sources, such as family members, medical providers, social workers, and educators, if necessary, to form a complete assessment of the individual; and help link the eligible individual with medical, social, educational, developmental providers and other programs or services; and may include contacts and coordination with individuals that are directly related to the identification of the individual's needs and care, for the purposes of assisting individuals' access to services, identifying needs and supports to assist the individual in obtaining services, providing care coordinators with useful feedback, and alerting care coordinators to changes in the individual's needs. Examples of these individuals include, but are not limited to primary care physicians, etc. **And from the high-fidelity Wraparound manual:** Monitoring and follow-up activities that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the participant. Monitoring includes direct observation and follow-up to ensure that service plans have the intended effect and that approaches to address challenging behaviors, medical, and health needs and skill acquisition are coordinated in their approach and anticipated outcome; and CMEs are required to partner with the MCO to ensure that the child has their medical care to the same extent as other Medicaid–enrolled children.

GEORGIA

ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	N/a
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	N/a
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Youth may receive physician supports external to the CME, which has the responsibility for coordination and collaboration with the external physician. A CME is not required to have a physician on the team, or to have a consultation agreement with a physician for Wraparound.

GEORGIA

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with Intensive Care Coordination practice? b. Required as part of Intensive Care Coordination practice? c. Available as part of the broader provider array?	A high-fidelity Wraparound trained Certified Peer Specialist (CPS-P) is required as part of the Wrap Team. Additionally, parent peer support as delivered by a CPS-P became Medicaid billable service under a Medicaid Rehabilitation Option State Plan Amendment effective Oct. 1, 2017.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Initially, this service was financed by Medicaid under the PRTF Demonstration Grant, Money Follows the Person (MFP), Balancing Incentive Program (BIP) and the Mental Health Block Grant. Parent peer support became a Medicaid billable service under a Medicaid Rehabilitation Option State Plan Amendment effective Oct. 1, 2017 and is now provided via the state Medicaid authority (fee-for-service) and through Medicaid Care Management Organizations. The service is billed under the H0038 HCPCS code. The DBHDD is also utilizing state funds to reimburse for non-Medicaid enrolled youth.
Rate for parent peer support	In-Clinic Rate, Bachelor's Level CPS-P: $20.30 per 15 minutes Out-of-Clinic Rate, Bachelor's Level CPS-P: $24.36 per 15 minutes In-Clinic Rate, Non-Bachelor's Level CPS-P: $15.13 per 15 minutes Out-of-Clinic Rate, Non-Bachelor's Level CPS-P: $18.15 per 15 minutes
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	Training and certification is provided by DBHDD with partnered leadership from the Georgia Parent Support Network.
Funds used to pay for development and training of parent/caregiver peer partners	DBHDD state funds

GEORGIA

YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with Intensive Care Coordination practice? b. Required as part of Intensive Care Coordination practice? c. Available as part of the broader provider array?	A high-fidelity Wraparound trained CPS-Y is an encouraged partner as part of the Wrap Team. Additionally, youth peer support as delivered by a CPS-Y became a Medicaid billable service under a Medicaid Rehabilitation Option State Plan Amendment effective Oct. 1, 2017.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	Initially, this service was financed by Medicaid under the PRTF Demonstration Grant, MFP, BIP, and the Mental Health Block Grant. Parent peer support became a Medicaid-billable service under a Medicaid Rehabilitation Option State Plan Amendment effective Oct. 1, 2017 and is now provided via the state Medicaid authority (fee-for-service) and through Medicaid Care Management Organizations. The service is billed under the H0038 HCPCS code. The DBHDD is also utilizing state funds to reimburse for non-Medicaid enrolled youth.
Rate for youth peer support	In-Clinic Rate, Bachelor's Level CPS-P: $20.30 per 15 minutes Out-of-Clinic Rate, Bachelor's Level CPS-P: $24.36 per 15 minutes In-Clinic Rate, Non-Bachelor's Level CPS-P: $15.13 per 15 minutes Out-of-Clinic Rate, Non-Bachelor's Level CPS-P: $18.15 per 15 minutes
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	Training and certification is provided by DBHDD with partnered leadership from the Georgia Parent Support Network.
Funds used to pay for development and training of youth peer partners	DBHDD state funds

GEORGIA

FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Medicaid: • MFP • Medicaid Rehabilitation Option: – Care Management Organizations (managed care) – Fee-for-Service State Funds
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	$915.96 per member, per month
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	N/a. DBHDD contracts with primary C&A providers for their global participation in team planning and activities for youth, which are not billable through any other direct service source.
Medicaid vehicles used to finance ICC/ Wraparound	• MFP • Medicaid Rehabilitation Option State Plan

GEORGIA

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it's financed Structured coaching process for the care coordinators and how financed	Training is provided through a combination of DBHDD staff and through state vendor contracts including the Center of Excellence for Children's Behavioral Health (COE), Georgia State University. The COE was funded in 2011 with federal funds saved through a psychiatric residential treatment facility (PRTF) demonstration grant for the first three years. It is being sustained with state funds.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	• Trauma-informed care • Working with diverse population (cultural competency) • Substance use (during orientation and annually thereafter) • Medically complex youth (no specific training) • CANS • Child abuse prevention • Exploring permanency for youth and young adults in foster care • Evidence-based prevention and early intervention • Active listening • Suicide prevention • Foster care managed care • Leadership • Brain based therapy and practical neuroscience • Children in need of services (e.g., status offense) • Community inclusion for youth with Autism • Complex Trauma in Children and Adolescents *Continued on next page*

GEORGIA

	• Core clinical training in Dialectic Behavioral Therapy • Cardiopulmonary Resuscitation (CPR) and First Aid • Deconstructing the school to prison pipeline • Disability one-on-one • Driver improvement • Diagnostic and Statistical Manual of Mental Disorders (DSM)-V • Effective practice with juvenile justice youth • Effective strategies and interventions for youth/young adults with executive dysfunction • Evidenced based treatment for Oppositional Defiant and Disruptive Adolescents • Families at the Center of Recovery • Game Change for Young Adults • Keeping Kids Calm: Practical Strategies for Preventing Meltdowns • Managing Stress • Mindset Recertification Train-the-Trainer • Partnering with Families: A Shared Vision • Psychiatric concerns for individuals diagnosed with developmental disabilities • Self-regulation of Children with Attention Deficit Hyperactivity Disorder (ADHD) • System of Care Transformation and Systems Mapping in Georgia • Teen Dating Violence • Professionalism

GEORGIA

Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	• Mobile crisis response and stabilization, financed through Medicaid and state funds • Intensive in-home services, financed through Medicaid and state funds
Flexible funds and how these are financed, administered, budgeted, and allocated	Mental Health Block Grant and MFP
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	DBHDD enrolls ICC/Wraparound providers into the network (Medicaid MCOs use DBHDD criteria for this unique service). The CMEs contract for non-traditional supports.
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	• CMEs • Georgia Collaborative Administrative Service Organization (Beacon Health Options) • Care Management Organizations
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	• Wraparound Fidelity Index • Columbia Impairment Scale • Coaching Observation Measure for Effective Teams • Impact of Training and Technical Assistance • Youth Satisfaction Survey Family • Fidelity Monitoring Report • Document Assessment and Review Tool (DART)
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound	The COE for Children's Behavioral Health, Georgia State University and CMEs

GEORGIA

Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	N/a
Outcomes tracked	• Number of youth served (total and per month) • Percentage of youth with improvement in CANS scores • Percentage of youth with regular Columbia Impairment Scale administration • Number of youth placed in restrictive/non-restrictive setting types (i.e., PRTFs, crisis stabilization units, youth detention centers and inpatient hospitals) • Average length of stay (LOS) for youth placed in restrictive/non-restrictive setting types (i.e., PRTFs, crisis stabilization units, youth detention centers, and inpatient hospitals) • Percentage of youth with juvenile justice involvement • Percentage of youth with absenteeism from school (i.e., unexcused absences, suspensions and/or expulsions) • Percentage of youth satisfaction surveys distributed that are returned • Percentage of scheduled Child Family Team Meetings (CFTMs) that are completed • Average number of supports (both formal and informal/ natural) in attendance at CFTMs • Average number of crisis calls received per youth • Percentage of crisis calls requiring either a face-to-face response or an emergency CFTM *Continued on next page*

GEORGIA

	• Number of youth transfers to new care coordinator • Care coordinator retention, productivity, and caseload • Timeliness of Action Plan submission • Number of Action Plans denied by care coordinators • Family satisfaction • Successful discharges
Entity responsible for tracking outcomes	DBHDD contracts for outcomes gathering through the following: • CMEs • COE for Children's Behavioral Health, Georgia State University
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	• Monthly CME Directors Meeting • Quarterly Fidelity Monitoring Report • Quarterly Trended Fidelity Monitoring Report (past 12 months)
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	CareLogic
Contact	**Tricia Mills, Program Director** **Office of Children Young Adults, and Families** **Division of Behavioral Health, Department of Behavioral Health and Developmental Disabilities** **tricia.mills@dbhdd.ga.gov, 404-657-2270** **Danté McKay, Director** **Office of Children Young Adults and Families** **Division of Behavioral Health, Department of Behavioral Health and Developmental Disabilities** **dante.mckay@dbhdd.ga.gov, 404-656-3972**

INDIANA

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Wraparound Facilitation (ICC) is provided as a Medicaid funded Home and Community Based Service (HCBS) for eligible youth.
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	Indiana Division of Mental Health and Addiction's staff of Wraparound site coaches, provider support coordinator, provider support specialist, clinical quality improvement specialist, and assistant deputy director for youth services
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Private nonprofit (25 Community Mental Health Centers (CMHCs), three nonprofits) All entities provide other behavioral health services ranging from the full continuum of care CMHCs, to psychiatric residential treatment facility (PRTF) and residential care, therapeutic foster care, outpatient therapy and various behavioral health services contracted by state Department of Child Welfare.
Population(s) served (including the *target population definition*, if applicable)	Indiana's Children's Mental Health Wraparound (CMHW) program is designed to serve youth meeting the following *target group criteria*: • Age 6 through 17 • Resides in his or her home or community • Eligible for Medicaid • Meets criteria for two or more Diagnostic and Statistical Manual of Mental Disorders IV-Text Revision (DSM IV-TR) (or subsequent revision) diagnoses not excluded as exclusionary criteria (see the following section) *Continued on next page*

	• Youth does not meet exclusionary criteria for CMHW (see the following section) • *Note: Services provided on or after the participant's 18th birthday shall not be reimbursed. The Child and Family Team, guided by the Wraparound facilitator, must plan for transition to adult services accordingly.* **Exclusionary Criteria** The following *exclusionary criteria* are used to identify youth the CMHW program is not designed to serve. A youth with any of the following criteria is not eligible for CMHW: • Primary Substance Use Disorder • Pervasive Developmental Disorder (Autism Spectrum Disorder) • Primary Attention Deficit Hyperactivity Disorder • Individual with an intellectual disability/disabilities • Dual diagnosis of serious emotional disturbances and intellectual disability • Youth that resides in an institutional setting In addition to exclusions noted in the CMHW State Plan Amendment and the *Indiana Administrative Code* (IAC), it is Department of Mental Health policy to exclude any youth who is at imminent risk of harm to self or others. Any youth identified as not able to feasibly receive intensive community-based services without compromising his or her safety, or the safety of others, will be referred to a facility capable of providing the level of intervention or care needed to keep the youth safe. After the youth has been deemed safe to return home to community-based treatment, CMHW services may be applied for at that time. **Needs-Based Criteria** In addition to meeting the Centers for Medicare and Medicaid Services (CMS)-approved target group criteria, the applicant must also meet CMHW *needs-based criteria,* which includes: *Continued on next page*

INDIANA

	• Applicant demonstrates dysfunctional patterns of behavior, due to one or more of the following behavioral or emotional needs, as identified on the Child and Adolescent Needs and Strengths (CANS) assessment tool: – Adjustment to trauma – Psychosis – Debilitating anxiety – Conduct problems – Sexual aggression – Fire-setting • Family/caregiver demonstrates significant needs in at least one of the following areas, as indicated on the CANS assessment: – Mental health – Supervision – Family stress – Substance abuse
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	In state fiscal year 2017 (July 1, 2016–June 30, 2017), 1,066 youth received services.
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility	All eligibility applications for ICC are processed by a county-based, Division of Mental Health authorized, designated Access Site. The Access Site conducts an assessment, which is submitted with the application to the state for review and approval.
Specific eligibility criteria established	Eligibility criteria are reflected above.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Designated providers: Local Division of Mental Health and Addiction's (DMHA's)-authorized Access Site staff. These staff are all CANS SuperUsers.

INDIANA

Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	State Department of Mental Health staff
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	Indiana CANS is used for eligibility and screening initially and every six months thereafter.
Average length of involvement with ICC/ Wraparound	12–18 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	The individual providing the Wraparound facilitation services: • Qualifies as an Other Behavioral Health Professional (Office of Behavioral Health), as defined in *405 Indiana Administration Code (IAC) 5-21.5-1(d);* and has one of the following: – A bachelor's degree, with two or more years' clinical experience – A master's degree in social work, psychology, counseling, nursing, or other related field, with two or more years' clinical experience
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	A bachelor's degree, with two or more years' clinical experience A master's degree in social work, psychology, counseling, nursing, or other related field, with two or more years' clinical experience

INDIANA

Certification requirements for care coordinators	Care coordinators must be employed by one of the following: • An approved community mental health center by the DMHA *(440 IAC 4.1-2-1)* • Accredited organization by a Department of Mental Health-approved national accrediting entity (Accreditation Association for Ambulatory Health Care (AAAHC), Council on Accreditation (COA), Utilization Review Accreditation Commission (URAC), Commission on Accreditation of Rehabilitation Facilities (CARF), Affordable Care Act (ACA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or National Committee for Quality Assurance (NCQA). For definitions of accrediting entities, see *Section 24.)* Individual staff members providing these services must be affiliated with a Department of Mental Health-approved accredited agency that participates in a local System of Care (SOC), which includes a governing coalition and service-delivery system that endorses the values and principles of Wraparound; or if the area of the state does not have an organized SOC, the provider is a part of a Department of Mental Health-approved/designated Access Site for services. The individual providing the Wraparound facilitation services must: • Possess two years of qualifying clinical experience working with or caring for youth • Complete and submit proof of the following screens: – Fingerprint-based national and state criminal history background screen – Local law enforcement screen – State and local Department of Child Services abuse registry screen – Five-panel drug screen, or agency meets the same requirements specified under the *Federal Drug Free Workplace Act 41, U.S.C. 10 Section 702(a)(1)* • Successfully complete the Department of Mental Health and Office of Medicaid Policy and Planning *Continued on next page*

INDIANA

	(OMPP)-approved training and certifications for CMHW services. Must be a certified CANS SuperUser • Have acquired or be working toward acquiring Wraparound Practitioner Certification, according to Department of Mental Health policy
Care coordinator to child/family ratio	1:10 recommended; 1:12 accepted
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Same as Wraparound facilitators
Supervisor to care coordinator ratio	1:10
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Yes
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	N/a
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	N/a

INDIANA

ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN)	Yes
a. How many hours per week is the psychiatrist/APRN available?	a. Varies from agency to agency
b. What is the psychiatrist's/APRN's role in medication management?	b. Varies from agency to agency
c. What role (if any) does the psychiatrist/APRN play on the child and family team?	
i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families?	i. Consultation around difficult issues related to children/families;
ii. Does the psychiatrist/APRN review/sign off on every plan of care?	ii. Review and sign off on every plan of care for Wraparound facilitators in the 25 CMHCs;
iii. Is the psychiatrist/APRN part of the child and family team?	iii. Occasionally part of the child and family team

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	
a. Offered as part of or in conjunction with Intensive Care Coordination practice?	a. Yes
b. Required as part of Intensive Care Coordination practice?	b. No
c. Available as part of the broader provider array?	c. Yes
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Medicaid; training and support to the unpaid caregiver

INDIANA

Rate for parent peer support	$15 per unit; 1 unit=15 minutes
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	National Alliance for the Mentally Ill (NAMI) certification, followed by state DMHA provider specialist and Wraparound site coaches
Funds used to pay for development and training of parent/caregiver peer partners	State child psychiatric funds and Medicaid administrative funds
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with Intensive Care Coordination practice? b. Required as part of Intensive Care Coordination practice? c. Available as part of the broader provider array?	a. No. However, curriculum has been developed and one cohort has completed training b. No c. Not yet
Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Not yet
Rate for youth peer support	N/a
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	NAMI through a contract with state DMHA
Funds used to pay for development and training of youth peer partners	State child psychiatric funds

INDIANA

FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Medicaid
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	$965.49 per member per month
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Providers are not permitted to bill for attendance at Child and Family Team Meeting (CFTM). However, attendance is mandatory and is considered part of their reimbursement rate.
Medicaid vehicles used to finance ICC/ Wraparound	1915(i) State Plan Amendment
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded	We contract with National Wraparound Implementation Center (NWIC) and this is funded through our Child Psychiatric fund.
Capacity to train coordinators a. Who provides training b. How it's financed	Yes a. Our Wraparound site coaches (certified through NWIC) conduct the trainings. b. Our Wraparound site coaches are financed through Medicaid.
Structured coaching process for the care coordinators and how financed	It is conducted by our Wraparound site coaches, and they are financed through Medicaid.

INDIANA

Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Specialized training is conducted by the Wraparound facilitators' employing agencies and varies from agency to agency.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Intensive in-home services and respite services are funded by Medicaid.
Flexible funds and how these are financed, administered, budgeted, and allocated	The caregiver for each youth enrolled in our high-fidelity Wraparound program has access to $500 per year for training/ education.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	Local SOCs, agencies that provide Wraparound facilitation, state DMHA staff
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	State DMHA staff
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	Coaching Observation Measure for Effective Teams (COMET), Coaching Response For Effective Skill Transfer (CREST), Wraparound Structured Assessment and Review (WrapSTAR) (all from the NWIC)
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	Indiana University; NWIC State DMHA staff (Wraparound site coaches)

INDIANA

Outcomes tracked	Outcomes for quality implementation are tracked by the collection of data using the COMET, The STEPS Wheel (Supportive Transfer of Essential Practice Skills) and the CREST. Department of Mental Health tracks skill around the Four Key Elements in Wraparound: Grounded in a Strengths Based Perspective, Driven by Underlying Needs, Supported by an Effective Team Process and Determined by Families. The State also works in partnership with Indiana University to track outcomes in relation to the CANS domains for youth participating in Wraparound as well as National Outcome Measures (NOMs) data and Minimum Data Set (MDS). Individual Child and Family Teams collect data around individualized plan of care outcomes, underlying needs, family vision and team mission. That data is reviewed at each CFTM.
Entity responsible for tracking outcomes	State Department of Mental Health in partnership with NWIC and Indiana University
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	The state Department of Mental Health in partnership with NWIC and Indiana University share the responsibility for sharing data collected. The partnership with NWIC provides data regarding the state's implementation efforts. This data is shared twice a year at an annual organization meeting and an Advanced Wraparound Supervisors Training.
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	The state uses an electronic database that is required for eligibility, enrollment, Plan of Care and child and family team meeting minutes. The state supports a web-based portal for incident reporting and complaints. Each provider entity is required to store progress notes and all other documentation related to the provision of that service.
Contact	**Gina Frajola Doyle** **gina.doyle@fssa.in.gov, 317-232-7881** **Heidi Gross** **heidi.gross@fssa.in.gov, 317-232-7800**

LOUISIANA

Name of Care Management Entity(ies) (if applicable): Ascent Health, Inc, Choices Coordinated Care Solutions, Eckerd Connects and National Child and Family Services

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Louisiana Department of Health, Office of Behavioral Health and Medicaid through a contract with a Coordinated System of Care (CSoC) contractor (i.e., a managed care company functioning as an administrative services organization, referred to as the "CSoC contractor")
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	Louisiana Department of Health, Office of Behavioral Health and the CSoC contractor
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	There are four private nonprofit Wraparound agencies in Louisiana (contracted with the CSoC contractor) to provide Wraparound. Each agency serves at least two different administrative regions of the state. There is only one Wraparound agency serving each region.
Population(s) served (including the *target population definition,* if applicable)	Children or youth between the ages of 5 and 20 years with a mental health, substance use, or co-occurring disorder; at risk of or in out-of-home placement; generally, with cross-system involvement (e.g., juvenile justice, child welfare or special education)
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	2,289 children/families (during contract year December 2016–November 2017)
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility. Specific eligibility criteria established	Louisiana Child and Adolescent Needs and Strengths Assessment (CANS) Comprehensive Multisystem assessment tool
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	CSoC contractor

LOUISIANA

Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	CSoC contractor and state Medicaid office
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	The Louisiana CANS Comprehensive Multisystem assessment is conducted at admission, every 180 days (at a minimum), at disenrollment, and at any time during enrollment when a significant change in identified risk factors or family strengths is observed and a decision regarding change in level of care is required.
Average length of involvement with ICC/ Wraparound	355.2 days (Jan. 1, 2017–Dec. 31, 2017)
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Wraparound agencies must be certified through the Office of Behavioral Health and then credentialed through the CSoC contractor. Office of Behavioral Health Certification Process: The Wraparound agency applies to the Office of Behavioral Health for certification. Care coordinators must meet/ maintain required provider qualifications as defined by the Office of Behavioral Health. Care coordinators must keep documentation of completion of required trainings and observations, and the Wraparound agency must ensure that all Wraparound facilitators and Wraparound supervisors participate in fidelity monitoring using the Wraparound Fidelity Assessment System. CSoC Contractor Process: Wraparound agencies must obtain certification from the Office of Behavioral Health, and complete a Louisiana Medicaid Interested Provider form, a W9, curriculum vitae, and a credentialing application. The credentialing process includes but is not limited to: Primary Source Verification and Regional Network and Credentialing Committee review.
Education requirements for care coordinators (e.g., bachelor’s, master’s, state clinical/professional licensure, other)	Bachelor's degree in a human services field or bachelor’s in any field with a minimum of two years’ full-time experience in relevant family, child/youth or community service capacity. Relevant alternative experience may be substituted for the bachelor's degree requirement in individual cases, subject to approval by the Office of Behavioral Health.

LOUISIANA

Certification requirements for care coordinators	Introduction to Wraparound (3-day): This is the first training of the series for frontline Wraparound practitioners, supervisors/coaches and directors who may participate in a child and family team process. Through attendance at this training, participants will be able to: a. Gain an understanding of the critical components of the Wraparound process in order to provide high-fidelity Wraparound practice; and b. Practice the steps of the process to include eliciting the family story from multiple perspectives, reframing the family story from a strengths perspective, identifying functional strengths, developing vision statements, team missions, identifying needs, establishing outcomes, brainstorming strategies and creating a plan of care and crisis plan that represents the work of the team and learn basic facilitation skills for running a Child and Family Team Meeting (CFTM). c. Facilitators must participate in the Introduction to Wraparound within the first 60 days of employment. Each staff member must participate in training activities to address new information and/or deficiencies identified by their supervisor/coach. For All Regions: At least one education/training activity (documented) for each calendar quarter
Care coordinator to child/family ratio	1:10

LOUISIANA

Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Supervisors/coaches must have a master's degree in a human services field with a minimum of three years of full-time experience working in relevant family, children/youth or community service capacity. Training Requirements: Wraparound supervisors/coaches and facilitators must participate in the Introduction to Wraparound within the first 60 days of employment. Introduction to Coaching An Introduction to Coaching, which must be approved by the Office of Behavioral Health, is mandatory for local supervisors/ coaches in the Wraparound agency. Through attendance at this training, participants will be able to: • Identify the skills necessary to support high-fidelity Wraparound practices; • Develop an increased understanding of the roles and responsibilities of the local supervisor/coach; • Develop skills to support Wraparound facilitators in high-fidelity Wraparound practices The supervisor/coach must provide regular supervision and coaching to Wraparound facilitators including completion of all supervisor and coaching requirements for high-fidelity Wraparound. The supervisor/coach must have expertise, knowledge, and skills in the Wraparound model and possess the ability to teach and develop those skills in the Wraparound facilitator. They must have a high degree of cultural awareness and the ability to engage families from different cultures and backgrounds. A preferred supervisor/coach characteristic is an understanding of, and experience with, different systems, including schools, behavioral health, child welfare, juvenile justice, health, and others. The supervisor/coach must oversee the work of the Wraparound facilitator on an ongoing basis. Participation in Introduction to Coaching training must be completed within 60 days of appointment/hire as a coach/ supervisor.
Supervisor to care coordinator ratio	1:8

LOUISIANA

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	The Wraparound facilitator is expected to outreach and coordinate with the child's primary care physician throughout the child's enrollment in CSoC.
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	The Wraparound facilitator is expected to outreach and coordinate with the child's primary care physician throughout the child's enrollment in CSoC.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	There is not an official partnership. The Wraparound facilitators create individualized plans, which could be inclusive of wellness activities in the community.
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Children/youth enrolled in Wraparound have access to all services available under the Louisiana state plan and Medicaid waivers. Consultation to Wraparound agencies by psychiatrists or APRNs is not required, but Wraparound agencies can use their funding to secure whatever they feel is needed to support their staff. The chief medical officer and medical administrator of the CSoC contractor are also both child psychiatrists and can consult as needed. a. N/a b. N/a. Children who require medication and associated monitoring access these services through the Medicaid funded service array. c. A psychiatrist/APRN actively engaged in treatment with a child/youth would provide consultation to the team about that specific child/youth. The clinician would be invited to participate in each team meeting. Plans of care are not reviewed and signed at the agency level by a psychiatrist or APRN.

LOUISIANA

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with Intensive Care Coordination practice? b. Required as part of Intensive Care Coordination practice? c. Available as part of the broader provider array?	All children/youth receiving ICC can access parent support and training and youth support and training. These are distinct services from ICC and are not required as part of ICC.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Medicaid fee-for-service: individual S5110, group S5110/HQ
Rate for parent peer support	$12.91 per 15 minutes for individual services and $3.23 per 15 minutes in a group setting
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	The Office of Behavioral Health (OBH), the CSoC contractor and the state family support organization
Funds used to pay for development and training of parent/caregiver peer partners	Initially, mental health block grants, state general funds, Medicaid reimbursement (50/50), with some funding from child welfare social services block grants to train family/youth peer support providers. The OBH and some state Medicaid dollars have also funded training through the University of Maryland for parent/youth support specialists. The CSoC contractor has also funded training for these staff.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with Intensive Care Coordination practice? b. Required as part of Intensive Care Coordination practice? c. Available as part of the broader provider array?	Youth peer support is offered as part of/in conjunction with ICC. Children, youth and families have a choice to accept or decline these services. Youth peer support is only available to children enrolled in CSoC.

LOUISIANA

Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Youth peer support is financed by Medicaid. Code H0038 is used.
Rate for youth peer support	$12.91 per 15 minutes for individual services and $3.23 per 15 minutes in a group setting
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	The responsibility for the development and training of youth peer partners is shared by the family-run organization, the CSoC contractor and the OBH.
Funds used to pay for development and training of youth peer partners	The Family Support Organization is responsible for hiring trainers, who complete OBH approved trainings in order to be approved to train the FSO staff. The FSO funds those staff trainer positions.
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Medicaid
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Administrative payment: $1,100 per member, per month Administrative payment to CSoC contractor: $309 per member per month
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a

LOUISIANA

Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	a. Providers are paid for participation in CFTMs through Medicaid. b. Service categories: Other Licensed Practitioner Sessions Billing codes: 90832 Psychotherapy (30 minutes); 90834 Psychotherapy (45 minutes); 90837 Psychotherapy (60 minutes)
Medicaid vehicles used to finance ICC/ Wraparound	Waivers: 1915(b), 1915(c)
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it's financed Structured coaching process for the care coordinators and how financed	Individual Wraparound agency coaches/supervisors are being trained to offer all required trainings for new care coordinators; however, there is no additional funding for this role. Five of the nine Wraparound agencies (WAA) have, and self-fund, a separate contract with the University of Maryland for support in training facilitators and coaches. The other four regions are using a training developed by an independent consultant in Wraparound/coaching training. In both models, the goal is for the WAAs to develop local trainers, that they employ for the purpose of ongoing training and staff development
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Staff receive high-fidelity Wraparound training; however, they receive no trainings for specialized populations.

LOUISIANA

Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	There is access to Medicaid funded crisis stabilization. Some regions in the state fund mobile crisis response through state general funds and block grants. The CSoC contractor continues to build the crisis response network, which will be financed through Medicaid. Medicaid State Plan services: • Homebuilders • Functional Family Therapy • Community Psychiatric Support and Treatment • Psychosocial Rehabilitation
Flexible funds and how these are financed, administered, budgeted, and allocated	Flexible funds are built into the per member, per month rate and are administered and allocated by individual WAAs per their protocol.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	CSoC contractor
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	CSoC contractor
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	Wraparound Fidelity Index Short Version (WFI-EZ)
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	The managed care organization/CSoC contractor has primary responsibility for tracking quality and fidelity; however, the State OBH and the WAAs and family-run organization also track quality and fidelity.

LOUISIANA

Outcomes tracked	Out-of-home placements; child/youth functioning in home, school and community; psychiatric emergency department utilization; inpatient psychiatric utilization; cost
Entity responsible for tracking outcomes	CSoC contractor
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	• Coordinated System of Care Report to the Governance Board 5/30/18 • Louisiana Wraparound Fidelity Evaluation Results • Louisiana CSoC Outcomes: CANS Analysis
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	Multiple Information technology systems are used to support ICC (none customized) including provider agency, state agency administrative data and the CSoC Contractor systems.
Contact	**Connie Goodson, LMSW, Director Coordinated System of Care, Louisiana Office o Behavioral Health connie.goodson@la.gov**

MASSACHUSETTS

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	MassHealth (MA Medicaid) through its contracted Managed Care Entities and newly contracted Accountable Care Organizations (ACOs)
Tiered (e.g., populations in each, number of tiers) care management model	A tiered system is used as Care Coordination is built into three "hub" services (in decreasing order of intensity of care coordination capacity): • ICC • In-Home therapy • Outpatient therapy Population for each is defined by medical necessity criteria (Access the full description of eligibility criteria here).
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	MassHealth and the Massachusetts Executive Office of Health and Human Services
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	There are 22 private nonprofit entities providing ICC across 32 Community Service Agencies in Massachusetts. These entities also provide other behavioral health services to varying degrees.
Population(s) served (including the t*arget population definition,* if applicable)	Youth who meet defined criteria for serious emotional disturbance (SED) and additional specific criteria. Access the full description of eligibility criteria here.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	9,095 youth and families (FY 2013, but since some individuals have more than one MassHealth identification number, the actual number of unique utilizers is slightly lower)
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	Standard medical necessity criteria are used to screen for eligibility across the six Managed Care Entities. N/a

MASSACHUSETTS

Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Community Service Agencies (private nonprofit agencies) (i.e., the providers of ICC)
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	Managed Care Entities
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	Child and Adolescent Needs and Strengths (CANS) is used as part of a comprehensive psychosocial assessment for ICC and is repeated at 90-day intervals. CANS is one of the ways Wraparound teams may track individual improvements over time. CANS
Average length of involvement with ICC/ Wraparound	The weighted average of the length of enrollment for youth in ICC is 8 months and the average length of enrollment for youth who graduate from ICC is 11–12 months.
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Care coordinators must be CANS certified. The ICC provider ensures that all care coordinators complete the state-required training program for ICC and have successfully completed skill and competency based training to provide ICC services (the full list of training topics can be found here under Staffing Requirements). Care coordinators must successfully complete skill and competency based training in the delivery of ICC consistent with systems of care philosophy and the Wraparound planning process, and have experience working with youth with SED and their families. Care coordinators must also participate in weekly individual supervision with a behavioral health clinician licensed at the independent practice level, as well as in weekly individual, group, or dyad supervision with a senior care coordinator.

MASSACHUSETTS

Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Master's degree in a mental health field (including, but not restricted to, counseling, family therapy, social work, psychology, etc.); or bachelor's degree in a human services field and one year of relevant experience working with families or youth. If the bachelor's degree is not in a human services field, additional life or work experience may be considered in place of the human services degree. Individuals with an associates degree or high school diploma must have a minimum of five years of experience working with the target population; experience in navigating any of the child/family-serving systems; and experience advocating for family members who are involved with behavioral health systems.
Certification requirements for care coordinators	All care coordinators must be CANS certified. In addition, many ICC providers are pursuing Vroon VanDenBerg Wraparound certification for their care coordinators and family partners; however, this is not a state requirement.
Care coordinator to child/family ratio	1:10 average
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Supervisors must be master's level clinicians, with at least three years of experience providing outpatient behavioral health services to youth and families (experience with home-based or Wraparound models preferred). The ICC provider ensures that all senior care coordinators complete the state-required training program for ICC and have successfully completed skill- and competency-based training to supervise care coordinators.
Supervisor to care coordinator ratio	1:8 average
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Yes, since inception of ICC in 2009
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	Community Service Agencies (CSAs) are responsible for tracking some of these outcomes in connection with additional funding they receive through the Delivery System Reform Incentive Payment (DSRIP) Protocol.

MASSACHUSETTS

ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	CSAs will have responsibilities to promote health through the DSRIP protocol.
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Yes a. Depending upon the size of the CSA, availability ranges from 2–8 hours per week. b. Consultation c. The psychiatrist/APRN is available to the care coordinators in a variety of ways including consultation, training, communication with other medical professionals, and participation on care planning teams. However, the psychiatrist/APRN does not sign care plans.
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Parent/caregiver support is available to parents/caregivers of youth receiving ICC through a separate Medicaid service, Family Support and Training. This service is also available to parents/caregivers of youth receiving in-home therapy and outpatient services.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Parent/caregiver support is a Medicaid state plan service funded through MassHealth's Managed Care Entities.
Rate for parent peer support	$15.60 per 15 minutes

MASSACHUSETTS

Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	The providers of parent/caregiver peer support (i.e., CSAs) are responsible for the initial and ongoing training for this service.
Funds used to pay for development and training of parent/caregiver peer partners	Built into the CSA rate
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Youth peer support was previously offered at selected CSAs through a Substance Abuse and Mental Health Services Administration (SAMHSA)-funded program in the MA Department of Mental Health. With the end of that funding, MA is now developing a peer mentor specialization within the Therapeutic Mentoring (TM) service.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	Therapeutic Mentoring: T1027-EP (15-minute unit)
Rate for youth peer support	Currently 14.23 per 15-minute unit
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	TM provider organizations are responsible for training staff in the base TM functions. TMs working as peer mentors receive an additional 3-day training developed for young adults at UMass, funded by Department of Mental Health. A Young Adult Peer Mentoring Practice Profile has been developed at the Children's Behavioral Health Knowledge Center at Department of Mental Health and will soon be released (http://www.cbhknowledge.center/young-adult-peer-mentoring-overview/). Work on sustainability of training and support for peer mentors is still underway.
Funds used to pay for development and training of youth peer partners	Primarily Department of Mental Health (state funds)

MASSACHUSETTS

FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Medicaid
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Rate for a day rate, bundling Intensive Care coordination and Family Partner: $46.63
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Not at this time
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Yes, through Medicaid
Medicaid vehicles used to finance ICC/ Wraparound	Targeted Case Management through Medicaid SPA
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded	We initially contracted with Vroon VanDenBerg to train all CSA staff.
Capacity to train coordinators a. Who provides training b. How it is financed	Providers of care coordination are required to train all new staff and provide annual training to all staff. We provide Vroon VanDenBerg curriculum.
Structured coaching process for the care coordinators and how financed	We have a statewide coaching program for CSA using Medicaid admin funds.

MASSACHUSETTS

Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Training for CSA in these areas are provided using statewide DSRIP workforce investment funds.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	All youth under the age of 21 enrolled in MassHealth have access to mobile crisis intervention funded through Medicaid. MA does not have access to crisis stabilization beds for youth. Some youth have access to respite via Department of Mental Health. In-home therapy services, in-home behavioral services and therapeutic mentoring are funded through Medicaid.
Flexible funds and how these are financed, administered, budgeted, and allocated	N/a
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	MassHealth Managed Care Entities
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	MassHealth Managed Care Entities
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	Wraparound Fidelity Index (WFI)-Parent/Caregiver, the Team Observation Measure (TOM) and a medical record review completed by the Managed Care Entities using a formalized review tool Additionally, MA uses the MA Practice Review (MPR), an adaptation of the System of Care Practice Review tool, for annual reviews of the service.

MASSACHUSETTS

Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	Quality and fidelity are monitored by providers, the Managed Care Entities and MassHealth. We use a vendor to collect WFI data by phone. Further collection and reporting of fidelity data WFI/TOM is managed by University of Washington.
Outcomes tracked	MA tracks many process variables on a monthly basis. The state uses the CANs and is exploring its use to track clinical outcomes. MA has so far found the CANs more helpful for tracking individual progress than for understanding system performance. The MPR also tracks child and family outcomes annually but with a small sample (N=64 for ICC).
Entity responsible for tracking outcomes	MassHealth
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Rates of inpatient hospitalization have declined over the period that MassHealth has implemented ICC and other home and community based services. Contact Laura Conrad (information below) for additional information.
Outcomes data	MA reports publicly on MPR findings and on findings from WFI/TOM (http://www.mass.gov/eohhs/consumer/insurance/cbhi/cbhi-data-and-reports/cbhi-data-reports.html).
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	Providers use their own systems. For more information, click here.
Contact	**Laura Conrad** **laura.conrad@state.ma.us** **617-573-1629** **Jennifer Halissey** **jennifer.hallisey2@massmail.state.ma.us** **617-573-1646**

NEW JERSEY

Name of Care Management Entity (ies) (if applicable): 15 Care Management Organizations across the state

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	A state entity, the New Jersey Children's System of Care (Division of Children's System of Care in the New Jersey Department of Children and Families (formerly the Division of Children's Behavioral Health Services))
Tiered (e.g., populations in each, number of tiers) care management model	Wraparound is used for youth with moderate and complex behavioral health, substance use and intellectual/ developmental disabilities. A behavioral health home is used for youth with a behavioral health challenge and a chronic medical condition.
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	The Children's System of Care oversees the policy development and provision of care management.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	New Jersey has 15 care management organizations, which are private nonprofit organizations responsible for providing care management and community resource development. All 15 organizations are single source entities that provide no other services.
Population(s) served (including the *target population definition,* if applicable).	The Children's System of Care is responsible for the provision of services for youth with complex and moderate behavioral health challenges, youth with a developmental/intellectual disability, and youth with primary substance abuse challenges. New Jersey care management organizations provide care management to youth with moderate and complex behavioral health challenges developmental disability and substance use.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	Over 12,000 children/youth per month

NEW JERSEY

ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	Child and Adolescent Needs and Strengths (CANS) Available at performcarenj.org
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	New Jersey has a contracted systems administrator (i.e., a non-risk-based administrative services organization (ASO), currently PerformCare, which provides eligibility screening for all youth entering the Children's System of Care.
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	The contracted systems administrator authorizes enrollment in care management.
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	CANS is used for eligibility and tracking of progress over time.
Average length of involvement with ICC/ Wraparound	9–18 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Within the contracted systems administrator, care coordinators are required to have a clinical graduate degree and clinical license. Wraparound care managers are required to be certified through the Children's System of Care certification process jointly administered through the Rutgers University Training Partner and the Care Management Organization.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's degree and experience within the field
Certification requirements for care coordinators	New Jersey does require certification.

NEW JERSEY

Care coordinator to child/family ratio	New Jersey recently unified all care management services, so the ratio is shifting. Optimal caseload size is 1:14 for youth who have both moderate and high needs.
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Supervisors within the care management organizations are required to have a master's degree, with licensure preferred.
Supervisor to care coordinator ratio	1:6
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Behavioral health home is available in some communities in New Jersey. The Care Management Organization is the behavioral health home.
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	The behavioral health home has a combined care plan that is completed within the electronic health record (EHR). Coordination with the primary care provider is part of the care plan for youth who are not in a behavioral health home.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	Behavioral health home does include a nurse and wellness coach who participate in the child and family team.

NEW JERSEY

ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	This is offered statewide. a. N/a b. N/a c. N/a
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	New Jersey has 15 family support organizations that provide peer support to all families receiving care management and provide support to mobile response and stabilization. All family support organizations are nonprofit, family-run organizations.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Medicaid administrative funds
Rate for parent peer support	Family support organizations have a fixed contract and do not bill directly for peer support services.

NEW JERSEY

Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	New Jersey has a contract with Rutgers University Behavioral Health Care for all training. The family support organizations are also trained by the Alliance of Family Support Organizations for specific training needs.
Funds used to pay for development and training of parent/caregiver peer partners	The family support organizations are included in the Children's System of Care (CSoC) training contract, which is financed with state dollars.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Youth partnerships are available in all 21 counties. The NJ CSoC has a youth ambassador who is working to expand youth work in New Jersey.
Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Medicaid is not used at this time, but is being considered.
Rate for youth peer support	Included in the Family Support Organization Contract
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	Rutgers University provides all of the training and provides technical assistance to the Annual Youth Conference, run by and for youth in New Jersey.
Funds used to pay for development and training of youth peer partners	NJ CSoC have included this in the training contract with Rutgers University.
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Medicaid and state general funds
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	The bundled rate for care management for youth with both moderate and high needs is $775 per month per youth. Care coordinators have blended caseloads that include youth in both levels of care.

NEW JERSEY

Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	New Jersey has embedded health homes within the care management organization in five counties with a plan to expand to all 21. The state sees the health home as a natural extension of the child family team process, which includes high-fidelity Wraparound.
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Out-of-home treatment providers and intensive in-community providers are paid to participate in child and family team meetings, and this is built into the Medicaid rate for each service.
Medicaid vehicles used to finance ICC/ Wraparound	State Plan Amendment (SPA) for most of the services provided (ICC is covered in the SPA as targeted case management); waivers for some specific services. • 1115 waiver SED allows youth with complex behavioral health needs to receive three additional services: transitioning life skills, non-medical transportation, and youth support training • Autism Spectrum Disorder Pilot for a maximum 200 youth to receive an evidence-based practice intervention; New Jersey has chosen to provide Applied Behavioral Analysis for individuals under the age of 13 • Developmental Disability/Mental Illness Pilot, which allows for case/care management; individual supports; natural supports training; intensive in-community habilitation, respite, non-medical transportation, and interpreter services

NEW JERSEY

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	New Jersey has a contract with Rutgers University Behavioral Health Care to provide training for all system partners including care managers. New Jersey was coached at the beginning of the implementation of Wraparound. New Jersey Care Management Organizations continue to support coaching as part of the work within the organization.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	New Jersey provides training in all of the topics listed and is currently supporting statewide implementation of the Six Core Strategies and the Nurtured Heart Approach.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	New Jersey has mobile response and stabilization services available across the state that are financed through Medicaid and New Jersey state-only dollars. This service is dispatched through the contracted services administrator and care management organizations have limited access. Intensive in-home services
Flexible funds and how these are financed, administered, budgeted, and allocated	Child and family teams have access to flex funding to support the implementation of the care plan.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	New Jersey Children's System of Care is responsible for the development of the intensive in-community services provider network. Care management organizations manage a subset of this network specific to their communities.

NEW JERSEY

EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	The contracted services administrator is responsible for utilization management.
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	WFI and TOM within the Care Management Organizations
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	Care Management Organizations are responsible for tracking quality and fidelity specific to Wraparound. The contracted services administrator tracks quality of the care plan and family team process and Children's System of Care tracks program quality and outcomes.
Outcomes tracked	Clinical/functional outcomes, fidelity, progress toward goals, overall sustainability, satisfaction (at the contracted services administrator, care management organization, mobile response and stabilization and family support organization levels), use of children's crisis intervention services, and residential treatment services. All out-of-home treatment sits in the Children's System of Care, so length of stay, engagement and outcomes of the intervention are able to be tracked. However, the children's crisis intervention services units (CCIS) are inpatient psychiatric facilities in New Jersey. They are currently overseen by the Department of Human Services and do not sit within the Children's System of Care, so retrieving outcome data is somewhat more complicated. The average length of stay for CCIS is seven days. New Jersey plans to move the utilization management to the CSOC sometime in 2019.
Entity responsible for tracking outcomes	The full system tracks outcomes.
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	New Jersey shares monthly data with the Children's Interagency Coordinating Councils and publishes these reports at http://www.state.nj.us/dcf/. Rutgers University is currently working on a return-on-investment project.

NEW JERSEY

Outcomes data	N/A
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	New Jersey uses a proprietary system called Children and Youth Behavioral Health Electronic Record (CYBER), which is an electronic record that allows all system partners to document their work within a single record. CANS has been embedded in CYBER as well as the Level of Care Instrument.
Contact	**Kathi Way, Acting Assistant Commissioner** **kathi.way@dcf.state.nj.us** **609-888-7200** **Ruby Goyal-Carkeek** **ruby.goyal-carkeek@dcf.state.nj.us** **609-888-7200**

OKLAHOMA

Name of Care Management Entity (ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) contracts with local community mental health centers and private Medicaid providers. Oklahoma is now implementing Health Homes (HHs) for children with serious emotional disturbance (SED) through a State Plan Amendment (SPA), so all the existing agencies referenced above are also certified HHs. There are also some additional providers of Wraparound in Oklahoma that are not HHs.
Tiered (e.g., populations in each, number of tiers) care management model	Children's HH services are provided to children with SED, ages 0–18. Transition Age Youth (TAY) can be served up to age 21. Services are provided under the following levels of care coordination: 1. Moderate Intensity (Service Coordination)– Medical Necessity Criteria: • Individual Client Assessment Record (CAR) scores meet criteria for Level 3 • Service Requirements: Up to 30 clients on the team 2. High Intensity (Wraparound)– Medical Necessity Criteria: CAR scores meet criteria for Level 4; A caregiver rated Ohio Scale shows critical impairment (score of 25 and above on the Problems Subscale or a score of 44 and below on the Functioning Subscales; and At least one of the following conditions: • Psychiatric hospitalization within the past three months; • Multiple psychiatric hospitalizations, ED use and/or crisis center admissions (at least two); – Intensive array of services are in place, including (at a minimum): case management, therapy and medication management; *Continued on next page*

OKLAHOMA

	– Chronic physical health condition, such as diabetes, asthma or other chronic physical health condition; – Child was in the custody of Oklahoma Department of Human Services or Oklahoma Office of Juvenile Affairs or had been in and out of court multiple times, within the past six months; or – At high risk of out-of-home/out-of-community placement as indicated by an attestation signed by a Licensed Behavioral Health Professional (LBHP) (form provided by the state). The attestation will include narrative explaining the changes and challenges in function and the circumstances surrounding imminent out-of-home/community placement and an updated psychosocial assessment with support CAR scores.
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	ODMHSAS
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Community mental health centers, youth services agencies and private provider agencies. Most ICC/Wraparound providers also operate as certified HHs.
Population(s) served (including the *target population definition*, if applicable)	Children from birth to 21 years of age with emotional, socio-emotional, behavioral or mental disorder diagnosable under the DSM-IV or its ICD-9-CM equivalents. Children may or may not be in state custody. Child does not have to be enrolled in Medicaid (since state funding is used), though about 75% of enrollees have Medicaid coverage. With select contracts, utilizing state appropriations, individuals may be served through ICC/Wraparound up to age 25.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	Approximately 2,000 children/families annually

OKLAHOMA

ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	Children/youth are screened by host agencies using psychosocial assessments, including a CAR; The Ohio Scales are utilized to determine level of intensity needed within the HH (high/Wraparound or moderate/ICC).
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Designated providers
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	Designated provider agency
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/Wraparound	CAR and the Ohio Scales. These tools are used to track individual improvements over time.
Average length of involvement with ICC/ Wraparound	ICC is 6–9 months; wraparound is 6–12 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Must be certified as a behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50 and must complete Oklahoma Systems of Care Wraparound 101 training.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's degree in a social work, psychology or related field
Certification requirements for care coordinators	Care coordinators must complete Wraparound training curriculum approved by the ODMHSAS. They are also provided on the job coaching.
Care coordinator to child/family ratio	1:10 for Wraparound; 1:25 for ICC

OKLAHOMA

Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/ professional licensure, other)	Care coordinator supervisors must complete training with the ODMHSAS and get a basic credential, after which they are coached to a skill set. When they pass the skill set, they are fully credentialed.
Supervisor to care coordinator ratio	1:5
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Yes, with assistance from the nurse care manager
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	Yes
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	Yes

OKLAHOMA

ROLE OF PSYCHIATRY

Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Limited consultation with CCs is provided, varied between providers. The psychiatrist does consult with the team as needed. a. Majority of providers have psychiatrist/APRN on staff multiple days per week. A few providers do not, but consult with the psychiatrist who is prescribing psychotropics. Per team composition. 14 FTE Psychiatric consultant per children's team, approximately 5.6 hours a week. b. In most cases, the psychiatrist is prescribing psychotropic medications. There are exceptions where an APRN is prescribing. • Consults with team and provides recommendations and referrals related to complex diagnostic, psychopharmacologic, and other treatment needs; • Contributes to comprehensive care plan; and • Consults and provides psychiatric support to PCPs. c. As a consultant to HH staff and medication management for children. Psychiatrist signs off on medications prescribed and as a consultant to the child and family team.

PARENT/CAREGIVER PEER SUPPORT

Provision of parent/caregiver peer support a. Offered as part of or in conjunction with intensive care coordination practice? b. Required as part of intensive care coordination practice? c. Available as part of the broader provider array?	Families have the option to have a family support provider.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	State and Medicaid dollars

OKLAHOMA

Rate for parent peer support	$9.43 per 15 minutes (Medicaid rate)
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	State and local agencies
Funds used to pay for development and training of parent/caregiver peer partners	ODMHSAS funds and federal SAMHSA System Of Care grant funds
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with intensive care coordination practice? b. Required as part of intensive care coordination practice? c. Available as part of the broader provider array?	 a. Yes b. No c. Yes
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	Medicaid and state dollars
Rate for youth peer support	$9.43 per 15 minutes (Medicaid rate)
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	ODMHSAS has a state infrastructure that supports training and technical assistance.
Funds used to pay for development and training of youth peer partners	State and federal grant dollars

OKLAHOMA

FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Medicaid, state mental health funds, some child welfare funds and SAMHSA System of Care Expansion grant funds
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Currently fee for service at $16.38 per 15 minutes (Medicaid rate) HH core service rate: – Urban-Moderate Intensity: 297.08 per month – High Intensity: 864.82 per month – Rural-Moderate Intensity: 345.34 per month – High Intensity: 1,009.60 per month
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Wraparound and ICC will be part of the model used in Oklahoma's HH to serve youth with SED.
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Yes, as a HH service array, Medicaid
Medicaid vehicles used to finance ICC/ Wraparound	Rehab Option under the SPA; Billing codes used—Wraparound: T1016HETF (for a licensed wraparound provider), Bachelor's level wraparound provider: T1017HETF, Family support: T1027HE, Therapeutic behavioral health services: H2019HE

OKLAHOMA

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. If yes, who conducts the training? b. How is it financed? Structured coaching process for the care coordinators and how financed	The ODMHSAS has state and regional coaches who provide training and coaching to local providers. This is funded through state funds and the System of Care grants.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Trauma-informed care, working with diverse populations (i.e., LGBTQI2, racial/ethnic populations), substance use, medically complex youth, additional training including transition age youth and infants 0–5
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Mobile response and stabilization services (funded through Medicaid and state behavioral health dollars) are available. However, it is difficult to provide in some rural areas, so may not be available everywhere. Through a pilot project, 22 counties in the eastern part of the state are being saturated with mobile response and crisis services for children in foster care. The state is also seeking some child welfare dollars for this project. Yes, funded through Medicaid, state mental health, and System of Care grant dollars
Flexible funds and how these are financed, administered, budgeted, and allocated	N/a
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	The ODMHSAS contracts with mental health providers for training and is responsible for hiring, providing additional training and ongoing coaching of care coordinators. The ODMHSAS also puts many resources into developing the broader provider network through training in Wraparound, crisis response, trauma-focused cognitive behavioral therapy, motivational interviewing, etc.

OKLAHOMA

EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	ODMHSAS
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	Wraparound Fidelity Index (WFI-EZ) and 'Wrap Event' reporting designed as part of the state Wraparound initiative and analyzed by the Systems of Care evaluation team
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	ODMHSAS (Data Support Services unit), local contracted mental health providers, and University of Oklahoma E-Team as the Systems of Care/Wraparound evaluators
Outcomes tracked	Discharge type, length of service, changes in school measures (i.e., days absent, days suspended), changes in days spent in out-of-home placement, changes in self-harming behaviors, changes in number of contacts with law enforcement, changes in psychometric (problems and functioning) scale measures (Ohio Scales)
Entity responsible for tracking outcomes	Data are collected by front-line staff and analyzed by the Systems of Care evaluation team and/or the ODMHSAS Data Support Services unit.
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	After six months in Wraparound (2013): • Reduced out-of-home placement: 49% • Reduced school detentions: 51% • Reduced number of youths self-harming: 42% • Reduced arrests: 66% • Reduced contacts with law enforcement: 51% • Reduced days absent from school: 46% • Reduced days suspended from school: 69%

OKLAHOMA

Outcomes data	N/A
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	The Systems of Care evaluation team has created a web-based data system—the Youth Information System—allowing continuous data input from Wraparound sites across the state and real-time reporting. Line staff and/or administrative staff at the System of Care sites enter data related to regular assessments (Ohio Scales and other outcome measures) and to Wraparound activities. These data can be monitored at the client level by the sites and are regularly (monthly, quarterly, annually) aggregated for broader dissemination by the evaluation team.
Contact	**Jackie Shipp, Director** **Community Based Services, Oklahoma Department of Mental Health and Substance Abuse Services** **jshipp@odhmsas.org** **Sheamekah Williams** **sxwilliams@odmhsas.org** **405-795-3726**

PENNSYLVANIA

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Pennsylvania has five behavioral health managed care organizations (BHMCOs), four of which assist with payment for Wraparound (Community Care Behavioral, Health, Community Behavioral Health, Magellan and Beacon). Each Pennsylvania county level selects Wraparound providers.
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	Pennsylvania Office of Mental Health and Substance Abuse Services, Bureau of Children's Behavioral Health Services
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	There are numerous nonprofit provider agencies in the 16 counties with high-fidelity Wraparound programs. These providers are all part of the BHMCO networks, and they provide other services in addition to Wraparound, such as behavioral health services, residential treatment, etc.
Population(s) served (including the *target population definition,* if applicable)	Primarily youth ages 0 to 21 with a mental health diagnosis (current or past), multisystem involvement and Medicaid eligibility. A child/youth's level of placement is also considered.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	410 children annually. Of these, 78% are ages 12 to 18, 15% are ages seven to 11, and 5% are birth to six. 46% are female, 53% are male, and 1% are transgender. 60% are Caucasian, 27% are African American, 12% are multiracial. 9% are Hispanic. 70% are heterosexual, 21% are LGBTQI. On average, 35% of enrolled youth are involved with two systems, 29% are involved with three systems, and 13% are involved with four or more systems.
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	Eligibility is primarily determined based on the eligibility criteria above. In addition, some counties have additional enrollment criteria such as child welfare involvement, history of or current stay in an Residential Treatment Facility (RTF), multiple hospitalizations, etc.

PENNSYLVANIA

Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Each county has an individualized screening process. In general, the eligibility screening is conducted by the BHMCO, county and/or the provider. In some counties, child welfare and/or juvenile justice may be involved in the screening process.
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	Each county has an individualized authorization process. In general, enrollment is authorized by the BHMCO, county and/or the provider. In some counties, child welfare and/or juvenile justice may be involved in the authorization process.
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/Wraparound	N/a
Average length of involvement with ICC/ Wraparound	370 days
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	High-fidelity Wraparound coaches, facilitators, family support partners, and youth support partners must complete the five-day High-Fidelity Wraparound Team Training, Chart Form Training and Wraparound Fidelity Index Short Version (WFI-EZ) Training as part of the credentialing process. In addition, there are role-specific requirements: **Team Coach Skills Demonstration:** The Team Coach is required to do all the skill demonstrations for all three of the coach roles: Facilitator Coach, Family Support Partners (FSP) Coach and Youth Support Partners (YSP) Coach. In addition to demonstrating the skills of all three coach roles, a Team Coach must also demonstrate inter-rater reliability (IRR) with the Youth and Family Training Institute (YFTI) Credentialing Coach on scoring Facilitator, FSP and YSP activities (meetings and documentation). IRR is at 80% proficiency for the same meetings and activities listed on the Facilitator Coach, FSP Coach and YSP Coach requirements. *Continued on next page*

	Coaching circuits are driven by the identified needs of staff and listed on professional development plan (PDP). The purpose of the coaching circuit is to allow staff to learn skill(s), see them demonstrated, practice them in a behavioral rehearsal, do them live with a youth/family, and teach what they have learned to a peer. **Facilitator Skills Demonstration:** To complete credentialing, the facilitator must demonstrate skills through direct provision of facilitation of the high-fidelity Wraparound process and through documentation demonstrations. There are five meetings that must be facilitated for youth, families and their team and observed by a credentialed Facilitator Coach. Each of these activities must be completed at passing levels twice (e.g., 80% proficiency on tool with no unmet skills; by a credentialed Facilitator Coach). In addition, the facilitator must complete documentation for six required documents for High-Fidelity Wraparound. For each of these documents the facilitator must complete three successful document reviews (80% proficiency). Finally, the facilitator must receive a satisfactory agency evaluation at the end of the credentialing process. **Family Support Partner (FSP) Skills Demonstration:** To complete credentialing the FSP must demonstrate skills through direct provision of support for family and through behavioral rehearsals. There are three activities (engagement, gathering information and planning meetings) that must be provided to the family and observed by a credentialed FSP coach. Each of these activities must be completed at passing levels twice (80% proficiency on skill-sets and no unmet skills) and scored by a credentialed FSP coach. In addition, the FSP must complete behavioral rehearsals (if not done in live demonstrations) of the 20 Critical Point skills, while demonstrating skill proficiency for each. The FSP must demonstrate their ability to document the required skills for their work through Contact Notes that are reviewed by the FSP credentialed coach using the scoring tool. 80% proficiency is required for two sets of Contact Notes for two families. Finally, the FSP must receive a satisfactory agency evaluation at the end of their credentialing. *Continued on next page*

PENNSYLVANIA

	Youth Support Partner (YSP) Skills Demonstration To complete credentialing, the YSP must demonstrate skills through direct provision of support for the youth and through behavioral rehearsals. There are three activities (engagement, gathering information and planning meetings) that must be provided to the youth and observed by a credentialing coach. Each of these activities must be completed at passing levels (e.g., 80% proficiency on skill-sets and no unmet skills) and scored by a credentialing coach. In addition, the YSP must complete behavioral rehearsals (if not done in live demonstrations) of the 20 Critical Point skills, while demonstrating skill proficiency for each. The YSP must demonstrate their ability to document the required skills for their work through Contact Notes that are reviewed by the YSP credentialed coach using the scoring tool. 80% proficiency is required for two sets of Contact Notes for two youth. Finally, the YSP must receive a satisfactory agency evaluation at the end of their credentialing. The credentialing process is based on the Vroon VanDenBerg model. All credentialing requirements must be completed within one year. College credits are available for the youth and family support partners.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's degree. Waivers are available based on relevant experience.
Are there certification requirements for care coordinators? (If yes, please explain)	N/a
Care coordinator to child/family ratio	1:10-12 (For the family/youth peer support partners, the ratio is 1:25)
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Master's degree
Supervisor to care coordinator ratio	1:8

PENNSYLVANIA

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Yes, if the youth/family agree
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	The Wraparound staff may identify physical health issues as "needs," but they do not track and/or report physical health related outcomes.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	Yes, if the youth/family wants it
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Youth and Family Training Institute (YFTI) (responsible for the statewide training, coaching, credentialing and monitoring of high-fidelity Wraparound) is co-administered by a child and adolescent psychiatrist who is available for overall clinical consultation related to the model. On a local level, all counties/agencies contract with a psychiatrist, but most often the master's level coach is the clinical expert and coordinates with outside psychiatry as necessary. a. Varies depending on the county b. County level psychiatrists provide consultation only, as needed c. A psychiatrist/APRN can have an active role or no role on the high-fidelity Wraparound team depending on the identified needs of the youth and family. If part of the team, the youth's psychiatrist/APRN may consult around difficult issues, medication side effects, medication management and other clinical issues as warranted. The psychiatrist/APRN does not sign off on the plan

PENNSYLVANIA

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with Intensive Care Coordination practice? b. Required as part of intensive care coordination practice? c. Available as part of the broader provider array?	Family support partners are an integral part of the Wraparound team.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Family support partners are part of the program rate (once the program is established). High-fidelity Wraparound is paid through Medicaid administrative funds regardless of the family's ability to pay. See Financing section for additional information.
Rate for parent peer support	The entire high-fidelity Wraparound team is paid for through the administrative dollars of the participating Managed Care Organizations (MCOs).
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	YFTI is solely responsible for the training, coaching, credentialing and monitoring of the high-fidelity Wraparound family support partners in the Commonwealth of Pennsylvania.
Funds used to pay for development and training of parent/caregiver peer partners	YFTI is funded by and in partnership with the Pennsylvania Office of Mental Health and Substance Abuse Services, Community Care, a Medicaid managed care organization and the Department of Psychiatry at the University of Pittsburgh.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with Intensive Care Coordination practice? b. Required as part of Intensive Care Coordination practice? c. Available as part of the broader provider array?	Youth support partners are an integral part of the high-fidelity Wraparound team.

PENNSYLVANIA

Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	Youth support partners are part of the program rate once the program is established. High-fidelity Wraparound is paid through Medicaid administrative funds regardless of the family's ability to pay. See Financing section for additional information.
Rate for youth peer support	The entire high-fidelity Wraparound team is paid for through the administrative dollars of the participating MCOs.
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	YFTI is solely responsible for the training, coaching, credentialing, and monitoring of the high-fidelity Wraparound youth support partners in the Commonwealth of Pennsylvania.
Funds used to pay for development and training of youth peer partners	YFTI is funded by and in partnership with the Pennsylvania Office of Mental Health and Substance Abuse Services, Community Care, a Medicaid managed care organization; and the Department of Psychiatry at the University of Pittsburgh.
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	High-fidelity Wraparound is currently in 16 out of 67 counties, and counties use various funding sources for high-fidelity Wraparound startup (e.g., reinvestment funds through one of Pennsylvania's MCOs, SAMHSA System of Care grant dollars, child welfare dollars, or juvenile justice dollars), and move to Medicaid financing after it is established.

PENNSYLVANIA

ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Wraparound facilitators in Pennsylvania are not case managers and do not bill in units or 15-minute increments. The Wraparound program is funded through a per-episode rate ($12,000–$16,000), which covers the cost of a coach, Wraparound facilitator, family support partner and youth support partner for one child/family from enrollment to graduation (with average lengths of stay at 9–16 months). For youth and their families that are eligible for MA Managed Care, funding for high-fidelity Wraparound is an administrative cost (like care management) because it is a planning process and not a medical service. However, cost savings are realized through decreased out-of-home placement, decreased hospitalization, and a more appropriate use of available community-based services. Counties that can demonstrate cost-effectiveness can have those costs included in their capitation rates.
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Not at this time
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	This is provider specific, but most Pennsylvania providers participate in team meetings. This is billed to the clinical service provided, as allowable.
Medicaid vehicles used to finance ICC/ Wraparound	Joint Planning Team—42 CFR 438.208

PENNSYLVANIA

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. If yes, who conducts the training? b. How is it financed? Structured coaching process for the care coordinators and how financed	YFTI, of the University of Pittsburgh, is solely responsible for the training, coaching, credentialing and monitoring of the high-fidelity Wraparound workforce (coaches, facilitators, family support partners and youth support partners) in the Commonwealth of Pennsylvania. This partnership with the University of Pittsburgh (UPitt) began in 2006 through a competitive bidding process that was initiated by the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) who was seeking a partner(s) to assist in the transformation of their current child and adolescent behavioral health services. The YFTI was initially, and is currently, funded by and in partnership with the Pennsylvania OMHSAS, Community Care, a Medicaid MCO; and the Department of Psychiatry at the University of Pittsburgh.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Trauma-informed care, working with diverse populations, substance use, physical health issues, and techniques for dealing with anything else that may be needed by the youth and family are woven throughout the curriculum and are not modules in and of themselves.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	All counties have crisis response services paid through the Medicaid MCO or county mental health dollars; mobile crisis, crisis overnight, and respite care are available in some counties, but not every county chooses to fund the same service array. Intensive in-home services are funded through Medicaid.
Flexible funds and how these are financed, administered, budgeted, and allocated	N/a
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	County and/or BHMCO

PENNSYLVANIA

EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	MCOs
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	WFI-EZ and high-fidelity Wraparound Chart Forms
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	UPitt's YFTI Evaluation Team gathers data from the high-fidelity Wraparound workforce through a standardized chart form process that is used for continuous quality improvement. The structured tracking forms are built into each county provider's EHR or collected on paper forms and uploaded to the University for data processing. Data is available in interactive dashboards for continuous quality improvement. WFI-EZ fidelity and satisfaction data is collected at both 90 days after enrollment and discharge from all members of each county provider's high-fidelity Wraparound team along with all youth, family, natural, and professional supports identified on each family team.
Outcomes tracked	Outcomes tracked through the high-fidelity Wraparound Chart Forms and available in the dashboard visualization system, include changes to the Family Vision, Skill Transference, Self-Efficacy, Behavioral Health Services, Medication compliance (physical and behavioral health), Living Situations, School Attendance and Performance, Educational Supports, Child Welfare Involvement, Juvenile Justice Involvement, Drug and Alcohol Involvement, Natural Supports identified by the youth and family, and Professional Supports. Outcomes tracked through the WFI-EZ include out-of-home placement, emergency room utilization for mental health, contact with the police, and suspension/expulsion from school.

PENNSYLVANIA

Entity responsible for tracking outcomes	UPitt's YFTI works with each county provider organization and their MCO to track and report on outcomes. Each provider organization collects the data and submits it to YFTI for data quality monitoring and analysis. Each county or managed care stakeholder has a login for the dashboard system that allows them to track both aggregate level and individual youth and family level data for their county. State-wide oversight is provided by YFTI and the OMHSAS.
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	The YFTI monitors process and outcomes data for each county and conducts quarterly calls with each set of county stakeholders to review data. In addition, all the data collected is available in a real-time web-based dashboard program that allows for the continuous quality improvement process to happen dynamically. The data is password protected and secure so there is no public access, but reports are distributed by YFTI to external stakeholders and can be requested at any time.
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	Each provider agency contracts directly with an EHR provider and the high-fidelity Wraparound Chart Forms have been built directly into most provider EHR systems. De-identified data dumps to UPitt occur monthly and data is integrated into the dashboard software for visualization and continuous quality improvement. Providers without EHR systems collect data on paper forms that are scanned and uploaded to the University monthly and integrated into the same dashboard system.
Contact	**Shannon Fagan, Director** **Pennsylvania Bureau of Children's Behavioral Health Services** **shafagan@pa.gov** **Lauren Jones, Co-Administrator** **Youth and Family Training Institute** **joneslh@upmc.edu**

SOUTH CAROLINA

Name of Care Management Entity(ies) (if applicable): South Carolina Department of Administration Continuum of Care

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Single public statewide agency: Department of Administration Continuum of Care. Employees are state employees of the Continuum of Care.
Tiered (e.g., populations in each, number of tiers) care management model	ICC is not part of a tiered model in South Carolina.
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	The Department of Administration Continuum of Care creates its own policies.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Public agency, dedicated solely to high-fidelity Wraparound
Population(s) served (including the *target population definition,* if applicable)	Continuum of Care target population is youth who have been diagnosed with a severe emotional or behavioral health diagnosis, have treatment needs which are not being met by the existing service delivery systems and which require a comprehensive and organized system of care, have not yet reached his/her 18th birthday, if 18 or older, can be enrolled in a special education program.

SOUTH CAROLINA

Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	200–250 **Fiscal Year 2016 Enrolled** See table below

Race	Gender	Age	#of Youth
Race Not Reported	Female	5	5
Race Not Reported	Male	8	12
Asian	Female	1	1
Asian	Male	1	1
Black or African-American	Female	8	21
Black or African American	Male	11	44
Black or African-American, White	Female	1	1
Black or African-American, White	Male	2	2
Mixed Race	Female	2	2
Mixed Race	Male	3	3
Unknown	Female	4	5
Unknown	Male	3	3
Unknown, Mixed Race	Male	2	2
White	Female	10	44
White	Male	14	69
White	Transgender	1	1
White, Mixed Race	Female	1	1
Total			217

ELIGIBILITY AND SCREENING

Standardized process used to screen for eligibility	Continuum of Care intake worker gathers multiple perspectives for Child and Adolescent Functional Assessment Scale (CAFAS) assessment, then consults with regional director to determine eligibility (3–10 day process).
Specific eligibility criteria established	Assessment of functioning via the CAFAS of 140+, or Level of Care Utilizations System (CALOCUS) score of 23+, or discharge planning from a Psychiatric Residential Treatment Facilities (PRTF) and mental illness persistence
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Continuum of Care intake coordinator or Wrap facilitator
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other):	Continuum of Care Office

SOUTH CAROLINA

Standardized tool used to screen for eligibility	CAFAS Child and Adolescent Service Intensity Instrument (CASII) administered to youth to determine eligibility for 1915(c) waiver
Standardized assessment tool used once children are enrolled in ICC/ Wraparound	CAFAS is administered every 90 days to determine individual improvements over time. CASII is administered one year after enrollment for waiver youth to determine level of intensity needed.
Average length of involvement with ICC/ Wraparound	12–18 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	An initial 30–60 day agency on-the-job training curriculum is administered as well as Wraparound core training during the first year of employment and ongoing Wraparound booster training as needed.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's degree and one year of work experience
Certification requirements for care coordinators	Currently, there is no state certification.
Care coordinator to child/family ratio	Up to or between 1:8 to 1:10
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Master's degree in a human services or social services related field with at least two years of experience with case management, two years of experience with children with complex emotional and/or behavioral challenges, and one year of supervisory experience; or a master's degree in a human services or social services related field with one year of high-fidelity Wraparound case management experience and one year of experience working with children with complex emotional and/or behavioral health challenges Incumbent must be licensed and in good standing as a L.M.S.W., L.P.C., L.I.S.W.-C.P. or L.M.FT. in South Carolina.
Supervisor to care coordinator ratio	Up to 1:7

SOUTH CAROLINA

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	N/a
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	Not currently; however, with the implementation of the 1915(c) waiver in 2018, there will be a requirement to track well-child visits annually.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	N/a
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Yes, consultation with a child psychiatrist is available. a. Hours are available as needed. b. Assess youths' psychiatric medication needs and clarify complex diagnosis of youth i. The care coordinator consults with the psychiatrist on difficult complex medical issues as needed. ii. A Licensed Professional of the Healing Arts (LPHA) reviews and signs off on all Plans of Care. iii. The psychiatrist can be a member of the child and family team.

SOUTH CAROLINA

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. Yes b. No c. Parent peer support is available to Continuum of Care parents/caregivers regionally.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Parent/caregiver peers support is currently financed by a contract between the Continuum of Care and a family service organization, Federation of Families of South Carolina. The service is not covered by Medicaid.
Rate for parent peer support	N/a
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	Family-run organization
Funds used to pay for development and training of parent/caregiver peer partners	100% state dollars
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. N/a b. N/a c. N/a Current Substance Abuse and Mental Health Services Administration (SAMHSA) grant funding is being used to develop a youth peer support curriculum to begin a youth peer support program. Four youth specialists are employed statewide by Federation of Families South Carolina and funded by SAMHSA grant funds.

SOUTH CAROLINA

Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	N/a; youth peer support is not currently financed or covered by Medicaid.
Rate for youth peer support	N/a
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	Family-run organization
Funds used to pay for development and training of youth peer partners	SAMHSA grant funds
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Primarily general funds with some Medicaid; 100 % state dollars budgeted by South Carolina General Assembly for Continuum of Care annual budget, with small amount of Medicaid billing
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Currently billed as a case management rate, 15-minute units
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	a. Yes b. 99366 Service Plan Development Interdisciplinary Team Conference with Client/Family; 99367 Service Plan Development Interdisciplinary Team Conference without Client/Family
Medicaid vehicles used to finance ICC/ Wraparound	Targeted Case Management (TCM) currently; 1915(c) waiver will be implemented in 2018

SOUTH CAROLINA

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	Funded through 100 % state dollar contract with NWIC (University of Maryland) and Continuum of Care Yes a. Nationally Certified Coaches train staff and stakeholders b. 100% state dollars Yes. It is funded through 100% state dollars.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Trauma-informed care, working with diverse populations (i.e., LGBTQI2, racial/ethnic populations), and substance use
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Mobile crisis response and stabilization services and intensive in-home services Mobile crisis response and stabilization services and Intensive in-home services
Flexible funds and how these are financed, administered, budgeted, and allocated	Currently, flex funds are available through SAMHSA grant funds via Federation of Families
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	Continuum of Care and Medicaid work together to identify provider network development needs

SOUTH CAROLINA

EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	State and local public agency
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	Wraparound Fidelity Index Short Version (WFI-EZ)
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	State or local agency (Continuum of Care)
Outcomes tracked	Discharge type, length of service, changes in school measures, changes in days spent in out-of-home placement, changes in self-harming behaviors, changes in number of contacts with law enforcement, changes in level of functioning domains
Entity responsible for tracking outcomes	Continuum of Care and the University of Washington have shared responsibility
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	N/a
Outcomes data	First data sample was too small. Data collection is currently in process
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	State or local public agency system (Fidelity Electronic Health Record (EHR))
Contact	**Petra Clay-Jones** **petra.clay-jones@admin.sc.gov** **803-734-4500**

TEXAS

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Mental health targeted case management (TCM) is a state plan benefit. For children, there are two levels of TCM (routine and intensive). Wraparound is the identified modality for the delivery of intensive case management according to Texas Administrative Code and Medicaid policy. Thirty-nine Local Mental Health Authorities (LMHAs) are contracted by the state to provide TCM utilizing a high-fidelity model of Wraparound statewide. LMHAs provide this service to individuals not covered by Medicaid and are the only qualified provider according to the state plan for individuals enrolled in Medicaid but not enrolled in a managed care program. TCM for children enrolled in Medicaid managed care, TCM is part of the managed care benefit, and managed care organizations contract with qualified providers of TCM, which include Community Mental Health Centers (CMHCs) and private providers, all of whom are required to utilize Wraparound for the delivery of intensive case management.
Tiered (e.g., populations in each, number of tiers) care management model	TCM has two levels, routine (primarily office-based) and intensive (primarily community-based). Wraparound is the evidence-based practice model utilized in the provision of Intensive Case Management (ICM). ICM is functionally synonymous with Wraparound and is available to clients up to age 21 across the state and targets the top 3 to 5% of children with a serious emotional disturbance. Individuals are identified to receive ICM if they have multi-system involvement using the Child and Adolescent Strengths (CANS) assessment and Adult Needs and Strengths Assessment (ANSA). Children enrolled in the Youth Empowerment Services (YES) 1915(c) waiver also receive ICM and program requirements monitor fidelity to the Wraparound model.
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	In Texas, Health and Human Services provides contract and policy oversight for the LMHAs and Managed Care Organizations (MCOs). Through the 1915(c) Youth Empowerment Services (YES) waiver, HHS has contracted with the University of Maryland and the National Wraparound Implementation Center to provide implementation support and ongoing training and coaching for ICM providers serving YES waiver participants.

TEXAS

Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Currently, CMHCs, managed by 39 quasi-governmental LMHAs across the state, are the primary providers of quality Wraparound. MCOs contract with LMHAs and private providers to provide ICM. All TCM providers are "comprehensive service providers" who must provide all mental health state plan benefits (psychiatric services, counseling, psychosocial rehab).
Population(s) served (including the *target population definition,* if applicable)	Children and adolescents ages 3 to 21 with a serious emotional disturbance (SED) or serious and persistent mental health illness (SPMI) Children's Mental Health serves children ages 3 to 17 with a diagnosis of mental illness (excluding a single diagnosis of substance abuse, mental retardation, autism or pervasive development disorder) who exhibit serious emotional, behavioral or mental disorders, and who: 1. Have a serious functional impairment; or 2. Are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or 3. Are enrolled in a school system's special education program because of serious emotional disturbance. For ages 18–20, recipients must be adults who have severe and persistent mental illnesses such as schizophrenia, major depression, bipolar disorder, or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment. Both LOC-4 and LOC-YES utilize the national model of Wraparound planning process to deliver ICM services and care coordination. Individuals 18–21 may also receive ICM in LOC-Transition Age Youth. ICM is functionally synonymous with Wraparound and is available to clients up to age 21 across the state and targets the top 3 to 5% of children with a serious emotional disturbance. Individuals are identified to receive ICM if they have multi-system involvement using the CANS assessment and ANSA. Children enrolled in the YES 1915(c) waiver also receive ICM and program requirements mandate monitoring of fidelity to the Wraparound model. Youth receiving ICM have multi-system involvement and are at risk of out-of-home placement and have severe risk behaviors, threatened *Continued on next page*

TEXAS

	community tenure, risk of juvenile justice involvement, expulsion from school, displacement from home and/or serious injury to self/others or death, along with significant caregiver needs and behavioral and/or emotional needs.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	2,352 unduplicated clients were authorized to receive ICM in fiscal year 2017. Approximately 70% were white, 20% were black, 5% were multiracial and less than 5% were Asian or American Indian. About 30% of this total identify as Hispanic.
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	CANS and ANSA tools are utilized to determine appropriateness for the LOC(s) that includes ICM (Wraparound). An algorithm is in place to recommend levels of care based on CANS and ANSA scores. Algorithm may be made available upon request. Utilization Management Guidelines provide additional details.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Designated providers contracted through MCOs as CPAs State or local public agency CMHCs under the management of LMHA
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	LMHAs have a utilization management department to authorize services for individuals receiving ICM who are not enrolled in a managed care program. MCOs authorize these services for individuals enrolled in managed care.
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	CANS and ANSA tools are utilized to determine appropriateness for the LOC(s) that includes ICM (Wraparound). CANS and ANSA are both utilized to track individual improvements over time.
Average length of involvement with ICC/ Wraparound	18 months

TEXAS

REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Care coordinators must meet Qualified Mental Health Professional-Community Services (QMHP-CS) qualifications in accordance with Texas Administrative Code (TAC). Care coordinators for ICM must also attend National Wraparound Implementation Center (NWIC) approved training series (Introduction to Wraparound, Engagement in the Wraparound Process and Intermediate Wraparound).
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	A bachelor's is the minimum requirement.
Certification requirements for care coordinators	(48) QMHP-CS—A staff member who is credentialed as a QMHP-CS who has demonstrated and documented competency in the work to be performed and: a. Has a bachelor's degree from an accredited college or university with a minimum number of hours that is equivalent to a major (as determined by the LMHA or MCO in accordance with §412.316(d) (relating to Competency and Credentialing)) in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education or early childhood intervention; b. Is a registered nurse (R.N.); or c. Completes an alternative credentialing process identified by the department.
Care coordinator to child/family ratio	1:10 is in accordance with the Wraparound model
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	This is not specified, but generally supervisors are at least a QMHP Supervisors are also required to attend the same Wraparound training series as direct service providers and also attend Advanced Supervisors Training for Wraparound.
Supervisor to care coordinator ratio	This is not specified, but has been identified to ideally be 1:7.

TEXAS

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Yes
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	This would only be captured if considered relevant to the child's Plan of Care under Mental Health services. No standard reporting procedures are in place.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	Not as a standard practice, but may be happening at localized level in various regions
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Yes, access for consultation is required to be available by either a psychiatrist or APRN. a. N/a b. Psychiatrist is not required to directly provide medication management. c. The psychiatrist/APRN are available to consult with care coordinators. The psychiatrist is considered a part of the child and family team but does not routinely attend CFTMs and is not typically included on Wraparound plans.

TEXAS

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	 a. Yes b. No c. Yes
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Family supports are available as a YES waiver service. Family partner supports are not otherwise covered by Medicaid and are provided by LMHAs through Texas general revenue.
Rate for parent peer support	$6.25 per 15-minute unit for YES waiver service
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	VIA Hope
Funds used to pay for development and training of parent/caregiver peer partners	General revenue was utilized to contract with VIA Hope to develop and provide the Family Partner Certification training.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	 a. No b. No c. No
Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	N/a
Rate for youth peer support	N/a

TEXAS

Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	N/a
Funds used to pay for development and training of youth peer partners	N/a
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	State plan services are paid for through Medicaid FFS or managed care. Texas General Revenue is utilized for the provision of ICM to all others. ICM is only available in the MH system. Around 80% of all children accessing MH services have Medicaid.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	$31.69 per 15-minute unit
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Not at this time
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	N/a
Medicaid vehicles used to finance ICC/ Wraparound	State plan TCM

TEXAS

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	The state contracted with NWIC to provide the core trainings for Wraparound through general revenue for LMHA prior to TCM being carved into managed care. MCO providers contract directly with NWIC to meet training requirements. TCM providers serving YES participants have access to NWIC training and additional coaching and support provided by NWIC purchased through a contract between YES waiver Human and Health Services Commission and NWIC. This contract used General Revenue (GR) funds and draws down federal match.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	There are not training requirements specific to these areas.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Mobile crisis response and stabilization services, funded through GR Intensive in-home services, funded through GR and Medicaid Respite services in areas where available (available in YES statewide) Intensive in-home services Respite services with YES waiver
Flexible funds and how these are financed, administered, budgeted, and allocated	GR dollars associated to flexible funds in every LMHA contract and distributed locally in accordance with statewide policy
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	MCOs

TEXAS

EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	LMHA and MCO
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	YES waiver utilizes Coaching Measure for Effective Teams (COMET), Wraparound Fidelity Index Short Version (WFI-EZ) and Coaching Response to Enhance Skill Transfer (CREST)
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	University of Maryland and National Wraparound Implementation Center Human and Health Services Commission
Outcomes tracked	Hospitalizations, juvenile justice involvement and clinical outcomes
Entity responsible for tracking outcomes	Health and Human Services Commission
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	N/a
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	Clinical Management for Behavioral Health Services (CMBHS) is a web-based clinical record keeping system for state-contracted community mental health and substance abuse service providers.
Contact	**Marisol Acosta** **marisol.acosta@hhsc.state.tx.us** **512-838-4329** **Courtney Seals** **courtney.seals1@hhsc.state.tx.us** **512-838-4353**

MILWAUKEE COUNTY, WISCONSIN

Name of Care Management Entity(ies) (if applicable): Wraparound Milwaukee

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Division of Milwaukee Child Protective Services (DMCPS), Division of Youth and Family Services, Behavioral Health Division; WI Medicaid
Tiered (e.g., populations in each, number of tiers) care management model	N/a; not a tiered model
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	Milwaukee County Behavioral Health Division, Wraparound Milwaukee
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Wraparound Milwaukee contracts with nine community agencies to provide care coordination services (130 care coordinators). These agencies provide other behavioral health services. The agencies are private-for-profit and private nonprofit.
Population(s) served (including the *target population definition,* if applicable)	Wraparound Milwaukee serves both court-ordered and voluntary youth and young adults who meet serious emotional disturbance (SED) criteria defined in the contract between Milwaukee County and the state Medicaid office. These criteria include: • The federal Substance Abuse and Mental Health Services Administration (SAMHSA) definition of SED; • Must have clinical symptoms consistent with SED within the last six months and having persisted over the past year; • Presence of a Diagnostic and Statistical Manual (DSM)-V diagnosis; • Involved with two or more service systems; and • At risk of immediate placement in psychiatric hospital, residential care or correctional system.

MILWAUKEE COUNTY, WISCONSIN

Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	1,750 children/youth/families annually; approximately 65% male and 35% female • 65% African-American • 11% Caucasian • 15% Hispanic • 9% Other (Bi-racial, Asian, Native American)
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	Wraparound Milwaukee has designated screener/assessment staff that use a screening protocol. Wraparound Milwaukee has a Central Intake Line manned by trained staff that screen/receive all calls. Eligibility and program match based on a basic needs and screening assessment is conducted. A screening protocol/tool is utilized.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Screenings are conducted by designated individuals contracted by Wraparound Milwaukee, and overseen by Wraparound Milwaukee administrative and clinical staff. The screening process includes input from the youth or young adult, family, system partners (Child Welfare & Juvenile Justice), past/current mental health providers, Children's Mobile Crisis and other individuals deemed important by the youth or young adult and their parent/legal guardian. This information is gathered through meeting with the potential enrollee where they are, or the environment most comfortable for them, as well as other individuals as necessary. After listening to their story, and the story of the family, to gather relevant historical and current items as outlined with the Screening Assessment, information is reviewed with clinical staff who have extensive training in SED criteria to determine final eligibility for programming, incorporating family preference. If necessary, Wraparound Milwaukee will arrange for a psychological evaluation through a designated group of in-network psychologists to help determine if a youth or young adult meets SED criteria.
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	Wraparound Milwaukee, a designated specialized Managed Care Organization

MILWAUKEE COUNTY, WISCONSIN

Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	Child Behavior Checklist (CBCL), Youth Self Report, Child and Adolescent Needs and Strengths Assessment (CANS) (in certain circumstances), Warwick Edinburgh Mental Well-Being Scale (WEMWBS), Domain Appraisal Tool (DAT)
Average length of involvement with ICC/ Wraparound	17.7 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Bachelor's or master's degree preferably in an education or human services field, one-year experience in providing mental health services to youth and families preferred, background and driver's license checks, personal references
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	At minimum, a bachelor's degree in a relevant area of education or human services and a minimum of one year of providing mental health services to youth and families preferred.
Certification requirements for care coordinators	All care coordinators must become certified to provide care coordination for Wraparound Milwaukee by completing 100+ hours of mandatory training in Wraparound philosophy and policies as well as completing the Passport Facilitator Review Process. The certification training is held at least four times a year. Once a care coordinator has been hired, it is the agency's responsibility to ensure the employee completes the required training in its entirety within the first six months of hire to continue to receive family referrals from Wraparound Milwaukee. To honor Wraparound Milwaukee's commitment to providing quality care to families, as well as meeting the needs of the care coordinators, Wraparound Milwaukee offers ongoing trainings/care coordinator meetings on a variety of topics as needed, most of which are mandatory. On an annual/bi-annual basis, a mandatory re-certification training is offered for those care coordinators and care coordinator supervisors who have been providing care coordination services for longer than one year.

MILWAUKEE COUNTY, WISCONSIN

Care coordinator to child/family ratio	**Newly-hired care coordinators** (first two months of employment): 1:4 **Care coordinators** (after two months): 1:8 **REACH care coordinator**: 1:12 (voluntary program, youth/ families can self-refer) **Lead care coordinator in REACH**: 1:6 **O-YEAH Program** (young adult program) in the Wraparound Milwaukee System of Care (newly hired transition coordinators in first two months of employment): 1:7 **Transition coordinators** (after two months): 1:14
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	A master's prepared social worker, psychologist, nurse or other master's level healthcare professional with at least one year experience as a care coordinator with the Wraparound Milwaukee program or a person with a bachelor's degree in a healthcare related field with at least three years of experience in care coordination or in-home treatment, one of which must have been acquired in the Wraparound Milwaukee program or with approval from Wraparound Milwaukee Administration
Supervisor to care coordinator ratio	1:8
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Yes
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	Yes. Through initial screening, the primary care physician and dentist information is gathered. Wraparound then tracks well-being visits and dental visits during the duration of enrollment. It is expected that the youth see their primary care physician and a dentist at least yearly. If the family does not have a primary care provider/dentist, it is the responsibility of the care coordinator to assist the family in locating a provider within the first three months of enrollment.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	We have wellness-oriented services within the provider network (e.g., yoga, meditation, nutritionists)

MILWAUKEE COUNTY, WISCONSIN

ROLE OF PSYCHIATRY

Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Yes a. Wraparound Milwaukee has one full-time and two part-time child psychiatrists, and four full-time child psychologists on staff, available as needed. In addition, both psychiatrists and psychologists are available for consultation to the care coordination agencies through the provider network. Wraparound also has three R.N.s assigned to the Wraparound Milwaukee Wellness Clinic, who are available for consultation purposes. b. Wraparound Milwaukee's Wellness Clinic, staffed by psychiatrists and nurses, are directly involved in medication management. In addition, community-based and network providers (i.e., psychiatrists) are available for medication management. c. Initial treatment decisions, ongoing care, and treatment monitoring are done within the child and family team. The team determines "medical necessity." Consultation related to the Plan of Care/services is provided quarterly and is acknowledged through documentation by either a psychologist or a psychiatrist. This person may be either a treating clinician on the team or a consultant to the team.

PARENT/CAREGIVER PEER SUPPORT

Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Peer support is provided to families in Wraparound Milwaukee through the family-run organization, Family Strong LLC. Families have choices regarding assignment to an advocate if requested/needed. All families attend a family orientation conducted by Family Strong, LLC in partnership with Wraparound Milwaukee. During the orientation, they learn about available peer support and are encouraged to participate in Family Strong activities. In addition, peer specialist services and parent assistant type services are available through the provider network.

MILWAUKEE COUNTY, WISCONSIN

Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Peer support through Family Strong is covered by their contractual relationship with Wraparound. Peer specialist services are funded through Medicaid. Parent assistant type services are covered through pooled funding from Medicaid, child welfare and juvenile justice.
Rate for parent peer support	$30 per hour (paid to agencies who hire the peer specialists)
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	Family Strong, LLC and Wraparound Milwaukee management staff provide parent support training. Peer specialists are certified through the state of Wisconsin.
Funds used to pay for development and training of parent/caregiver peer partners	Wraparound Milwaukee has pooled funding (Medicaid, child welfare and juvenile justice).
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	 a. Peer support can be offered in conjunction with care coordination if needed. b. Peer supports are always part of a five-person team for those youth who are involved in our CORE (first episode psychosis) Program. c. Yes, peer Specialists are available through the provider network.
Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Yes. It is a Medicaid billable service. Wraparound has this service in the Youth Support Services service category and we use our own billing code of 5530 that cross walks with Medicaid.
Rate for youth peer support	$30.00 per hour
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	Training is provided utilizing a “multilayered” approach. Initially the Peer Specialist gets trained and certified through the State of WI. They then go through identified Training Modules within the Wraparound Milwaukee Care Coordinator Certification Program. In addition, they receive additional training and supervision at the agency employment level.
Funds used to pay for development and training of youth peer partners	Wraparound Milwaukee’s pooled funding (Medicaid, child welfare and juvenile justice).

MILWAUKEE COUNTY, WISCONSIN

FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Pooled funds across child serving systems ($55 million for 2018) to increase flexibility and availability of funding Wraparound Milwaukee is single payor. • Child welfare funds through case rate • Juvenile justice funds budgeted for residential treatment and juvenile corrections placements • Medicaid capitation $2,114 per enrollee per month • Mental health crisis billing, health maintenance organization commercial insurer The purpose of combining categorical funds from different sources and agencies into a single funding stream is to gain more flexibility in how these funds can be spent on individual services; once blended, these funds are indistinguishable.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	$34 per day for Wraparound Milwaukee (based on eight families) $23.50 per day for REACH (based on 12 families) $19.50 per day for OYEAH
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Wisconsin has a medical home for youth in foster care in Milwaukee County and six adjoining counties; Wraparound Milwaukee is a provider of mental health services with the county.
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Yes, through pooled funds in the budget. Treatment plan meeting attendance is billed at a flat rate of $96.

MILWAUKEE COUNTY, WISCONSIN

Medicaid vehicles used to finance ICC/ Wraparound	• 1915(a) allows for a voluntary managed care system for defined populations in a defined geographical area • 1915(a) special Medicaid managed care entity • DHS 34 (emergency mental health services FFS crisis billing)
STAFF TRAINING, CAPACITY AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	Initially and currently Wraparound Milwaukee funded/funds training and utilizes its own staff. The program offers 100+ hours of training. We have a structured coaching process that is staffed by contracted employees who have all been former CCs and/or CC supervisors. These positions are funded through our care coordination contracts using our pooled funds.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	• Trauma-informed care • Working with diverse populations (i.e., LGBTQI2, racial/ethnic populations) • Substance use • Behaviorally complex youth • Motivational interviewing
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Care coordinators have access to mobile crisis response and stabilization, which is funded using Medicaid (HFS 34 and capitation payments) and through a contract with child welfare to provide dedicated crisis teams to foster families. Care coordinators have access to in-home services and respite services, funded through pooled funds as part of Wraparound Milwaukee's provider network.

MILWAUKEE COUNTY, WISCONSIN

Flexible funds and how these are financed, administered, budgeted, and allocated	Wraparound Milwaukee as a whole utilizes pooled/flex funds through: • Child welfare funds through case rate • Juvenile justice funds budgeted for residential treatment and juvenile corrections placements • Medicaid capitation $2,114 per enrollee per month • Mental health crisis billing, Healthy Transitions Initiative grant, health maintenance organization commercial insurer • In addition, CCs have access to “Discretionary Funds” that allow for limited flexibility in providing services/ basic needs that a family may need. Funding is accessed through the larger pool of monies.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	Wraparound Milwaukee has a fee-for-service contractual agreement with 125+ community vendors/agencies. Wraparound Milwaukee along with Milwaukee County Contracts Management Department (Behavioral Health Division) have responsibility for oversight and development
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	Wraparound Milwaukee Managed Care Organization
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	• Agency Performance Report • Passport Facilitation Review • Annual Performance Review • Satisfaction Surveys • Plan of Care and Progress Report Audit Tool • Disenrollment Progress Report • Engagement and Planning Tool

MILWAUKEE COUNTY, WISCONSIN

Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	Wraparound Milwaukee contracts with a research consultant through Kids Forward, formerly Wisconsin Council for Children and Families. Wraparound Milwaukee as a Managed Care Organization tracks quality and fidelity outcomes primarily through the Quality Assurance/Quality Improvement Department, in addition to other designated management staff.
Outcomes tracked	Clinical, educational, permanency/safety, juvenile recidivism, satisfaction, cost savings, compliance with policy expectations, etc.
Entity responsible for tracking outcomes	Wraparound Milwaukee research consultant through Kids Forward formerly Wisconsin Council for Children and Families, Wraparound Milwaukee's Quality Assurance/Quality Improvement Department and other designated management staff
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Wraparound Milwaukee Annual Report, Wraparound Milwaukee Annual QA/QI Report, Utilization Review Trends Report, numerous data reports through Wraparound's Information Technology System Synthesis
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	Wraparound Milwaukee's information technology system, Synthesis, is a web-based software program developed and owned by Wraparound Milwaukee. It is a single database that includes demographic, clinical, cost and outcome data for youth. It tracks enrollee-based and vendor-based data in real time. Progress notes, plans of care and crisis plans, placement, service authorization and payments and cost data are collected.
Contact	**Brian McBride, Interim Director** **BHD Children's Community Services and Wraparound Milwaukee** **brian.mcbride@milwaukeecountywi.gov** **414-257-7158**

WYOMING

Name of Care Management Entity(ies) (if applicable): Magellan Healthcare, Incorporated

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Department of Health, Division of Healthcare Financing (Medicaid)
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	Department of Health, Division of Healthcare Financing (Medicaid)
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	A Managed Care Organization (Magellan Healthcare Inc.) serves as the Care Management Entity (CME) in Wyoming. It contracts with a number of private providers for ICC/ Wraparound.
Population(s) served (including the *target population definition,* if applicable)	Medicaid-eligible youth between the ages of 4 and 21 with an Axis I diagnosis and an Early Childhood Service Intensity Instrument (ECSII) score greater than 18 or a Child and Adolescent Service Intensity Instrument (CASII) score between 0-27 (inpatient level of care). The CASII/ECSII assists with identifying and detailing the applicant's level of service need. The cost of the evaluation is covered by the Medicaid program. The Level of Care evaluation/assessment details the information required for the state program manager to determine clinical eligibility for participation. Factors reviewed include: • Primary behavioral health diagnosis; • Assessment of whether or not the applicant/enrollee meets the federal serious emotional disturbance (SED)/serious and persistent mental illness (SPMI) criterion; *Continued on next page*

WYOMING

	• Assessment as to the ability for the applicant/enrollee to be safely served in the community; • Assessment of threats related to custody relinquishment, school expulsion or homelessness; and • Assessment as to whether or not the applicant/ enrollee meets at least one Medicaid criteria for needing or being at risk of needing (within one month) services rendered in an inpatient psychiatric facility for individuals under age 21 as provided in 42 CFR § 440.160.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	State Fiscal Year 2016=342 children and youth State Fiscal Year 2017=457 children and youth
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	Applicants are screened for clinical eligibility using the AACAP's ECSII or CASII service intensity tools, as well as a level of care verification document completed by the youth's behavioral health or primary care provider that indicates the youth meets at least one criteria for inpatient psychiatric treatment and can be expected to be safely served in the community. If clinically eligible, a financial eligibility assessment is conducted for children entering ICC via Wyoming Medicaid's Children's Mental Health Waiver. If already covered by Medicaid, the financial step is complete. A link to the enrollment process packet is here.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Providers that are trained and credentialed in the CASII/ECSII assessment tools by the state's Children's Mental Health Waiver (CMHW) and CME manager are on a public-facing list for families to choose their assessor to complete the CASII/ ECSII. The Level of Care form is completed by a youth's behavioral health or primary care provider.

WYOMING

Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	Authorization for enrollment comes from Magellan for youth who are already on Medicaid and have met the clinical eligibility requirements. The state's CMHW/CME manager completes the eligibility determination and enrollment process for youth qualifying for ICC services though the CME that weren't already on Medicaid.
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	The ECSII/CASII is completed to determine initial eligibility and updated annually thereafter. The Adverse Childhood Experiences (ACE) and Child and Adolescent Needs and Strengths (CANS) assessments are administered after enrollment.
Average length of involvement with ICC/ Wraparound	12-18 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	FCC • Complete the Wraparound 101 webinar, available at www.MagellanofWyoming.com. • Complete the Wraparound Foundations training provided by Magellan in Wyoming and complete Tier 1, which includes training on working with the WY Juvenile Court System and CANS certification. This should be completed within 30 days. • Magellan in Wyoming will assign a coach to provide support and training to complete the Tier 2 certification of the Vroon NWI model as well as provide oversight to the delivery model. This should be completed within 60 days.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's degree in a human service area (or related field) or two years' work/personal experience in providing direct services or linking of services for youth experiencing serious emotional disturbance

WYOMING

Certification requirements for care coordinators	• Complete the Wraparound 101 webinar, available at www.MagellanofWyoming.com. • Complete the Wraparound Foundations training provided by Magellan in Wyoming and complete Tier 1, which includes training on working with the WY Juvenile Court System and CANS certification. This should be completed within 30 days. • Magellan in Wyoming will assign a coach to provide support and training to complete the Tier 2 certification of the Vroon VDB/NWI model as well as provide oversight to the delivery model. This should be completed within 60 days
Care coordinator to child/family ratio	1:10
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	There are currently no requirements for supervisors. We do have requirements for coaches working toward certification with Family Care Coordinator.
Supervisor to care coordinator ratio	1:10 for supervising or for working with families. Supervisors also work with families, and when this occurs, combined case load of care coordinators and families cannot exceed 10 (e.g., five care coordinators and five families or one family and nine care coordinators)
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Yes
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	The CME follows Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements for well-child checks and care coordinators ask every family/youth who their primary care provider is and if they need help locating one. The state runs EPSDT service utilization reports for the CME-involved youth and the CME runs utilization reports looking at primary care utilization that doesn't meet the EPSDT coding requirements.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	No wellness coaches in the CME contract. CMEs mainly focus on EPSDT, well-child checks and follow up with specialty providers. Also, enrollment in Children's Special Health is available for those youth who qualify.

WYOMING

ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	In addition to the psychiatric support via the CME contract, Wyoming utilizes the Seattle Children's Hospital staff as detailed below. a. No limits at this time. b. The psychiatrist reviews medication, monitors quarterly changes and checks all children for Wyoming standards on psychotropic medication. Wyoming also utilizes a contract with Seattle Children's Hospital to provide a Partnership Access Line (PAL) to assist non-psychiatric providers with psychotropic medication management and non-medication related interventions. c. PAL information can be found here Wyoming does not have many psychiatrists or APRNs available for team participation. The state utilizes a contract with Seattle Children's Hospital Child/Adolescent Psychiatrists to help fill that gap by providing medication and treatment consultation to the child's primary care providers and/or the child and family team.
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Peer support services as well as youth support are offered to families, but not required.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Peer support services are covered under the Medicaid state plan as TCM.
Rate for parent peer support	The CME pays the peer support provider a sub-capitated rate for each family/youth served.

WYOMING

Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	The CME
Funds used to pay for development and training of parent/caregiver peer partners	Covered under the CME contract
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	 a. Yes b. No c. Yes, just beginning to roll out with a handful of youth support partners enrolled to provide service.
Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Youth peer support is part of the Medicaid state plan under TCM for children with SED and is paid by the CME under a capitated arrangement for network providers.
Rate for youth peer support	Sub-capitated payment and proprietary to the CME
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	The CME
Funds used to pay for development and training of youth peer partners	Youth peer support is built in to the state's capitated payment to the CME.
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Medicaid state plan, using TCM and a combination of 1915(b) and (c) HCBS waivers
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	ICC is part of the capitated payment the state makes to the CME and prorates the monthly premium by a daily unit which equals a per diem amount.

WYOMING

Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a, but the CME coordinates with the state's utilization and health management group to coordinate all care needs.
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Providers who participate in team meetings may bill for their time if it aligns with the treatment plan for their client and is considered to be medically necessary. They would use the appropriate code based on the service linked to their goals for participation. For many providers, that may be a clinical case management code.
Medicaid vehicles used to finance ICC/ Wraparound	Medicaid state plan, using a TCM and a combination of 1915(b) and (c) HCBS waivers
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	Built into the CME contract and capitated rate; trainings occur frequently and coaches are supported financially and administratively by the CME. The CME conducts the training. Coaching and supervision are also part of the CME contract and capitated rate.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	There are no specific service codes for crisis response services in Wyoming. However, crisis screening and planning are part of the plan of care developed during the initial engagement phase with a child and family. Medicaid covers services provided to youth in crisis settings (usually the Department of Family Services or other state funding through the Behavioral Health Division) via the Medicaid State Plan. FCCs can access telehealth to work with families in crisis. Respite is a covered service through the CME. Families and youth may access intensive in-home behavioral health services through their regular Medicaid state plan coverage if they live in an area where there is a provider willing to work in that setting.

WYOMING

Flexible funds and how these are financed, administered, budgeted, and allocated	Flexible funds are available through the CME. Flex funds are available to youth enrolled in the CME with active Medicaid status for emergency/crisis situations that arise that could potentially put safety at home and in the community at risk, or otherwise derail their progress in high-fidelity Wraparound. Needs must be defined in the plan of care, and supports identified to fill the need should it arise again must be identified as well. Flex funds can be used once per year. A percentage of capitated rate goes into build the flex fund and allocation is made once a request is approved.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	The CME, Magellan Healthcare, which is considered to be a Prepaid Ambulatory Health Plan (PAHP) by the Centers for Medicaid and Medicare Services.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	The CME is collecting ACES scores on all children and youth served. The Strengths Need Culture Discovery may also identify trauma-related issues with parents and other family members. The youth group component, called “My Life,” that is available in several communities is active in supporting diverse populations and youth who belong are often advocates. Motivational interviewing is also offered as well as specialized training regarding working with youth involved with the juvenile justice system and/or the courts. Ethics training is mandatory and there is training and TA on many other topics as the need arises.
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	The CME is responsible for utilization management for children that are enrolled in the CME, and the Medicaid utilization management contractor is responsible for managing utilization of other intensive levels of care such as acute psychiatric hospitalization and psychiatric residential treatment facility services.
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	The Wraparound Fidelity Index Short Version (WFI-EZ), Team Observation Measure (TOM) and Community Supports for Wraparound Industry (CSWI)

WYOMING

Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	The CME maintains a license for submission to and access of data in WrapTrack and also tracks the quality and fidelity and submits results in their quarterly reporting to the state. We initially contracted with our state's family-run organization but did not get the results we needed to meet our goals to measure fidelity. We have now moved to a contracted family representative within Magellan to increase the return of surveys and it is working well.
Outcomes tracked	Outcomes that measure children's success in their homes and communities; clinical and functional improvement through the CANS family and youth resiliency; admissions to higher levels of care; family and youth participation in advising the system; and behavioral health costs
Entity responsible for tracking outcomes	CME and the state have shared responsibilities.
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	The state's contract with the CME (ICC provider) specifies 10 specific outcomes that must be achieved in order to receive incentive payments.
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	The CME has customized their information technology system to be able to track high-fidelity Wraparound activities, but the system is still a work in progress. The CME is looking at purchasing the Fidelity EHR system, which would be ideal for our programs.
Contact	**Lisa Brockman, Medicaid Children's Mental Health Waiver and Care Management Entity Programs Manager Wyoming Department of Health, Division of Healthcare Financing (Medicaid) lisa.brockman@wyo.gov 307-777-7326**

Section 2: Implementation Phase

This phase is marked by ICC programs that may be regionalized, in the early stages of partnering with youth and their families in ICC or actively establishing the infrastructure necessary for expansion and quality monitoring. In this phase, fidelity-monitoring practices are being determined and feedback loops established to address any barriers or challenges that may occur. Some ICC programs in this phase may have expanded statewide but are still working on components necessary for sustainability that could include financing, workforce development or data collection practices.

ARIZONA

Name of Care Management Entity(ies) (if applicable): Multiple agencies

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid entity, contracts with Regional Behavioral Health Authorities (RBHAs) who in turn contract with agencies to provide High Needs Case Management (HNCM) or ICC for children and families with complex needs. The HNCMs facilitate the Wraparound process.
Tiered (e.g., populations in each, number of tiers) care management model	In Arizona the Child and Adolescent Service Intensity Instrument (CASII) is used to assist in determining which children receive ICC and Wraparound. Children ages 6-18 with a CASII score of four, five or six are assigned an ICC. Children ages birth to five receive ICC based on various factors including multi-agency involvement (child welfare, Division of Developmental Disabilities (DDD)) and polypharmacy. Children not in these categories are still served by a Child and Family Team but not ICC, which, in Arizona, constitutes Wraparound.
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	Arizona's Medicaid entity, AHCCCS
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	In Arizona, intensive care coordinators employed by behavioral health agencies, contracted with the RBHAs, coordinate the Wraparound process. The RBHAs are Managed Care Organizations contracted with the state. The agencies providing ICC are typically nonprofit but not necessarily so.
Population(s) served (including the *target population definition*, if applicable)	Medicaid eligible children aged birth to 18 (possibly up to 21) who meet the criteria listed above
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	Approximately 8,000

ARIZONA

ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	In addition to the standard eligibility screening for Medicaid, Arizona uses the CASII mentioned in General Structure section. See response above in the General Structure section.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	The Managed Care Organization or designated providers
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	The Managed Care Organization or designated providers
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	Once Medicaid eligibility is determined, the CASII is used to determine enrollment in the ICC Wraparound program (for children ages 6-18). For younger children, see above in the General Structure section.
Average length of involvement with ICC/ Wraparound	This is not tracked.
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Care coordinators need to complete the Child and Family Team training. Usually this is a four-day training based on John VanDenBerg's training model.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	There are no educational requirements although most have a bachelor's degree and/or case management (CM) experience.
Certification requirements for care coordinators	N/a
Care coordinator to child/family ratio	The ratio is typically between 15-20, but it may expand to 25 to incorporate sibling groups.

ARIZONA

Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Typically, these supervisors are experienced Wraparound facilitators but there is no credentialing requirement.
Supervisor to care coordinator ratio	There is no state standard. Each agency determines this ratio.
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Yes
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	N/a, but some of this may be included on the Child and Family Team Service Plan, if the team thinks this is important.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	N/a
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team?	Yes a. This varies depending on the behavioral health provider. There is no standard number of hours, b. Evaluating, prescribing, monitoring medications and consulting the team c. Role of psychiatrist/APRN on child and family team: *Continued on next page*

i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	i. Yes ii. Typically, yes but not always iii. Yes. Although they may not physically participate, they may communicate their thoughts through the parent, HNCM or therapist.
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array	a. Yes, but for parents/guardians of children enrolled in our ICC program, this would more likely be billed under Family Support as we define it in Arizona. b. Yes c. Yes
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	It is a Medicaid reimbursable service billed under the category of Support Services.
Rate for parent peer support	This rate varies and could range from about $16 per 15-minute unit to more than $30 per unit, depending on the credentials of the provider.
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	AHCCCS was responsible for developing the training and establishing credentialing requirements. The training is delivered by Managed Care Organization's provider agencies and family-run Organizations (FROs).
Funds used to pay for development and training of parent/caregiver peer partners	Administrative funds were used to develop the training and in the provision of the training.

ARIZONA

YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. Yes b. No c. Yes It is promoted through the Youth Involvement guidance tool, which is maintained by the AHCCCS. Peer mentorship is implemented primarily through FROs and through organizations that use the Transition to Independence Process (TIP) Model with transition-aged youth.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	Peer support is a billable service under Medicaid, under the category Support Services. In Arizona, providers typically are age 21 or older to be paid employees.
Rate for youth peer support	As determined by state reimbursement schedule, typically the same as Parent Support listed above
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	AHCCCS was responsible for developing the training and establishing credentialing requirements. The training is delivered by Managed Care Organization's provider agencies and FROs.
Funds used to pay for development and training of youth peer partners	Administrative funds were used to develop the training and in the provision of the training.
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Medicaid is the primary funding mechanism.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Care coordination is billed in 15-minute increments. Rates are not different for ICC and other case managers. Reimbursement is higher for community-based services.

ARIZONA

Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Health homes either provide or have access to ICC.
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Yes, providers are able to bill for time in CFTs through Medicaid covered services. Typically, these are billed under Case Management.
Medicaid vehicles used to finance ICC/ Wraparound	1115 Waiver
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	Wraparound Milwaukee, John VanDenBerg, University of South Florida, etc. Funded through System of Care development grants and state behavioral health funding Currently, our Managed Care Organizations/provider agencies have responsibility to train ICCs with funding from their state (administrative) funds. There is no 'formal' coaching process currently. However, the Managed Care Organizations train with curricula originally developed by the state.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	These trainings are part of the training curricula offered by the Managed Care Organizations, and are available to all behavioral health provider staff in the geographic area.

ARIZONA

Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	All residents in Arizona have access to crisis services via mobile crisis providers in each geographic region. Intensive in-home (Wrap) services are available to clients serviced by ICCs throughout Arizona. All services are Medicaid funded. Respite services can be provided both in the home and as a facility-based service.
Flexible funds and how these are financed, administered, budgeted, and allocated	Some agencies use discretionary funds for this purpose. They are not currently available as a covered service.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	The Managed Care Organizations through contracts with the state Medicaid Agency, AHCCCS
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	Managed care entity, care management entity and state or local public agency
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	AHCCCS uses the System of Care Practice Review (University of South Florida). In addition to routine fidelity monitoring and oversight by the Managed Care Organizations.
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	AHCCCS uses a contractor to conduct System of Care Practice Reviews and continues to use University of South Florida as a research partner for statewide evaluation analysis and annual report development. FROs are used to conduct portions of the evaluation (brief practice reviews). AHCCCS oversees quality and fidelity in conjunction with Managed Care Organization contractors.

ARIZONA

Outcomes tracked	Systems of care fidelity across four domains and 13 sub-domains. One of the four domains is “Impact” which measures how appropriate and successful interventions have been for the youth and family.
Entity responsible for tracking outcomes	AHCCCS Managed Care Organizations
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	200 SOCPR reviews (in-depth/case specific) and 800 Brief Practice Reviews (telephonic) are conducted with agencies around the state annually. Specific agencies are given detailed feedback on systems of care fidelity and develop performance improvement plans based on results. Overall, statewide data is compiled annually, and posted to the AHCCCS website.
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	BH agencies around the state use EHRs, but there is no unified process for data sharing at this point.
Contact	**Kevin Flynn** **kevin.flynn@azahcccs.go** **602-364-4685** **Robert Crouse** **robert.crouse@azahcccs.gov** **602-364-4854**

ARKANSAS

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Division of Behavioral Health Services (DBHS)
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	DBHS
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Private nonprofit. They also provide behavioral health services.
Population(s) served (including the *target population definition*, if applicable)	**Child/youth must meet criteria in all of six (6) categories listed below:** 1. A child/youth is under the age 18 or a youth between 18 and 21 who receives behavioral health services prior to the 18th birthday and who meets the requirements below: 2. Functional Impairment or Symptoms: Functional impairment in two of the following five capacities (compared with expected developmental level): • Functional self-care: Impairment in self-care is manifested by a person's consistent inability to take care of personal grooming, hygiene, clothes, and meeting of nutritional needs • Functioning in the community: Impairment in community function is manifested by a consistent lack of age-appropriate behavioral controls, decision-making, judgment and value systems which result in potential involvement or involvement in the juvenile justice system • Functioning in social relationships • Functioning in the family *Continued on next page*

	• Functioning at school/work 3. The child/youth must have one of the following: • Has demonstrated a danger to self or others within the last six months • Has engaged in serious or repeated acts of destruction to property within the last six months • The individual is self-destructive such as at risk for suicide, runaway, promiscuity; or at risk for causing serious injury to others 4. The child/adolescent has a psychiatric disorder that has been diagnosed by a licensed mental health professional. These disorders are excluded unless co-occurring with another psychiatric disorder: • Autism Spectrum Disorder • Substance Use Disorder • Intellectual Disability Disorder 5. The child/youth is currently involved with two or more child-serving divisions or agencies including mental health services. 6. The child/youth meets criteria for at least two of the following six: • Is currently at risk for out-of-home placement in a residential facility for severe behavioral or psychiatric issues • Is currently inpatient in an acute psychiatric hospital or has experienced two or more acute psychiatric hospitalizations within the last 12 months • Recent (within last six months) or pending discharge from a residential facility for severe behavioral or psychiatric issues • A history of one or more suicide attempts within the past 12 months • History of significant trauma • Behaviors have resulted in significant involvement with the Juvenile Court in last 12 months

ARKANSAS

Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	Last state fiscal year approximately 900 were served. We are not tracking race and ethnicity.
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	Arkansas Wraparound Eligibility Criteria Form
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Designated providers who provide Wraparound
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	Designated provider agency
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	Eligibility requirements as listed above in the General Structures section must be checked off to demonstrate eligibility. We have created an outcomes tool.
Average length of involvement with ICC/ Wraparound	One year to 18 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Completion of state approved Wraparound training and certification
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Most Wraparound facilitators have at least a bachelor's but this is not required.
Certification requirements for care coordinators	Successful completion of the Wraparound training

ARKANSAS

Care coordinator to child/family ratio	Up to 20 families per Wraparound facilitator
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	There is not a specific requirement but most are at least bachelor's level. The program is supervised at the provider level by the children's clinical director who is a licensed mental health professional.
Supervisor to care coordinator ratio	Most of the programs have one supervisor who may carry a caseload and one or two Wraparound facilitators.
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Yes
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	N/a
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	Not routinely

ARKANSAS

ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Yes. However, they would most likely go through the children's clinical director. a. This would vary from site to site. b. Medication management is through the psychiatrist/APRN at the mental health facility that also administers the Wraparound program. Some children/youth may have their medication managed by primary care physician. c. This would vary from site to site. The psychiatrist would not sign off on the care plan unless they are a member of the team. In most cases the psychiatrist is not a member of the team. Time required and cost to the agency would prohibit this.
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Currently, family support is available to all families in Wraparound who demonstrate a need.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Currently through state general revenue but will become a Medicaid reimbursable service within the current state fiscal year
Rate for parent peer support	$100 per family per month

ARKANSAS

Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	DBHS
Funds used to pay for development and training of parent/caregiver peer partners	Currently through Substance Abuse and Mental Health Services Administration (SAMHSA) system of care grant
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	We have just started youth support. This service is not currently available as training has just occurred and the certified youth support are not yet employed. This will be Medicaid reimbursable as a Tier II service July 2018.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	It will be Medicaid reimbursed within the current state fiscal year.
Rate for youth peer support	Not currently provided
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	DBHS
Funds used to pay for development and training of youth peer partners	SAMHSA systems of care grant
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	State General Revenue (SGR) managed through Department of Behavioral Health Services
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Billed as a case rate of $200 per month per member

ARKANSAS

Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Not at this time
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	N/a
Medicaid vehicles used to finance ICC/ Wraparound	N/a
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	DBHS provides training. We are looking at contracting in the future. It has not yet been determined how the training will be funded after the end of the systems of care SAMHSA grant in one year. Prior to the grant it was funded through SGR. DBHS employs technical assistants who provide coaching and guidance to sites.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Trauma-informed care and cultural competency
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	We are in the process of development of mobile crisis. Intensive family services are available to families that qualify. Respite may be provided through flexible funds.

ARKANSAS

Flexible funds and how these are financed, administered, budgeted, and allocated	Flex funds are available to Wraparound families who meet income eligibility. They are funded through SGR and allocated to individual sites based primarily on population.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	DBHS and local regional systems of care sites
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	DBHS and local regional sites
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	We are not currently measuring fidelity but measure outcomes through the functional assessments completed at eligibility.
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	N/a
Outcomes tracked	This information is not available at the time of publication.
Entity responsible for tracking outcomes	Local systems of care sites and DBHS
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	We complete a yearly membership survey and compile that information into a report.
Outcomes data	N/a

ARKANSAS

Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	DBHS administers a care data system where local systems of care sites input data on all Wraparound clients.
Contact	**Dena Perry** **dena.perry@dhs.arkansas.gov** **501-686-9178**

CALIFORNIA

Count(ies): 56 Mental Health Plans (MHPs) in California

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE

Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	California's Department of Health Care Services (DHCS) administers a 1915(b) waiver to provide Specialty Mental Health Services (SMHS) using a managed care service delivery model. The SMHS waiver program is administered locally by each county's mental health plan (MHP) and each MHP provides, or arranges for, SMHS for Medi-Cal beneficiaries who meet medical necessity criteria. DHCS contracts with each county MHP for the provision of SMHS. MHPs provide direct services, and also contract with a variety of organizational, individual and group providers to deliver SMHS, including, but not limited to ICC. ICC is a SMHS available to children and youth under the age of 21 as an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. ICC is a Targeted Case Management service that facilitates assessment of, care planning for, and coordination of services to beneficiaries under the age of 21 who are eligible for full scope Medi-Cal services and who meet medical necessity criteria for this service. ICC service components include: assessing; service planning and implementation; monitoring and adapting; and transition. ICC services require the establishment of a Child and Family Team (CFT) to ensure facilitation of a collaborative relationship among a youth, his/her family and involved child-serving systems. An ICC coordinator serves as the single point of accountability to: • Ensure that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized, family/youth driven and culturally and linguistically relevant manner and that services and supports are guided by the needs of the child or youth. • Facilitate a collaborative relationship among the child or youth, his/her family and involved child-serving systems • Support the parent/caregiver in meeting their child or youth's needs *Continued on next page*

	• Help establish the CFT and provide ongoing support • Organize and match care across providers and child serving systems to allow the child or youth to be served in his/her home community. Although a CFT is in place for children and youth who receive ICC, high-fidelity Wraparound is not a required element in in the provision of ICC. In addition, in California, Wraparound services are overseen by the California Department of Social Services (CDSS). CDSS provides oversight to the California Wraparound, which is a systemic practice element of child welfare, juvenile probation and mental health services across the state and widely recognized as a promising practice that promotes the engagement of children and families in a team-driven process. A CFT develops and follows a service plan that is comprehensive, family-centered, strengths-based and needs-driven. This engagement with families is an essential factor in achieving positive outcomes. Counties who provide California Wraparound services use nonfederal Aid to Families with Dependent Children-Foster Care funds, not including the cost of any out-of-home placement, to be used flexibly to develop in-home service alternatives to out-of-home care. These funds are part of each county's Local Revenue Fund. Some counties who provide California Wraparound also utilize EPSDT funding to maximize service capacity and availability of federal funds. It is important to note that federal Title IV-E funds are not flexible and cannot be used to pay for Wraparound.
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	DHCS oversees the provision of ICC services. CDSS oversees Wraparound programs.

CALIFORNIA

Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	ICC services are not required to be provided using high-quality Wraparound. DHCS contracts with county MHPs to provide SMHS, including ICC. MHPs also provide or arrange for the provision of SMHS, including ICC. MHPs provide some SMHS, including ICC, directly and contract with providers to provide some SMHS, including ICC. MHPs are local county government entities. MHPs may contract with a variety of entities including private nonprofit providers, public providers, private practice providers and other community-based provider entities. At the local level, some providers may provide both ICC and Wraparound services.
Population(s) served (including the *target population definition*, if applicable)	ICC is provided through the EPSDT benefit to all children and youth who: • Are under the age of 21; • Are eligible for full-scope Medi-Cal; and • Meet medical necessity criteria for SMHS as set forth in California Code of Regulations, Title 9, Section 1830.205 or Section 1830.210. Wraparound's specific target population is defined in state statute as: 1. A child or non-minor dependent who has been adjudicated as either a dependent, transition dependent or ward of the juvenile court pursuant to Section 300, 450, 601 or 602, who is the subject of a petition filed pursuant to Section 602 and who is participating in a program described in Section 654.2, 725 or 790, or who is or may be within the jurisdiction of the juvenile court and is participating in a program of supervision pursuant to Section 654, and is at risk of placement in out-of-home care; 2. A child or non-minor dependent who is currently, or who would be, placed in out-of-home care; or 3. A child who is eligible for adoption assistance program benefits when the responsible public agency has approved the provision of Wraparound services in lieu of out-of-home care. However, counties are not prohibited from providing Wraparound to other populations, as well.

CALIFORNIA

Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	In Calendar Year (CY) 2016, 11,093 children and youth received ICC services. CY 2016 is the calendar year for which we have most complete data. Since implementation of ICC services in 2013, a total of approximately 17,000 children have received ICC services. Approximately 3,500-4,000 children and youth with open child welfare cases in the Child Welfare System/Case Management System receive Wraparound services. Since this program supports a multitude of agencies statewide, including mental health programs, juvenile probation, group homes; these youth would not be entered into the Child Welfare System/ Case Management System. Therefore, it is not possible for the State to quantify the total number of children and youth served throughout the state.
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	MHPs do not screen for Medi-Cal eligibility. MHPs are responsible for conducting a comprehensive assessment to determine if a child or youth meet medical necessity criteria for SMHS. MHPs are also required to utilize Child and Adolescent Needs and Strengths (CANS) and the Pediatric Symptoms Checklist. For Wraparound, there is no standardized process used to screen children, youth and families for eligibility. The California Wraparound program provides children and youth who have complex needs with comprehensive and cost-effective intensive, coordinated, highly individualized interventions and linkage to services.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	For the Wraparound program, the screening varies from county to county. For example, some counties contract with providers to provide eligibility screening. In other counties, the county child welfare or county MHP provides the screening. MHPs are responsible for determining if a child meets medical necessity criteria for SMHS and, if so, what SMHS the child needs to address his or her mental health needs and goals.

CALIFORNIA

Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	MHPs are responsible to provide or arrange for ICC; there is no enrollment into ICC. MHPs are responsible for providing or arranging for the provision of ICC; there is no enrollment into ICC. Child Welfare Departments authorize Wraparound services; there is no enrollment into Wraparound.
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	There is no standardized tool used to screen for eligibility. However, CANS is used within the CFT to guide case planning and service delivery.
Average length of involvement with ICC/ Wraparound	In FY 2016-17, the annual average number of minutes per client was 1,642. The average length of ICC is not available. For Wraparound, the length of involvement typically ranges from 8 to 18 months and depends upon the individual needs of the child and family and their service plan.
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Credentialing is not a requirement for ICC coordinators or other ICC providers.

CALIFORNIA

Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Specific requirements for ICC coordinators are established by MHPs. The following providers may provide SMHS, which may include ICC in accordance with state law and scope of practice: • Physicians • Licensed/Waivered Psychologists • Licensed/Registered/Waivered Clinical Social Workers • Licensed/Registered/Waivered Professional Clinical Counselor • Licensed/Registered/Waivered Marriage and Family Therapist • Registered Nurse • Certified Nurse Specialist Nurse Practitioner • Physician Assistant • Pharmacist • Licensed Vocational Nurse (LVN) • Licensed Psychiatric Technician (LPT) • Mental Health Rehabilitation Specialist (MHRS) • Occupational Therapist • Other Qualified Provider
Certification requirements for care coordinators	N/a
Care coordinator to child/family ratio	This information is unavailable at the state level and would vary across the state.
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	The state does not establish these criteria.
Supervisor to care coordinator ratio	This information is unavailable at the state level and would vary across the state.

CALIFORNIA

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	The ICC coordinator is expected to help coordinate and refer the child or youth to other services, which may include the child's medical home.
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	Tracking and reporting on any physical health-related outcomes is not a requirement of the provision of ICC. For Wraparound, the child welfare agency is responsible for reporting health-related outcomes in the Health and Education Passport. There is no requirement to report this information in the Wraparound Service Plan; however, coordination and communication to ensure the physical, dental and mental health needs of the child are met could be included as a component of the Wraparound Service Plan.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	Using wellness coaches or partnering with wellness activities in the community may occur within both ICC and Wraparound. Wellness coaches and other community partners can be members of the CFT, as determined appropriate.
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	For ICC, the child and youth also receive other SMHS which may include therapy, medication support, etc. a. Hours per week vary from MHP to MHP, and are based on the beneficiary's individual needs. b. The psychiatrist/APRN typically provide medication support services, which include prescribing, administering, dispending and monitoring drug interactions. c. The psychiatrist/APRN may consult with care coordinators as needed. They are not specifically required to review/sign off on every plan of care, and they may be part of the CFT.

CALIFORNIA

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	MHPs may, but are not required to, utilize parent partners as providers. The use of parent partners, required qualifications, the services they provide, reimbursement rates and funding varies from MHP to MHP.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Peer support is not a distinct service type in Medi-Cal, and peer support providers are not a distinct provider type in Medi-Cal. However, in SMHS, peer support may be provided under existing SMHS or components of SMHS, such as via case management or rehabilitation. Peer support providers are typically captured under “other qualified providers” as authorized by California’s Medicaid State Plan.
Rate for parent peer support	SMHS are reimbursed rates established by the MHPs depending on the specific SMHS provided. There is not a specific rate for parent peer support because 1) the state doesn’t establish rates, and 2) parent peer support is not a distinct Medi-Cal service.
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	Development and training of parent/caregiver peer partners is managed at the local MHP level.
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	California is implementing Medicaid health homes; however, the extent to which ICC will be used as part of the health home approach for children/youth with serious emotional disturbance (SED) is unknown at this time.
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	ICC is reimbursed at the same rate as TCM, and is billed in minute increments. ICC is billed using HCPCS code T1017 with modifier HK.

CALIFORNIA

Medicaid vehicles used to finance ICC/ Wraparound	Medicaid State Plan, TCM
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	Initial and ongoing training for ICC coordinators is conducted and funded at the local level.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Training for ICC coordinators is conducted at the local level. There is not a statewide training curriculum for ICC coordinators.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Crisis intervention (including mobile crisis), crisis stabilization and intensive home-based services are available for children and youth who need these services. These are Medi-Cal services funded by a combination of federal Medicaid dollars (usually 50%) and local match (usually 50%). Respite is not a covered Medi-Cal service, but may be provided using other local funds.
Flexible funds and how these are financed, administered, budgeted, and allocated	The SMHS program does not use flexible funds.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	For ICC, MHPs are responsible. For Wraparound, county child welfare, county MHPs, and/ or contracted Wraparound providers are responsible for developing their networks to ensure a broad array of services are available to meet the needs of children and families.

CALIFORNIA

YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	MHPs may, but are not required to, utilize youth partners as providers. The use of youth partners, required qualifications, the services they provide, reimbursement rates, and funding varies from MHP to MHP.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	Peer support is not a distinct service type in Medi-Cal, and peer support providers are not a distinct provider type in Medi-Cal. However, in SMHS, peer support may be provided under existing SMHS or components of SMHS, such as via case management or rehabilitation. Peer support providers are typically captured under “other qualified providers” as authorized by California’s Medicaid State Plan.
Rate for youth peer support	SMHS are reimbursed rates established by the MHPs depending on the specific SMHS provided. There is not a specific rate for peer support because 1) the state doesn’t establish rates, and 2) parent peer support is not a distinct Medi-Cal service.
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	Development and training of youth peer partners is managed at the local MHP level.
Funds used to pay for development and training of youth peer partners	MHPs fund development and training for youth peer partners. There is not a specific dedicated funding source for this at the state level.
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	As a Medi-Cal service, ICC is funded by federal Medicaid funds (typically 50%), and MHPs pay for the non-federal match using local funding sources such as realignment, Mental Health Services Act (MHSA), and other county funds.

CALIFORNIA

ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	MHPs establish reimbursement rates, so the rate for ICC varies across the state. However, ICC is reimbursed at the same rate as TCM, and is billed in minute increments.
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	California is implementing Medicaid health homes. However, the extent to which ICC will be used as part of the health home approach for children/youth with SED is unknown at this time.
1. Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	ICC is reimbursed at the same rate as TCM, and is billed in minute increments. ICC is billed using HCPCS code T1017 with modifier HK.
Medicaid vehicles used to finance ICC/ Wraparound	Medicaid State Plan, TCM
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	MHPs are responsible for utilization management for ICC.
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	N/a. ICC is not required to be provided using high-fidelity Wraparound.
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	For Wraparound, contracted providers must ensure Wraparound services meet the Wraparound fidelity index and are outcomes-focused. In addition, California Wraparound programs must adhere to the California Wraparound Standards issued by CDSS. Numerous contracted providers track outcomes on a quarterly basis and these are reported to county agencies.
Outcomes tracked	This information is unknown/unavailable.
Entity responsible for tracking outcomes	This information is unknown/unavailable.

CALIFORNIA

Formalized mechanism or group to share data and/or information (or formal data dissemination process)	This information is unknown/unavailable.
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	MHPs use a variety of EHR systems in the provision of SMHS, including ICC.
Contact	**Erika Cristo** **erika.cristo@dhcs.cs.gov** **915-552-9055** **Teresa Castillo** **teresa.castillo@dhcs.ca.gov** **916-319-8153** **Lupe Grimaldi** **lupe.crimaldi@dss.ca.gov** **916-651-6062** **Lisa Witchey** **lisa.witchey@dss.ca.gov** **916-651-6200**

EL PASO COUNTY, COLORADO

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	AspenPointe, the Community Mental Health Center (CMHC), a provider in the Medicaid behavioral health managed care network employs the staff who provide ICC. Referrals come from the CMHC, child welfare, probation, the schools and other agencies within the community.
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	Current oversight through the Office of Behavioral Health, and locally through AspenPointe Health Services, the CMHC
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	care coordinators were initially funded through a pilot for the development of a Care Management Entity and then transitioned to salaried employees of the CMHC, AspenPointe Health Services. AspenPointe developed an ICC program called REACH Youth and Families.
Population(s) served (including the *target population definition*, if applicable)	Youth ages 6-21 who are involved with multiple systems or agencies within El Paso County. The youth must have an identifiable serious emotional disturbance (SED), must be at risk of or in out-of-home placement and have involvement in at least two systems.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	45-50 children/families
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	The youth must have an identifiable SED, must be at risk of or in out-of-home placement and have involvement in at least two systems.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	The REACH Youth and Families program supervisor screens all referrals made to the program.

EL PASO COUNTY, COLORADO

Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	The referral is initiated by either a mental health center, school, child welfare or probation staff and then screened in or out of the program by the REACH Youth and Families program manager.
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	National Outcomes Measures (NOMS) and CO Client Assessment Record (CCAR)
Average length of involvement with ICC/ Wraparound	6-18 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Care coordinators are trained in high-quality Wraparound by a certified Wraparound coach. care coordinators complete the certification process from the high-quality Wraparound coach in order to become credentialed as certified Wraparound facilitators.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Master's degree
Certification requirements for care coordinators	No certification requirement, but Wraparound training is required with the goal to have care coordinators certified as Wraparound facilitators.
Care coordinator to child/family ratio	1:10
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Master's degree and behavioral health licensure
Supervisor to care coordinator ratio	1:4

EL PASO COUNTY, COLORADO

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Coordination happens with the health home when the client has presenting physical health conditions impacting functioning.
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	N/a
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	The program links children and families to any needed nontraditional supports in the community.
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	As employees of the CMHC, care coordinators have access to all resources of the CMHC. This includes psychiatrists, nurses, psychologists and master's level and licensed therapists. a. Mental health professionals are available for consult on an as-needed basis. b. Medication management is an evolving aspect of care and the resource is utilized whenever indicated for the child. c. The prescriber is able and encouraged to participate on the child and family team, as appropriate. care coordinators staff cases with psychiatry routinely and provide the plan of care from Wraparound meetings to prescriber for review.

EL PASO COUNTY, COLORADO

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	A family advocate (with lived experience) is offered with ICC practice and the peer support interacts with the children and families.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	CMHC funds support this role and it is sustained through Medicaid funding.
Rate for parent peer support	REACH Youth and Families continues to work toward establishing a baseline for the calculation of a case rate, but none exists at this time.
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	AspenPointe is responsible for developing the family advocacy component for Wraparound involved children and families. The individual holding this position has direct experience caring for children with complex social/emotional needs and multisystem involvement. Training has been a collective effort between AspenPointe, the state, and independent experts in the community.
Funds used to pay for development and training of parent/caregiver peer partners	Training is currently funded by the Collaborative Management Program (CMP) and the CMHC.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Youth peer support is not available at this time, but plans are being made to add peer support in the future.
Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	N/a

EL PASO COUNTY, COLORADO

Rate for youth peer support	N/a
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	N/a
Funds used to pay for development and training of youth peer partners	N/a
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Medicaid (managed by new Regional Accountable Entity) beginning July 1, 2018
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	H2021 (per 15 minutes up to four hours) H2022 (over four hours in one day) ***Rates are currently being established with the new Regional Accountable Entity who will be managing the behavioral health dollars under Medicaid for El Paso County beginning July 1, 2018.
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	State is undecided
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Currently, under Medicaid, mental health providers can bill for a staffing if minimum standards are met (i.e., at least three providers from different specialties/disciplines are present, and meeting is a minimum of 30 minutes). With a client present the code is 99366, without the client it is 99368. If the minimum standards (above) are not met, the encounter is coded as case management (T1016).
Medicaid vehicles used to finance ICC/ Wraparound	Medicaid 1915(b) waiver

EL PASO COUNTY, COLORADO

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	Colorado has in-state trainers that have been trained through Vroon VanDenBerg. AspenPointe Health Services has two certified Wraparound coaches and is able to sustain the certification of their own Wraparound facilitators. Facilitators receive four hours of group coaching and two to four hours of individual supervision monthly on model fidelity.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Facilitators receive training in trauma-informed care, Mental Health First Aid and motivational interviewing.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Mobile crisis response and stabilization services, through the crisis response system throughout the state Intensive in-home services, through Medicaid behavioral health managed care, and if child welfare is involved, through child welfare funding
Flexible funds and how these are financed, administered, budgeted, and allocated	Flex funding is accessed through HB 1451 (Collaborative Management Program) state allocated dollars and block grant state funding.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	The Regional Accountable Entity will be responsible for the provider network.
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	Utilization management will be the responsibility of the new Regional Accountable Entity beginning July 1, 2018.

EL PASO COUNTY, COLORADO

Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	Wraparound Fidelity Index Short Version (WFI-EZ) and Vroon Vandenberg certification rubrics
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	N/a The REACH Youth and Families, program evaluator and program supervisor
Outcomes tracked	Wraparound fidelity, clinical and functional outcomes, medication monitoring, use of family advocates/peer supports/ community resources, reduced residential service use and improved satisfaction with services
Entity responsible for tracking outcomes	REACH Youth and Families with state assistance
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Data is shared with systems through established community meetings: HB 1451: System Integration and Interagency Operating Group Meetings
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	Staff use the CMHC EHR. The system allows for documentation by case and attaches forms specific to the interventions completed by care coordinators (i.e., plan of care, crisis plan, team meeting documentation).
Contact	**Claudia Zundel, Director of Child, Adolescent and Family Services** **Colorado Department of Human Services** **claudia.zundel@state.co.us** **Brandi Haws, Vice President, Child and Family, MSO and Operations** **AspenPointe** **brandi.haws@aspenpointe.org**

CONNECTICUT

Name of Care Management Entity(ies) (if applicable): Partial ASO Beacon Health Options

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	State of Connecticut Department of Children and Families (DCF)
Tiered (e.g., populations in each, number of tiers) care management model	Not tiered, but Care Coordination (CC) (with fidelity) for non-system involved children and families at risk for system involvement or Child Protective Services (CPS), Juvenile Justice (JJ) and Developmental Disabilities Services (DDS) or at risk for congregate care is used. ICC for CPS system involved children who are in congregate care or at risk of congregate care settings is also used. In implementation of the model of both ICC and CC, the same approach (Wraparound with fidelity) is employed. The referring criteria are different and as described above (not the model).
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	DCF oversees CC and ICC
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Private nonprofit Partial managed care entity (Beacon Health has our only ICC contract, serving the entire state. Eleven (11) private nonprofits have the remaining CC contracts serving the entire state)

CONNECTICUT

Population(s) served (including the *target population definition,* if applicable)	**CC:** The target population for both CC and Respite Care are children and youth, ages birth through 18, (including any child enrolled in HUSKY Part A and Part B) who: have complex behavioral health needs; display serious emotional and behavioral disturbances and require an intensive coordination of multiple services to meet those needs; and are at risk to be, or have already been, separated from their family and/or community (i.e., residential or hospital level care) for the primary purpose of receiving mental health or behavioral health related services. Children involved in DCF protective or voluntary services are ineligible for CC and respite care services except when a child and family is being referred as the family transitions from receiving child protective services at DCF to a closed case and is referred for community services as a follow-up. Such exceptions must be approved by the DCF contract manager. The care coordinator will not duplicate services with DCF for longer than 45 days. **ICC:** The target population for the Care Management Entity (CME) will be children and youth, ages 10-18, with complex behavioral, emotional, physical and/or psychiatric needs and who reside in a congregate care setting (residential treatment centers, detention centers, Short Term Family Integrated Treatment (S-FIT), Short Term Assessment and Respite (STAR) Homes, group homes, Connecticut Juvenile Training School (CJTS) and other residential settings) or who are frequent users of hospital emergency departments and/or in-patient hospitals for psychiatric or behavioral health issues. More specifically, the presenting conditions of children and youth referred to the CME may include but are not limited to: • Trauma symptoms • Aggression toward self or others • Attachment challenges • Difficulty relating to peers and others • Self-injurious behavior • Hyperactivity and or anxiety *Continued on next page*

	• History of legal involvement/legal charges • Depressed mood • Impulsivity • Substance use/abuse • Oppositional behaviors • History of suicidal ideation • Victims of domestic violence or sex trafficking • Running away • Impaired reality testing • Problem sexual behaviors • History of fire-sitting • Other issues
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	In CC, we serve approximately 1,250 annually; generally between 60% to 65% are male and 35% to 40% are female. Approximately 28–30% are Caucasian; 19–20% are black; under 5% are other races/ethnicities; under 5% are unable to identify; under 5% are multi-racial; and between 40% to 43% identify as Hispanic. In ICC, we serve about 140 to 160 annually. Approximately 65% are male, and 35% are female. Approximately 48% are Caucasian, 25% are black, 4% are other races/ethnicities; and 23% are Hispanic.
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	N/a See above contract target population criteria for both ICC and CC. For CC, there is awareness that the criteria used are subjective. Available capacity is lower than demand, but generally the urban area waitlists tend to be longer and child needs tend to be higher which sometimes rules out children and families that might meet criteria for service but don't get it. For ICC, it is more tightly controlled by referrals from child welfare.

CONNECTICUT

Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	For CC, the manager from each nonprofit BH provider conducts eligibility screening. For ICC, it is a combination of the ICC supervisor (CME) and child welfare gatekeeper referrers (state DCF).
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	No authorization; contracted services
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	N/a
Average length of involvement with ICC/ Wraparound	5 to 5.5 months (LOS allowed by contract is 6 months, with possibility of one 6-month extension; this is a rare exception)
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Bachelor's level with behavioral health experience for both
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's for both ICC and CC
Certification requirements for care coordinators	Currently under development for potential use in the future
Care coordinator to child/family ratio	1:8-10
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other):	Master's for both
Supervisor to care coordinator ratio	There are a variety of ratios from 4 to 8 CCs to 1 supervisor. There is a limit that ratios cannot exceed 8 CCs to 1 supervisor.

CONNECTICUT

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	N/a; there is limited use of the medical home model in CT. DPH has the medical home initiative and they assign CC to the medical homes, but high-quality Wraparound is not used. The number of children to CC ratios are much higher.
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	This is currently under review. No decisions have been made.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	N/a
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	For CC, yes/mostly (we do not pay for it in the contract, but most CC BH providers have in-house coverage and self-refer) For ICC, yes (this is not paid for in the contract, but ICC with Beacon Health has in-house coverage and self-refer) a. N/a b. N/a c. N/a

CONNECTICUT

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Yes, for ICC, and partially for CC. (About 25% of the families in CC receive a team approach with peer specialist. CC capacity is greater than peer specialist capacity. In ICC every family receives both.)
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	State contracted service provided by DCF
Rate for parent peer support	No rate, contract, but $12 to $15 per hour is what the average peer specialist earns.
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	Family-run and state both offer training. A combined training with all ICCs, CCs and all peer specialists is also offered.
Funds used to pay for development and training of parent/caregiver peer partners	State dollars and the providers do some in-house training with the contracted dollars.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. No b. No c. No
Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	N/a
Rate for youth peer support	N/a

CONNECTICUT

Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	N/a
Funds used to pay for development and training of youth peer partners	There is considerable training for children and youth using our current CONNECT systems of care Substance Abuse and Mental Health Services Administration (SAMHSA) grant.
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	DCF (Combined MH, CW, JJ, prevention) Some general revenue (we use some SAMHSA systems of care dollars, not for CC or ICC but supplement training to them)
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	N/a; contracted
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	This is being considered.
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	N/a
Medicaid vehicles used to finance ICC/ Wraparound	This is under consideration, but there has been little action.

CONNECTICUT

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded	Yes
Capacity to train coordinators	Yes
a. Who provides training	a. Three trainers from Wraparound Milwaukee (MJM) and one from Massachusetts are being used. In addition, local trainers are being used.
b. How it is financed	b. State dollars from DCF to consultants referenced above
Structured coaching process for the care coordinators and how financed	State general fund dollars through contracts
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Child Trauma Screen developed in CT Screening, Brief Intervention, and Referral to Treatment (SBIRT) Beginning training on Autism Spectrum
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Mobile crisis response and stabilization services Intensive in-home services Respite services (respite as defined by one to four hours per week for 12 weeks. Not overnight bed respite) Mobile crisis is funded by Medicaid and state general fund contracted dollars through DCF. Some intensive in-home is funded by Medicaid: Multi-systemic Therapy (MST), Multi-Dimensional Treatment Foster Care (MDFT), Family Functional Therapy (FFT) and Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) (CT model developed by Yale)
Flexible funds and how these are financed, administered, budgeted, and allocated	State of Connecticut general funds contracted through DCF
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	DCF statewide. There are six regions of the state and six networks of care are being developed, but these are “bottom up efforts.” There is no formal legislation that has created the six networks.

CONNECTICUT

EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	DCF
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	Ohio Scales Columbia Impairment Scale (CIS) Pediatric Symptom Checklist parent report (P-PSC-17) Caregiver strain questionnaire (CGSQ) ICC also uses the Wraparound Fidelity Index
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	Yes, Beacon Health Options partial CME is responsible for ICC (not CC). State Managed care organization partially, not CC
Outcomes tracked	Above tools in this section and outcomes related to the Plan of Care
Entity responsible for tracking outcomes	State
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Monthly meetings, called WrapCT, are held in which data are reviewed, trainings are conducted and updates are provided. The emphasis during these meetings is on fidelity to Wraparound. Twice yearly all staff come together for in-service and data review.
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	Provider Information Exchange or PIE is used by BH providers to enter data to DCF.
Contact	**Tim Marshall** **tim.marshall@ct.gov** **860-550-6531**

DELAWARE

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Delaware Department of Services for Children, Youth, and their Families (DSCYF), Division of Prevention and Behavioral Health Services (DPBHS), contracts for Wraparound as well as providing Wraparound care coordination internally
Tiered (e.g., populations in each, number of tiers) care management model	The DPBHS Access unit determines medical necessity and eligibility for services. The DPBHS Child and Family Care Coordination (CFCC) unit determines level of care for treatment. DPBHS has five tiers of care coordination. Tiers One to Three are administratively managed (e.g., warm line referral, authorization of outpatient services). Tiers Four and Five provide ICC for children with serious emotional disorders (SED). Tiers Four and Five vary in regards to contact expectations and contact frequency. Tier Five ICC services are delivered to be consistent with Wraparound. Tier populations are distinguished based upon standardized assessment (i.e., Child And Adolescent Service intensity Instrument (CASII), American Society of Addiction Medicine (ASAM) and risk for residential treatment (Tier Five)).
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	DPBHS
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Private nonprofit agencies that also provide other behavioral health services (e.g., in-home counseling and parent aide services)
Population(s) served (including the *target population definition*, if applicable)	Children and youth under the age of 17 years old with SED who are Medicaid eligible, meet CASII (≥17+) or ASAM criteria and are at high risk for out-of-home, residential placement
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	Contracted providers served 70 youth in FY 2017. DPBHS Child and Family Care Coordination (CFCC) unit (in-house Wraparound care coordinators) provided Tier Five care coordination to an average of 186 youth each month in FY 2017.

DELAWARE

ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	CASII is used for determining eligibility for all children being referred for intensive mental health services. Criteria from ASAM are used for determining eligibility for all children being referred for substance abuse treatment. • Client is no more than 17 years of age and is found eligible for DPBHS services • A covered DSM Five diagnosis • At risk for out-of-home/community placement • The CASII/ASAM and other relevant information indicate the youth qualifies for Wraparound services • Assistance required in obtaining and coordinating treatment, rehabilitation and social services • Individual requires a more intensive level of case management than is offered by DPBHS through other services • Multi-agency involvement with a need for coordinated efforts to address basic life needs There is an identified long-term caregiver who is agreeable to participation in Wraparound services.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	All CASII/ASAM screening is conducted by DPBHS staff under the supervision of a licensed clinician.
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	DPBHS
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	The CASII or ASAM is used to screen for eligibility and whenever a decision regarding change in level of care is required. Once enrolled, the Child and Adolescent Needs and Strengths (CANS) assessment is administered every 90 days.
Average length of involvement with ICC/ Wraparound	14-18 months

DELAWARE

REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Wraparound care coordinators will participate and provide documentation of formal training with a certified local coach or through a formal training institution.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	• Wraparound facilitators must possess a minimum of a bachelor's degree in social work or a related field. A master's degree is preferred. • Wraparound facilitators should have a minimum of two years of experience providing services to youth and families with mental health disorders and other complex needs. • Wraparound facilitators must have the ability to communicate with a wide variety of professionals and family members. Skills include excellent written and oral skills. • Wraparound facilitators must: have access to an automobile, possess a valid state of Delaware driver's license and hold active/adequate automobile insurance.
Certification requirements for care coordinators	There are certification requirements for local coaches (DE CFCC supervisors in each region as well as contracted agency supervisors). Care coordinators participate in training and ongoing coaching as part of their onboarding.
Care coordinator to child/family ratio	**Tier Four (ICC)** • PSWIIIs (Senior care coordinators) recommended caseload ratio range from 1:12 and up to 1:15 (due to supervisory duties) • Care coordinators recommended caseload ratio range from 1:15 and up to 1:18 **Tier Five (high-fidelity raparound)** • PSWIIIs recommended caseload ratio range from 1:8 and up to 1:10 (due to supervisory duties) • Care coordinators recommended caseload ratio range from 1:10 and up to 1:12

DELAWARE

Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	The Wraparound approach to training and skill development includes orientation, apprenticeship and ongoing coaching and monitoring through the use of structured supervision tools (i.e., Coaching Observation Measure for Effective Teams (COMET), Supervisory Transfer of Essential Practice Skills (STEPS), Coaching Response to Enhance Skill Transfer (CREST), Supervisory Assessment System (SAS)). In addition to the requirements for care coordinators (above), Wraparound local coaches (supervisors) will complete the certification process within two years of employment and are required to maintain certification throughout their employment with the provider. **Coaching Certification Requirements** • Completion of University of MD Institute for Innovation and Implementation's Training in: (1) Introduction to Wraparound; (2) Engagement in the Wraparound Process; and (3) Intermediate Wraparound; and (4) Advanced Wraparound Practice: Supervision and Managing to Quality; • Demonstrated proficiency in the following Wraparound Practice Improvement Tools: – COMET – STEPS Wheel – CREST Tool – SAS Tool **Successful completion of the following:** • Online Submission of 12 COMETS. Each COMET must include: referral, consecutive plans of care, family story and targeted intervention plan (i.e., crisis plan). Must match national trainer at 85% or greater.
Supervisor to care coordinator ratio	1:6

DELAWARE

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Coordination with any relevant healthcare providers expected within the Child and Family Team Meeting (CFTM).
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	When applicable
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	When applicable
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Children and youth enrolled in Wraparound have access to all services available under the Delaware state plan. The DPBHS medical director is a licensed psychiatrist and is available for consultation as needed. a. N/a b. N/a; Children who require medication and associated monitoring access these services through the Medicaid funded service array. c. The DPBHS medical director is a licensed psychiatrist and is available for consultation. A psychiatrist/APRN is not required to sign off on plans of care. A psychiatrist/APRN engaged in treatment with a specific youth can be invited to participate in the CFTM and would provide consultation to the team.

DELAWARE

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Family Peer Support services are a part of the array of the DPBHS continuum. Although not required, the service is available to all DPBHS-eligible youth receiving ICC.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Although currently grant-funded, Family Peer Services will be shifting to Medicaid reimbursable fee-for-service. • H0038-Self-help/peer services, office • H0038HQ-Self-help/peer services, group, office • H0038HS-Self-help/peer services, family couple without client present, office • H0038HSHQ-Self-help/peer services, family couple without client present, group, office • H0038U1-Self-help/peer services, home/community • H0038HQU1-Self-help/peer services, group, home/community • H0038HSU1-Self-help/peer services, family couple without client present, home/community • H0038HSHQU1-Self-help/peer services, family couple without client present, group, home/community
Rate for parent peer support	• Individual in office: $13.83/15 minutes • Group in office: $3.46/15 minutes • Individual in community: $15.38/15 minutes • Group in the community: $3.85/15 minutes
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	The family-run organization, Champions for Children's Mental Health, is the contracted agency to provide training for family peers.
Funds used to pay for development and training of parent/caregiver peer partners	Currently, training is grant funded. State Medicaid rates were developed to include recruitment and training of future family peers.

DELAWARE

YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Youth peer support as a service has begun on a small-scale through grant funding. It is currently not required with ICC and is not offered as part of the broader service array.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	Grant funding
Rate for youth peer support	N/a
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	Grant program currently
Funds used to pay for development and training of youth peer partners	Grant funding
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Contracted providers: Grant funding and state general funds DPBHS is in the process of including Targeted Case Management within the Delaware SPA. The DPBHS CFCC unit currently utilizes Administrative Claiming to support care coordination.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	N/a
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a

DELAWARE

Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	The CFTM is billed as a Medicaid reimbursable session with families.
Medicaid vehicles used to finance ICC/ Wraparound	DPBHS is in the process of including Targeted Case Management within the Delaware state plan amendment.
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	DPBHS contracted with the National Wraparound Implementation Center—University of Maryland for training and coaching at the beginning of implementation. Delaware continues to build capacity with six local coaching candidates. A contracted local coach is also building capacity to serve as a Wraparound trainer for Delaware. Care coordinators receive ongoing coaching and weekly supervision to support implementation.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Specialized crisis and safety training
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Mobile crisis: Medicaid funded Intensive in-home: Medicaid funded Respite for foster care youth
Flexible funds and how these are financed, administered, budgeted, and allocated	Committees within the Division (CFCC) and Department (DSCYF Service Integration) administer, budget and allocate flex funding.

DELAWARE

Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	DPBHS is responsible for providing any services beyond the 30 units of outpatient provided by the Managed Care Organizations.
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	DPBHS
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	Contracted providers utilize the short form of the Wraparound Fidelity Index (WFI-EZ) and team observation measures.
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	DPBHS monitors contracted provider implementation and quality.
Outcomes tracked	• Number of active clients each month (total) • Number of new admission • Number of hospital diversions • Number of call to DPBHS crisis services (CPR) • Number of active cases referred to ART • Number of active clients with truant behavior each month • Number of active clients with known substance use each month • Number of incident reports made to DPBHS • Number of calls to DFS hotline • Reception of crisis services • Reception of inpatient hospitalization services

DELAWARE

Entity responsible for tracking outcomes	DPBHS
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	DPBHS reviews service data for clients in wrap services; Wraparound DE (provider agency) and CFCC Team clients. Results from FY2017 were positive, particularly considering that this was the initial year of operations for these two groups with SOC-informed approaches.
Outcomes data	For the CFCC Teams (based on a random sample of 100 case reviews), the average monthly cost of services declined in 63% of the cases and the average decline for the group was 17%. Utilization of bed-based services by the group declined from 56% pre-admission to 40% post admission. For Wraparound DE clients, the average monthly cost of services declined in 55% of the cases and the average decline for the group was 11%. Utilization of bed-based services by the group declined from 65% pre-admission to 40% post admission.
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	N/a. However, the DSCYF integrated case management system (i.e., FACTS/FOCUS) collects client and family demographics, service utilization and care coordination documentation.
Contact	**Tracey Frazier** **tracey.frazier@state.de.us** **302- 892-6422** **Rochelle Lazorchak** **rochelle.lazorchak@state.de.us** **302-633-2559**

DISTRICT OF COLUMBIA (D.C.)

Name of Care Management Entity(ies) (if applicable): MBI Health Services, LLC

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	A new Care Management Entity (CME) awarded contract through RFP process with the Department of Behavioral Health (DBH) July 2017. The CME started accepting referrals August 2017. The CME is funded through blended funding with the DBH and Child and Family Services Agency.
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	DBH
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	CME is a certified behavioral health agency in the District of Columbia providing services to children, youth and adults. They provide a variety of behavioral health services to include medication management, counseling, community based interventions and community support.
Population(s) served (including the *target population definition*, if applicable)	Children and youth ages 5-21 involved in two or more public agencies, deemed at risk of placement outside the home and/ or community, returning to home or community from acute care, residential, and/or psychiatric treatment and/or fee for service or eligible.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	New CME started accepting referrals August 2017. They are in first fiscal year. CME has capacity to serve 94. Thus far in FY18, CME has served 45 children and youth.

DISTRICT OF COLUMBIA (D.C.)

ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	Referrals are reviewed by branch responsible for monitoring contract. Referrals are reviewed for criteria mentioned below. • D.C. resident, • Medicaid recipient or Medicaid eligible, • Children and youth ages 5-21, • Involved in two or more public agencies, • Deemed at risk of placement outside the home and/or community, • Returning to home or community from acute care, residential and/or psychiatric treatment.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	DBH
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	DBH reviews referrals and determines appropriateness based on criteria. CME may override determination based on contact and information with family. Override is communicated with DBH before finalized.
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	WFI-EZ, Child Adolescent Functional Assessment Scale (CAFAS), school metrics to explore attendance, behavior and academic achievement. Used to track individual improvements over time.
Average length of involvement with ICC/ Wraparound	With previous CME, 14 months community referrals and 10 months referral through school system. Average length of stay with current provider unavailable at this time.
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Training on high-fidelity Wraparound using the Milwaukee Model
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's degree

DISTRICT OF COLUMBIA (D.C.)

Certification requirements for care coordinators	N/a
Care coordinator to child/family ratio	1:10
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Master's degree with clinical license
Supervisor to care coordinator ratio	1:8-10
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Yes
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	N/a
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	In planning

DISTRICT OF COLUMBIA (D.C.)

ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Psychiatric consultation is available to care coordinators through their own core service agency in which the program lives and other behavioral health providers through the DBH network. a. As needed b. Children and youth who require medication and associated monitoring access these services through DBH or their insurance provider. i. The clinician and community support worker are responsible for sharing information from the psychiatrist at the CFTM. The psychiatrist can be available to provide consultation to the team about the child and/or youth. ii. The psychiatrist does not sign the plan of care through high-fidelity Wraparound. iii. The psychiatrist is an active member of the treatment team. However, they are not obligated to participate in the CFTM.
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. Offered when needed b. No c. Peer support is included in the service array.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Community support through MHRS H0036U1
Rate for parent peer support	$21.97 per 15 minutes

DISTRICT OF COLUMBIA (D.C.)

Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	DBH
Funds used to pay for development and training of parent/caregiver peer partners	DBH
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	 a. When needed b. No c. Peer support is included in the service array.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	Community support through MHRS H0036U1
Rate for youth peer support	$21.97 per 15 minutes
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	DBH
Funds used to pay for development and training of youth peer partners	DBH
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Blended funding from Mental Health and Child Welfare system
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Per child/youth

DISTRICT OF COLUMBIA (D.C.)

Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	a. Yes b. DBH20
Medicaid vehicles used to finance ICC/ Wraparound	N/a
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	CME certified trainer and consultant for high-fidelity Wraparound
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	• Trauma-informed care • Working with diverse populations • Substance use • Medically complex youth

DISTRICT OF COLUMBIA (D.C.)

Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Mobile crisis and intensive in-home: Medicaid reimbursable
Flexible funds and how these are financed, administered, budgeted, and allocated	Flex funding used for non MHRS services per plan of care Local dollars through blended funding
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	CME and DBH
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	CME and DBH
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	WFI-EZ
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	CME and DBH
Outcomes tracked	Out-of-home placements; child/youth functioning in-home, school and community; school attendance, school behavior and academic achievement; psychiatric emergency department utilization; inpatient psychiatric utilization; PRTF; and cost
Entity responsible for tracking outcomes	CME and DBH

DISTRICT OF COLUMBIA (D.C.)

Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Developing with new CME
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	CME uses its own EHR. DBH utilizes Integrated Care Applications Management System (ICAMS) and Functional Assessment System (FAS) outcomes.
Contact	**Patrina Anderson** **patrina.anderson@dc.gov** **202-671-2910**

MIAMI-DADE COUNTY, FLORIDA

Name of Care Management Entity(ies) (if applicable): South Florida Behavioral Health Network, Inc. (SFBHN)

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound	The Florida Department of Children and Families (FDCF) contracts with SFBHN to serve as the Managing Entity (ME)* for behavioral health in the Southern Region of Florida, which includes Miami-Dade and Monroe Counties. **ME means pursuant to section*
Agency responsible for overseeing provision of ICC/Wraparound	394.9082(2)(d), F.S., a corporation that is organized in the state of Florida, is designated or filed as a nonprofit organization under section 501(c)(3) of the Internal Revenue Code, and is under contract to the department to manage the day-to-day operational delivery of behavioral health services through an organized system of care. (Note that the MEs manage behavioral health block grant and state general revenue dollars, not Medicaid) The contract entered into between the FDCF, and South Florida Behavioral Health Network, Inc., can be found online at: https://sfbhn.org/docs/dcf/dcf-sfbhn-original-contract.pdf.
Tiered (e.g., populations in each, number of tiers) care management model	SFBHN through contracts with three network providers that fund a clinical model under the Children's System of Care (CSOC) that enables children and youth with multiple and changing needs to remain in the least restrictive settings in their community and attain and maintain a physical-mental-emotional-spiritual recovery. The clinical model that incorporates Wraparound is known as Families and Communities Empowered for Success (FACES), which was developed with the support of a System of Care Substance Abuse and Mental Health Services Administration (SAMHSA) grant that was awarded to the FDCF in 2009 and sustained through the reallocation of block grant funding within children's mental health dollars.
State/county agencies overseeing, from a policy standpoint, the provision of ICC/Wraparound	SFBHN, the ME for the southern region of Florida, which includes Miami-Dade and Monroe Counties

MIAMI-DADE COUNTY, FLORIDA

Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Wraparound services are provided through the SFBHN System of Care meaning behavioral health services that are coordinated and developed into an integrated network of services accessible and responsive to the needs of individuals served, their families and community stakeholders via the provider network*. SFBHN network providers are qualified to deliver community "behavioral health services" as defined in 394.9082(2)(a), F.S., which includes mental health and substance abuse treatment services delivered in the community setting. ** "Provider network" (subcontractor or network provider) means the direct service agencies that are under contract with a managing entity and that together constitute a comprehensive array of emergency, acute care, residential, outpatient, recovery support and consumer support services or other services as designated by {the contract entered into between the FDCF, and the ME, SFBHN}. See section 394.9082, F.S.*
Population(s) served (including the *target population definition*, if applicable)	Children or youth six through 17 years of age at risk of entering a more restrictive level of care within the children's mental health service continuum, who present for services in Miami-Dade County and are identified by a full clinical assessment such as the biopsychosocial with a serious emotional or emotional mental health diagnosis, or co-occurring mental health and substance abuse diagnosis and are expected to carry such diagnosis for at least one year. Exclusionary criteria include the functional and/or behavioral problems primarily related to cognitive or developmental disabilities (including learned behavioral problems not associated with a mental health condition or if the youth lacks the cognitive ability to benefit from insight-oriented therapy). In addition, children/youth will not be eligible for services when they are receiving similar therapeutic services of equal or greater intensity from another source; or when the parent/caregiver or child/youth does not voluntarily consent to the services.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	In fiscal year 2016-2017, 256 unduplicated children were served through FACES using the Wraparound process. Demographics can be provided with additional time/notice.

MIAMI-DADE COUNTY, FLORIDA

ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	The biopsychosocial assessment is used as the tool to screen for eligibility. Eligible children or youth are those six through 17 years of age at risk of entering a more restrictive level of care within the children's mental health service continuum, who are present for services in Miami-Dade County and are identified by a full clinical assessment, such as the biopsychosocial, with a serious emotional or emotional mental health diagnosis, or co-occurring mental health and substance use diagnosis and are expected to carry such diagnosis for at least one year. Exclusionary criteria include the functional and/or behavioral problems primarily related to cognitive or developmental disabilities (including learned behavioral problems not associated with a mental health condition or if the youth lacks the cognitive ability to benefit from insight-oriented therapy). In addition, children/youth will not be eligible for ICC/Wraparound services when they are receiving similar therapeutic services of equal or greater intensity from another source; when the parent or caregiver does not voluntarily consent to the services; or when the parent, foster parent, caregiver and/ or youth do not agree to actively participate in the program.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	The biopsychosocial assessment to determine eligibility is conducted through the SFBHN provider network. SFBHN network providers are qualified to deliver community "behavioral health services" as defined in 394.9082(2)(a), F.S., which includes mental health and substance abuse treatment services delivered in the community setting SFBHN behavioral health network providers.
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	SFBHN providers are subcontracted to deliver Wraparound care coordination through the FACES program.

MIAMI-DADE COUNTY, FLORIDA

Standardized tool used to screen for eligibility	A biopsychosocial assessment is used to screen for eligibility. A biopsychosocial assessment describes the biological, psychological and social factors that may have contributed to the recipient's need for services. The evaluation includes a brief mental status exam and preliminary service recommendations.
Standardized assessment tool used once children are enrolled in ICC/ Wraparound	The strengths and needs of the child/youth and family must be included as part of the Wraparound service plan. Documentation in the service record must reflect efforts, progress and barriers to individualized goals and treatment objectives, including school performance. Documentation is necessary to identify changes in services, supports and continuity of those services and supports (i.e., treatment plan updates indicating new/revised/achieved goals). A safety plan must also be developed with the youth and family and be included within the case record. There must be evidence that the youth and family members receiving services and supports were offered support in self-managing wellness via activities such as, but not limited to, education, supportive counseling, or skills training and made aware of appropriate self-help or support groups. Evidence is required that those receiving services actively take part in achieving his/her service goal(s) and choose others who are involved in their recovery (as in Wellness Recovery Action Plan "WRAP" Crisis Management tools).
Average length of involvement with ICC/ Wraparound	6 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	The Wraparound care coordinator provides individual care coordination planning and management through the Wraparound process and must meet the requirements to provide Children's Mental Health Targeted Case Management (TCM) as described in the "Florida Medicaid Mental Health Targeted Case Management Handbook."
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's degree, completion of an Agency for Health Care Administration approved TCM training program and 2,000 hours providing mental health TCM services

MIAMI-DADE COUNTY, FLORIDA

Certification requirements for care coordinators	The Florida Certification Board (FCB) has developed a certification for Behavioral Health Case Manager. The following is the link on the FCB website that has more information: https://flcertificationboard.org/certified-behavioral-health-case-manager/ Certified Case Manager (CCM) requirements for those who provide mental health TCM services can be found online. Wraparound care coordinators are also required to complete training evidence-based and promising practices including: Motivational Interviewing (MI), WRAP and high-fidelity Wraparound Best Practice (Wraparound 101). In addition, all Targeted Case Managers seeking to become care coordinators must complete and acquire the Person to Person certification within 90 days of employment.
Care coordinator to child/family ratio	Wraparound services are delivered by a Comprehensive Community Service Team (CCST) led by a Licensed Clinical Supervisor who provides administrative oversight and coordinates the services of the treatment teams comprised of the following staff: • Certified Recovery Peer Specialist (Family Coach or Peer Specialist) • (Wraparound) Care Coordinator/Targeted Case Manager • Master's Level Therapist/Clinician It is anticipated that caseloads will vary widely in intensity and the types of services and supports delivered. While some cases may involve the minimum required service type and frequency, others may warrant significantly more clinical services and supports in order to address their changing and complex needs. However, there should be no more than 30 cases served at one time by a clinical team based on guidance and phases of treatment. Once the needs of the child/youth and family have been adequately stabilized, resulting in a reduction in either the frequency or type of required services, it is recommended that they be stepped-down with adequate natural supports and continue clinical services within the outpatient service continuum.

MIAMI-DADE COUNTY, FLORIDA

Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Certified Case Manager Supervisor (CCMS) requirements for those who supervise individuals who provide direct mental health TCM services to either the Children's or Adult Mental Health Target Groups under the terms and conditions of the Agency for Health Care Administration (AHCA) Florida Medicaid Mental Health Targeted Case Management Handbook can be found online. Wraparound care coordinator supervisors are also required to complete training evidence-based and promising practices including: MI, WRAP, high-fidelity Wraparound Best Practice (Wraparound 101) and the Wraparound Supervisors Training. Coaching is provided to individuals and organizations that participate in Wraparound 101 and are planning on becoming certified in the Wraparound process. Coaching toward certification varies on the individual being coached and their beginning skill level. It typically takes 10 to 15 hours of coaching to get a person certified in the Wraparound process. The goal is to coach supervisors within the organization to certification so that they may coach and train their own staff for sustainability purposes.
Supervisor to care coordinator ratio	1:2
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Yes (if applicable)
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	SFBHN network providers are required by contract to have a Memorandum of Understanding (MOU) with a Federally Qualified Health Center (FQHC) or other medical facility where individuals served, who have been identified as needing primary healthcare services, are referred to or the process established by the network provider to coordinate services with individuals served private primary healthcare provider should such exist.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	Certified Recovery Peer Specialist (may include family coach and/or peer specialist) are part of the CCST.

MIAMI-DADE COUNTY, FLORIDA

ROLE OF PSYCHIATRY

Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN)	SFBHN network providers must deliver or provide access to the following services and supports that include, but are not limited to: • Care Coordination Services • Crisis Outreach and Mobile Emergency Teams • Diagnostic and Evaluation Services • Individual, Family and Group Psychotherapies • Psychiatric Services/Medication Management • Crisis Services • Peer Specialist Services • Outreach Services • Supported Education • Supported Employment • Supported Housing • Health Services
a. How many hours per week is the psychiatrist/APRN available?	a. Psychiatric services are available within the provider network during business hours established by the individual agency. In addition, crisis services are available 24/7 that include psychiatric services.
b. What is the psychiatrist's/APRN's role in medication management?	b. Psychiatric Evaluation and Medication Management
c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	c. The psychiatrist is part of the Wraparound service team at the network behavioral health provider.

MIAMI-DADE COUNTY, FLORIDA

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Parent/caregiver peer support is provided as part of the FACE clinical service model that uses Wraparound.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Peer services have been billable in some states for many years, including Florida. Currently, services provided by peer specialists are billable through both the Department of Children and Families (Department) and Medicaid. These policy changes have opened the door for peers to be hired by many more agencies to provide services. The Recovery Support Services code allows providers to bill for services provided by Certified Recovery Peer Specialists. Recovery Support Individual (covered service code 46) and Recovery Support Group (covered service code 47) are services designed to support and coach an adult or child and family to regain or develop skills to live, work and learn successfully in the community. Services include substance abuse or mental health education, assistance with coordination of services as needed, skills training and coaching. These covered services include clinical supervision of the peer specialist. For mental health, these services are provided by a Certified Family, Veteran or Recovery Peer Specialist. For substance abuse, these services may be provided by a Certified Peer Recovery Specialist or trained paraprofessional staff subject to supervision by a Qualifie Professional as defined in Ch. 65D-30.002, F.A.C. These services exclude 12-step programs such as Alcoholics Anonymous and Narcotics Anonymous. In March 2014, the AHCA published the “Community Behavioral Health Services Coverage and Limitations Handbook,” allowing five covered services to be provided by Certified Recovery Peer Specialists, to include psychosocial rehabilitation services and clubhouse services. Additionally, Managed Care Organizations (MCOs) have the option of using substitution code H0038 for Self Help/Peer Services. The Center for Medicare and Medicaid Services recognizes peer support providers as a distinct provider type for the *Continued on next page*

	delivery of support services. Multiple health plans utilize H0038, covering most of the Medicaid regions in the state. Moreover, the peer services delivered as part of the FACES program utilizing the Wraparound process is billed through the CCST service code (44- Individual). A cross-walk of services funded by the Department and Medicaid can be found online.
Rate for parent peer support	Varies depending on program and funding source
Funds used to pay for development and training of parent/caregiver peer partners	The ME has a contract to locate peer specialist trainers in their region and potential candidates for peer specialist positions. Each region has the capacity to train peers in the required 40 hours of foundational learning, whether through the ME or local peer/family organizations. The Department also maintains a list of trainers for a 40-hour curriculum that was sponsored. In addition, grant funding has assisted in workforce development to increase peer capacity.
Funds used to pay for development and training of parent/caregiver peer partners	The ME has a contract to locate peer specialist trainers in their region and potential candidates for peer specialist positions. Each region has the capacity to train peers in the required 40 hours of foundational learning, whether through the ME or local peer/family organizations. The Department also maintains a list of trainers for a 40-hour curriculum that was sponsored. In addition, grant funding has assisted in workforce development to increase peer capacity.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	See answers to Parent/Caregiver Peer Support above.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	See answers to Parent/Caregiver Peer Support above.
Rate for youth peer support	See answers to Parent/Caregiver Peer Support above.

MIAMI-DADE COUNTY, FLORIDA

Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	See answers to Parent/Caregiver Peer Support above.
Funds used to pay for development and training of youth peer partners	See answers to Parent/Caregiver Peer Support above.
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Funding through federal block grant dollars for children's mental health using the CCST service code (44-Individual). Services and supports provided are rendered through the CCST as defined in Rule 65E-14, F.A.C. CCST is a bundled service package designed to provide short-term assistance and guide individuals in rebuilding skills in identified roles in their environment through the engagement of natural supports, treatment services and assistance of multiple agencies when indicated. Services provided under CCSTs may not be simultaneously reported to another covered service. Allowable bundled activities include the following covered services as defined in 65E-14, F.A.C.: Aftercare, Assessment, Case Management, Information and Referral, In-home/On-Site, Intensive Case Management, Intervention, Outpatient, Outreach, Prevention-Indicated, Recovery Support, Supported Employment and Supportive Housing. Other transition, therapeutic recreational activities (non-traditional support services), medications and other enhancement support services, as identified on the treatment plan, are considered allowable expenses and reimbursed using incidental expenses covered service pursuant to Rule 65E-14, F.A.C.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Approximately $55-$65 per hour Note: CCST funding rates vary based on contract. There is no public funding for Wraparound services specifically; this is just for CCST.
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Unknown

Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	N/a
Medicaid vehicles used to finance ICC/ Wraparound	N/a
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded	It was funded through the SAMHSA System of Care and System of Care Expansion Grants.
Capacity to train coordinators a. Who provides training b. How it is financed	Varies based on funding availability and training need
Structured coaching process for the care coordinators and how financed	It was funded through the SAMHSA System of Care and System of Care Expansion Grants.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	• Dialogue on Gender and Orientation • Communication Solutions • Gender Continuum • Motivational Interviewing • Wellness Recovery Action Planning • SSI/SSDI, Outreach, Access and Recovery (SOAR) • Training High-Fidelity Wraparound Best Practice • (Wraparound) Recovery Peer Specialist Training • Certification HIV/AIDS Training • CPR Certification • CLC Trainings (ex: Haitian Voodoo Training)

MIAMI-DADE COUNTY, FLORIDA

Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	• Mobile crisis response and stabilization services • Intensive in-home services • Respite services
Flexible funds and how these are financed, administered, budgeted, and allocated	Federal block grant dollars for children's mental health
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	FDCF at the state level and the ME at the local level
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	SFBHN (ME)
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	FACES program contract-monitoring tool Note: Sites need technical assistance for and access to free Wraparound fidelity tools.
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	The Ronik-Radlauer Group, Inc. SFBHN (ME)
Outcomes tracked	Not standardized for Wraparound. However, outcome data for those individuals that receive Wraparound are available through our data system.
Entity responsible for tracking outcomes	SFBHN (ME) and subcontracted behavioral health network providers

MIAMI-DADE COUNTY, FLORIDA

Formalized mechanism or group to share data and/or information (or formal data dissemination process)	The ME, SFBHN, manages activities that use data elements to track cost, utilization, quality of care, access to services, and individuals served outcomes within the network of subcontractors. Client outcomes can be pulled through our data system.
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	SFBHN uses Knight Integrated Software (KIS) as the main software for data collection and processing. KIS is a relational database written in Structured Query Language (SQL) by Knight Software, Inc., a company based in Florence, S.C. KIS is a fully integrated modular software solution with wide use throughout the state of Florida, which in addition to the basic client services module, may include other functions such as: General Ledger, Accounts Payable, Accounts Receivable, Billing, Purchase Orders, Human Resources and an EHR. KIS is the software used by several of SFBHN's currently subcontracted providers. KIS has many advantages over other similar systems: a. It uses the same import and export mechanisms as Substance Abuse and Mental Health Information System (SAMHIS); b. It is the only system that incorporates the full set of SAMHIS data validation tools (i.e., it makes the same data checks as SAMHIS); c. It is Medicaid and Health Insurance Portability and Accountability Act (HIPAA) certified; d. It can interface not only with SAMHIS but also with both Medicaid and Information Technology Solutions (the software used by the state of Florida for tracking and reporting prevention services); and e. It incorporates updates required by the state including, but not limited to, the collection of new data elements and integration of National Outcome Measures (NOMS). Additional information about KIS can be found at Knight Software's web site.
Contact	**Kimberley Oakes** **ttaubekoakes@sfbhn.org** **305-860-0657**

ORANGE COUNTY, FLORIDA

Name of Care Management Entity(ies) (if applicable): Wraparound Orange

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Orange County Government, Health Services Department via Wraparound Orange contracts referrals to multiple children's behavioral health service agencies. Wraparound Orange retains the oversight and coordination, which includes managing the referrals and maintaining the clinical record.
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	Wraparound Orange provides oversight to entities in Orange County, Fla. The State of Florida via a SAMHSA expansion grant is working on a state-level certification system for all Wraparound providers in Florida.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Multiple public agencies who also have a broad continuum of care for behavioral health services
Population(s) served (including the *target population definition*, if applicable)	Children and youth ages 0 to 15 who have a serious emotional disturbance or are at risk of developing a serious emotional disturbance and are also at risk of out-of-home placement due to high-intensity needs
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	Approximately 110 to 140 per year. Demographics of youth served: 51% male, 49% female; 36% black, 24% Hispanic, 23% white.
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	Review of referral information determines eligibility based on the population criteria described above.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	The Clinical Director (Licensed Mental Health Counselor) determines eligibility by review of the referral information and is employed by Wraparound Orange.

ORANGE COUNTY, FLORIDA

Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	County Agency, Orange County Health Services Department, via Wraparound Orange
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	No standard tool is used for eligibility; however, we review referral data. After enrollment, the Child and Adolescent Needs and Strengths (CANS) Comprehensive is used and the Adult Needs and Strengths Transition Age youth for those 18 and over. The tool is used at admission, every 90 days, and at transition to track progress over time.
Average length of involvement with ICC/ Wraparound	Varies based on the needs of the family. The average range is 6 to 18 months.
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	32 hours of System of Care/Wraparound 101 and 102 and ongoing monthly coaching and supervision
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's level clinician with a human services degree, one-year experience in child services
Certification requirements for care coordinators	Completion of training, participation in monthly coaching and supervision, maintaining model fidelity. We have certified coaches and trainers and certify in-house.
Care coordinator to child/family ratio	1:8-10 is average. Maximum caseload is 12.
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	B.A. and working on M.A. or M.A., and successful certification for Wraparound training and coaching
Supervisor to care coordinator ratio	Currently 1:7

ORANGE COUNTY, FLORIDA

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Yes
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	No
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	No
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Accomplished through referrals to partner agencies; we do not have in-house. a. N/a b. N/a c. The ICC meets/attends appointments with those youth who see a psychiatrist/ARNP to gather information for the family team and educate on Wraparound and the status of the team. i. Sometimes ii. No iii. No

ORANGE COUNTY, FLORIDA

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. Yes b. Yes. Every family is provided a family partner at onset. We have youth partners by request. Families may refuse; however, they are presented as a part of the model, therefore are almost always used. c. No. Insurance companies, including Medicaid, do not reimburse for peer support services.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Not covered by Medicaid. All our financing is a braid of Orange County general revenue, SAMHSA grant funds, and state funds.
Rate for parent peer support	1:8-10 is average. Maximum caseload is 12.
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	County Agency, Orange County Health Services Department, via Wraparound Orange
Funds used to pay for development and training of parent/caregiver peer partners	Local and state General Revenue (GR) dollars and SAMHSA grant funds
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. Yes b. No c. No
Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Not covered by Medicaid. All our financing is a braid of Orange County general revenue, SAMHSA grant funds and state GR funds.
Rate for youth peer support	1:8-10 is average. Maximum caseload is 12.

ORANGE COUNTY, FLORIDA

Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	County Agency, Orange County Health Services Department, via Wraparound Orange
Funds used to pay for development and training of youth peer partners	Local and state GR dollars and SAMHSA grant funds
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	County GR dollars (40%) State GR dollars via a Criminal Justice Reinvestment Grant (approximately 20%) SAMHSA grant funds (40%)
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	The rate that Orange County Health Services is using is &13.48 per a 15 minute unit. Peer support rate is $10.52 per a 15 minute unit.
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	a. No b. No Medicaid reimbursement (not an allowable code)
Medicaid vehicles used to finance ICC/ Wraparound	Rates are being established in certain areas of the state at $100/day. Medicaid is allowing use of an "in lieu of code" for ICC/Wraparound for a specific population.

ORANGE COUNTY, FLORIDA

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded	SAMHSA grant funds
Capacity to train coordinators a. Who provides training b. How it is financed	We have four certified coach/trainers who can train others and are financed via county GR dollars.
Structured coaching process for the care coordinators and how financed	We have four certified coach/trainers who can train others and are financed via county GR dollars.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Trauma-informed care, working with diverse populations, and substance use. We also train on domestic violence, use of the SBIRT, use of the CANS/ANSA, intro to CLC, motivational interviewing, human trafficking, and child abuse and neglect. We train depending on the needs of our families in other areas such as poverty.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Mobile crisis response and stablization services, funded by county GR and private dollars from Florida Hospital Foundation Intensive in-home services such as psycho-social rehab, funded by Medicaid Respite services, funded by grant funds
Flexible funds and how these are financed, administered, budgeted, and allocated	25,000 per year available for families enrolled in Wraparound. Budget increased based on need but this is the average.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	County Agency, Orange County Health Services Department, via Wraparound Orange and the Youth Mental Health Commission
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	County Agency, Orange County Health Services Department, via Wraparound Orange

ORANGE COUNTY, FLORIDA

Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	Wraparound Fidelity Index EZ and the Team Observation Measure from NWI
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	We partner with a research agency, Visionary Vanguard Inc., for CLC and Evaluation. County Agency, Orange County Health Services Department, via Wraparound Orange
Outcomes tracked	The list of measures in the CMHI National Outcomes.
Entity responsible for tracking outcomes	County Agency, Orange County Health Services Department, via Wraparound Orange via contractual partner Visionary Vanguard Inc.
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Only what is available via SAMHSA, which is limited
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	We contract with an agency, EPIC, for an EHR built for Wraparound Orange. The EHR is “IRIS” and is a care coordination software program.
Contact	**Anne Marie Sheffie** **annemarie.sheffield@ocfl.** **407-836-1587**

KENTUCKY

Name of Care Management Entity (ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	In Kentucky, high-fidelity Wraparound is delivered to families by 13 of 14 regional Community Mental Health Centers (CMHC) through a contract with the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID).
Tiered (e.g., populations in each, number of tiers) care management model	Kentucky has two levels of care coordination available to youth and families: Traditional Targeted Case Management and high-fidelity Wraparound. Both levels require that a child meet criteria for having a severe emotional disturbance (SED) and is at risk of being placed out-of-home. However, youth with Child and Adolescent Service Intensity Instrument (CASII) or Early Childhood Service Intensity Instrument (ECSII) scores of four or higher are eligible for high-fidelity Wraparound. CMHCs can also identify priority populations for high-fidelity Wraparound based on the needs of the region.
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	DBHDID has written the policies for high-fidelity Wraparound.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	In Kentucky, high-fidelity Wraparound is provided only by CMHCs, which are private, not-for-profit agencies and which provide other services as well.
Population(s) served (including the *target population definition*, if applicable)	Children and youth meeting criteria for having a SED and are at risk of out-of-home placement, as well as their families, are served.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	Kentucky is still working to assist CMHCs in reaching capacity, which is currently 300 youth and families. Kentucky is currently serving fewer than 200 youth and families.

KENTUCKY

ELIGIBILITY AND SCREENING

Standardized process used to screen for eligibility Specific eligibility criteria established	Eligibility for entry into high-fidelity Wraparound is determined via a multi-step process including: 1. Agency's IMPACT Nomination Form: Documentation of meeting the statutory definition of SED [(KRS 200.503 (3)] to ensure that the child/youth meets criteria for SED 2. Documentation of need for assistance with coordination of services across two or more child-serving agencies/ systems 3. Completion of an age-appropriate tool that assists with determination of level of service intensity. Allowable instruments are as follows: a. For children age birth through four (under five years of age) the Child and Adolescent Needs and Strengths (CANS) Kentucky's Young Child Version*; and b. For children age five through 17 (under 18 years of age) CANS Kentucky's Older Child Version* *(*Regarding the CANS, the algorithm is currently under development.)* **OR** a. For children age birth through five (under six), the ECSII; and b. For children and youth age six through 17 (under 18), the CASII. On the CASII and ECSII, those with a four or above meet eligibility criteria. 4. **Regional sub-population prioritization, in addition to the above criteria, that is determined by the CMHC and based on regional data and input from agency partners. The sub-population and method by which it was determined shall be documented and publicly available. Examples of regional priority sub-populations include but are not limited to the following: • Children/youth returning from out-of-home placements (Psychiatric Residential Treatment Facility (PRTF), Private Child Caring Agency (PCC), inpatient, juvenile detention facilities, other residential): *Continued on next page*

KENTUCKY

	– Children/youth at risk of being sent to out-of-home placements – Adolescents with co-occurring SED and substance use disorders – Children/youth in or at risk-of being placed in alternative school settings – Children/youth referred from local FAIR teams ***NOTE: This criterion is a regional option, not required. Regions who utilize this option must submit their selected sub-population and decision-making process to Department of Behavioral Health (DBH).*
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	CMHC staff complete screening.
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	CMHC staff authorize enrollment.
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	See eligibility and screening above. Following enrollment, high-fidelity Wraparound facilitators administer outcomes measures, including the Caregiver Strain Questionnaire, Columbia Impairment Scale and Pediatric Symptom Checklist. Surveys are completed at intake and every six months thereafter.
Average length of involvement with ICC/ Wraparound	State targets are 12-18 months.
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	High-fidelity Wraparound facilitators are required to meet all eligibility and training requirements of the DBHDID regulation (908 KAR 2:260 Targeted case manager: eligibility and training). In addition, high-fidelity Wraparound facilitators must complete the “Introduction to Wraparound” and “Engagement in the Wraparound Process” trainings provided by DBHDID.

KENTUCKY

Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	High-fidelity Wraparound facilitators are required to meet all eligibility and training requirements of the DBHDID regulation including at least a bachelor's of art or bachelor's of science in a behavioral science and one year of full-time employment experience in a human service setting (908 KAR 2:260 Targeted case manager: eligibility and training). In addition, high-fidelity Wraparound facilitators must complete the "Introduction to Wraparound" and "Engagement in the Wraparound Process" trainings provided by DBHDID.
Certification requirements for care coordinators	High-fidelity Wraparound facilitators are required to meet all eligibility and training requirements of the DBHDID regulation including successful completion of a DBHDID approved targeted case management training within six months of employment as a case manager, and completion of continuing education requirements every three years thereafter (908 KAR 2:260 Targeted case manager: eligibility and training). In addition, high-fidelity Wraparound facilitators must complete the "Introduction to Wraparound" and "Engagement in the Wraparound Process" trainings provided by DBHDID.
Care coordinator to child/family ratio	High-fidelity Wraparound facilitator to child/family ratio is 1:10.
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	High-fidelity Wraparound supervisors are required to meet all eligibility and training requirements of the DBHDID regulation (908 KAR 2:260 Targeted case manager: eligibility and training). In addition, high-fidelity Wraparound supervisors must complete the "Introduction to Wraparound" and "Engagement in the Wraparound Process" trainings provided through DBHDID. Ideally, the high-fidelity Wraparound supervisor has extensive experience providing Targeted Case Management (TCM) to children, youth and their families via the Wraparound process and has the skills that support successful supervision and coaching.
Supervisor to care coordinator ratio	High-fidelity Wraparound supervisor to facilitator ratio is 1:7.
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	This varies by CMHC. This is not expressly stated as an expectation by DBHDID.

KENTUCKY

ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	This varies by CMHC.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	This varies by CMHC.
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Available in most CMHCs a. This varies by CMHC. b. This varies by CMHC. c. This varies by CMHC.

KENTUCKY

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	This varies by CMHC, although this service is available as part of the state's service array.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Family Peer Support is a Medicaid billable service in Kentucky. The service code for Individual is 1089 and Group is 1088.
Rate for parent peer support	CMHCs are responsible for negotiating their own rates with the Managed Care Organizations (MCOs). The Medicaid rate is $8.66 per billable unit (15-minute units).
Entity responsible for development and training of peer partners (e.g., family run organization, state or local public agency, managed care entity, provider organization, other)	Kentucky Partnership for Families and Children (KPFC) is a statewide family-run organization advocating for youth with behavioral health needs and their families. KPFC provides peer support training as well as ongoing coaching and support for Kentucky's peer support specialists. There are a couple of provider organizations offering the initial training as well. All providers of training must be approved by DBHDID.
Funds used to pay for development and training of parent/caregiver peer partners	In some regions, the CMHC funds development and training of peer support specialists using funding from the programs in which the peer support specialists will serve. KPFC provides funding for training as funds are available.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	This varies by CMHC, although this service is available as part of the state's service array.

KENTUCKY

Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	Youth peer support is a Medicaid billable service in Kentucky. The service code for Individual is 1089 and Group is 1088.
Rate for youth peer support	CMHCs are responsible for negotiating their own rates with the MCOs. The Medicaid rate is $8.66 per billable unit (15-minute units).
Entity responsible for development and training of youth peer partners (e.g., family run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	KPFC is a statewide family-run organization advocating for youth with behavioral health needs and their families. KPFC provides peer support training as well as ongoing coaching and support for Kentucky's peer support specialists. There are a couple of provider organizations providing the initial training as well. All providers of training must be approved by DBHDID.
Funds used to pay for development and training of youth peer partners	In some regions, the CMHC funds development and training of peer support specialists using funding from the programs in which the peer support specialists will serve. KPFC provides funding for training as funds are available.
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	High-fidelity Wraparound in Kentucky is funded using state general funds allocated to DBHDID, as well as Medicaid billing.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	CMHCs are responsible for negotiating their own rates with the MCOs. high-fidelity Wraparound in Kentucky is billed as TCM. The Medicaid rate is $334 per billable unit (monthly case rate).
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a

KENTUCKY

Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Providers (other than the high-fidelity Wraparound facilitator) may bill Medicaid for Child and Family Team Meetings (CFTM) as a collateral service (90887).
Medicaid vehicles used to finance ICC/ Wraparound	Medicaid pays for high-fidelity Wraparound via the TCM state plan.
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	High-fidelity Wraparound facilitators are trained and coached by staff from The Training Resource Center (TRC) at Eastern Kentucky University, which provides these services via a contract with DBHDID, funded with state general fund dollars referenced above. The contract with The TRC includes ongoing training and coaching for all high-fidelity Wraparound staff statewide.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	High-fidelity Wraparound facilitators and supervisors receive training as CMHC staff around trauma informed care, cultural diversity and substance abuse. High-fidelity Wraparound staff in some CMHCs are credentialed to provide services to other target populations (in addition to SED) including youth experiencing substance use disorders and youth with complex medical needs.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Varies by CMHC

KENTUCKY

Flexible funds and how these are financed, administered, budgeted, and allocated	Flexible funds are available to all CMHCs as part of their high-fidelity Wraparound allocation. Each CMHC is responsible for allocating a percentage of their high-fidelity Wraparound funding for flexible funds.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	Kentucky's MCOs are responsible for provider network development. At present, DBHDID only contracts with Kentucky's CMHCs to provide high-fidelity Wraparound.
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	Varies by CMHC, but there are also MCO limitations on utilization
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	Kentucky is currently using the Wraparound Fidelity Index Short Version (WFI-EZ) with team members, as well as the Coaching Measure for Effective Teams (COMET) with high-fidelity Wraparound staff.
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	The TRC collects COMET data, which are processed through NWIC. WFI-EZ data are collected by KPFC and entered into WrapTrack.
Outcomes tracked	Outcomes are tracked using Caregiver Strain Questionnaire, Pediatric Symptom Checklist and Columbia Impairment Scale as part of a larger outcomes survey.
Entity responsible for tracking outcomes	DBHDID
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Aggregated data reports are available via the DBHDID website. Outcomes data are also tracked by some CMHCs. A high-fidelity Wraparound State Implementation Team reviews quality and fidelity data on an ongoing basis for continuous quality improvement purposes. The State Implementation Team consists of representatives from DBHDID, KPFC and the TRC.

KENTUCKY

Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	Varies by CMHC
Contact	**Diane Gruen-Kidd** **diane m.gruen-kidd@ky.gov** **502-782-6165**

MISSISSIPPI

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Department of Mental Health (DMH)
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	Mississippi DMH and Division of Medicaid (DOM)
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Community/Private Mental Health Centers MS Youth Programs Around the Clock (MYPAC) is the name of the intensive in-home and community-based program in Mississippi. The Community/Private Centers provide other behavioral health services including outpatient mental health such as assessment, therapy, substance use programs, targeted case management, community support, peer support, psychiatric services and three provide psychiatric residential treatment facility services.
Population(s) served (including the *target population definition*, if applicable)	Children/youth (up to age 21) with serious emotional disturbance (SED) who have been: • In and out of multiple acute hospitals; • Transitioning out of psychiatric residential treatment; • At risk of being placed in residential care; • Experienced interruptions of services across agencies; • Experienced failure to show improvement due to lack of agency coordination; and/or • Receiving services/resources from multiple agencies or service providers. A treatment plan is developed and implemented to prioritize the needs of youth to empower them to achieve the highest level of functioning through the involvement of family, natural and community supports.

MISSISSIPPI

Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	Approximately 1,550
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	Yes • Diagnosed with SED within the past sixty (60) days; • Have an IQ of sixty (60) or above, or if lower than sixty (60), unless there is substantial evidence that IQ score is suppressed due to psychiatric illness; and • The youth meets the same level of care (LOC) for admission to a Psychiatric Residential Treatment Facility (PRTF), or the youth is currently a resident of a PRTF or acute care facility, but can be transitioned back into the community with MYPAC services. • Admitted prior to 21st birthday. Youth must be eligible for Medicaid and have active Medicaid coverage.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Utilization Management and Quality Improvement Organization (UM/QIO) eQHealth
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	DOM's UM/QIO eQHealth through prior authorization
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	Each provider uses their own tool in addition to the criteria listed above. Program and individual improvement data is collected by the Mississippi Wraparound Institute housed at the University of Southern Mississippi, School of Social Work. Providers are required to use the Child and Adolescent Functional Assessment Scale (CAFAS) on all children/youth with SED admitted into their programs/services. This tool is readministered every six (6) months to track improvements.

MISSISSIPPI

Average length of involvement with ICC/ Wraparound	The average days per recipient are 261.48 for state fiscal year 2017 (7 months).
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Care coordinators must seek certification as a community support specialist (CSS) with a designated specialization for Wraparound facilitation. Care coordinators must complete required trainings in addition to DMH online learning requirements (three day “Introduction to Wraparound,”; one day “Engagement in the Wraparound Process.” These trainings are provided by local coaches certified by National Wraparound Implementation Center (NWIC) and uses NWIC curricula).
Education requirements for care coordinators (e.g., bachelor’s, master’s, state clinical/professional licensure, other)	Bachelor’s degree is required for CSS certification. Situations in which an applicant would like to submit experience as a peer support professional in lieu of a degree may be reviewed on a case-by-case basis.
Certification requirements for care coordinators	Care coordinators are required to register with the Mississippi Wraparound Institute and verify their employment at an organization that is registered with the state to provide Wraparound. Redacted samples of each care coordinator’s Wraparound documentation are submitted through their organization to Mississippi Wraparound Institute (MWI) once per year or more as needed.
Care coordinator to child/family ratio	One care coordinator may partner with up to 10 families at a time (1:10).
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor’s, master’s, state clinical/professional licensure, other)	Wraparound supervisors must hold at least a bachelor’s degree and have been evaluated by their organization to be qualified to serve in a leadership role. Wraparound supervisors must complete required trainings: (three-day “Introduction to Wraparound,”; one day “Engagement in the Wraparound Process.” These trainings are provided by local coaches certified by NWIC and uses NWIC curricula). An additional one-day training “Management of the Wraparound Process” based on materials from NWIC is also required.
Supervisor to care coordinator ratio	1:6

MISSISSIPPI

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Wraparound facilitators are required to engage all professionals that are a part of the youth and family's life. Where appropriate, medical professionals must be involved in planning activities.
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	Evidence-based practices which include intensive, in-home therapy, medication management, psychiatric services, physical health and welfare services that include assistance to family in obtaining screenings from Mississippi Medicaid Cool Kids Program or Early Periodic Screening and Diagnostic Treatment Program (EPSTD) Services are provided and documented by providers.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	Physical health and welfare services that include assistance to the family are inclusive in MYPAC services.
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management?	Access to psychiatric consultation for care coordinators: a. Inclusive in services supplied through MYPAC and individualized. Availability and response is 24 hours a day, seven days a week. b. A psychiatrist: i. Must participate in the development of the ISP (Initial Screening Form) and is a child and family team member; ii. Is responsible for medication management, which is defined by the DOM as medication treatment and monitoring services which include the prescription of psychoactive medications by a physician/psychiatrist that are designed to alleviate symptoms and promote psychological growth and includes: 1) Prescribing medication(s) to treat SED; 2) Educating the child and family team concerning the effects, benefits and proper use and storage of any medication prescribed for the treatment of SED; *Continued on next page*

	3) Assisting with the administration or monitoring of the administration, of any medication prescribed for the treatment of SED; and 4) Arranging for any physiological testing or other evaluation necessary to monitor the participant for adverse reactions to, or for other health-related issues that might arise in conjunction with, the taking of any medication prescribed for the treatment of SED.
c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	c. A licensed clinical staff member must attend each Child and Family Team Meeting (CFTM) and is responsible for submitting the ISP to the psychiatrist for review following the meeting at least every 90 days.

PARENT/CAREGIVER PEER SUPPORT

Provision of parent/caregiver peer support	
a. Offered as part of or in conjunction with ICC practice?	a. Wraparound facilitators are strongly encouraged to involve peer support in-team building and planning activities. Peer support can be accessed through paid roles at organizations that have hired certified peer support professionals and through informal community roles.
b. Required as part of ICC practice?	b. Natural supports are a required part of the care coordination process. Involvement of peer support professionals are strongly recommended but are not currently required.
c. Available as part of the broader provider array?	c. Peer support is a core service for all DMH certified providers. Most Mississippi organizations have hired peer support professionals to strengthen and improve their services and partnerships with families.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Parent/caregiver peer support is covered by Medicaid. The billing code is H0038.

MISSISSIPPI

Rate for parent peer support	$7.83 per 15-minute unit with a six-unit daily limit and 200-unit yearly limit
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	DMH-Division of Recovery and Resiliency, Families as Allies (family-run organization) and certified parent/caregiver support specialists work together to conduct trainings for parent/caregiver support specialists.
Funds used to pay for development and training of parent/caregiver peer partners	Mental health block grant and state funds
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Mississippi has multiple youth groups and Youth M.O.V.E. chapters who have begun developing a specific curriculum for Youth/Young Adult Peer Support Specialist in 2018. Youth peer support is not currently required as part of ICC practice. Youth Peer Support is available as part of the broader array of services. MWI at the University of Southern Mississippi is working to develop a state Youth M.O.V.E. chapter that would combine University resources with community partners and provider organizations.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	DOM reimburses for peer support. The procedure code for peer support for Community/Private Mental Health Centers is H0038. Peer support is defined as person-centered services with a rehabilitation and recovery focus designed to promote skills for coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and the enhancement of community living that are directed toward the achievement of specific goals defined by the consumer. It may also be provided as a family partner role.
Rate for youth peer support	$7.83 per 15-minute unit with a yearly service limit of 200 units

MISSISSIPPI

Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	It will be NAMI, youth leadership groups, state and providers of System of Care grants. Currently, DMH-Division of Recovery and Resiliency and Division of Children and Youth Services is responsible for the development and training of youth peers. A specialized curriculum will be developed by youth leadership groups across the state by May 2019. The youth leadership groups are coordinated by providers with local system of care initiatives/programs.
Funds used to pay for development and training of youth peer partners	System of Care grant (federal) funds, mental health block grant and state funds
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	• Medicaid • MH state funds and federal block grant funds provided to providers as grants • System of Care grants
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Wraparound facilitation is billed by units with 200 units per year; a unit is equal to 15 minutes at a rate of $14.88/unit. MYPAC is the state's intensive in-home and community-based program that is the alternative to psychiatric residential care. MYPAC is inclusive of high-fidelity Wraparound facilitation, crisis intervention, community supports and intensive therapy. MYPAC is billed by units with 115 units per year; a unit is equal to one day and a rate of $347.74. Services are delivered a minimum of three times a week.
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	MYPAC is an all-inclusive home and community based Medicaid program that services assist participants and families in gaining access to needed mental health services, as well as medical, social and other services, regardless of the funding source for those other services. It includes service coordination that involves finding and organizing multiple treatment and support services.

MISSISSIPPI

Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Services for MYPAC are all-inclusive and are billed as H2022 through Medicaid. Wraparound provided by CMHC/ PMHC outside of MYPAC services are billed as H2021 through Medicaid.
Medicaid vehicles used to finance ICC/ Wraparound	State Plan Rehabilitation Option Intensive Outpatient Psychiatric Services
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded	The state of Mississippi contracted with the NWIC for training and technical support at the beginning of implementation efforts. It was funded through DOM and DMH.
Capacity to train coordinators a. Who provides training b. How it is financed	Mississippi has secured ongoing capacity to train care coordinators through the development of the MWI. MWI is tasked with training, coaching, data collection and quality assurance of the provision of Wraparound statewide. MWI employs three coaches that are certified to coach and train the NWIC model of Wraparound. All trainings are hosted and conducted by MWI staff or MWI staff designees who are also certified to train the NWIC model. Trainings are provided at no cost to the participants, and MWI activities are funded by DMH and DOM.
Structured coaching process for the care coordinators and how financed	State policy mandates that care coordinators receive coaching from supervisors through their organizations according to the NWIC model. Supervisors and care coordinators are supported by MWI through individualized learning plans. On-site coaching from MWI staff is required at a minimum of four times per year or more depending on organizational learning plan. Documentation reviews for all care coordinators and meeting observations at a minimum of two times per year are also provided by MWI staff. Coaching activities are provided at no cost to organizations. MWI is funded by the DMH and DOM.

MISSISSIPPI

Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Care coordination staff are credentialed through DMH and are required to receive training that includes trauma-informed care, working with diverse populations, crisis management, documentation, person centered planning recovery oriented care and bullying prevention.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Mobile crisis response and stabilization services Intensive in-home services, inclusive with MYPAC except respite services Respite was a part of the demonstration waiver and is no longer available. Mobile crisis response and intensive in-home services are funded by Medicaid, but respite is not.
Flexible funds and how these are financed, administered, budgeted, and allocated	Flexible funds are available on a limited basis for those providers that participate in the local multidisciplinary and assessment teams (MAP teams). DMH provides flexible funds to providers with state funds.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	Providers must register with MWI to become a certified Wraparound provider organization. Their plans and ongoing activities are assessed by DMG, DOM and MWI to ensure that they are providing Wraparound according to quality standards.
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	DOM, DMH, MWI
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	MWI staff administer the Coaching Measure for Effective Teams (COMET) following all document submissions, coaching events and CFTM observations. Plans are in place to resume administration of the Wraparound Fidelity Index Short Version (WFI-EZ) at the same time as the Family Empowerment Scale is implemented. The Team Observation Measure (TOM) 2.0 and Document Assessment and Review Tool (DART) may also be used in the near future.

MISSISSIPPI

Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	DMH and DOM have partnered with the University of Southern Mississippi to create the MWI. MWI staff is tasked with gathering data and assessing the quality and fidelity of Wraparound.
Outcomes tracked	• COMET data, referral sources, discharge totals and reasons for discharge; • Number of youth that missed four or more days of school due to reason for referral, number of youth that spent one or more days in detention, number of youth that experienced disruption in living situations due to reason for referral • Staff turnover totals • Multiple system involvement ratios (CPS and Juvenile Justice)
Entity responsible for tracking outcomes	COMET data is submitted by individuals certified by NWIC and compiled by Wraparound Evaluation and Research Team (WERT). Organizations submit quarterly data to MWI. MWI tracks outcomes and compiles data.
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	MWI shares data with state partners at monthly partnership meetings with DOM & DMH. Data is shared with provider organizations at quarterly stakeholder's meetings. MWI also creates a quarterly newsletter as well as an annual report.
Outcomes data	All data is shared back with stakeholders to inform decision-making and planning.
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	Each provider uses their own EHR system.

MISSISSIPPI

Contact	Sandra Parks sandra.parks@dmh.ms.gov 601-359-6285 Vanessa Huston vanessa.m.huston@usm.edu 601-266-6112 Kimberly Sartin-Holloway kimberly.sartin-holloway@medicaid.ms.gov 601-359-6630

NEBRASKA

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Nebraska Department of Health and Human Services, Division of Behavioral Health
Tiered (e.g., populations in each, number of tiers) care management model	The Wraparound services are provided through the Professional Partner Program. At this time, it is not a tiered model.
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	Division of Behavioral Health and Regional Behavioral Health Authorities
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	There are six Regional Behavioral Health Authorities across Nebraska: **Region 1:** Behavioral Health **Region 2:** Human Services **Region 3:** Behavioral Health Services **Region 4:** Behavioral Health System **Region 5:** Systems **Region 6:** Behavioral Healthcare
Population(s) served (including the *target population definition*, if applicable)	The Nebraska Professional Partner Program serves youth/ young adults and their families who are experiencing behavioral health challenges. This level of care is appropriate for youth/young adults who are experiencing serious emotional disturbances and who have had a diagnosable mental, behavioral or emotional disorder or serious mental illness in the past year, which resulted in functional impairment(s) that substantially interferes with or limits the youth/young/adult's role or functioning in family, school or community activities. (PPP Manual 08.26.2015)
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	Fiscal Year 2015: 1,084 Fiscal Year 2016: 1,035

NEBRASKA

ELIGIBILITY AND SCREENING

Standardized process used to screen for eligibility Specific eligibility criteria established	The following three criteria are to be used in determining eligibility for acceptance into the Professional Partner Program (including short-term and long-term programs): The Nebraska Professional Partner Program serves youth/young adults and their families who are experiencing behavioral health challenges. This level of care is appropriate for youth/young adults who are experiencing serious emotional disturbances and who have had a diagnosable mental, behavioral or emotional disorder or serious mental illness in the past year, which resulted in functional impairment(s) that substantially interferes with or limits the youth/young/adult's role or functioning in family, school or community activities. The following admission guidelines apply to the Nebraska Division of Behavioral Health Professional Partner Program: 1. Youth/young adult must be between ages three and 25 years of age. 2. At admission, or as determined within 60 days of admission, the youth/young adult must be diagnosed with a mental health disorder under the current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric Association. Youth/young adults with Developmental Disorders or Psychoactive Substance Use Disorders may be included if they co-occur with the serious emotional disturbance/serious mental illness. This pattern has existed for 12 months or longer or is likely to endure for 12 months or longer; a. Documentation to support presence of DSM diagnosis must be signed by a licensed professional and updated annually. 3. Youth/young adult must demonstrate significant functional impairments due to their behavioral health diagnosis. Functional impairments are significant if, as a result of the behavioral health diagnosis, the youth/young adult consistently and persistently demonstrates behavioral abnormality in two or more spheres, to a significant degree, well outside normative developmental expectations, which cannot be attributed to intellectual, *Continued on next page*

sensory or health factors. The Child and Adolescent Functional Assessment Scale (CAFAS) OR Preschool and Early Childhood Functional Assessment (PECFAS) are used to determine degree of functional impairments. For eligibility purposes, the following score requirements apply:

a. CAFAS score of 80 or greater using the 8-point scale

Or

b. PECFAS score of 70 or greater using the 7-point scale,

Or

c. Moderate/severe score in at least two subscales of the CAFAS or PECFAS. Subscale scores are considered moderate at 20 and above*

* Subscales include:

- School/Work Role Performance
- Home Role Performance
- Community Role Performance
- Behavior Toward Others
- Moods/Emotions
- Self-Harmful Behavior
- Substance Use
- Thinking

PROTOCOL AND PROCEDURES FOR ELIGIBILITY SCREENING

If a youth/young adult is considered potentially eligible for the traditional or transition-aged specific Professional Partner Program, the following procedures shall apply:

1. Within 30 days, the following measures must be completed:

- A Professional Partner Screening Form

Note: A Screening Form must be completed on all youth/young adult and/or families who apply for services regardless of whether they are accepted into the program.

Continued on next page

	• **CAFAS OR PECFAS OR** Young Adult Child and Adolescent Functional Assessment Scales CAFAS version, specific to transition aged youth/young adults. Use of the CAFAS/PECFAS is purposed to ensure eligibility and identify intake/discharge ranges. The Program is permitted to utilize other relevant and developmentally appropriate instruments purposed to further identify function, ability, readiness, clinical severity, etc. 2. The date of enrollment shall be designated as the date the youth/young adult and/or their family is orientated to the program. Regardless of enrollment date, a billable month of service must include a therapeutic intervention as defined in this manual. 3. If the youth/young adult is not eligible or not accepted for services, then youth/family should be referred to a viable alternative within 30 calendar days of initial contact. Referrals shall be documented per agency requirements. 4. If the youth/young adult has not been previously diagnosed but diagnosis is considered likely, the professional partner may use information provided by the youth/family about the youth/young adult's biopsychosocial history as well as a CAFAS/PECFAS score as evidence that a diagnosis is probable. In the presence of this evidence, the youth may be accepted into the program, contingent upon them receiving a formal evaluation resulting in documented diagnosis confirmation from a licensed professional within 60 calendar days. If an evaluation or a formal diagnosis meeting program criterion is not achieved within 60 days, the youth must be discharged from the program 30 days from that determination. 5. Multiple youth/young adults within the same family who individually meet the admission criteria, may be considered separate clients for the purpose of client load sizes. Youth/young adult within the same family that do not meet the admission criteria may not be individually served. 6. If a participant has not met the minimum score for admission on the CAFAS OR PECFAS, the Professional Partner Supervisor has the right to initiate a review process for the Division of Behavioral Health Network Administrator to consider an exception for admission into the program. (PPP Manual 08.26.2015 Appendix)

NEBRASKA

Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Intake worker of the Regional Behavioral Health Authority
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	For youth who have serious emotional disturbance (SED), authorization is not required; however, the youth are registered with the Division of Behavioral Health.
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	**DIQ** — Gathers general descriptive and background information about the youth and family **CAFAS/PECFAS** — Assesses youth's functional limitations and assists in deciding level of intervention **PFS** — Assesses family functioning through multiple protective factors against abuse and neglect **SBQ-R** — Assess level of risk for suicide
Average length of involvement with ICC/ Wraparound	Fiscal Year 2015: 262.47 days Fiscal Year 2016: 283.42 days

REQUIREMENTS FOR CARE COORDINATORS

Credentialing requirements for care coordinators	N/a. Credentialing is required for PPP.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	A bachelor's degree with at least two years of experience in a human services field
Certification requirements for care coordinators	N/a
Care coordinator to child/family ratio	1:10 (generally)
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's; master's preferred

NEBRASKA

Supervisor to care coordinator ratio	1:7
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	N/a
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	N/a
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	N/a
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	On an as-needed basis; regular, ongoing consultation provided by a Ph.D. psychologist. a. As needed b. This service is purchased through providers, and both are utilized in medication management based on need and availability. c. Very rarely do psychiatrists/APRNs participate on a Child and Family Team (CFT) due to availability, and they do not sign-off on plans of care. However, a psychiatrist/APRN may consult with the team as needed.

NEBRASKA

PARENT/CAREGIVER PEER SUPPORT

Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	This service is not required, but is highly utilized. Parent peer support is a component of the continuum of care that is offered.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	State general dollars. As of July 01, 2017, Medicaid began reimbursing peer services. However, at this time utilization data is unavailable.
Rate for parent peer support	See tables below.

MLTC Rates	Unit Value	Rate
Peer Support Services for Mental Health	15-minute increments	$11.50
Peer Support Services for Substance Use	15-minute increments	$11.50
Group Peer Support Services for Mental Health	15-minute increments	$7.91
Group Peer Support Services for Substance Use	15-minute increments	$7.91

Rates for family-run organizations through the Division of Behavioral Health and the Division of Children and Family Services as of Sept. 01, 2017. These rates are subject to change in the future after the initial roll out of the rates is implemented.

Face-to-Face Individual Rates per 15 minutes	Urban	Rural	Frontier
A minimum of 1-3 contact hours	$17.95	$19.22	$21.52
A minimum 4-6 contact hours	$19.94	$21.35	$23.91
Group rate per person per 15 minutes	$7.75	$8.00	$8.25

Continued on next page

NEBRASKA

	Prior to July 01, 2017, there were no set rates for peer support in Nebraska. The state contracts with the family-run organizations on a cost reimbursement basis with a capped annual contract amount. Expenses are billed and reimbursed monthly. Region Three has a separate contract with the family-run organization for programs focused on transition age youth. Additional programs developed by Region Three for transition age youth include: supported employment, use of the Transition to Independence Process in the Wraparound program for these youth, a transitional youth advocate program provided by a peer in the family-run organization (Families CARE) and an emergency community support program (crisis case management) specifically for transition age youth.
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	Family-run organizations have the opportunity to attend the State Peer Support Training and then move toward a certification. Many family advocates are also pursuing national certification. family-run organizations develop specialized training for peer providers as a part of their employee onboarding process. Family organizations have contracted with Dan Embry to develop a coaching model to use for training. Family orgs have also received consultation from family-run Executive Director Leadership Association (FREDLA.)
Funds used to pay for development and training of parent/caregiver peer partners	State general funds
YOUTH PEER SUPPORT	
Provision of youth peer support • Offered as part of or in conjunction with ICC practice? • Required as part of ICC practice? • Available as part of the broader provider array?	Youth peer support has been added as part of a Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care Expansion and Sustainability Grant in two of the six Behavioral Health Regions.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	See rates above under Parent Peer Support.

NEBRASKA

Rate for youth peer support	See Managed Long-Term Care (MLTC) rates: http://dhhs.ne.gov/medicaid/Pages/medicaid_index.aspx.
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	Youth peers have the opportunity to attend the State Peer Support Training and then move toward a certification. Many are connected with family organizations and attend additional specialized training for peer providers as a part of their employee onboarding process. Family organizations have contracted with Dan Embry to develop a coaching model to use for training. Family organizations have also received consultation from FREDLA.
Funds used to pay for development and training of youth peer partners	State general funds
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	State general funds (mental health); county tax match funds
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Case rate: $878.96 per month
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Providers are reimbursed for participation in team meetings using state general funds through the region (reimbursement rate matches the hourly rate that professional/clinician receives).
Medicaid vehicles used to finance ICC/ Wraparound	N/a

NEBRASKA

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	Training costs are included in the monthly case rate.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	N/a
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Mobile crisis response and stabilization services, financed through contracts with the six Regional Behavioral Health Authorities Intensive in-home services (in certain pockets of the state), funded through Medicaid and Division of Behavioral Health, based on eligibility PPP and families have access to respite; however, the service is extremely limited due to lack of providers.
Flexible funds and how these are financed, administered, budgeted, and allocated	N/a
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	Regional Behavioral Health Authority through contracts with the Department of Health and Human Services, Division of Behavioral Health
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	Regional Behavioral Health Authority

NEBRASKA

Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	CAFAS, Child Behavior Checklist (CBCL), Protective Factor Survey, Basis 24, WFI
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	Regional Behavioral Health Authorities report quality and fidelity measures to the Division of Behavioral Health; Regions contract with outside entities for WFI.
Outcomes tracked	Wraparound fidelity
Entity responsible for tracking outcomes	Regional Behavioral Health Authorities and Division of Behavioral Health
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Tuesday data calls are held twice a month between the Division of Behavioral Health and the Behavioral Health Regions to review various types of treatment data, which would include Wraparound data outcomes and related quality improvement efforts.
Outcomes data	Nebraska does not have a web link where shared outcomes are available for review. Work on revising outcome reporting with the Behavioral Health Regions is underway and should be available by the end of 2018.
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	The Division of Behavioral Health utilizes a Centralized Data System in which providers enter demographic, treatment and outcome data for program participants. This system is not an EHR system but does provide information to support care coordination for youth funded through the Division.
Contact	**Bernie Hascall** **bernie.hascall@nebraska.gov** **402-471-7790** **Susan Adams, Network Administrator** **susan.adams@nebraska.gov** **402-471-7820**

NEVADA

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Wraparound services are provided mainly by public employees of the State of Nevada Division of Child and Family Services (DCFS), which is part of the Department of Health and Human Services. In addition, DCFS contracts with an external provider for Wraparound using system of care grant dollars. DCFS has contracted with the National Wraparound Implementation Center and is receiving updated training in high-fidelity Wraparound. Through the System of Care Expansion Grant (SOC), DCFS is also obtaining certification for some of its coaches so that Wraparound can be expanded in the community. Initially the grant's sub grantees are being trained and will be coached.
Tiered (e.g., populations in each, number of tiers) care management model	The persons who receive Wraparound services are children and youth who meet the threshold for severe emotional disturbance (SED).
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	DCFS
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Currently, DCFS is the only agency providing high-fidelity Wraparound in Nevada.
Population(s) served (including the *target population definition*, if applicable)	Children eligible under the SOC are ages 0 to 18 who meet SED criteria as follows: children who currently or at any time during the past year (continuous 12-month period) have had a: a. Diagnosable mental, behavioral or diagnostic criteria that meet the coding and definition criteria specified in the Diagnostic and Statistical Manual (DSM)-V. (Children from birth to 48 months may have a DC:0-3 Axis I diagnostic category in place of a DSM-V Axis I diagnostic category; or a DC:0-3 Axis II PIR-GAS score of 40 or less (the label for a PIR-GAS score of 40 is "Disturbed")). This excludes substance abuse or addictive disorders, irreversible dementias, as well as *Continued on next page*

	mental retardation/intellectual disabilities and V codes, unless they occur with another SMI that meets DSM-V criteria that results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities, and b. These disorders include any mental disorder (including those of biological etiology) listed in DSM-V or the International Classification of Diseases (ICD)-9-Clinical Modification (CM) equivalent (and subsequent revisions), with the exception of DSM-V codes, substance use and developmental disorders, which are excluded unless they co-occur with another diagnosable SED. All of these disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects; and c. Have a functional impairment defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent and continuous duration are included unless they are temporary and expected responses to stressful events in the environment. Children who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition. d. Are in need of high-fidelity Wraparound and score a Level 3 or higher on the Level of Service Intensity instrument.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	735 statewide in fiscal year 2016 **Race:** • American Indian/Alaskan Native: 9 • Asian: 8 • Black/Africa- American: 157 • Native Hawaiian/Other Pacific Islander: 7 • White/Caucasian: 544 • Unknown: 10 **Ethnicity:** • Hispanic Origin: 230

NEVADA

ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	A comprehensive assessment as well as the Child and Adolescent Needs and Strengths (CANS) tool is used to establish eligibility for Wraparound services and SED determination. Some external providers in the state continue to use the Child and Adolescent Functional Assessment Scales (CAFAS) but the goal of the systems of care is that use of the CANS will become widespread in Nevada. Many persons across the state are being trained and certified to use the CANS. Currently, children will need to score a Level 3 or higher on the CANS Level of Service Intensity instrument.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	DCFS clinicians and any provider that is qualified to do a clinical assessment and certified to do the CANS or the CAFAS
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	DCFS
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	Enrollees in Wraparound are reassessed every 6 months and at discharge using the CANS but are also assessed using a Targeted Case Management Assessment and a Strengths, Needs and Culture Discovery to identify the family's goals. This is a collaborative process that is evaluated regularly in Child and Family Team meetings. During the team meetings, progress is documented every 30 days on a Care Coordination Plan. This document and the CANS scores track improvements.
Average length of involvement with ICC/ Wraparound	14 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Care coordinators have to be eligible to be psychiatric case workers within the specifications for DCFS. This means a bachelor's in psychology or a related field is required, plus one to two years' experience in a mental health setting including casework experience providing psychosocial rehabilitation.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's degree

NEVADA

Certification requirements for care coordinators	Not at this time—some coaches in Nevada are seeking certification.
Care coordinator to child/family ratio	1:12
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	The supervisors have to be qualified as developmental specialists as specified by the Nevada Department of Personnel. This requires a bachelor's degree in psychology or a related field and three years' experience providing developmental, special education, intervention or treatment-oriented services for individuals who have or may be at risk for developmental delays, developmental disabilities, intellectual disabilities or related conditions.
Supervisor to care coordinator ratio	1:6
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Wraparound care coordination is expected to coordinate all services the child and family require, and this would include any medically necessary services.
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	The medical needs, strengths and resources of the client and family would be considered as one of the domains that would be assessed by the care coordinator as part of the Strength Needs and Culture Discovery, the CANS and the Targeted Case Management Assessment. The progress in these areas would then be assessed during the monthly Child and Family Team Meetings. The child's response to psychotropic medications would be discussed in the Child and Family Team (CFT) as well as in medication management appointments.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	While Wraparound care coordination does partner with wellness activities in the community as part of the natural supports for the child and family, they do not use wellness coaches at this time.

NEVADA

ROLE OF PSYCHIATRY

Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	If the child was on medication, the care coordinator would be able to consult with the psychiatrist, or if the team believed there could be a need, a psychiatric evaluation would be arranged. a. Dependent upon need, but the Division has several full-time child and adolescent psychiatrists on staff. b. Prescribing and monitoring medication, psychiatric evaluation c. A psychiatrist typically is available to the team if the youth is on medication. If the CFT is held at the psychiatrist's office, they would likely sign off and participate. Otherwise, a psychiatrist is typically not present at these meetings unless they phone in, likely due to time constraints and billing concerns.

PARENT/CAREGIVER PEER SUPPORT

Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	As part of their practice, care coordinators routinely refer families and youth to Nevada Parents Encouraging Parents (PEP), the statewide family network and family support provider for Nevada and systems of care partner. This is a voluntary referral for families.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	It is not covered by Medicaid at this time but Nevada PEP receives CMHS block grant funds from DCFS as well as money through the SOC and also get other grants, donations and hold fundraising events on their own.
Rate for parent peer support	Participation is voluntary, but all families are offered family support services.

NEVADA

Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	Nevada PEP trains their own staff, and their staff obtain certification as family support workers. Their staff co-facilitate and participate in trainings through DCFS including Wraparound and SOC training.
Funds used to pay for development and training of parent/caregiver peer partners	The above-mentioned financing is utilized.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Nevada recently developed its own chapter of Youth MOVE. This program offers peer support. It is very recently formed, however, and is not required for ICC. It is available as part of the broader provider array, and DCFS intends to further develop and support the program.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	It is funded through the SOC grant including the paid coordinator positions.
Rate for youth peer support	At this time, the rate is low. However, as DCFS will support the program, it is anticipated that protocols and processes will be developed to both increase participation as well as utilize monitoring and tracking tools related to participation rates.
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	Nevada PEP has a consultant who provides training and support to the Youth MOVE chapter. Their staff participate in trainings through DCFS SOC training.
Funds used to pay for development and training of youth peer partners	SOC funds

NEVADA

FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	In Nevada, Wraparound care coordination can be billed as Targeted Case Management thru Medicaid by DCFS employees only. The SOC expansion grant also funds Wraparound directly with those agencies that DCFS contracts with using SOC grant dollars.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	The ICC rate is billed in 15-minute increments at a rate of $32.80 per 15 minutes.
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	DCFS continues to partner with Nevada Medicaid regarding best practices and the value of ICC, and will continue to research best practices for the health home model.
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	At this time, providers/clinicians are not paid for participating in CFTs by Medicaid. They are paid to participate in these teams if they are providing this service under the SOC grant.
Medicaid vehicles used to finance ICC/ Wraparound	Medicaid currently funds intensive Targeted Case Management for state programs as written in the state plan. DCFS is currently working with Medicaid to research and develop other funding options, as well as funding high-fidelity Wraparound. This could be in the form of a waiver or amendment to the state plan.

NEVADA

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	The SOC has contracted with the National Wraparound Implementation Center to provide training and coaching to providers of Wraparound. We have established a two-year contract with them to provide ongoing coaching and training as well as the latest fidelity tools. A structured coaching process is in place as part of this plan, and this is all financed by the SOC expansion grant.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Coordinators receive training in trauma-informed care, working with diverse populations (i.e., LGBTQI2, Cultural Competence), CANS assessment, Wraparound training and SOC values and principles.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	DCFS has mobile crisis response that is available to Wraparound clients and staff. Intensive in-home services would be billed to Medicaid as Basic Skills or Psychosocial Rehabilitation.
Flexible funds and how these are financed, administered, budgeted, and allocated	There are flexible funds to pay for supports and services families may need, but they are limited.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	One of the primary goals of the SOC expansion grant was to develop and increase the provider network of services that would support using high-fidelity Wraparound. We currently contract these services through the grant and work to develop their sustainability after the grant ends. DCFS assumes the leadership role through the grant to develop a network of services, while partnering with private and community providers.

NEVADA

EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	Depending on the service type, Nevada Medicaid (with a state contract with Hewlett Packard) oversees utilization management. In addition, DCFS and the SOC program complete utilization and quality review.
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	DCFS and the SOC is just being trained in use of the WiFi-EZ and the Document Review Tool (DART). Previously, there were internal checklists developed for review of files according to Medicaid chapter and standards as well as the use of the TOMS (Team Observation). A baseline study of fidelity is being done with the assistance of NWI. Changes in CAFAS/CANS scores are also used, improvements in attendance as well as decrease in arrests.
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	DCFS is responsible for tracking fidelity and quality. DCFS has also partnered with the University of Nevada for ongoing data analysis and tracking.
Outcomes tracked	Improvements in CAFAS/CANS scores are also used, improvements in attendance as well as decrease in arrests and satisfaction measures
Entity responsible for tracking outcomes	The Planning and Evaluation Unit of DCFS
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Reports are created yearly and shared with stakeholders, Medicaid and staff. Reports are also distributed to the Children's Statewide Commission on Behavioral Health, as well as governing authorities, such as the Legislative Counsel Bureau.
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	DCFS has an EHR-Avatar that is used to document and bill activities and services of Wraparound staff.
Contact	**Kevin McGrath** **kmcgrath@dcfs.nv.gov** **702-486-7660**

NEW HAMPSHIRE

Name of Care Management Entity(ies) (if applicable): FAST Forward, North American Family Institute (NFI)

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	New Hampshire Department of Health and Human Services, Bureau for Children's Behavioral Health
Tiered (e.g., populations in each, number of tiers) care management model	Emerging. Starting to implement New Hampshire Wraparound Model in schools as a Tier 3 intervention for children and youth with severe emotional disturbances. This is being implemented in seven school districts with a cross section of populations. Wraparound through the Care Management Entity (CME) is not part of a tiered system.
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	New Hampshire Department of Health and Human Services, Bureau for Children's Behavioral Health
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	• Private nonprofit via contract with the state. This entity also provides in-home supports and other behavioral health services to the child welfare population. • Schools participating in the Dept. of Ed grant are starting to establish Wraparound coordinators at the schools. • One county in New Hampshire also is hiring and training Wraparound coordinators with a system of care grant.
Population(s) served (including the *target population definition*, if applicable)	Children and youth ages 6 to 21 who are considered severely emotionally disturbed (SED) and who are at risk for out-of-home placement, and have had psychiatric hospitalizations. Children in out-of-home placement through the child welfare system who meet the first criteria.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	The CME serves about 50 children and families annually. With newly appropriated funds in this biennium, this number will increase as we expand the programming.

NEW HAMPSHIRE

ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	The Child and Adolescent Needs and Strengths (CANS) Assessment can be used to determine SED or SED-IA eligibility criteria (or requested from Community Mental Health Center (CMHC)). In order to be eligible for FAST Forward (i.e., CME), the person must meet the following eligibility criteria: a. The person shall be 6 years or older; or b. The person shall be at risk of out-of-home and/or school district placement; and c. The person shall have a serious emotional disturbance or a serious emotional disturbance with current inter-agency involvement; d. The person shall be developmentally appropriate, which includes: i. Able to communicate meaningful feedback regarding their own needs; ii. Able to participate in and understand their family's needs; iii. Able to fully participate in the team process; iv. Able to comprehend their diagnosis; and v. Able to comprehend and participate in their plan of care.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Program manager at the Bureau for Children's Behavioral Health
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	Program manager at the Bureau for Children's Behavioral Health
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	The CANS Assessment can be used to determine SED or SED-IA eligibility criteria (or requested from CMHC.) New Hampshire Wraparound (FAST Forward) Intake and Needs Based Eligibility Form

NEW HAMPSHIRE

Average length of involvement with ICC/ Wraparound	12-18 months (national average)
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	N/a
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Wraparound care coordinators employed by the CME must demonstrate the following: **Education:** a. Bachelor's degree from a recognized college or university with major study in social work, sociology, psychology, counseling, nursing or a related field; or b. A high school diploma or equivalency; and c. Was a participant in, or is a direct caregiver, or was a direct caregiver of an individual who received services from the public and child- and family-serving system; and **Experience:** a. Two years of professional, paraprofessional or parental advocacy/education experience providing direct service to families, children or youth in social work, psychology, human services, counseling, mental health or equivalent

NEW HAMPSHIRE

Certification requirements for care coordinators	The New Hampshire Wraparound Coordinator certification process is designed to maintain the integrity, competency and rigor for which the practice was intended. Individuals must obtain certification within 12 to 18 months of beginning to work with families and may not begin to work with families until they have trained in Modules One through Three. The certification is good for 24 months, and the recertification process can begin after 18 months of the initial certification. All certifications expire at 24 months after the certification date. New Hampshire Wraparound Coordinator Certification Requirements: • Is hired to be a New Hampshire Wraparound Coordinator by a DHHS-approved entity • Completed the three days of New Hampshire Wraparound Facilitator training • Completed a Cultural and Linguistic Competency training • Completed worker safety and mandated reporting module • Completed a minimum of five hours shadowing family team meetings; three hours initial team meetings; seven hours in between meetings • A minimum of 15 hours of co-facilitating with a Certified New Hampshire Wraparound Coordinator • Receives weekly 1:1 coaching (in person or via distance) from an individual who has been certified as a New Hampshire Wraparound Coach (revisit) • Observation by a New Hampshire Wraparound coach of one or more Wraparound Team meetings and received a score of 80% or higher on the New Hampshire Wraparound Coordinator Observation Tool and Plan of Care Coaching Tool • Complete the Application with the portfolio for New Hampshire Wraparound Coordinator Certification New Hampshire Wraparound Coordinator Certification Renewal Requirements: • Completed initial certification requirements within the previous 24 months *Continued on next page*

NEW HAMPSHIRE

	• Documentation that the individual has provided New Hampshire Wraparound continuously with three or more families within the past 12 months • Obtained CANS certification • Completed Better Together with Birth Parents training • Completed DHHS orientation training and mental health first aid • Documentation of six hours of continuing education directly related to Wraparound, such as: – (1) Methods, Models and Tools, – (2) Trauma training, – (3) Suicide prevention, – (4) RENEW Facilitator Training, – (5) Motivational Interviewing, – (6) Youth MH First Aid or related training. • Receives weekly 1:1 coaching (in person or via distance) from an individual who has been certified as a New Hampshire Wraparound Coach • Observation by a Wraparound coach of one or more Wraparound Team meetings and received a score of 80% or higher on the New Hampshire Wraparound Coordinator Observation Tool and Plan of Care Coaching Tool • Complete this Application with the portfolio for Wraparound Re-certification
Care coordinator to child/family ratio	1:8
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	N/a
Supervisor to care coordinator ratio	1:10 Coaching (1:35 families, approximately 6-7 coordinators)

NEW HAMPSHIRE

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Coordination is based on the Team Planning Process and includes planning around all domains of a youth and family.
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	Coordination is based on the Team Planning Process and includes planning around all domains of a youth and family. Within coordination, this example would not be a primary responsibility of a care coordinator. However if this is a strategy to meet the need of the family, the team, family and coordinator will work together to ensure this is met.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	Wellness coaches are not used. If the plan of care, developed by the team, supports this partnership, then the care coordinator will ensure this connection.
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Access to psychiatric consultation for care coordinators when the CMHCs are the treatment provider for that particular child. If CMHC is not the provider, then consultation can be accessed by the Medicaid Managed Care company that child is enrolled with. a. As determined by psychiatrist and corresponding agency or staff. b. As determined by psychiatrist and corresponding agency or staff. c. Role of psychiatrist/APRN on child and family team: i. If determined by the family, yes. Consultation would be with the family and care coordinator. ii. Psychiatrist does not sign off on plan of care, although if they are a part of the team planning, then they will sign off as part of the team approach. iii. Yes, if the family supports this participation.

NEW HAMPSHIRE

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. Yes, for every family b. Yes, as best practice, unless otherwise specified by the family c. No
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Currently funded by state general funds. New Hampshire is working on a Medicaid benefit to include peer support.
Rate for parent peer support	$79 per hour
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	National Alliance on Mental Illness-New Hampshire
Funds used to pay for development and training of parent/caregiver peer partners	Financing for peer-partner development and training: State funds as part of the rate.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. Offered to youth and families if determined there is a need during the model. b. No c. No
Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Currently state general funds. New Hampshire is working on a Medicaid Benefit to cover all peer support services.
Rate for youth peer support	$41 per hour

NEW HAMPSHIRE

Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	New Hampshire Chapter of Youth MOVE
Funds used to pay for development and training of youth peer partners	Part of the rate
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Medicaid
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Daily rate: $70 (includes ICC/Wraparound and intensive in-home supports)
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Wraparound participation invoices are paid by state general fund dollars currently. New Hampshire is working on a Medicaid benefit that would include this as a service.
Medicaid vehicles used to finance ICC/ Wraparound	Current Medicaid service in the rehab option that has both case management and intensive in-home supports as a bundled service

NEW HAMPSHIRE

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	The System of Care grant was used at the beginning of implementation. a. University of New Hampshire-Institute on Disability and DHHS program staff b. Part of the daily rate that the CME receives There is a structured Coaching Modality and Profile and Certification process.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	• Trauma-informed care • Working with diverse populations • Substance use • Medically complex youth • Suicide prevention • Person centered planning • Other required through certification
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Mobile crisis but very limited in New Hampshire Stabilization and crisis support provided by CME and other in-home service providers Mobile and in-person crisis supports and intensive in-home services are all funded by Medicaid. Respite is currently funded by state general fund dollars but New Hampshire is working on a Medicaid benefit that will include respite.
Flexible funds and how these are financed, administered, budgeted, and allocated	Managed through CME funded by state general fund dollars but New Hampshire is working on a Medicaid benefit that will include flexible funding. Formal request is made by a care coordinator through practice and process model. ($1,000 per family per year limit)

NEW HAMPSHIRE

Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	CME
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	CME
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	• Wraparound Fidelity Index-Short Version, Version EZ (WIFI-EZ) • Team Meeting Rating Scale (TMR) • Progress Rating scale • Document Review Measure (DRM) tool for documentation and record reviews • CANS tool for progress and needs identification
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	**Partners:** • University of New Hampshire-Institute on Disability (UNH-IOD) • National Alliance on Mental Illness (NAMI) (Gathering GAPs in services) • DHHS • CME Responsible for tracking quality and fidelity: • State-DHHS • CME
Outcomes tracked	CANS data, document reviews, YPS, Ongoing Rehabilitation and Support (ORS) Data, GAP reports

NEW HAMPSHIRE

Entity responsible for tracking outcomes	• DHHS • CME • UNH-IOD • NAMI
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	N/a. CME uses EVOLV as EHR system that supports our program.
Contact	**Daryll Tenney** **daryll.tenney@dhhs.nh.gov** **603-271-5075** **Adele Gallant** **adele.gallant@dhhs.nh.gov** **603-271-5004**

NEW MEXICO

Name of Care Management Entity(ies) (if applicable): The New Mexico Children, Youth, and Families Department Behavioral Health Services (CYFD BHS) is implementing two high-fidelity Wraparound care management structures for children with complex behavioral needs and their families:
(1) External structures through collaboration with behavioral health providers, as well as a collaborative demonstration project collaboration with a Managed Care Organization (MCO) and Provider and through two CareLink New Mexico Health Homes; and (2) Internal CYFD structure through dedicated positions within its Juvenile Justice Services (JJS) division.

GENERAL STRUCTURE

Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	CYFD delivers high-fidelity Wraparound internally and externally: 1. CYFD BHS is implementing high-fidelity Wraparound internally through dedicated JJS employees. 2. CYFD has partnered externally with MCOs (Presbyterian Health Plan, Incorporated and Molina Healthcare of New Mexico, Inc.) and a provider (All Faiths) in Bernalillo County to provide a demonstration of the high-fidelity Wraparound Delivery and Financing Model to serve high-need and high-risk CYFD-involved children, youth and their families. In this model, the provider is paid a per-member, per-month (PM/PM) payment that includes a specific package of services and is sufficient to cover the costs of ICC and related activities. This initiative expanded to include not only Protective Services (PS) involved children and youth, but other children and youth that meet eligibility criteria. Additionally, CYFD collaborates with a children's behavioral health provider in Farmington, N.M., to implement high-fidelity Wraparound. New Mexico began implementation of high-fidelity Wraparound in two health homes on April 1, 2018. Health homes are part of CareLink New Mexico (CLNM), a program to coordinate the integration of care for Medicaid beneficiaries with a diagnosis of Serious Mental Illness (SMI) and/or Severe Emotional Disturbance (SED). These health home sites will be using high-fidelity Wraparound as the care coordination model for vulnerable children and youth who meet the eligibility criteria. The two health home providers are mental health resources (covering Quay, De Baca and Roosevelt Counties) and the Guidance Center of Lea County (covering Lea County).

NEW MEXICO

Tiered (e.g., populations in each, number of tiers) care management model	In New Mexico, there is a tiered care coordination model within the MCOs' structure (currently, there are four MCOs in New Mexico). The highest, third level has been found to be insufficient in meeting the intensity of services for the high-risk/high-need/multi-system involved children and youth in New Mexico, in particular for those involved with CYFD JJS and PS. CYFD has raised the need for high-fidelity Wraparound to support this population to the Human Services Department (HSD), the HSD Behavioral Health Services Division (HSD BHSD), MCOs, the New Mexico Behavioral Health Collaborative (BHC) and other key stakeholders.
State/county agencies overseeing, from a policy standpoint, the provision of ICC/Wraparound	CYFD is responsible for overseeing the provision of the development, implementation, training and outcomes of high-fidelity Wraparound in New Mexico. The MCO is responsible for overseeing the providers who enroll youth and families in high-fidelity Wraparound when ICC is delegated to providers. The HSD BHSD lead the health home implementation as part of CLNM. CYFD BHS director is a member of the CLNM Steering Committee.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	State Agency: CYFD has dedicated Wraparound facilitator positions within its JJS division delivering high-fidelity Wraparound to JJS-involved youth. MCOs (Presbyterian Health Plan, Incorporated and Molina Healthcare of New Mexico, Inc.) entered into a contract with a private nonprofit provider (All Faiths) to delegate and deliver ICC through the New Mexico high-fidelity Wraparound model. A private nonprofit provider is implementing high-fidelity Wraparound in Farmington, N.M. Two private nonprofit providers are implementing high-fidelity Wraparound via CLNM in Quay, De Baca, Roosevelt Counties and Lea Counties.

NEW MEXICO

Population(s) served (including the *target population definition*, if applicable)	Children and youth ages 4 to 21 years, experiencing the following: • SED diagnosis; • Multi-system involvement; i.e., two or more systems involvement including JJS, PS, special education or behavioral health; • At risk of or in an out-of-home placement, or previous out- of-home placement, incarceration, or acute hospitalization within a two-year period prior to evaluation; and • Functional impairment in at least two areas (home, school or community).
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	Through the MCO demonstration project, New Mexico has served approximately 71 children and youth since the project began in spring of 2017. New Mexico has served approximately 83 children and youth through the CYFD BHS, JJS and PS staff (previously delivered high-fidelity Wraparound). New Mexico has served 16 children and youth through its provider in Farmington, N.M. since 2015. Since April 2018, New Mexico has served 34 children and youth through the two health homes.
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility	A standardized Referral Review Protocol exists for the MCO demonstration project: The Referral Review Committee includes representatives from CYFD BHS and PS, Provider and MCO (Care Coordination Team) and University of New Mexico (UNM) evaluation team. The Protocol is as follows. • A Coordinated Case Review form is prepared by PS or other referral source and sent to members. The form includes a description of the young person and their strengths; information from the CANS; special needs; diagnoses; treatment and medication histories; JJS involvement if any; placement history; permanency plan; and services needed. *Continued on next page*

NEW MEXICO

	• At the meeting, a representative verbally presents the information from the Coordinated Case Review form. Committee members then ask questions about the young person and family and members add information and discuss the potential Wraparound Team, to include a CYFD Community Behavioral Health Clinician (CBHC), if appropriate • If approved, the provider referral form is completed. Following referral, the Wraparound facilitator and identified members of the Wraparound team meet with the young person. • If the young person is accepted for enrollment, the provider submits the Clinical Review Form (Prior Authorization) to the MCO who responds within 48 to 72 hours. The newly developed Health Home Wraparound providers modeled their referral process after the above described process. Referral meetings occur within 48 hours of referral. For the JJS Wraparound initiative, eligible youth are identified internally by JJS Wraparound staff, Juvenile Probation Officers (JPOs) or supervisors or CBHCs.
Specific eligibility criteria established	Children and youth ages 4 to 21 years, experiencing the following: • SED diagnosis; • Multi-system involvement; i.e., two or more systems involvements including JJS, PS, special education or behavioral health; • At risk of or in an out-of-home placement, or previous out-of-home placement, incarceration or acute hospitalization within a two-year period prior to evaluation; and • Functional impairment in at least two areas (home, school or community).

NEW MEXICO

Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	The Referral Review Committee that conducts eligibility screening includes representatives from CYFD PS and BHS (Wraparound Unit); provider; and MCO (Care Coordination Team). The newly developed Health Home Wraparound providers include the provider, CYFD Wraparound coordinators, MCO representatives and referral source; family and youth participate in the referral process. Referral meetings occur within 48 hours of referral. For the JJS Wraparound initiative, eligible youth are screened for eligibility internally by JJS Wraparound staff, JPOs or supervisors or CBHCs.
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	For the external MCO demonstration project, representatives from CYFD PS and BHS (Wraparound Unit); provider; and MCO (Care Coordination Team) make a consensus-based decision to authorize enrollment. For the Health Home initiative, the provider, CYFD Wraparound coordinators and MCO representatives make a consensus-based decision to authorize enrollment. For the internal initiative, the JJS Wraparound lead and other key stakeholders such as Wraparound coach, JJS chief, CBHC deputy director and PS leadership authorize enrollment.
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	CYFD BHS has implemented the CANS as a tool that may be used to screen for eligibility for high-fidelity Wraparound. The CANS will be updated at least every six months to determine areas of continued focus and attention. The CANS is currently being implemented in the MCO/provider demonstration project. Providers use a standard clinical assessment tool once children and youth are enrolled in high-fidelity Wraparound.
Average length of involvement with ICC/ Wraparound	The demonstration project began in spring of 2017 and the health home initiative began in April 2018; CYFD is still compiling data relative to length of involvement. For the internal and provider initiative, the average length of stay is six months. New Mexico is striving to increase the length of stay.

NEW MEXICO

REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Wraparound facilitators are required to enroll in the New Mexico Wraparound CARES Facilitator Immersion Program. This program is a comprehensive program utilizing training, coaching and feedback to fully prepare participants to become highly skilled Wraparound facilitators. Upon completion of the three-day training, facilitators participate in an additional six days of training and intensive coaching throughout the Immersion Program. At the end of the Immersion Program, participants qualify to test for the newly created State of New Mexico Wraparound Facilitator certification through the New Mexico Credentialing Board of Behavioral Health Professionals (NMCBBHP).
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Minimum staff qualifications for high-fidelity Wraparound facilitators: • High school diploma or general educational development (G.E.D.) with a minimum of six years lived and/or paid experience working with the target population. • Associate's degree in social services, human services or an equivalent field with a minimum of four years lived and/or paid experience working with the target population. • Bachelor's degree in social services, human services or an equivalent field with a minimum of two (2) years lived and/or paid experience working with the target population.
Certification requirements for care coordinators	Wraparound facilitators are required to enroll in the New Mexico Wraparound CARES Facilitator Immersion Program. At the end of the Immersion Program, participants qualify to test for the newly created State of New Mexico Wraparound Facilitator certification through the NMCBBHP.
Care coordinator to child/family ratio	1:10

NEW MEXICO

Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Minimum staff qualifications for high-fidelity Wraparound supervisors: • Bachelor's degree in social services, human services or an equivalent field with a minimum of four years' experience working with the target population and/ or high-fidelity Wraparound program and supervision. Lived experience can count for two of the four years required experience. • Master's degree in social services, human services or an equivalent field with a minimum of two (2) years' experience working with the target population and/ or high-fidelity Wraparound program and supervision. Lived experience can count for one (1) of the two (2) years' experience. • One year demonstrated supervisory experience. • A minimum of eight hours of training specific to supervisory activities.
Supervisor to care coordinator ratio	1:8
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Yes, the Wraparound Facilitator is expected to coordinate with the child's medical home.
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	For the MCO demonstration project, the physical health-related outcomes remain the responsibility of the MCO at this time; however, it will transfer to the provider once the provider becomes more established with the process. For the health home CLNM initiative, health home services include Comprehensive Care Management, Care Coordination, Prevention and Health Promotion, Comprehensive Transitional Care, Individual and Family Support Services and Community and Social Support Service Referrals. Through ICC, the CLNM health home will establish multidisciplinary teams for each member to develop integrated service plans that address behavioral health needs and all co-morbidities. For the internal initiative, this responsibility remains with the MCO. CYFD is in the process of integrating high-fidelity Wraparound into the emerging health homes initiative.

NEW MEXICO

ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	The high-fidelity Wraparound program is partnering with wellness activities in the community, as indicated for each individual child/youth.
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Yes a. Individualized per child/youth b. Individualized per child/youth c. Psychiatrists are limited in New Mexico. Psychiatrists are members of the Wraparound teams for children and youth placed in higher levels of out-of-home care, such as residential treatment centers. The Wraparound team coordinates with psychiatrists for children and youth in lower levels of outpatient care, as they are available. Feedback is provided by designated team members.
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. Yes, in process of implementation b. Yes, in process of implementation c. In progress CYFD BHS developed the New Mexico Family Peer Support Worker program. CYFD began training family peer support workers, supervisors and trainers in spring 2018. CYFD developed Family Peer Support Worker (FPWS) Certification through the NMCBBHP. The first FPWS exam occurred in June 2018.

NEW MEXICO

Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	The FPWS is covered by Medicaid.
Rate for parent peer support	The FPWS is integrated into the PM/PM rate established between the MCO and the provider and into the health home CLNM Wraparound rate.
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	CYFD BHS is responsible for the development, training and implementation of the Family Peer Support service. CYFD BHS is exploring collaboration with FREDLA to train family peers, supervisors and trainers on their Parent Peer Support Practice Model curriculum. CYFD BHS is contracting with the New Mexico Family Organization and family advocates to provide feedback in the process as well as to co-train the curriculum. CYFD BHS is also partnering with the New Mexico Behavioral Health Collaborative, New Mexico Behavioral Health Planning Council Child and Adolescent Subcommittee, Substance Abuse and Mental Health Services Administration (SAMHSA) Systems of Care Expansion Grant Governance Team Family Engagement Subcommittee and HSD Office of Peer Recovery and Engagement (OPRE) and BHSD (to align with Certified Peer Specialist efforts). Additionally, CYFD BHS Family Engagement Lead is overseeing efforts of the Family Engagement Subcommittee to develop a Family Guidebook, supporting family members involved in High-Fidelity Wraparound Teams on navigating the CYFD Protective Services and Juvenile Justice Services systems on behalf of their children, youth and families.
Funds used to pay for development and training of parent/caregiver peer partners	Family peer support training is currently funded through the SAMHSA Systems of Care Expansion grant. Grant funds are also used to support the development of family leaders to participate in the Family Engagement Subcommittee, Wraparound Facilitator trainings, as well as attend state and national trainings and conferences, such as the National Wraparound Implementation Academy, increasing skills and knowledge to then inform practice. The CYFD BHS family engagement lead, as well as leadership and administrative staff, are funded by New Mexico State General Funds. Plans on how to sustain this initiative after the grant ends are being developed.

NEW MEXICO

YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Youth Peer Support Certification is in the process of being developed in New Mexico but has not yet been implemented. CYFD will pursue Youth Peer Support Worker certification through the New Mexico Credentialing Board of Behavioral Health Professionals. It is intended to be: a. Yes, offered in conjunction with high-fidelity Wraparound. b. No, not required at this time. c. Yes, available as part of the broader provider array.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	The Youth Peer Support Worker will be covered by Medicaid as an additional endorsement to the Adult Peer Support Worker service category.
Rate for youth peer support	Not yet established
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	CYFD BHS is responsible for the development, training and implementation of the youth peer support service. CYFD BHS is collaborating with its statewide youth coordinators, statewide Youth MOVE New Mexico chapter, Substance Abuse and Mental Health Services Administration (SAMHSA) Systems of Care Expansion grant Governance Team and Youth Subcommittee, SAMHSA New Mexico Healthy Transitions Now is the Time grant, Behavioral Health Planning Council Child and Adolescent Subcommittee, HSD/BHSD and Youth Leaders to develop this service as an additional endorsement to the Adult Peer Support Worker service category.
Funds used to pay for development and training of youth peer partners	Youth peer support development efforts are currently funded through the SAMHSA Systems of Care Expansion grant and the SAMHSA New Mexico Healthy Transitions Now is the Time grant. Grant funds are also used to support the development of Youth Leaders to participate in the Youth Engagement Subcommittee, Wraparound facilitator trainings, as well as attend state and national trainings and conferences, such as the National Wraparound Implementation Academy, increasing skills and knowledge to then inform practice. The CYFD BHS statewide youth coordinator position as well as leadership and administrative staff are funded through New Mexico state general funds. Plans on how to sustain these efforts after the grants end are being developed.

NEW MEXICO

FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	CYFD used NM state general funds for its grant project director, additional Standards and Compliance team members, leadership and administrative staff to oversee the high-fidelity Wraparound initiative. BHS partnered with two Managed Care Organizations (Presbyterian Healthcare Services and Molina Healthcare of NM, Inc.) and All Faiths to implement High-Fidelity Wraparound. The provider is paid a per-member, per-month (PM/PM) payment to cover the costs of intensive care coordination and related activities. Wraparound was incorporated in the NM Human Services Department (HSD) Behavioral Health Services Division's (BHSD's) Carelink NM Health Home initiative as an Intensive Care Coordination model. As of spring 2018, two Health Homes (Guidance Center of Lea County in Hobbs and Mental Health Resources in Clovis) are implementing Wraparound.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	The MCO and provider developed an agreed upon PM/PM rate for the demonstration project.
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	CYFD BHS has collaborated with HSD/BHSD to develop and implement the health home model, to include high-fidelity Wraparound for eligible children and youth. Two health home providers began implementing high-fidelity Wraparound in April 2018. CYFD advocated to ensure that high-fidelity Wraparound was written in to the 1115 Waiver Renewal for a capitated case rate (PM/PM). New Mexico has not yet obtained federal approval of its 1115 Waiver Renewal proposal.
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	a. Yes, if providers/clinicians meet the New Mexico Medicaid regulatory requirements b. For fee-for-service, only one provider can bill for the same/ different service. This will not be an issue in the health home model currently being implemented.

NEW MEXICO

Medicaid vehicles used to finance ICC/ Wraparound	High-fidelity Wraparound is proposed for the 1115 Waiver Renewal and health homes as valued-based purchasing.
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	CYFD BHS was awarded a SAMHSA Systems of Care and subsequent Systems of Care Expansion Grant ended in September 2019 and final projects end in January 2019, via no-cost extension) to develop and implement a sustainable Wraparound model for New Mexico; New Mexico Wraparound CARES (*Comprehensive, Accessible, Responsive, Effective, and Strengths- Based*). The New Mexico Wraparound CARES Immersion Program follows a training and coaching model. This intensive training and oversight prepares each participant to function fully and independently as a Wraparound facilitator. Through the SAMHSA Systems of Care expansion grant, BHS funds a Wraparound Unit consisting of two coordinators. This team provides training and a structured coaching process to Wraparound facilitators both internal to the Department and externally with providers. Leadership and administrative resources to the Wraparound Unit are funded through New Mexico state general funds. As the SAMHSA funding ends in September 2018, CYFD is in process of sustainability planning.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	The New Mexico Wraparound CARES model training is trauma-informed and includes training on cultural and linguistic competency. In addition to the initial three-day training, facilitators participate in an additional six days of intensive training (in areas such as Wraparound skills building, crisis/safety planning, motivational interviewing, etc.) throughout the program. CYFD developed a Tribal Toolkit for Wraparound Facilitators that uniquely supports Wraparound Facilitators to successfully collaborate with New Mexico's tribal communities. Additionally, CYFD BHS, through SAMHSA funding and state general funded positions, developed multiple trainings and related videos (that include New Mexico Wraparound CARES and other content experts, family members and youth) for Wraparound Facilitators and key stakeholders to support successful participation on Wraparound Teams. These trainings have been delivered in all regions of the state to CYFD PS, JJS and BHS staff, foster parents, behavioral health providers, state partners such as HSD, Department of Health and Public Education Department, higher education staff and students, family members, youth, law enforcement and first responders and other collaborative partners: *Continued on next page*

NEW MEXICO

	Youth Engagement Youth Voice and Choice (this training has been provided to every PS office in the state, as well as delivered to foster parents) **Family Engagement** Family driven care **I Am Me/Allyship in Action** Supporting New Mexico's LGBTQ youth **Mental Health First Aid** (MHFA) (Adult, Spanish and Youth versions) Anti-stigma training delivered to community partners, specifically law enforcement and other first responders. Additionally, CYFD provided MHFA training to all foster parents statewide as of September 2017. **Navigating Managed Care Organizations** Supporting PS staff in navigating the MCO process on behalf of their children and youth **Team Decision Making** Training JJS and PS on the team decision making process **Infant Mental Health** Understanding infant mental health services **Substance Use:** The CYFD BHS division includes the Adolescent Substance Use Reduction Effort (ASURE), a close partner with New Mexico's high-fidelity Wraparound initiative. ASURE sponsors trainings across the state in evidenced-base and promising practices such as Seeking Safety, the Seven Challenges, the Community Reinforcement and Family Training (CRAFT), Motivational Interviewing (MI), use of the Global Appraisal of Individual Needs-Short Screener (GAIN-SS), the American Society of Addiction Medicine (ASAM) assessment and placement criteria and Youth Support Services (YSS) life skills coaching. Training specific to the topic of medically complex children and youth has not yet been developed.

NEW MEXICO

Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	There are limited, if any, mobile crisis response and stabilization services available in New Mexico. Wraparound yeams develop crisis plans with the child/youth and their families according to existing agency crisis protocols. All Faiths, the demonstration project providers, developed and utilizes mobile crisis response as a component of its Wraparound program. New Mexico has developed and supported the New Mexico Crisis and Access Line (NMCAL) that is available to all Wraparound teams, family members and youth. There are limited respite services in New Mexico. CYFD is collaborating with HSD Medicaid to expand this service. Intensive in-home services are delivered through CYFD PS for their eligible population.
Flexible funds and how these are financed, administered, budgeted, and allocated	Flexible funding for children and youth enrolled in Wraparound are available through SAMHSA systems of care expansion grant funding. The CYFD BHS manager manages these funds, in collaboration with the systems of care project director and internal leadership. Flexible funding is utilized, as a resource of last resort, to purchase one-time or occasional goods/services, direct services and/or supports consistent with the family vision and plan of care for the child/youth. The use of flexible funding is determined by the Wraparound team to be necessary for the child/youth enrolled in New Mexico Wraparound CARES. CYFD BHS developed Flexible Funding Procedures and Forms, trainings, monitoring and oversight and auditing processes in collaboration with its Standards and Compliance Unit. Flexible funding budget and analysis occur through the systems of care expansion grant, with feedback and input by its governance team, including input from family members and Youth MOVE leaders.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	The MCOs, in collaboration with the HSD and CYFD, are responsible for developing the provider network. CYFD BHS, through funding from multiple SAMHSA grants, has developed a web-based geo-map of children's behavioral health services. This effort is assisting in identifying service gaps and needs statewide. Additionally, CYFD has developed and supported the PullTogether initiative (PullTogether.org) as a resource where staff, providers, community members, family members and youth can identify and locate services and non-clinical supports in their local communities.

NEW MEXICO

EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	The MCO
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	CYFD BHS utilizes data from the Wraparound Fidelity Index, Brief Version (WFI-EZ), Team Observation Measure (TOM) and CHIFI to measure ICC /Wraparound quality and fidelity.
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	Through SAMHSA systems of care expansion grant funding, CYFD BHS contracts with UNM to gather data and assess quality and fidelity of high-fidelity Wraparound. UNM tracks quality and fidelity, which is reviewed by the Systems of Care Expansion Grant Governance Team (to include partners such as family members, youth, Wraparound Unit, PS, JJS, MCOs, providers, CYFD leadership and other key stakeholders.) The New Mexico Wraparound CARES model, training, coaching and implementation are adjusted based upon feedback from this process.
Outcomes tracked	Outcomes are tracked by UNM include clinical, functional and resiliency data, in addition to demographic, utilization, mental health, living situation/placement and discharge data. CYFD tracks the Child and Adolescent Needs and Strengths (CANS) tool through a contractor, Apex. Through SAMHSA systems of care Expansion grant funds, CYFD BHS is contracting with a consultant, Coop Consulting, Inc., to conduct a comparison cost analysis and outcome measure evaluation of the MCO/provider demonstration project.
Entity responsible for tracking outcomes	Through SAMHSA systems of care Expansion grant funds, CYFD BHS contracts with UNM and an independent consultant (Coop Consulting, Inc.) to track outcomes.
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Wraparound outcomes are reviewed by the systems of care Expansion Grant Governance Team (to include partners such as family members, youth, Wraparound Unit, PS, JJS, MCOs, providers, CYFD leadership and other key stakeholders). UNM creates data dashboards for this meeting regarding implementation efforts. The Wraparound Program model, training and implementation are adjusted based upon feedback from this process.

NEW MEXICO

Outcomes data	Coop Consulting, Inc., will provide quarterly progress reports on the cost analysis and the evaluation of outcome measures that will be reviewed by the Systems of Care Expansion Grant Governance Team. The demonstration project, as well as expansion and sustainability of this model, will be adjusted based upon feedback from this process. At the annual Youth MOVE New Mexico face-to-face meeting, the UNM evaluation lead and CYFD statewide youth coordinator reviewed evaluation data with Youth MOVE Leaders to obtain feedback and recommendations that inform implementation efforts.
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	CYFD BHS does not use a customized EHR system. Instead, it uses systems such as the CANS Portal and internal PS/JJS FACTS system to support ICC using Wraparound.
Contact	**Bryce Pittenger, Director** **Child, Youth, and Family Department (CYFD) Behavioral Health Services** **bryce.pittenger@state.nm.us** **505-827-8008** **Kristin Jones, Deputy Director** **CYFD Behavioral Health Services** **kristin.jones@state.nm.us** **505-699-2015**

NEW YORK

Counties: Erie, Rensselaer, Westchester, Franklin, Steuben, Otsego, Broome, Chenango, Essex, Oneida, Cayuga, Orange, Rockland, plus Bronx/Brooklyn/Queens of New York City

Name of Care Management Entity(ies) (if applicable): New Directions for Youth and Families, Rensselaer County Department of Mental Health, Mental Health Association of Westchester County, Westchester Jewish Community Services, Chautauqua County Department of Mental Health, Cayuga Counseling, Rehabilitative Support Services, Mental Health Association of Rockland County, Astor Services for Children and Family Services and SCO Family of Services

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	In five pilot counties and New York City, the county mental health department purchases care management using Wraparound from local not-for-profits with extensive experience in serving children and youth with serious emotional disturbance (SED). In two pilot counties, care management using Wraparound is delivered by county department of mental health staff.
Tiered (e.g., populations in each, number of tiers) care management model	Care management using Wraparound is delivered in designated pilot counties. This pilot approach is integrated into New York State's (NYS) Medicaid Health Homes Serving Children program. Within NYS Health Homes, there are three tiers of defined acuity which dictates intensity of care management: High, Medium and Low. Acuity is determined by an algorithm calculated once a Child and Adolescent Needs and Strengths Assessment (CANS)-New York assessment is complete. High acuity assumes a 1:12 ratio, while Medium is 1:20 and Low 1:40. For designated pilot counties, care management using Wraparound ensures that caseload sizes are maintained at 1:10 and that training and certification is achieved for the staff. See below for full target criteria.
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	Due to the receipt of a four-year Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care Expansion Grant, the NYS Office of Mental Health is overseeing the provision of care management using Wraparound in collaboration with the NYS Department of Health. For those children who are dually enrolled in Health Home, New York Services Department of Health (Medicaid authority) plays a key role in oversight of care management.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Private not-for-profit provides other behavioral health and child welfare services. Public agencies (county departments of mental health) provide other behavioral health services.

NEW YORK

Counties: Erie, Rensselaer, Westchester, Franklin, Steuben, Otsego, Broome, Chenango, Essex, Oneida, Cayuga, Orange, Rockland, plus Bronx/Brooklyn/Queens of New York City

Population(s) served (including the *target population definition*, if applicable)	In order for a child/youth to receive care management using high-fidelity Wraparound, s/he has been determined • Health home eligible by the NYS Health Home Serving Children criteria under the SED, including enrollment in Medicaid. **OR** • Health home eligible by the NYS Health Home Serving Children criteria under the qualifying condition of SED but Medicaid-ineligible and cannot enroll in health home. **AND** must meet the following criteria: • Be between the ages of 12 and 21; **AND** • Live in the community in a designated county in settings allowable by health home guidelines. Children/youth may be at imminent discharge from out-of-home or out-of-state placement at the time of pilot referral, when engagement may begin 30 days before discharge; **AND** • Be willing to participate in Pilot and the high-fidelity Wraparound process; **AND** • Is involved with two or more service systems (e.g., child welfare, special education services, juvenile justice, mental health and/or substance use) in the last six months; **AND** • A CANS—New York health home score of high acuity; **AND** • Demonstrates documented evidence of • Being in crisis and in emerging/imminent risk of out-of-home placement, due to challenges living in the home and community; **OR** • Returning to their home and community from out-of-home placement; **OR** *Continued on next page*

NEW YORK

Counties: Erie, Rensselaer, Westchester, Franklin, Steuben, Otsego, Broome, Chenango, Essex, Oneida, Cayuga, Orange, Rockland, plus Bronx/Brooklyn/Queens of New York City

	• Inpatient hospitalization (mental health, substance use, or physical health) within the past six months; **OR** • Multiple (i.e., two or more) inpatient hospital stays, emergency room use and/or CPEP/crisis services in the last 6 to 12 months.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	Once the pilot is operational in all designated pilot counties, 130 children and youth will be served at any one time. Annually, this may range from 150 to 200.
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	A referral is made to the Single Point of Access (SPOA) coordinator in the county mental health department and a CANS-NY assessment is completed, along with verification of eligibility criteria. Once affirmed, the SPOA coordinator makes a direct referral to the designated Wraparound care management agency. See response below for eligibility criteria.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	A county employee, SPOA coordinator, who is a clinician and is the county gatekeeper for access to all specialty mental health services, conducts eligibility determinations for the Pilot.
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	First, enrollment is authorized by the SPOA coordinator. If Medicaid eligible, referral and acceptance into health home is completed by the care management agency and lead health home entity.
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	NYS uses a CANS-NY assessment tool, and this can be used to track individual improvements over time.
Average length of involvement with ICC/ Wraparound	The first several children/youth enrolled in care management using Wraparound were involved approximately 6-9 months.

NEW YORK

Counties: Erie, Rensselaer, Westchester, Franklin, Steuben, Otsego, Broome, Chenango, Essex, Oneida, Cayuga, Orange, Rockland, plus Bronx/Brooklyn/Queens of New York City

REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	N/a
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	A bachelor's of arts or science with two years of relevant experience, **OR** A license as a registered nurse with two years of relevant experience, **OR** A master's with one year of relevant experience.
Certification requirements for care coordinators	In order to provide care management using Wraparound, a care manager must complete the NYS training and certification program and complete training and certification in the use of the CANS-NY. If the care manager will be enrolling children in health home using Wraparound, there are also health home staff training requirements that must be met.
Care coordinator to child/family ratio	1:10 for the Pilot
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Supervisors must be CANS-NY certified and must achieve at least a score of 80% or higher on a exam.
Supervisor to care coordinator ratio	Optimally, one supervisor to five care managers
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Yes, if the child/youth is involved with a medical home
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	Yes

NEW YORK

Counties: Erie, Rensselaer, Westchester, Franklin, Steuben, Otsego, Broome, Chenango, Essex, Oneida, Cayuga, Orange, Rockland, plus Bronx/Brooklyn/Queens of New York City

ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	The NYS model involves a team—Wraparound trained and certified care manager, family peer and youth peer advocates.
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	There are 16 designated health homes serving children in NYS. Each lead health home has a network with which they are working and has established protocols and consultation. These differ across the state. a. N/a b. N/a c. N/a
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. Yes b. Yes, for pilot project; No, for high acuity health home c. Yes, it is available through some state funding throughout the state. The service will become Medicaid reimbursable through the State Medicaid Plan in July 2019.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Currently, through a SAMHSA grant in designated counties or through NYS Office of Mental Health appropriations to county mental health departments. It will be covered by Medicaid starting July 2019.

NEW YORK

Counties: Erie, Rensselaer, Westchester, Franklin, Steuben, Otsego, Broome, Chenango, Essex, Oneida, Cayuga, Orange, Rockland, plus Bronx/Brooklyn/Queens of New York City

Rate for parent peer support	Initial rates were approved by the Centers for Medicaid and Medicare Services. Currently, advocates and the state are working together to propose alternate rates.
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	• Family-run organization • Statewide technical assistance center • State public agency (Office of Mental Health) • Provider organization
Funds used to pay for development and training of parent/caregiver peer partners	State appropriation of funding to a technical assistance center and through SAMHSA grant funds.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. Yes b. Yes, for pilot project; No, for high acuity health home c. Yes, it is available through some state funding throughout the state. The service will become Medicaid reimbursable through the State Medicaid Plan in January 2020.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	Currently, through a SAMHSA grant in designated counties or through NYS Office of Mental Health appropriations to county mental health departments. It will be covered by Medicaid starting January 2020.
Rate for youth peer support	Initial rates were approved by the Centers for Medicaid and Medicare Services. Currently, advocates and the state are working together to propose alternate rates.
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	• Technical assistance center • Youth-run statewide organization • State public agency (Office of Mental Health) • Provider organization
Funds used to pay for development and training of youth peer partners	State appropriation of funding to a technical assistance center and through SAMHSA grant funds

NEW YORK

Counties: Erie, Rensselaer, Westchester, Franklin, Steuben, Otsego, Broome, Chenango, Essex, Oneida, Cayuga, Orange, Rockland, plus Bronx/Brooklyn/Queens of New York City

FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Starting October 2017, care management using Wraparound will blend funding through Medicaid via health homes and SAMHSA System of Care Expansion grant for maintaining caseloads and training/certification.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Health home per member per month (PMPM) rates are $750 Upstate and $799 Downstate. The SAMHSA System of Care Expansion Grant pays for meeting costs associated with lower caseloads and training/certification. These differences are $0 to several hundred dollars PMPM supplement. The pilot also serves children and youth who are Medicaid ineligible; the SAMHSA System of Care Expansion Grant covers staff costs to serve them at 100%.
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Our pilot project uses care management providers using Wraparound as part of the health home approach for children and youth with SED. Health Homes Serving Children began in December 2016.
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	a. Only those staff covered by the pilot project (care manager, family peer and youth peer) are paid for participation in the Child and Family Team (CFT) through Medicaid, state appropriations and a SAMHSA System of Care Expansion grant. Other participants are not covered for meeting participation. Medicaid reimbursement is through Health Home State Plan service for care managers. b. Medicaid reimbursement is through Health Home State Plan service.
Medicaid vehicles used to finance ICC/ Wraparound	ICC is funded via Health Homes SPA, but Wraparound practice model of having lower caseloads, completing training/ certification and supporting family and youth peer advocates are not covered by Medicaid.

NEW YORK

Counties: Erie, Rensselaer, Westchester, Franklin, Steuben, Otsego, Broome, Chenango, Essex, Oneida, Cayuga, Orange, Rockland, plus Bronx/Brooklyn/Queens of New York City

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded	N/a
Capacity to train coordinators a. Who provides training b. How it is financed	The State (Office of Mental Health) has developed a training team of five staff through a SAMHSA Systems of Care grant and intends to sustain it long-term.
Structured coaching process for the care coordinators and how financed	There is a structured coaching process funded through the SAMHSA System of Care Expansion grant.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Yes, required by health homes
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite service Components of the above services funded by Medicaid	Yes, funded through state appropriation and grants. These services will transition to Medicaid funding in January 2020.
Flexible funds and how these are financed, administered, budgeted, and allocated	The Office of Mental Health appropriates a sum to county mental health departments to provide this service for children with serious emotional disturbance served through Health Home Care Management. Through the SAMHSA Systems of Care Expansion grant, pilot sites have a pool of dollars for this purpose.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	Care management entity and designated health home

NEW YORK

Counties: Erie, Rensselaer, Westchester, Franklin, Steuben, Otsego, Broome, Chenango, Essex, Oneida, Cayuga, Orange, Rockland, plus Bronx/Brooklyn/Queens of New York City

EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	N/a
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	Evaluation study funded through SAMHSA System of Care Expansion grant. Wraparound Fidelity Index, Brief Version (WIFI-EZ) and Document Assessment and Review Tool (DART) are being used, as well as project monitoring.
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	The Center for Human Services Research at the University at Albany Care management entity and the Center for Human Services Research
Outcomes tracked	• SAMHSA required child and family outcomes data • Client satisfaction through child, youth and family interviews • Medicaid spending over time • Service utilization • Fidelity to Wraparound process
Entity responsible for tracking outcomes	Care manager and data collectors
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Each pilot site has a governance body and implementation team which receive data and information on implementation efforts. An advisory committee also receives the information.
Outcomes data	Not at this time

NEW YORK

Counties: Erie, Rensselaer, Westchester, Franklin, Steuben, Otsego, Broome, Chenango, Essex, Oneida, Cayuga, Orange, Rockland, plus Bronx/Brooklyn/Queens of New York City

Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	Pilot sites will be using paper forms for the short term as NYS determines the best way to collect information electronically. Two pilot counties, Erie and Chautauqua, do use FidelityEHR to support Wraparound.
Contact	**Angela Keller** **angela.keller@omh.ny.gov** **518-473-6903** **Joanne Trinkle** **joanne.trinkle@omh.ny.gov** **518-473-4109**

CLERMONT COUNTY, OHIO

Name of Care Management Entity (ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Clermont County Mental Health & Recovery Board received a SAMHSA Systems of Care grant that ended in Fall 2016. Clermont County Family & Children First Council managed the grant. Clermont County Family & Children First Council implemented a Wraparound program with a portion of the grant funds. Grant funding supported five Wraparound facilitators and for Wraparound consultation the county received. Members of Clermont County Family & Children First Council (children's services, juvenile court, mental health and recovery board, board of developmental disabilities, county commissioners, public health and Greater Cincinnati Behavioral Health/Clermont Recovery Center) pay the Wraparound coordinator (supervisor) through local contributions. Pooled funds are supported by local contributions. Currently, the Wraparound program is paid for with local Family & Children First funds.
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	In Ohio, each county administers its Wraparound program with oversight, training and technical assistance provided by the Ohio Department of Mental Health & Addiction Services (OhioMHAS), through its SAMHSA grant, known as ENGAGE.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Clermont County Family & Children First provides Wraparound. Family & Children First staff are employed by Clermont County Department of Job & Family Services, the administrative agent for Clermont County Family & Children First. The state requires every county to have a Family & Children First Council to serve multi-need, multi-system children. Each county Family & Children First Council works under an administrative agent, which is a government entity.
Population(s) served (including the *target population definition*, if applicable)	Any child, youth or young adult, aged 0-21 who has multi-systemic needs and whose needs have not been adequately addressed in traditional agency systems

CLERMONT COUNTY, OHIO

Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	In calendar year 2017, Clermont County Family & Children First served 138 youth/families through the Wraparound program.
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	The referral source answers basic questions on a referral form to determine eligibility, including system involvement and basic needs.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Family & Children First Wraparound coordinator, employed by Clermont County Department of Job & Family Services
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Family & Children First Wraparound coordinator, employed by Clermont County Department of Job & Family Services
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	CANS is used to determine the level of service provided.
Average length of involvement with ICC/ Wraparound	6-12 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	N/a; OH does not have a credentialing process.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's degree (Clermont County requirement)
Certification requirements for care coordinators	N/a
Care coordinator to child/family ratio	1:15

CLERMONT COUNTY, OHIO

Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/ professional licensure, other):	N/a per Ohio, but Family & Children First requires a bachelor's degree and previous Wraparound experience
Supervisor to care coordinator ratio	1:4
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	N/a
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	N/a
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	N/a
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	N/a

CLERMONT COUNTY, OHIO

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Yes, offered as part of care coordination
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Originally funded with SAMHSA grant, and then transitioned to local funds (Mental Health & Recovery Board and Family & Children First Council through local contributions). Parent Peer Support (family member to family member) is currently not part of Ohio's state Medicaid plan.
Rate for parent peer support	$16.30 per hour for Family & Children First
Entity responsible for development and training of peer partners (e.g., family run organization, state or local public agency, managed care entity, provider organization, other)	Family-run organization
Funds used to pay for development and training of parent/caregiver peer partners	Originally funded with SAMHSA grant, then transitioned to local county funds through Mental Health & Recovery Board
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	N/a
Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	N/a
Rate for youth peer support	N/a

CLERMONT COUNTY, OHIO

Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	N/a
Funds used to pay for development and training of youth peer partners	N/a
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Local contributions
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Local contributions currently pay for salaries, benefits, mileage, supplies and training.
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	N/a, unless a provider chooses to bill the time to case management to Medicaid
Medicaid vehicles used to finance ICC/ Wraparound	N/a

CLERMONT COUNTY, OHIO

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	The focus is on training the Wraparound coordinator to provide the training internally through individual and group supervision. Additionally, Clermont County can receive training through the state grant funding.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	N/a
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Currently, Clermont County is part of the targeted region in the State's ENGAGE 2.0 (SOC) grant from SAMHSA, which focuses on mobile response stabilization services. This award is in the first year. Clermont County has a mobile crisis team and these services were funded by a Department of Justice grant and SAMHSA, but now funded completely by Mental Health & Recovery Board (local levy funds). Intensive in-home services are funded by local pooled funds. Medicaid is occasionally billed partially for eligible youth, and some state funds are used. Ohio implemented intensive home-based treatment as part of its state Medicaid plan beginning in January 2018.
Flexible funds and how these are financed, administered, budgeted, and allocated	N/a
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	Clermont County Family & Children First

CLERMONT COUNTY, OHIO

EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	Clermont County Family & Children First
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	Locally developed tools to monitor quality, CANS scores, caregiver satisfaction survey
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	Clermont County Family & Children First
Outcomes tracked	CANS and use of FidelityEHR database outcome tracking tools
Entity responsible for tracking outcomes	Clermont County Family & Children First
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Outcomes are reported to Clermont County Family & Children First at the monthly council meeting. Additional outcome data is available by request.
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	FidelityEHR
Contact	**Gretchen Behimer, Program Director** **Clermont County Family & Children First** **gbehimer@clermontcountyohio.gov**

CUYAHOGA COUNTY, OHIO

Name of Care Management Entity (ies) (if applicable): Cuyahoga Tapestry System of Care

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Cuyahoga County Office of Health and Human Services, Division of Children and Family Services (DCFS)
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	Cuyahoga County DCFS manages the system of care.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Cuyahoga Tapestry System of Care employs a community Wraparound process serving families through care coordination and family advocacy. It partners with six private Medicaid providers or care coordination agencies to provide high-fidelity Wraparound services and advocacy through December 2018.
Population(s) served (including the *target population definition*, if applicable)	Children eligible for enrollment are involved with, or at risk of involvement with multiple public systems; have multiple needs; range in age from 5-18; and are identified by the DCFS, Juvenile Court and/or other community partners/families as appropriate for referral to DCFS for Tapestry care coordination.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	550 youth and families (2017)
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	All referrals are coordinated through DCFS; screening process was developed to assist the referent in identifying appropriateness.

CUYAHOGA COUNTY, OHIO

Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Cuyahoga Tapestry System of Care receives referrals via three sources: DCFS, Juvenile Court and the community. An enrollment specialist employed by DCFS screens and processes all referrals.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Cuyahoga County DCFS
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	Care coordination providers complete a diagnostic assessment and administer the Ohio Scales to measure outcomes for youth receiving mental health services.
Average length of involvement with ICC/ Wraparound	10 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	N/a
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's degree
Certification requirements for care coordinators	Cuyahoga Tapestry System of Care requires all care coordination staff to participate in training, coaching and Wraparound certification. Tapestry has made inroads in building local capacity to provide training, coaching and certification to Wraparound facilitators and family support professionals. DCFS serves as the funder and monitor of high-fidelity Wraparound training and certification in Cuyahoga County.
Care coordinator to child/family ratio	1:12/15
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other):	Master's degree
Supervisor to care coordinator ratio	1:12

CUYAHOGA COUNTY, OHIO

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	N/a
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	N/a
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	N/a
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN)	Formal consultation is not required, although each care coordination partner agency provides a variety of services and supports for children and families, including mental and behavioral health services. Various advanced clinical practitioners are employed within each respective agency, and can be made available to provide clinical consultation to staff when needed, including psychiatrists, clinical psychologists, social workers (L.S.W, L.I.S.W., L.I.S.W.-S.), counselor/ psychotherapists (L.P.C., L.P.C.C., M.F.T., Ph.D.) and mental health nurse practitioners.
a. How many hours per week is the psychiatrist/APRN available?	a. N/a
b. What is the psychiatrist's/APRN's role in medication management?	b. N/a
c. What role (if any) does the psychiatrist/APRN play on the child and family team?	c. N/a
i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families?	
ii. Does the psychiatrist/APRN review/sign off on every plan of care?	
iii. Is the psychiatrist/APRN part of the child and family team?	

CUYAHOGA COUNTY, OHIO

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Enrolled youth/families are not required to have a family advocate/parent support partner involved on the Wraparound team; however, every youth/family has access to this support if requested.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Tapestry offers community-based parent/youth advocacy and supports through the existing care coordination contracts.
Rate for parent peer support	N/a
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	Advocates participate in learning communities and work on a blended team, providing an array of activities such as support groups, participation on child and family teams and identifying and linking traditional and non-traditional supports.
Funds used to pay for development and training of parent/caregiver peer partners	Local health and human services levy funding supports Tapestry's training institute. This includes additional training and skill development supports for parent/caregiver peer partners.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	N/a
Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	N/a
Rate for youth peer support	N/a

CUYAHOGA COUNTY, OHIO

Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	N/a
Funds used to pay for development and training of youth peer partners	N/a

FINANCING FOR ICC USING QUALITY WRAPAROUND

Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Tapestry is supported by local health and human services funding. Care coordination agencies provide community psychiatric supportive treatment and are expected to maximize Medicaid services as deemed appropriate or as recommended by a diagnostic assessment, psychiatrist, physician, psychologist or other professional, and are accessed and provided by authorized Medicaid contract agencies.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Reimbursed at a case rate of $27.74 per child per day
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Providers are not paid to participate in the child and family team meetings.
Medicaid vehicles used to finance ICC/ Wraparound	N/a; components of Wraparound are billed to community psychiatric supportive treatment as appropriate.

CUYAHOGA COUNTY, OHIO

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	Tapestry has developed a comprehensive training institute, funded through local health and human services dollars that offers a three-day core Wraparound training twice a year, as well as 8-10 Wraparound booster sessions. Tapestry manages training operations, and training is facilitated a local provider under evaluation and training contract deliverables.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	N/a
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Care coordinators can access a local mobile crisis team which offers in-person crisis interventions, mental health and suicide prevention hotlines. Intensive in-home services are available through funding from local pooled funds. Medicaid is occasionally billed partially for eligible youth, and some state funds are used.
Flexible funds and how these are financed, administered, budgeted, and allocated	N/a
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	The care coordinator utilizes community based programming to meet the needs identified by the family. If costs are associated, the care coordination agency is expected to cover these out of their per diem.

CUYAHOGA COUNTY, OHIO

EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	Tapestry, in partnership with Case Western Reserve University. Tapestry has established a comprehensive continuous quality improvement (CQI) process, as well as a Wraparound field fidelity monitoring component in partnership with Case Western Reserve University. The current CQI and field fidelity models were developed to monitor performance and track indicators and measures designed to promote Tapestry's outcomes.
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	National Wraparound Initiative fidelity instruments, including TOMS and WFI-EZ
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	DCFS in partnership with Case Western Reserve University
Outcomes tracked	Tapestry primary outcome goals: improved family and youth functioning; reduced recidivism in juvenile justice; reduced recidivism in child welfare; and increased efficiency and effectiveness in service delivery. The CQI process also tracks a variety of practice and process indicators such as: Ohio Scales outcomes for problem severity and functioning; placement changes; engagement implementation and graduation activities (e.g., face to face contacts, team meetings, etc.).
Entity responsible for tracking outcomes	Tapestry through contracts with Case Western Reserve University
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	N/a
Outcomes data	N/a

CUYAHOGA COUNTY, OHIO

Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	Tapestry employs Synthesis, developed by Wraparound Milwaukee. It is a comprehensive web-based case management, service authorization, records and fiscal management information system. Synthesis allows Tapestry to track services and payments in real time and produce a variety of reports related to service and continuous quality improvement.
Contact	**Karen Stormann, Administrator** **Cuyahoga County Division of Children and Family Services**

MONTGOMERY COUNTY, OHIO

Name of Care Management Entity(ies) (if applicable): Children Matter! Montgomery County

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Americans with Disabilities Act Mental Health Services (ADAMHS) contracts with a local mental health agency (South Community Inc.) to provide the Wraparound services.
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	ADAMHS manages the Substance Abuse and Mental Health Services Agency (SAMHSA) grant, and there is a program manager to supervise the Wraparound facilitators at South Community.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Local mental health agency public agency
Population(s) served (including the *target population definition*, if applicable)	Youth who are ages 5 to 16 with a mental health diagnosis (SED) and some involvement with juvenile court and a resident of Montgomery County.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	229 have been served in the grant: • 110 African-American • 115 Caucasian • 3 Hispanic/Latino • 1 Asian • 77 female • 152 male
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	N/a, just have to reside in Montgomery County, be between 5 and 16 years old, have a SED and involvement with juvenile court.

MONTGOMERY COUNTY, OHIO

Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	The program manager at South Community
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	South Community
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	N/a
Average length of involvement with ICC/ Wraparound	6 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	N/a
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's
Certification requirements for care coordinators	Be trained in Wraparound
Care coordinator to child/family ratio	1:9
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Master's
Supervisor to care coordinator ratio	1:11

MONTGOMERY COUNTY, OHIO

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	N/a
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	N/a
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	N/a
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	N/a

MONTGOMERY COUNTY, OHIO

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. There is a family engagement coordinator. b. It is not required.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	SAMHSA grant
Rate for parent peer support	$20,000 for 1,040 hours ($19.23/hour)
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	National Alliance on Mental Illness (NAMI) of Montgomery County
Funds used to pay for development and training of parent/caregiver peer partners	SAMHSA
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	N/a, but NAMI has services.
Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	N/a
Rate for youth peer support	N/a

MONTGOMERY COUNTY, OHIO

Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	N/a
Funds used to pay for development and training of youth peer partners	N/a
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/Wraparound (e.g., Medicaid, general revenue, grants, other)	SAMHSA grant
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	N/a
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	N/a
Medicaid vehicles used to finance ICC/Wraparound	N/a

MONTGOMERY COUNTY, OHIO

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded	SAMHSA grant
Capacity to train coordinators a. Who provides training b. How it is financed	Yes, we now have a training curriculum and South Community provides the training to new staff.
Structured coaching process for the care coordinators and how financed	We currently contract with someone for coaching.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Trauma-informed care, working with diverse populations (i.e., LGBTQI2, racial/ethnic populations), substance use, medically complex youth
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services	Mobile crisis response and stabilization services through crisis care
Components of the above services funded by Medicaid	Intensive in-home services funded by Medicaid, and local agencies pooled funding.
Flexible funds and how these are financed, administered, budgeted, and allocated	SAMHSA South Community has a form to be filled out and reflects the request back to the plan and then the project direct reviews them.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	N/a

MONTGOMERY COUNTY, OHIO

EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	ADAMHS has oversight of the SAMHSA grant.
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	Team Observation Measure, Version 2.0 (TOM-2) and in process of getting the Wraparound Fidelity Index, Brief Version (WFI-EZ)
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	University of Dayton University of Dayton and Wright State
Outcomes tracked	NOMs on SPARS, and education, reduction in placements, interaction with court and children's services
Entity responsible for tracking outcomes	Outcomes analyst and facilitators gather the data
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	We have a Quality Improvement Council who meet one time per month.
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	South Community has EHR.
Contact	**Cindy Mockabee** **cmockabee@mcadamhs.org** **937-443-0416**

STARK COUNTY, OHIO

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Services are coordinated through Stark County Family Council. Funders include: Stark County Mental Health & Addiction Recovery; Stark County Department of Job and Family Services; Stark County Board of Developmental Disabilities; and Stark County Family Court. The Stark County Educational Service Center provides in-kind resources to Family Council to support Wraparound. Stark County Family Council—Stark County is an example of an Ohio county with established Wraparound approach that it has financed through cross-agency funding at the local level.
Tiered (e.g., populations in each, number of tiers) care management model	N/a
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Stark County Family Council coordinates a Request for Proposal (RFP) process that identifies a community-based provider(s) to deliver ICC/Wraparound services.
Population(s) served (including the *target population definition,* if applicable)	Children eligible for enrollment are involved with, or at risk of involvement with, multiple systems; have multiple needs; range in age from birth to age 21; and are identified by the community partners and/or families as appropriate for referral to Family Council for ICC/Wraparound. Wraparound services may also be considered for single system youth who are at imminent risk of placement in a more restrictive setting as determined by an initial risk screen and ongoing assessment.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	180-200 youth and families

STARK COUNTY, OHIO

ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility	Any parent or agency may make a Wraparound referral by contacting the Stark County Family Council. Once a referral is made, Family Council staff notifies the Wraparound intake specialist at the provider. The Wraparound intake specialist then contacts the parent and/or referral source within one business day to complete a risk screen and determine program eligibility. Each referral is either assigned to a Wraparound service coordinator, family support specialist, clinical reviewer and/or referred to an outside service provider. Case assignment(s) is based on risk screen scores and/or level of risk for out-of-home placement.
Specific eligibility criteria established	Wraparound service coordinators serve the children/youth, ages 0 through 21, with complex needs who have been involved in two or more of the following systems within the last 90 days, whose needs are not being adequately met and who have reached a level of urgency requiring additional service coordination: • Mental/Behavioral Health • Juvenile Court • Developmental Disabilities • Special Education • Children Services Wraparound services may also be considered for single system youth who are at imminent risk of placement in a more restrictive setting as determined by an initial risk screen and ongoing assessment. Clinical review services: Children/youth who are residents of Stark County, up through the age of 21 years, who are being considered for out-of-home placement/treatment. The clinical reviewer works with the family, Wraparound team, primary treatment provider and any insurance or Medicaid Care Organization, to ensure that an appropriate placement is located and entered, effective treatment is provided and transition planning is conducted and implemented in order to ensure a successful transition back to the community.

STARK COUNTY, OHIO

Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Any parent or agency may make a Wraparound referral by contacting the Stark County Family Council.
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	Stark County Family Council Service Review Committee, which consists of representatives from each of the following systems: behavioral health, children services, family court, developmental disabilities and education
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/Wraparound	Care coordination providers complete a diagnostic assessment and administer the Ohio Scales to measure outcomes for youth receiving mental health services.
Average length of involvement with ICC/ Wraparound	12 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	N/a
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Associate's degree with bachelor's degree preferred
Certification requirements for care coordinators	N/a
Care coordinator to child/family ratio	1 FTE to 12-15 families
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/ professional licensure, other)	Master's degree
Supervisor to care coordinator ratio	1:4

STARK COUNTY, OHIO

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Care coordinators determine if youth has connection to primary health at intake; if not, linking to primary care becomes a goal of the Wraparound plan.
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	N/a
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	N/a
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	N/a

STARK COUNTY, OHIO

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of Intensive CareCCoordination practice? c. Available as part of the broader provider array?	Family support specialists serve the parents of children/ youth, ages 0 to 21, who are seeking assistance in meeting the needs of their children but do not have the intensity of need for Wraparound. Family support specialists may also be accessed by families currently involved in Wraparound.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	The Family Support Specialist is employed by the community-based provider and is a member of the service team that is funded through the RFP process.
Rate for parent peer support	The Family Support Specialist is funded at $46 per unit of service.
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	Contracted provider agency determined through RFP process; the Family Support Specialist also benefits from trainings offered by the systemic partners who fund the program.
Funds used to pay for development and training of parent/caregiver peer partners	Local systemic partners and the contracted agency fund training. Local funds from systemic partners are used for development and training.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	N/a
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	N/a
Rate for youth peer support	N/a

STARK COUNTY, OHIO

Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	N/a
Funds used to pay for development and training of youth peer partners	N/a

FINANCING FOR ICC USING QUALITY WRAPAROUND

Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Stark County Family Council has implemented some organizational changes to the Wraparound program. The program is now implemented through the Family Council office which has changed some of the funding sources available. Currently, Stark County's Wraparound program is funded by local funds (70%) and a state grant (30%). As capacity dictates, Stark County Family Council will issue an RFP for any additional service coordinators needed. The new staff member will be hired in collaboration with a local organization with Medicaid billing capabilities. Once the new staff member is hired, they will provide community psychiatric supportive treatment and will utilize Medicaid billable services as deemed appropriate within the Wraparound process. This will allow Stark County Family Council to access three different funding sources at that time.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Currently, Wraparound is billed to the state grant for face-to face service only in a reimbursement form. The reimbursement rate is $146.91/hour. The local funders are billed in quarterly amounts for their agreed funding amounts. In the future, as a staff member will be located in a Medicaid billable organization, they will be able to bill for up to three different unit rates if applicable (family support, community psychiatric supportive treatment and Wraparound non-Medicaid). Unit rates will be established prior to the establishment of employment of new staff member.
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a
Provider/clinician reimbursement for participation in child and family team meetings	Providers are not paid to participate in the child and family team meetings.

STARK COUNTY, OHIO

Medicaid vehicles used to finance ICC/ Wraparound	Currently, Wraparound does not utilize any Medicaid funding. It is anticipated that in the future, components of Wraparound will be billed to community psychiatric supportive treatment as appropriate.

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS

Medicaid vehicles used to finance ICC/ Wraparound	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it's financed Structured coaching process for the care coordinators and how financed	The community-based provider selected through the RFP process is responsible for Wraparound training. Wraparound care coordinators are also invited and encouraged to participate in system partners' trainings as well as regional trainings sponsored through other county behavioral health authorities or the State of Ohio.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Care coordinators are encouraged to participate in trauma-informed, substance use, cultural and linguistic competency, and other specialized trainings as available and appropriate.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Care coordinators have access to a mobile crisis team, which offers in-person crisis interventions, mental health and suicide prevention hotlines. Care coordinators can also access flexible Wraparound supports, which could include crisis response and/or stabilization services via the Service Review Committee. Access is made possible through federal grant funds awarded to Stark County Mental Health & Addiction Recovery. Beginning Jan. 1, 2018, Medicaid will be billed for eligible youth.
Flexible funds and how these are financed, administered, budgeted, and allocated	Flexible funds are available for service(s) and supports for multi-systemic youth. The funds come from the State of Ohio, Stark County Job and Family Services—Children's Services division, Stark County Family Court and Stark County Board of Developmental Disabilities.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	Stark County Family Council

STARK COUNTY, OHIO

EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	The Service Coordination Committee of the Stark County Family Council
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	WIFI EZ, Wraparound Observation Form, Wraparound Coaching Tools and Wraparound CQI tools
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	N/a
Outcomes tracked	• Percent of youth and families closing out of Wraparound who successfully completed their Individualized Family Service Plan (IFSP) • Percent of youth closing out of Wraparound who remained in their own home once a Wraparound IFP was developed • Percent of youth and families with more informal supports in place upon transitioning from Wraparound services
Entity responsible for tracking outcomes	Stark County Family Council
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	There is electronic data sharing but synthesized data are shared monthly with SRC, SCC, the Executive Committee and the Family Council Board of Trustees.
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	N/a

STARK COUNTY, OHIO

Contact	**Emily Provance** **emily.provance@StarkMHAR.org** **330-430-3948** **Stark County Family Council** **330-492-8136**

OREGON

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Oregon Health Authority contracts with Oregon's 15 Coordinated Care Organizations (CCOs), which serve Oregon Health Plan (Medicaid) members to provide fidelity Wraparound to qualifying youth and families. Each CCO locally determines who will deliver care coordination in their community. Care coordination may be done by CCO staff, community (county) mental health programs (CMHP), or subcontracted to one of the CMHP's contracted providers.
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	Oregon Health Authority's Health Systems Division provides leadership and support for Wraparound across Oregon.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	A number of models are used. • Private nonprofits, primarily CMHPs, provide care coordination along with a range of mental health services • Managed care entities (CCOs) often contract their fidelity Wraparound activities to the county Behavioral Health program • Managed care entities sometimes directly hire staff to provide Wraparound, or contract with a service provider to provide Wraparound care coordination and other supports
Population(s) served (including the *target population definition*, if applicable)	Youth with Medicaid eligibility, the highest level of needs, and multi-system involvement are state specified criteria. Beyond this, each region further defines their own target population(s). CCOs serve youth involved in the justice system, special education, intellectual and developmental disability services, youth who are medically fragile, and youth with intensive behavioral health needs. Some CCOs make Wraparound the model of care for all youth served who have intensive behavioral health needs and multi-systemic involvement.

OREGON

Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	From July 2014 through 2016, the number of youth served in Wraparound increased steadily, doubling in the first nine months and steadily increasing thereafter. As of September 2016, 1,535, youth were served.
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	Eligibility is determined locally through a Wraparound review committee, which includes cross-system representation including family and youth peer organizations. The review committee monitors the types and mix of referrals. A community-based system of care model supports Wraparound implementation.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Referrals generally may be made by a wide range of providers or agencies, and in many communities, family members may refer themselves. As noted above, each region has a Wraparound review committee, which determines eligibility for services. Local care coordinators prepare (submitted) referrals for the committee's review.
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	The CCO authorizes enrollment in ICC/Wraparound following eligibility determination with consent from the family and youth.
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	A standardized tool is not used for eligibility screening. Oregon is using the Child and Adolescent Needs and Strengths (CANS) as both an assessment tool and planning tool. Oregon Health Authorit (OHA) is currently developing a contract to have a statewide electronic data base which will track CANS data and outcomes.
Average length of involvement with ICC/ Wraparound	1 year
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Care coordinators must complete a four-day Wraparound foundations training and participate in monthly supervision. Care coordinators are required to be either QMHA or QMHP certified (Oregon administrative rule https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=242801 #9 and 10)

OREGON

Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Education requirements are determined locally, and vary from bachelor's to master's. Clinical/professional licensure is not a requirement in most communities.
Certification requirements for care coordinators	OHA contracts with three organizations to provide training and technical assistance to Wraparound sites across the state. Portland State University's System of Care Institute provides training/technical assistance regarding care coordination and development of a supportive system of care. Oregon Family Support Network provides training and coaching in support of family involvement and family peer providers. Youth Move provides training and coaching in support of youth involvement and youth peer providers. While there is no certification program for care coordinators, CCOs are expected to ensure that care coordinators participate in technical assistance being offered.
Care coordinator to child/family ratio	Oregon's required Wraparound ratio is 1:15—for care coordinators, family partners and youth partners. This requirement is embedded in the contractual agreement with participating CCOs and fidelity measurement is also required. Oregon strives to implement based on the Wraparound Best Practice Guidelines (https://www.pdx.edu/ccf/sites/www.pdx.edu.ccf/files/Best%20Practice%20Guide%20Version%201.0.pdf).
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	There are not credentialing requirements for supervisors per se, but most are credentialed through their existing roles in CCOs, CMHPs, or as community service providers.
Supervisor to care coordinator ratio	Oregon has no standards for this at the present time.
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	The Wraparound care coordination team is expected to coordinate with all the relevant services and systems involved in the youth's life.

OREGON

ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	N/a, but the CCOs must report this for all their members.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	Family and youth peer partners are called family support specialists or youth support specialist and are certified through the OHA's Oregon's Traditional Health Worker registry. They are a key part of the fidelity model. Wellness coaches per se are not required and the function is within the scope of practice of family support specialists or youth support specialist. OAR 410-180
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	This is generally available in community mental health programs: https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1016. a. Varies b. Varies within the 36 counties c. Primarily consultative; they do not usually attend team meetings. Sign-off/review on plans of care would vary from county to county and the availability of the child psychiatrist/APRN

OREGON

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Generally, it is available, but not in every county. It is required through the managed care contracts with CCOs and OAR 309-019. Some agencies and counties are still developing their infrastructure to address fidelity, supervision, payment and recruiting.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Peer support is financed in a variety of ways depending on the CCO. It can be billed through Medicaid. Peer services are billed under code H0038 (peer support) which pays $15 per 15-minute increment or G0507 (case management) paying $16.99 per 15-minute or T1016 (skills training) that pays $21.69 per 15-minute.
Rate for parent peer support	See rates above.
Entity responsible for development and training of peer partners (e.g., family run organization, state or local public agency, managed care entity, provider organization, other)	Peer support are required to have state certification through the state, as traditional health workers. Development and training is primarily done Oregon Family Support Network (family-run organization), in conjunction with Portland State University, the technical assistance partner of OHA.
Funds used to pay for development and training of parent/caregiver peer partners	Approved training is offered by a nonprofit organization. Some stipends are available under the contractual agreement between OHA and one family-run organization. Most employers pay for the training.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Youth peer support is offered in conjunction with Wraparound when it is offered. It is not available in every county nor every Wraparound team. It is required under the CCO contract for ICC and Wraparound.
Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Financed in a variety of ways depending on the CCO. It can be billed through Medicaid. Peer services are billed under code H0038 (Peer Support) which pays $15 per 15-minute increment or G0507 (Case Management) paying $16.99 per 15-minute or T1016 (Skills Training) that pays $21.69 per 15-minute.

OREGON

Rate for youth peer support	The general salary range for peers is $12.31–$17.12 for non-supervisors. Many youth support specialists in non-supervisory positions are still being hired as part-time hourly employees (not salaried) with few benefits.
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	Youth-run organization: YouthERA is responsible for training youth partners, though additional organizations also train youth support specialists.
Funds used to pay for development and training of youth peer partners	Approved training is offered by nonprofit organization, YouthERA. Some stipends are available under the contractual agreement between OHA and one youth-run organization. Most employers pay for the training.
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Oregon has certified behavioral health centers, federally qualified health centers, and some pediatric clinics, which are considered patient-center medical homes. However, ICC using quality Wraparound is generally available under/through behavioral health providers and may or may not be available via the child's primary care home for children with serious emotional disorders.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Wraparound activities are billed to Medicaid under 15-minute increments using the following codes: H2021 (and H2022 per diem), T1016 (case management), G0507 (skills training), and H0038 (peer delivered self-help). Additional codes for supportive education and employment and other services are also available but are generally not used because reimbursement is not as high.
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Oregon has certified behavioral health centers, federally qualified health centers and some pediatric clinics, which are considered health homes under Medicaid. ICC using quality Wraparound is generally conducted under/through behavioral health and may or may not be a focus of the health home for children with serious emotional disturbance (SED).

OREGON

Provider/clinician reimbursement for participation in child and family team meetings • If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) • If Medicaid reimburses for participation, what service categories/billing codes are used?	Yes, if the provider/clinician are not part of the agency receiving the capitation. See fee schedule above for the billing codes, primarily H2021 and H2022.
Medicaid vehicles used to finance ICC/ Wraparound	1915 (i), state plan amendment (managed care)
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded	OHA contracts with three organizations to provide training and technical assistance to Wraparound sites across the state. Portland State University's System of Care Institute provides training/technical assistance regarding care coordination and development of a supportive system of care.
Capacity to train coordinators a. Who provides training b. How it is financed	Oregon Family Support Network provides training and coaching in support of family involvement and family peer providers. YouthERA provides training and coaching in support of youth involvement and youth peer providers. These trainings are offered regularly. During initial roll out, coaching was provided at each site.
Structured coaching process for the care coordinators and how financed	The training and TA team has moved to a monthly regional coaching model, which allows for shared learning across different sites. Training/coaching is financed through a contract OHA holds with Portland State University.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	All care coordinators participate in a four-day Wraparound Basics training and most will also receive specialized training in trauma-informed care. Sites determine locally which other trainings care coordinators, youth and family partners attend.

OREGON

Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	There are communities where mobile crisis response and stabilization services, intensive in-home services and respite services exist, but it's on a county by county basis. Respite is available through flex funds.
Flexible funds and how these are financed, administered, budgeted, and allocated	The availability of flexible funds is a key component of Wraparound in Oregon. The administration of these funds varies from CCO to CCO and county to county.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	The CCO (a care management and managed care entity)
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	The CCOs are responsible for utilization management.
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	Fidelity to the model is measured through the Wraparound Fidelity Index Short Version (WFI-EZ), a condensed version of the WFI and by the Team Observation Measure (TOM), which evaluate the function and process of a Child and Family Team.
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	OHA contracts with the University of Washington to gather data and assess quality and fidelity of Wraparound. We subcontract the management of the data system to Portland State University. The CCOs are responsible for tracking quality and fidelity.

OREGON

Outcomes tracked	Through 2016, the Children's Progress Review System (CPRS) was used to collect and house information from the individual child and family team. The CRPS measures a youth's progress on indicators of improved stability and mental health with the broad goal of keeping children "at home, in school and out of trouble. Indicators include residential stability, academic performance, risk of harm to self and others, risk or history of running away, delinquency, substance abuse and availability of caregiver supports." This tool was phased out at the end of 2016; the state is planning to use CANS to track outcomes. We are in the process of gathering requirements for an electronic system to house the CANS data for behavioral health outcomes CANS data are being collected manually for analysis that will be complete later in 2018. Partners throughout the system estimate we are doing approximately 4,000 Wraparound related CANS screenings annually.
Entity responsible for tracking outcomes	CCO
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	The request for grant proposal (RFGP) that initiated implementation had requirements for data collection and sharing at the local level. It is expected that the CCOs will continue to report outcomes to their stakeholders and counties. They are bound by the requirements of the initial RFGP through their ongoing contract, and acceptance of the funding. Expectations are communicated via a guidance document.
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	This varies county to county.
Contact	**Natalie Jacobs** **natalie.jacobs@dhsoha.state.or.us** **503-754-4287** **Kathleen Burns** **kathleen.m.burns@dhsoha.state.or.us** **503-510-2662**

RHODE ISLAND

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Rhode Island Department of Children, Youth, and Families (DCYF)
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	Rhode Island DCYF
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	DCYF contracts for Wraparound services for children and youth at risk for involvement with the DCYF and for children at risk of serious emotional disturbance (SED) or already diagnosed with SED with private nonprofit agencies. The five private nonprofit agencies are contracted to provide Wraparound services in different regional areas: Family Service RI (Urban Core West FCCP), Communities for People (Urban Core East FCCP), Child and Family Services (East Bay FCCP), Community Care Alliance (Northern RI FCCP), and Tri County Community Action Agency (Washington Kent FCCP). They do not provide behavioral health services directly but refer children and families to those agencies that can provide the service to meet the needs of the family.
Population(s) served (including the *target population definition*, if applicable)	The Department contracts for Wraparound services for children and youth at risk for involvement with the DCYF through prevention-focused FCCPs.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	1,626 youth/families were served in fiscal year 2017.

RHODE ISLAND

ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	FCCPs use an intake screen tool for initial phone call or contact and a standardized three-part Intake packet. All children/youth referred by DCYF are eligible for services from the FCCPs. Families can self-refer or be referred to FCCP if a child has been diagnosed with a serious emotional disturbance (SED) or at risk of serious emotional disturbance (SED).
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Intake personnel
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	DCYF authorizes all cases referred by DCYF as a diversionary program or for focus on prevention and family stabilization.
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	The Child and Adolescent Needs and Strength (CANS) Assessment version 0–4 or version 5–20 is used. The CANS is completed within 30 days of intake and at discharge. A Strengths Need Culture Discovery (SNCD) is completed within 60 days of opening.
Average length of involvement with ICC/ Wraparound	Median length of involvement after the first face-to-face meeting with the family is four months.
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	FSCC must participate in Wraparound training and certification.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's degree. Additionally, they must: • Have a minimum of three years of experience providing family-based services; • Have the ability to engage, support and provide care planning with strong facilitation skills; • Have experience with children's mental health, child welfare or juvenile justice systems; and • Have knowledge of community resources and experience with obtaining services for children and families.

RHODE ISLAND

Certification requirements for care coordinators	Family service care coordinators are required to become practice certified in Wraparound Rhode Island. The training and certification had been done by the Child Welfare Institute (jointly run by the DCYF and Rhode Island College) but there currently is a hold on this by DCYF. Training is provided through the individual providers or joint efforts of the various FCCPs.
Care coordinator to child/family ratio	1:12 (by contract)
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Supervisors must participate in Wraparound training and certification. Additionally, they must have a master's degree in social work, psychology, counseling or a related field; at least five years' experience providing family-based services with at least one-year supervising or administrating programs; and must be an independently licensed practitioner in the behavioral health field.
Supervisor to care coordinator ratio	1:6 care coordinators and 1:2 family support partners
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	This is expected to happen as part of the Wraparound services provided by the five FCCPs.
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	N/a
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	All FCCPs partner with wellness activities in their communities and offer various workshops and events that focus on wellness.

RHODE ISLAND

ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Not at this time. Most children in the FCCPs are covered by Medicaid and have access to a psychiatrist or APRN if needed. For those children with SED, there is coordination and consultation that may occur. a. N/a; This is not part of the Wraparound service. However, all of the FCCPs have or have partners who provide psychiatric services. b. N/a c. N/a; The Psychiatrist/APRN may be invited to participate in the family team meetings (CTFMs) but do not sign off on the plan.
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Peer support is offered to families as part of Wraparound; the family support partner attends the CFTMs and assists the family in connecting to services in the community. These services are provided by trained family support partners.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Peer support services are part of the Wraparound services funded by Medicaid through an 1115 waiver.
Rate for parent peer support	At present, Rhode Island does not have a specific rate for the peer support activities as it is included in the Wraparound services.

RHODE ISLAND

Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	Family organization
Funds used to pay for development and training of parent/caregiver peer partners	Rhode Island general funds
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	There may be some youth peer support services available by referral to a family organization, but it is not a requirement for the FCCP program.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	Peer support is currently not covered by Medicaid. The state has submitted a proposal for coverage for peer support services, but this has not yet been approved.
Rate for youth peer support	N/a
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	Family-run organizations are providing the training.
Funds used to pay for development and training of youth peer partners	No specified funds have been identified for these activities.
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Medicaid and general revenue

RHODE ISLAND

ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	The Medicaid rate for Wraparound services provided through the FCCPs is $46.32 per diem for the first 30 days and $36.57 per diem thereafter. DCYF claims Wraparound under Rhode Island's comprehensive 1115 Medicaid waiver. In addition to the per diem payment, DCYF reimburses the FCCPs for housing navigator services and flex funds provided to families. These are paid on a cost reimbursement basis and not claimed to Medicaid.
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	No. Rhode Island has established health homes and is using Comprehensive, Evaluation, Diagnosis, Assessment, Referral, Re-evaluation (CEDARR) family centers as providers of health homes for children and youth with special healthcare needs (CSHCN) who may also have SED.
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	N/a
Medicaid vehicles used to finance ICC/ Wraparound	Currently, services provided through the FCCPs are billed as Costs not Otherwise Matchable through the state's global waiver. Services that are short-term family stabilization are billed through the state plan.
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	In the past, trainings were provided by the Child Welfare Institute and were claimed through Title IV-E funds. The ongoing training needs are being reviewed at this time and will be addressed in a future RFP.

RHODE ISLAND

Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Training has been provided in all these areas and was included in the original material for certification.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Crisis and stabilization services are in development. Intensive in-home services are also available.
Flexible funds and how these are financed, administered, budgeted, and allocated	Flex funds are available and procedures are in place for specific use, approval process, and documentation. Flex funding is part of the total funding allocated for Wraparound services and each FCCP has designated amount.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	DCYF is responsible for the development of a continuum of services for children and youth with assistance from community resources, health insurances, Medicaid and other state agencies.
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	DCYF
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	Wraparound Fidelity Index Short Version (WFI-EZ) has been used in the past. At present, the FCCPs are part of an Active Contract Management (ACM) process and are using data from their information system Rhode Island Family Information System (RIFIS) and DCYF's system RICHIST to access and analysis quality of Wraparound process and the outcomes of children, youth, and families involved in FCCPs.

RHODE ISLAND

Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	The DCYF is receiving assistance from the Harvard Kennedy School Government Performance Lab in the Active Contract Management initiative for the FCCPs.
Outcomes tracked	Outcomes tracked include process, impact, medium-term and long-term outcomes and Wraparound fidelity. Highlights include: • Maltreatment in foster care, • Repeat maltreatment, • Entries into foster care, • Median length of time in foster care, • Re-entries into foster care, • Median length of time to foster care re-entry, • Placement at discharge and placement at re-entry, • Level of care placement changes, and • Child and family well-being and functioning.
Entity responsible for tracking outcomes	DCYF
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Bi-monthly meetings with DCYF, the Harvard Kennedy School Government Performance Lab and the FCCPs
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	RIFIS, which is a web-based system, has been used to support the FCCPs. Work is being done to increase the ability to use existing reports in RIFIS to provide data to support the work of the Wraparound services delivered by the FCCPs.
Contact	**Susan Lindberg, Associate Director Community Services and Behavioral Health, RI Department of Children, Youth and Families susan.lindberg@dcyf.ri.gov**

TENNESSEE

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Division of Mental Health, Office of Children and Youth Mental Health is the principal purchaser
Tiered (e.g., populations in each, number of tiers) care management model	ICC using Wraparound is not currently a part of the care management model in Tennessee; however, it is being used as a part of the System of Care Across Tennessee initiative with the intent of becoming a part of the care management model in the future. The model being proposed through the initiative will be high-intensity care coordination that is being provided to the top-tier of young children/children/youth/ young adults as a means of keeping those individuals out of placement and custody.
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	TDMHSAS
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Private nonprofit agencies will be providing ICC. These agencies also provide an array of other mental health and substance abuse services.
Population(s) served (including the *target population definition*, if applicable)	Ages 0 to 21, diagnosed with a serious emotional disturbance (SED), involved with multiple service systems
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	We are just starting to serve and currently have no enrollees.

TENNESSEE

ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	Yes, there is a standardized process. The eligibility criteria include: age, a SED diagnosis, level of functioning and family functioning. The Child and Adolescent Needs and Strengths (CANS) is also used to identify the level of service.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	The designated providers will conduct the eligibility screening.
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other):	Currently, TDMHSAS will be authorizing enrollments.
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	CANS, National Outcome Measures, Caregiver Strain, Columbia Impairment Scale, Pediatric Symptoms Scale
Average length of involvement with ICC/ Wraparound	N/a
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	National Wraparound Implementation Center (NWIC) training
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's
Certification requirements for care coordinators	N/a
Care coordinator to child/family ratio	1:10-12

TENNESSEE

Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Master's
Supervisor to care coordinator ratio	Unknown
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Yes, if a medical home is in place.
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	Nothing additional than what is required through the National Outcomes Measures
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	N/a

TENNESSEE

ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Care coordinators have access to the psychiatrist(s) employed within their respective community mental health centers or through a telehealth service with area providers. a. N/a b. N/a c. N/a
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	All care coordinators are paired with a family support specialist. Yes, this is required. There are some family support specialists employed in other capacities throughout the state.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Family support is financed through grant funding; however, Tennessee does have a billable code through Medicaid. The code is not available at the time of publication.
Rate for parent peer support	This information is not available at the time of publication.

TENNESSEE

Entity responsible for development and training of peer partners (e.g., family run organization, state or local public agency, managed care entity, provider organization, other):	Tennessee Voices for Children (TVC) and the National Alliance on Mental Illness (NAMI) offer pre-requisite courses for family supports, and together TVC and NAMI have a competency course used in the certification process of family supports. The state certifies individuals who want to be family supports for eligibility of billing.
Funds used to pay for development and training of parent/caregiver peer partners	The development and training is typically done through employment at the family-run organizations; however, the state has used some grant funding to assist in this process as well. As the state continues to develop the certification process and the technical assistance center, the state will assume more responsibility in assisting in this development as well as the continued development of the additional two family-run organizations in the state.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	The state has hired a youth and young adult engagement coordinator who assists in the development of transition aged peer supports. The state was also the recipient of the Healthy Transitions grant and as a result of that grant a curriculum is currently in development for the transition aged population.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	Currently, there are no trained youth.
Rate for youth peer support	N/a
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	Family-run and state
Funds used to pay for development and training of youth peer partners	Grant funds

TENNESSEE

FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	ICC/Wraparound is not currently a funded service. It will be funded through a Substance Abuse and Mental Health Services Administration (SAMHSA) systems of care grant.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	N/a
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Unknown at this time
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Not at this time
Medicaid vehicles used to finance ICC/ Wraparound	Not at this time
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	We have just now contracted with NWIC. We paid through grant funding. We are training trainers and coaches at the state and local level in order to maintain the workforce long-term. The state and local trainers will train at the state and local level free of charge throughout the grant cycle.

TENNESSEE

Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	All systems of care staff are trained in trauma-informed care and diversity. The state offers and encourages other trainings, conferences and workshops throughout the state.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Mobile crisis response and stabilization services, intensive in-home services and respite services These services are funded by a mix of federal Medicaid, block grant and discretionary grants. In addition, some of the services are funded through state funds.
Flexible funds and how these are financed, administered, budgeted, and allocated	Flex funds are available through the contracted providers. Providers are given policy and procedure, which is overseen at the state level. These funds are currently grant dollars.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	The Department of Mental Health and Substance Abuse services has partnered with the Tennessee Commission on Children and Youth (TCCY) to assist in the network development needed to sustain ICC using quality Wraparound. The provider network will be individualized by geographic location through the coordination of a divisional coordinator. TDMHSAS and TCCY will continue to partner through the Council on Children's Mental Health (CCMH) to provide a statewide forum for issues and programming related to children's mental health. CCMH is a legislatively mandated council that is required a minimum participation of one for all child-serving agencies at the state level as well as other commissions and bureaus throughout state government.
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	TDMHSAS
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	WFI-EZ

TENNESSEE

Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	TDMHSAS employs a full-time evaluator who has the responsibility for fidelity, state-level data monitoring and oversight of the local evaluation partner, Centerstone Research Institute (CRI). CRI is a local research and evaluation organization that is assisting the state in the local-level data collection and analysis efforts. Through the NWIC contracting process, we will be partnering with Wraparound Evaluation and Research Team (WERT). The evaluation is reviewed with the family engagement coordinator in order to ensure that materials are family friendly. The youth coordination will provide the youth perspective.
Outcomes tracked	NOMS, national evaluation, CANS customer satisfaction, focus groups, systems of care readiness
Entity responsible for tracking outcomes	State and local evaluation
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	TDMHSAS in partnership with CRI has developed customized tools that track our outcomes automatically and allows the strategic planning team the ability to provide constant monitoring of processes and outcomes so that adjustments can be made throughout the implementation process. Snapshot data will be available on our website and through social media channels.
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	Each of the contracted providers has their own electronic records, and they will use those systems to capture progress notes, treatment plans, discharge and transition plans and other provider required documentation. Providers will enter grant related evaluation data into the database system REDCap.
Contact	**Keri Virgo** **keri.virgo@tn.gov** **615-770-0462**

UTAH

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Not contracted out Wraparound, which in Utah may include ICC, is delivered by in-house staff employed by the Department of Human Services and is housed within the Department's Executive Director's Office under System of Care.
Tiered (e.g., populations in each, number of tiers) care management model	We do not use a tiered care management model.
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	The Department of Human Services provides oversight with input from a steering committee that includes executive leadership from each division agency and organization in the department, community representatives and youth and family voice.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Wraparound (which may include ICC) is provided by our Department of Human Services. The Department does not directly provide other behavioral health services. However, family and/or youth peer support is provided as part of Wraparound services through contracts with a family organization. The Department of Human Services and its divisions contract with public and private entities for behavioral health, peer support and treatment services.
Population(s) served (including the *target population definition*, if applicable)	A person and their family are eligible if they meet the following criteria: A child or young person under the age of 22 who is receiving, or is at risk of receiving, services from two or more Utah Department of Human Services agencies (child welfare, juvenile justice, services for people with disabilities, mental health and substance abuse) and/or the courts, and is experiencing significant emotional and/or behavioral challenges, and meets one or more of the following criteria: • At risk of being placed into the custody of a state agency. • Behavioral or emotional concerns prevent the child from returning home or to a permanent community-based placement OR place the child at risk of reverting back to a higher level of care. • Has been involved in the Juvenile Competency process. • Has been referred to the Department of Human Services High Level Staffing Committee.

UTAH

Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	Approximately 100 new cases are opened and 140 youth and families are served each year. Subgroup percentages are as follows: • White/non-Hispanic: 64% • Latina(o)-any race: 27% • Non-white/non-Hispanic: 9 % • Involved in Juvenile Competency: 16% • In residential care prior to enrollment: 41% • At risk of residential prior to enrollment: 62%
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility	There is a referral form available online that can be submitted to the System of Care team by any interested party. If the referred person meets the criteria for our System of Care the regional Systems of Care team contacts the person making the referral and involved agencies to discuss the referral and invite them to a local interagency staffing with the local interagency council. At the staffing, the case is reviewed and prioritized for Wraparound services.
Specific eligibility criteria established	Eligibility criteria are listed above under Population Served.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Department of Human Services' regional Systems of Care teams conduct eligibility screening.
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	Department of Human Services' regional Systems of Care authorize enrollment after reviewing input from the person making the referral, involved agencies and the local interagency council.
Standardized tool used to screen for eligibility	Eligibility is determined from information entered into the referral form based on the criteria listed in Population Served above.
Standardized assessment tool used once children are enrolled in ICC/ Wraparound.	Once children are enrolled, a Utah version of the Child and Adolescent Needs and Strengths (CANS) (called the UFACET) is used as a standardized assessment tool. National Outcome Measures (NOMs) and the Columbia Suicide Severity Rating Scale are also used. Both the UFACET and NOMs are used to track individual improvements over time.

UTAH

Average length of involvement with ICC/ Wraparound	The average length of involvement is 282 days.
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Care managers are required to obtain the Adult, Children and Youth Mental Health Case Manager Certification through the Division of Substance Abuse and Mental Health.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Our care managers are required to have either a bachelor's degree or experience working with targeted population.
Certification requirements for care coordinators	Care managers are required to complete our Wraparound facilitator certification process, which includes formal Wraparound training and coaching.
Care coordinator to child/family ratio	1:10
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Supervisors are required to obtain the Adult, Children and Youth Mental Health Case Manager Certification through the Division of Substance Abuse and Mental Health. Four of five supervisors have a bachelor's degree with extensive experience, and one supervisor has a master's degree with extensive experience.
Supervisor to care coordinator ratio	1:3
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Coordination with behavioral health is required; coordination with physical health is encouraged and viewed as best practice.
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	Not currently
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	Not currently

UTAH

ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Psychiatric consultation is not routinely available.
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. Yes, parent/caregiver peer support is offered in conjunction with Wraparound. b. No, it is not required as part of ICC but is required as part of Wraparound services. c. Yes, it is available as part of the broader service array.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	In different circumstances, parent/caregiver support may be funded through grant, general fund or Medicaid. In circumstances in which Medicaid is used, the Peer Supports code is H0038.
Rate for parent peer support	Utah Medicaid rate for parent/caregiver peer support is $8.19 per quarter hour.

UTAH

Entity responsible for development and training of peer partners (e.g., family run organization, state or local public agency, managed care entity, provider organization, other)	Family run organizations are responsible for development and training and ongoing coaching of parent/caregiver peer partners.
Funds used to pay for development and training of parent/caregiver peer partners	Development and training of parent/caregiver peer partners are funded through grants, general funds and private providers.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	 a. Yes, we are currently developing our youth peer support services, and youth peer support is offered in some cases as part of Wraparound. b. No c. Not yet available
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	Youth peer support is financed through grant or general fund. Youth peer support is not yet financed through Medicaid.
Rate for youth peer support	The rate for youth peer support has not yet been set by Utah Medicaid. Currently, the Department pays the same rate as parent/caregiver peer support, which is $8.19 per quarter hour.
Entity responsible for development and training of youth peer partners (e.g., family run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	The same family-run organization responsible for training and development of parent/caregiver peer partners is responsible for training and development of youth peer partners.
Funds used to pay for development and training of youth peer partners	Development and training of youth peer partners are funded through grants, general funds and private providers.

UTAH

FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Currently, Wraparound is funded through a Temporary Assistance for Needy Families (TANF) grant (90%) and a System of Care Expansion grant (10%). When grant ends, Wraparound will be funded jointly by the following divisions; child welfare, juvenile justice, substance abuse, and mental health and services to people with disabilities using state general funds.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Current Targeted Case Management rate is $13.64 per quarter hour (Utah has not billed Medicaid for this for ICC/ Wraparound yet)
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Currently in Utah, Medicaid health home is solely for children and youth with autism.
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Providers/clinicians are paid for participation in child and family team meetings utilizing Medicaid funds. These payments are generally under assessment or family therapy, depending on the nature of the situation.
Medicaid vehicles used to finance ICC/ Wraparound	State Plan Amendment and Targeted Case Management are both Medicaid vehicles used to finance Wraparound in Utah.

UTAH

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	At the beginning of implementation, the Department of Human Services contracted with the Utah Family Coalition to provide Wraparound training. The financing was through grant funds. We have ongoing capacity to train care managers through the Utah Family Coalition. The training is financed through grants and general funds. We have a structured coaching process for care managers through the Utah Family Coalition funded through grants and general funds. We have recently contracted with the Youth and Family Training Institute to enhance our coaching and certification process. These services are provided through grants and general funds.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	In addition to training in high-fidelity Wraparound, care managers receive training in trauma-informed care, working with diverse populations, awareness of mental health and substance abuse, Targeted Case Management, UFACET (Utah CANS), Systems of Care, CSSRS and motivational interviewing.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Mobile response and stabilization services are currently implemented in two of five regions and will be available in all five regions in CY 2019. Intensive home services are available in all five regions. Respite is available but not widely accessible and needs development. The services above are Medicaid-funded in at least some situations. The services may be funded through grant funds or general funds depending on the circumstances (e.g., if the youth is in custody, or not eligible for Medicaid).
Flexible funds and how these are financed, administered, budgeted, and allocated	Flexible funds are available under very limited circumstances. When available, grant or limited general funds are utilized. Flexible funds are administered under our System of Care budget and is authorized at our state office. Flexible funds may also be accessed through other general funds under our child welfare, juvenile justice or our public mental health systems and may be authorized by either those systems or by our System of Care administration at the state office.

UTAH

Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	The provider network is being developed by Utah's Department of Human Services, in collaboration with the System of Care team.
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	The Department of Human Services is currently centralizing utilization management for behavioral health services for children/youth receiving services from child welfare, juvenile justice and/or system of care via an Integrated Services and Supports Approval Process with oversight from the Department's System of Care.
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	The Wraparound Fidelity Index Short Version (WFI-EZ) is used to measure fidelity to the Wraparound model.
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family run organization, other)	The Utah Family Coalition contracts an independent person to administer the WFI-EZ. A research consultant for System of Care analyzes the results bi-annually and creates a fidelity report that is shared with the Department of Human Services System of Care team and the Utah Family Coalition. Tracking quality and fidelity is a collaborative effort between Utah's Department of Human Services and a family-run organization.

UTAH

Outcomes tracked	In Utah, tracked outcomes include the following: • Number of clients referred, • Number of clients enrolled, • Consumer satisfaction, • Change in formal supports, • Change in informal supports, • Employment (caregiver), • Employment (youth), • Stable housing (family), • Stable housing (youth), • Retained in community, • Custody status, • Overall health, • Functioning in everyday life, • Symptoms of psychological distress, • Use of illegal substances, • Binge drinking, • School attendance, • Academic performance, • High school graduation, • Social connectedness, • Interaction with criminal justice, • Use of respite, and • Discharge statistics.
Entity responsible for tracking outcomes	Outcome tracking is the responsibility of the Department of Human Services System of Care team.

UTAH

Formalized mechanism or group to share data and/or information (or formal data dissemination process)	We have a formalized mechanism to share information. Formal data dissemination includes monthly data summaries that are sent to the System of Care management team, the regional entities, Department of Human Services leadership and the family-run organization that provides training and peer support staff. Aggregate data are available on a public-facing dashboard. A more extensive dashboard is available to System of Care employees and community partners who agree to a set of privacy standards.
Outcomes data	Our publically available data does not yet include outcomes beyond enrollment counts and discharge statistics. Additional outcomes will become publicly available during 2018. This link connects to our public-facing dashboard. To navigate to System of Care outcomes, click the Fast Facts tab and then SOC.
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	We do not currently have an EHR, but we are in the process of contracting with one. We expect the EHR to be functional as of August 2018. Currently, we use state systems, primarily based on spreadsheets, server-based folders, etc.
Contact	**Lana Stohl** **lstohl@utah.gov** **801-538-4025** **Ruth Wilson** **ruthwilson@utah.gov** **801-989-7217**

VIRGINIA

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Both public and private mental health agencies employ intensive care coordinators. Local family assessment and planning teams (FAPT) assess the need for the service and purchase the service at the city/county level.
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	Virginia Office of Children's Services State Executive Council issued policy that guides ICC implementation; however, since Virginia is a Commonwealth, the local community policy and management teams and FAPTs are responsible for ensuring that they are purchasing the services from a trained provider and the provider is delivering high-fidelity Wraparound when ICC is purchased.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	The entities that provide ICC in Virginia are both public and private agencies. The majority provide other behavioral health services.
Population(s) served (including the *target population definition*, if applicable)	Youth shall be identified for ICC by the FAPT. Eligible youth shall include: 1. Youth placed in out-of-home care, or 2. Youth at risk of placement in out-of-home care. Out-of-home care is defined as one or more of the following: • 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; *Continued on next page*

VIRGINIA

	• Residential facility; emergency shelter (when placement is due to child's MH/behavioral problems), psychiatric hospitalization; • Juvenile justice/incarceration placement (detention, corrections). 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 two to four 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: – Crisis Intervention – Crisis Stabilization – Outpatient Psychotherapy – Management, Substance Abuse Case Management, or case management Outpatient Substance Abuse Services – Mental Health Support **NOTE:** ICC cannot be provided to individuals receiving other reimbursed case management including Treatment Foster Care Case Management and Mental Health Case Management provided through Medicaid waivers.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	Since implementation of high-fidelity Wraparound in 2014, the state has served an average of 592 children through ICC/ Wraparound.
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	There is no standardized process to screen for eligibility. See answer to General Structure for eligibility criteria.

VIRGINIA

Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	FAPTs decide which youth are appropriate for the ICC service.
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	Local FAPT. Each FAPT includes representatives of the following community agencies who have authority to access services within their respective agencies: community services board (public mental health agencies), juvenile court services unit, department of social services, local school division; and a parent representative. The Virginia Children's Services Act is available to fund all ICC in Virginia. However, we have had difficulty getting the local FAPTs to recognize the advantages to using high-fidelity Wraparound and to providing it to fidelity. We are using our Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care grant to provide ICC to fidelity including the use of the Wraparound Fidelity Index-Brief Version. We are beginning to collect data to hopefully help us "sell" the high-fidelity Wraparound process to other localities. Currently, 48 of the 131 localities in Virginia are contracted with DBHDS to provide high-fidelity Wraparound through System of Care funding. By the end of the grant, we hope to encourage more localities to provide and purchase high-fidelity Wraparound.
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	The Child and Adolescent Needs and Strengths (CANS) is required on all children served through Virginia's Children's Services Act. It is required every 90 days.
Average length of involvement with ICC/ Wraparound	147 days, 4.9 months

VIRGINIA

REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	At this time, intensive care coordinators are required to receive training through the Wraparound Center of Excellence at the Virginia Office of Children's Service, which includes required annual refresher training. Through the new System of Care Grant, the Youth and Family Training Institute at University of Pittsburgh will be contracted to help credential more coaches in Virginia. Currently, there are three credentialed coaches: two facilitators of high-fidelity Wraparound and one family support partner.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	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
Certification requirements for care coordinators	N/a
Care coordinator to child/family ratio	1:8-12 youth/families
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Providers of ICC 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 ICC 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 ICC shall complete training in the national model of "high-fidelity Wraparound" as required for supervisors and management/ administrators.
Supervisor to care coordinator ratio	We do not specify the supervisor to care coordinator ratio.

VIRGINIA

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	N/a
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	N/a
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	N/a
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	All 40 community services boards (public mental health) have psychiatrists employed to provide medication management. Unsure of the private providers. All sites receiving System of Care grant funds have access to a psychiatrist. a. We do not track this at this time. b. Not tracked c. Not tracked

VIRGINIA

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Yes, for System of Care Grant funded sites. Currently, five agencies in Virginia provide the family support partner service. The new System of Grant sites are currently in the process of hiring so the intent is for up to 10 agencies within the next few months. The use of family support partner servics with ICC is not required for all other sites, but by demonstrating good outcomes through the grant project to it is hoped that others will purchase the services.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Family support partner services are funded through the System of Care grant and the Children's Services Act. In addition, Medicaid started funding peer recovery services (including Family Support Partners) on July 1, 2017. Although Medicaid is now funding, it is not clear if any sites are using Medicaid as they must receive Peer Recovery Certification first to receive Medicaid reimbursement. No billing codes are used for System of Care reimbursement as localities were awarded funding through an RFP process. For Children's Services Act funding, the reimbursement process occurs at the local level after initial allocations from the Virginia Office of Children's Services. Billing codes are not known.
Rate for parent peer support	Varies among localities as do all other service rates in Virginia related to the Children's Services Act. The rate averages around $40-$50 per hour.
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	Wraparound Center of Excellence at the Virginia Office of Children's Services
Funds used to pay for development and training of parent/caregiver peer partners	SAMHSA System of Care grant funding

VIRGINIA

YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	No, but at least one of the System of Care grant sites plans to pilot it in the last two years of the grant.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	N/a
Rate for youth peer support	N/a
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	N/a
Funds used to pay for development and training of youth peer partners	N/a
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	ICC is financed through System of Care Grant funds for 48 of the 131 localities. Other localities utilize Children's Services Act (CSA) funds to pay for ICC. The CSA funds consist of state general revenue funds. There is also a required local match to access these funds. See below for more on the establishment of pool funds. **§ 2.2-5211. State pool of funds for community policy and management teams** There is established a state pool of funds to be allocated to community policy and management teams in accordance with the appropriation act and appropriate state regulations. These funds, as made available by the General Assembly, shall be expended for public or private nonresidential or residential services for troubled youths and families. The purposes of this system of funding are to: *Continued on next page*

	1. Place authority for making program and funding decisions at the community level; 2. Consolidate categorical agency funding and institute community responsibility for the provision of services; 3. Provide greater flexibility in the use of funds to purchase services based on the strengths and needs of children, youths and families; and 4. Reduce disparity in accessing services and to reduce inadvertent fiscal incentives for serving children and youth according to differing required local match rates for funding streams. The state pool shall consist of funds that serve the target populations identified in subdivisions one through five of this subsection in the purchase of residential and nonresidential services for children and youth. References to funding sources and current placement authority for the targeted populations of children and youth are for the purpose of accounting for the funds in the pool. It is not intended that children and youth be categorized by individual funding streams in order to access services. The target population shall be the following: 1. Children and youth placed for purposes of special education in approved private school educational programs, previously funded by the Department of Education through private tuition assistance; 2. Children and youth with disabilities placed by local social services agencies or the Department of Juvenile Justice in private residential facilities or across jurisdictional lines in private, special education day schools, if the individualized education program indicates such school is the appropriate placement while living in foster homes or child-caring facilities, previously funded by the Department of Education through the Interagency Assistance Fund for Noneducational Placements of Handicapped Children; 3. Children and youth for whom foster care services, as defined by § 63.2-905, are being provided; 4. Children and youth placed by a juvenile and domestic relations district court, in accordance with the provisions of § 16.1-286, in a private or locally operated public facility or nonresidential program, or in a community or facility-based treatment program in accordance with the provisions of subsections B or C of § 16.1-284.1; and 5. Children and youth committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility in accordance with § 66-14.

VIRGINIA

ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Varies among localities. Typically runs between $800-$1,000 per month per youth/family.
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Not at this time
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Yes, payment depends on the agency they work for.
Medicaid vehicles used to finance ICC/ Wraparound	Medicaid does not fund ICC/Wraparound.
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training a. How it is financed Structured coaching process for the care coordinators and how financed	The Youth and Family Training Institute (YFTI) at the University of Pittsburgh. The contract in 2014-2016 was funded through a SAMHSA System of Care grant. At this time, ICC/high-fidelity Wraparound are trained by Virginia trainers that are still dependent on System of Care grant funding. The Virginia Wraparound Center of Excellence at the Virginia Office of Children's Services does the training. There is not a structured coaching process in all grant sites. Two sites have credentialed coaches. The contract with YFTI will help structure the coaching process in Virginia, including the credentialing of more coaches.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	DBHDS offers training on all of these topics, which are open to intensive care coordinators. Grant sites were required to attend the training this year on trauma-informed care and working with diverse populations including LGBTQI2.

VIRGINIA

Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Mobile crisis response and stabilization services, and intensive in-home services are either funded through Medicaid or the CSA. Medicaid pays for crisis response and stabilization, intensive in-home but not respite. CSA could pay for all if the FAPT approves.
Flexible funds and how these are financed, administered, budgeted, and allocated	Available if grant funded community. Also, if a youth is eligible for CSA funding, the FAPT develops the Individual Family Services Plan with recommendations to meet the needs of the youth and family that will help them meet their goals. So, as long as what the FAPT is recommending connects with the goals of the youth and family, the funding can be approved. As a result, there is considerable flexibility for creative service planning.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	Virginia DBHDS and the Virginia Office of Children's Services
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	Virginia DBHDS and Virginia Office of Children's Services jointly oversee the implementation of high-fidelity Wraparound expansion statewide. However, for youth served through the CSA, the Community Policy and Management Team for each locality is responsible for developing a local Utilization Management Plan that is then monitored on a local level.
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	Just starting to use the Wraparound Fidelity Index-EZ. Requiring the 48 localities using grant funding to collect this data.
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	Virginia DBHDS with grant communities

VIRGINIA

Outcomes tracked	CANS (for all CSA funded youth and also System of Care Grant Communities), National Outcomes Measures, CMHI Evaluation data (with grant communities only) The Office of Children's Services (OCS) has developed a set of performance/outcome measures to be used to evaluate the CSA program. Six indicators have been identified: 1. The percent of youth who had a decrease in their score on the School Domain of the CANS (the mandatory CSA assessment instrument) from a baseline assessment to the most recent reassessment; 2. The percent of youth who had a decrease in their score on the Child Behavioral and Emotional Needs Domain of the CANS (the mandatory CSA assessment instrument) from a baseline assessment to the most recent reassessment; 3. The percent of youth receiving ICC services compared to all youth placed in residential settings; 4. The percent of youth receiving only Community-Based Services (CBS) of all youth receiving CSA funded services; 5. The percent of children in foster care who are in family-based placements; and 6. The percent of children who exit from foster care to a permanent living arrangement.
Entity responsible for tracking outcomes	Virginia DBHDS for the System of Care grant communities. Virginia OCS for communities utilizing CSA funding
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Not at this time, but the DBHDS hired an evaluation and data coordinator this year with System of Care funds to help us with this.
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	Community Services Boards (public mental health system) have EHRs, but I do not know if they use it for ICC purposes. Most likely they do. Also, I do not know if they all utilize the same system for EHR. This is all done at the local government level. I do not know about private providers that provide ICC.

VIRGINIA

Contact	Pam Fisher pamela.fisher@dbhds.virginia.go 804-786-0158 Anna Antell anna.antell@csa.virginia.gov 804-662-9136

WASHINGTON

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Health Care Authority, Division of Behavioral Health and Recovery (Medicaid), through contracts with Managed Care Entities (MCEs).The MCEs then contract for Wraparound with Intensive Services (WISe) with community behavioral health Medicaid providers in various counties around Washington State.
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	Health Care Authority, Division of Behavioral Health and Recovery, contracts with MCEs.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Community behavioral health agencies provide WISe and other Medicaid state plan services based on their agency certification.
Population(s) served (including the *target population definition*, if applicable)	Medicaid-eligible youth under age 21 who have complex behavioral health needs. Youth receiving WISe are likely involved with multiple child-serving systems, such as child welfare and juvenile justice. Present other behavioral health indicators such as challenges in the school environment, a history of out-of-home placements, high-risk factors including danger to self/danger to others and impacted by childhood trauma.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	Since implementation of WISe in July 2014, over 4,400 children/youth and their families participated in WISe. As reported by the Behavioral Health Organizations (BHOs) and MCEs, enrollment for May 2018 was 2,222 across the state.

WASHINGTON

ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	The Child and Adolescent Needs and Strengths (CANS) screen. The CANS screen consists of 26 questions pulled from the full CANS assessment completed during the first 30 days after a youth's entry in to WISe. The CANS screen is completed with information provided by the youth, family, natural supports and system partners. When a youth meets the CANS algorithm and medical necessity for behavioral health services, entry into WISe is offered.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	A CANS screen is completed by a team member who is certified in CANS, then a mental health professional (MHP) completes the intake evaluation to determine medical necessity.
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	MCE
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	The CANS screen is required for eligibility for WISe, in addition to an intake evaluation that meets Washington Administrative Codes (WAC) requirements. A full CANS assessment is completed during the first 30 days of enrollment and every 90 days while the youth continues in the WISe process to track improvements over time.
Average length of involvement with ICC/ Wraparound	The WISe process is individualized and determined by the CANS assessment outcomes, the youth, family, formal and informal supports (child and family team (CFT)). The CFT will look at the youth's increase in strengths and decrease in needs, along with clinical judgement and collaboration, to determine when transition from WISe will begin. Based on data since implementation in July 2014, the average length of stay is nine months.

WASHINGTON

REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	WAC 388-877A-0350 Recovery support services requiring program-specific certification—Wraparound facilitation services Wraparound facilitation services are a recovery support service that requires program-specific certification by the department's division of behavioral health and recovery. These services address the complex emotional, behaviorial and social issues of an identified individual 20 years of age or younger, and the individual's family. 1. Wraparound facilitation services are: a. Provided to an individual who requires the services of a MHP and one or more child serving systems; b. Focused and driven by the needs of the identified family and the family's support community; and c. Provided in partnership with the individual, the individual's family and the individual's MHP. 2. An agency providing Wraparound facilitation services must employ or contract with: a. A MHP who is responsible for oversight of the Wraparound facilitation services. b. A facilitator who has completed department-approved Wraparound facilitation training and: i. Has a master's degree with at least one year of experience working in social services; ii. Has a bachelor's degree with at least two years of experience working in social services; or iii. Is an individual with lived experience. The experience must be documented in the personnel file. c. A staff member certified to provide a CANS assessment.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	This information is provided in #1 above care coordinators' credentialing requirements.
Certification requirements for care coordinators	There are training requirements not certification.

WASHINGTON

Care coordinator to child/family ratio	An average caseload size of 10 participants, with a maximum of 15 at any given time, for each care coordinator
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	A MHP who is responsible for oversight of the Wraparound facilitation services. MHP means a designation given by the department to an agency staff member who is: (1) A psychiatrist, psychologist, psychiatric advanced registered nurse practitioner (ARNP) or social worker as defined in chapters 71.05 and 71.34 RCW; 1. A person who is licensed by the department of health as a mental health counselor or mental health counselor associate, marriage and family therapist or marriage and family therapist associate; 2. A person with a master's degree or further advanced degree in counseling or one of the social sciences from an accredited college or university who has at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, that was gained under the supervision of a MHP and is recognized by the department; 3. A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986; 4. A person who had an approved waiver to perform the duties of a MHP, that was requested by the BHO and granted by the mental health division prior to July 1, 2001; or 5. A person who has been granted a time-limited exception of the minimum requirements of a MHP by the division of behavioral health and recovery (DBHR).
Supervisor to care coordinator ratio	This is not specified.

PHYSICAL HEALTH INTEGRATION

ICC/Wraparound care coordination program coordinates with the child's medical home	The care coordinator and mental health therapist is expected to coordinate with the youth's primary care provider. The primary care provider is encouraged to become a member of the CFT if the youth and family request this person's participation in team meetings.

WASHINGTON

ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	The CFT is responsible for making decisions around what will be tracked, what action steps will occur, and monitoring outcomes. This is based on the CANS assessment of needs and strengths and clinical input. If the CANS shows medical issues need to be addressed, this will be on the care plan as an actionable need.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	Determined by the CFT
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	WISe care coordinators could have access to consult with the youth's psychiatrist or APRN if the youth (if over 13 years old) or parent sign a release of information and the youth is seeing a psychiatrist or APRN. a. Varies depending on the provider agency. b. This would also depend on where the youth is getting his/her medication prescribed. Youth can receive medication from psychiatrist/APRN/primary care provider. c. Participation on the CFT depends on youth and family voice and choice. It would also depend on the provider.
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	All parents/caregivers are offered the support of a certified peer counselor (family partner) when they become part of the WISe process. If the parent/caregiver choose not to accept this support, the WISe care coordinator will respect the parent/caregiver's voice and choice.

WASHINGTON

Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Medicaid. Peer Support. Code H0038 CPT/HCPCS Definition: Self- help/peer services
Rate for parent peer support	This information is not available at the time of publication.
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	Washington State's Peer Support Program has trained and qualified mental health consumers as certified peer counselors since 2005. Contracted peer support trainers provide the required 40-hour state certified peer counselor training. The Peer Support Program is managed by the Office of Consumer Partnerships (OCP). The OCP is guided by adult, youth and family representatives with behavioral health concerns.
Funds used to pay for development and training of parent/caregiver peer partners	State funds and mental health block grant funds
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	WISe supports youth certified peer counselors. The WISe team requires peer counselors, and may be either a family partner or youth partner or both.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	Medicaid. Peer Support. Code H0038 CPT/HCPCS Definition: Self- help/peer services
Rate for youth peer support	This information is not available at the time of publication.
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	Contracted peer support trainers provide the required 40-hour state youth and family certified peer counselor training. The Peer Support Program is supervised by the recovery supports supervisor and operationalized in partnership with the OCP. The OCP is guided by adult, youth and family representatives with behavioral health concerns.
Funds used to pay for development and training of youth peer partners	State funds and mental health block grant funds are used for the development and provision of the youth and family certified peer counselor training.

WASHINGTON

FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	The State of Washington contracted with Mercer Government Human Services Consulting (Mercer), part of Mercer Health and Benefits LLC, to develop a service based enhancement payment for the WISe. WISe is a Medicaid funded range of service components that are individualized, intensive, coordinated, comprehensive, culturally competent, home and community based for children and youth who have a diagnosed mental health disorder that is causing severe disruptions in behavior. Treatment requires coordination of services and support, intensive care collaboration and ongoing intervention to stabilize the child and family to prevent more restrictive or institutional placement. WISe team members provide a high level of flexibility in accommodating families by working evenings and weekends and responding to crises 24 hours a day, seven days a week. For SFY 2019, the Service Based Enhancement rate is $2,907 per youth per month receiving WISe, in addition to the PMPM.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Starting in January 2019, the Service Based Enhancement rate is $3012 per youth per month receiving WISe, in addition to the PMPM.
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Medicaid eligible children and youth up to the age of 21 years.
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Providers are reimbursed for services by the MCE contracted by the state for the services. Fund source is general fund state. Services are reported to the state under Code H0032, Mental Health Service Plan Development by Non-Physician. For the encounter reporting, the service is only reported by one of the mental health clinicians in attendance at the team meeting by using a modifier. All other mental health attendees document attendance by submitting without a modifier.

WASHINGTON

Medicaid vehicles used to finance ICC/ Wraparound	In parts of the state, a 1915(b) Waiver that waives choice of plan is in place. In other regions, services are provided under a 1932(a) state plan option for managed care.
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	The state provided training at the beginning of implementation using state general funds. There is on-going capacity to train, and it's financed by state general funds. The coaching process started in January 2017 and is financed through state general funds.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	• WISe Introductory Skills (2-days) • CANS online certification • CANS for care coordination and treatment planning (2-days) • Care Coordinator Intermediate Practice Skills (2-days) • Care Coordinators: monthly virtual coaching
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Mobile crisis response and stabilization services are funded through Medicaid. Intensive in-homes services are funded through Medicaid. Respite services are available in the state, using state funds, but are not included in the WISe service delivery model.
Flexible funds and how these are financed, administered, budgeted, and allocated	General state funds may be used for flex funds. Allocation for this would be determined by the Managed Care Entity (MCO or BHO).

WASHINGTON

Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	Department of Social and Human Services (DSHS) are responsible for oversight in the development of the BHO provider network. Managed Care Organizations are responsible for developing the provider network in their region.
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	MCEs
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	A Quality Service Review (QSR) conducted by External Quality Review Organization (EQRO) staff was completed in 2016. The WISe Quality Improvement Review Tool (QIRT) was developed from lessons learned from the QSR and piloted in 2017. The QIRT will implemented statewide in SFY2019.
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	BHOs and Managed Care Organizations
Outcomes tracked	Please see the link below for 1) CANS outcomes and 2) the separate document provided, May 2018 WISe Data Dashboard. https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/Wraparound-intensive-services-wise-implementation
Entity responsible for tracking outcomes	DSHS Research and Data Analysis Division

WASHINGTON

Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Please see the link below for 1) CANS outcomes and 2) the separate document provided, May 2018 WISe Data Dashboard. The state has a formalized QI structure for data sharing and review. Please see page 7 and 8 in the Quality Management Plan, on the link below: https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Mental%20Health/QMP.pdf Please note: DBHR is in the process of updating the QMP. However, the QI structure will remain the same at this time.
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	MCEs are utilizing various systems.
Contact	**Tina Burrell** **tina.burrell@dshs.wa.gov, tina.burrell@hca.wa.gov** **360.725.3796** **Diana Cockrell** **cockrdd@hca.wa.gov** **360.725.3732**

WEST VIRGINIA

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound	The West Virginia Department of Health and Human Resource's Bureau for Behavioral Health and Health Facilities (BBHHF) funds and oversees the Children's Mental Health Wraparound Program.
Agency responsible for overseeing provision of ICC/Wraparound	The BBHHF contracts with five local coordinating agencies to provide Wraparound services in six counties. The following agencies are the local coordinating agencies and their specified counties of service: Braley and Thompson in Harrison County, Fayette, Monroe, Raleigh and Summers Counties (FMRS) Health Systems in Raleigh County, Necco in Cabell County, National Youth Advocate Program in Marion and Berkeley Counties and Prestera Center in Kanawha County.
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	The West Virginia Department of Health and Human Resource's BBHHF funds and oversees the Children's Mental Health Wraparound Program.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	The following agencies are the local coordinating agencies: Braley and Thompson, FMRS, Necco, National Youth Advocate Program and Prestera Center. FMRS and Prestera are comprehensive behavioral health centers. Necco, Braley and Thompson and National Youth Advocate Program provide foster care and mental health services.

WEST VIRGINIA

Population(s) served (including the *target population definition*, if applicable)	• We have six pilot counties: Cabell, Kanawha, Raleigh, Marion, Harrison, Berkeley. • 0 to 21 years of age • If the youth is 12 to 17 years of age, involved with the Bureau of Children and Families through Child Protective Services or Youth Services, eligible for Safe at Home (SAH), they should be referred to SAH as that would make them ineligible for our Wraparound program. • Must be in parental custody and willing to participate • Must have a severe emotional or behavioral diagnosis • They can have Intellectual or Development Disability (I/DD) or autism but that shouldn't be the primary diagnosis. If they are eligible for waiver and/or on the waitlist for title 19, we can consider them. If they already received a waiver slot and are receiving services, they would not be eligible.. • We look to see if there are problems in the home, at school and the community. • Must be at risk of placement • If in a Psychiatric Residential Treatment Facility (PRTF) in parental custody, they must be ready for discharge
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	During the fiscal 2016-2017 the Children's Mental Health Wraparound Program launched its pilot initiative. The Children's Mental Health Wraparound program has served 75 children. Wraparound has the maximum capacity to serve 60 children at a given time.

WEST VIRGINIA

ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	The BBHHF in collaboration with the System of Care staff developed a referral form for the Wraparound program. The above program eligibility criteria is captured on the referral form. BBHHF is currently the single point of initial contact where referrals for the Wraparound program are sent for review. After initial review, BBHHF staff contact the family to explain the program, discuss the referral information and gather any additional information. The referral information is presented to the Wraparound review team to discuss the information and consider the child/youth's acceptance based on the above eligibility criteria.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	When the BBHHF receives a referral, BBHHF staff reviews the referral information and contacts the family. After all the referral information has been gathered, it is shared with the Wraparound review team. The Wraparound review team considers all the referral information and taking the above eligibility criteria is taken into to determine program eligibility.
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	It is a collaborative effort between the West Virginia's Department of Health and Human Resources BBHHF staff, the West Virginia system of care director, and the regional clinical coordinators that make up the Wraparound referral review team.
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	Once a child/youth is accepted into the program, the local coordinating agencies complete a Child and Adolescent Needs and Strengths (CANS) assessment to identify the needs and strengths of the child/youth and their family. The CANS assessments are reviewed every 90 days to measure outcomes.
Average length of involvement with ICC/ Wraparound	220 days or 7 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	N/a
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's in a social service related field

WEST VIRGINIA

Certification requirements for care coordinators	CANS and Comprehensive Assessment and Planning System (CAPS)
Care coordinator to child/family ratio	The Wraparound facilitators are capped at working with no more than 10 families.
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	The supervisory staff are master's-prepared social workers, counselors or psychologists with at least two years of experience providing direct services to children and families.
Supervisor to care coordinator ratio	Two local coordinating agency supervisors have two facilitators and the other three agency supervisors have one facilitator. In addition to supervising the children's mental health Wraparound facilitators, the supervisors manage other children's programs and their staff.
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	It's not required but could be utilized if deemed necessary to meet the child and family's needs.
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	N/a
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	It's not required but could be utilized if deemed necessary to meet the child and family's needs.

WEST VIRGINIA

ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	It's not required but could be utilized if deemed necessary to meet the child and family's needs. a. N/a b. Managing the medication to meet the child's needs c. The role of the psychiatrist/APRN would all depend on the needs of the child and family. Level of participation would also depend on the needs of the child and family.
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	It's not required but could be utilized if deemed necessary to meet the child and family's needs. a. Yes b. No c. Yes
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	If this service is utilized, it would be paid with the daily case rate.
Rate for parent peer support	The rate would depend on the agency that is used.

WEST VIRGINIA

Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	Family-run organization, youth-run organization, managed care entity, provider organization and local churches offer some peer support.
Funds used to pay for development and training of parent/caregiver peer partners	State funds, federal funds, donations, etc.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	It's not required but could be utilized if deemed necessary to meet the child and family's needs. a. Yes b. No c. Yes
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	If this service is utilized, it would be paid with the daily case rate.
Rate for youth peer support	The rate would depend on the agency that is used.
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	Family-run organization, youth-run organization, managed care entity, provider organization, local churches, different school clubs, community agencies
Funds used to pay for development and training of youth peer partners	State funds, federal funds, donations, etc.
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	The funding is made possible by state general revenue funds mental health and substance use funds.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Billed as a case rate of $136 per day. Invoices are billed to BBHHF.

WEST VIRGINIA

Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	They can be paid for this service if it is needed to help the child and family.
Medicaid vehicles used to finance ICC/ Wraparound	When behavioral health services are utilized, payment is requested from Medicaid when it is an appropriate funding source.
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	State funding Yes a. System of Care staff and local coordinating agencies b. State funds N/a, but BBHHF Wraparound Review Team is available for mentoring, coaching, case consultation, peer review and technical assistance. BBHHF is in the process of reviewing the National Wraparound Initiative Model for training of the facilitators.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Trauma-informed care, working with diverse populations, substance use, motivational interviewing, suicide prevention, person-centered care, family-centered practice, family and youth engagement, the 10 Wraparound key principles, Safe at Home West Virginia Model and Wraparound certification for all Wraparound facilitators

WEST VIRGINIA

Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services	Mobile crisis response and stabilization services in three of our six counties and intensive in-home services. There are no formal respite services. This would be an informal service the coordinator would develop. If the youth has intellectual disabilities or developmental disabilities, they would be able to access respite through other bureau designated funds.
Components of the above services funded by Medicaid	None
Flexible funds and how these are financed, administered, budgeted, and allocated	This information is not available at the time of publication.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	The BBHHF
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	The BBHHF will be managing the program and continue to build a continuous quality improvement process in partnership with the local coordinating agencies.
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	We use an interview form to interview parent/caregiver to determine experience with the program upon discharge. We have quarterly calls with the agencies, and we utilize the System of Care evaluator to collect, assess, and ensure that quality and fidelity standards are met.
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound	No
Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	The BBHHF, and we partner with the System of Care evaluator to assist with helping us to assess the data.

WEST VIRGINIA

Outcomes tracked	• Youth will be able to safely remain and/or return home or have other safe living arrangement; • Youth will be maintained in their school without experiencing expulsion or out-of-school suspension or work setting; • Reduction in number of youth entering the legal system; • Parents and youth will acquire increased skills and strengths; • Parents will demonstrate a higher level of skill to deal with youth behaviors and needs; • Parents will communicate improved well-being and satisfaction in their role as a parent.
Entity responsible for tracking outcomes	Each of the local coordinating agencies complete a monthly reporting form that captures the outcome data.
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	This is currently in the process of being developed.
Outcomes data	This is a pilot project and has yet to be completed.
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	N/a
Contact	**Cassandra Toliver** **cassandra.l.toliver@wv.gov** **304-356-4789** **Josh VanBibber** **joshua.e.vanbibber@wv.gov** **304-356-4786**

Section 3: Pre-Implementation Phase Programs

The following states have ICC programs that are in the early stages of development and state leadership is actively working through planning processes and/or readiness assessments. This includes activities such as leadership engagement, determination of feasibility of the installation of ICC, development of referral eligibility and assessing infrastructure needs.

FLORIDA

Name of Care Management Entity(ies) (if applicable): Lutheran Services Florida, Inc.; Central Florida Cares Health System, Inc.; Big Bend Community Based Care, Inc.

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Florida Department of Children and Families (Department), Office of Substance Abuse and Mental Health (SAMH) contracts with Managing Entities (MEs) who are responsible for service delivery. MEs contract with local providers. System of Care SAMHSA grantees with direct grants are contracting for Wraparound. Wraparound is not a state Medicaid plan service. Medicaid Managed Medical Assistance (MMA) Plans may provide Wraparound as an 'in-lieu-of' service upon re-procurement in the fall of 2018. Intensive Care Coordination (ICC) is not delivered by state/ county staff. SAMH develops policy for MEs to implement with their providers. System of Care (SOC) SAMHSA grantees with direct grants may develop policy for their Wraparound providers. MMA plans that are approved to provide Wraparound may develop policy for their providers.
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	Florida Department of Children and Families, Office of Substance Abuse and Mental Health, Managing Entities who are responsible for service delivery, and SAMHSA grantees with direct grants.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/W*raparound* and/or behavioral health services	Private nonprofit or for-profit organizations. In most cases these agencies provide other behavioral health services.
Population(s) served (including the *target population definition*, if applicable)	The SOC grant eligibility criteria is children, adolescents and young adults having a diagnosable behavioral health, emotional or mental disorder that has lasted or is expected to last at least one year; youth is unable to function in their family, school or community setting, or requires interventions from two or more agencies . Many of these individuals are vulnerable to out-of-home placement and/or coming out of placement. Each service provider providing Wraparound has their specific target population which may differ from program to program around age and other criteria.
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	Total of 216 children/youth were served as of June 1, 2018 with the following demographics: 51.9% Male, 47.2% Female, 0.9% LGBT, 22.3% Black, 1.1% American Indian, *Continued on next page*

FLORIDA

	1.1% Native Hawaiian, 64.4% White, 11.2% Mixed. *Note: Currently there is no code to distinguish Wraparound from case management. Medicaid has no service code for Wraparound. MMA plans who are approved to provide Wraparound as an "in-lieu-of" service will report the service to the Agency for Health Care Administration (AHCA) using a code determined by the plan.*
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility	N/a. Each organization has a screening process.
Specific eligibility criteria established	Children, adolescents and young adults either with or at risk of serious emotional disturbance that has lasted or is expected to last at least one year; youth is unable to function in their family, school or community setting, or requires interventions from two or more agencies. Other programs providing Wraparound may have slightly different criteria.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Designated providers; Florida Department of Children and Families, Office of Substance Abuse and Mental Health; Managing Entities
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	Designated providers; Florida Department of Children and Families, Office of Substance Abuse and Mental Health; Managing Entities
Standardized tool used to screen for eligibility	N/a. Each organization has a screening process.
Standardized assessment tool used once children are enrolled in ICC/ Wraparound	Not at this time
Average length of involvement with ICC/ Wraparound	This information is not available at the time of publication.
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	The Statewide Wraparound Work Plan includes tasks related to standardizing curricula for the training of facilitators, coaches and trainers. In addition, the group is developing criteria for certifying facilitators. Whereas the curricula is mostly completed, documenting the standards for credentialing requirements is still in process.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's

FLORIDA

Average length of involvement with ICC/ Wraparound	This information is not available at the time of publication.
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	The Statewide Wraparound Work Plan includes tasks related to standardizing curricula for the training of facilitators, coaches and trainers. In addition, the group is developing criteria for certifying facilitators. Whereas the curricula is mostly completed, documenting the standards for credentialing requirements is still in process.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's
Certification requirements for care coordinators	In the case of Wraparound facilitators, completion of training, demonstration of core skills and completion of coaching
Care coordinator to child/family ratio	Ideally 10-15, but the caseload is often exceeded in practice
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Requirements are being developed
Supervisor to care coordinator ratio	Requirements are being developed
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	If applicable, may vary from organization/program to organization/program
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	This information is not available at time of publication.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	This information is not available at time of publication.

FLORIDA

ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Yes a. May vary across regions b. May vary across regions c. May vary across regions/providers
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. Some provider agencies which host Community Action Teams (CAT) are using parent peers on their teams. Some areas are also using parent peers on Wraparound teams. Use statewide is not yet consistent. b. No c. Some provider agencies are using parent peers in their broader service array. Some family-run Organizations are currently offering peer support services as part of a contract with Systems of Care sites.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Some peer support is financed through general revenue (CAT Teams), some peer services are currently grant funded in areas that have a SAMHSA systems of care grant, and some peer services may be billed through Medicaid. Medicaid has a code for peer services.

FLORIDA

Rate for parent peer support	May vary across regions
Entity responsible for development and training of peer partners (e.g., family run organization, state or local public agency, managed care entity, provider organization, other)	Family-run organizations and provider agencies are responsible for training their own staff, including peers. Some managing entities are promoting and offering trainings for family peers and for those supervising peers as part of the Recovery Oriented System of Care efforts.
Funds used to pay for development and training of parent/caregiver peer partners	N/a
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	The formal use of youth peers is limited. This service is not currently a required practice for ICC.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	Youth peer services can be billed under Medicaid. Codes include peer services, clubhouse services (18-21), psychosocial rehabilitation and therapeutic support for recipients under 21.
Rate for youth peer support	May vary across regions
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	Peer-run organizations and provider agencies are responsible for training their own staff, including peers. Some managing entities are promoting and offering trainings for family peers and for those supervising peers as part of the Recovery Oriented System of Care efforts.
Funds used to pay for development and training of youth peer partners	Unknown

FLORIDA

FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Medicaid via in “lieu of” code, SAMHSA grant: Florida Children’s Mental Health System of Care Expansion and Sustainability project; System of Care grantees with direct SAMHSA grant, general revenue for specific programs for children’s behavioral health
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	Potentially varies by managing entity
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	N/a
Medicaid vehicles used to finance ICC/ Wraparound	We are currently pursuing the use of “in lieu of” code for Wraparound.

FLORIDA

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded	The Florida Department of Children and Families Office of Substance Abuse and Mental Health contracted with a private entity, who will be paid with Florida Children's Mental Health System of Care grant funds provide training and ongoing technical assistance, train-the-trainer events and coaching. The Statewide Wraparound Work Plan is developing standardized curricula and procedures for coaching. Technical assistance in this effort is through the contracted provider of training services under our current Children's Mental Health System of Care Expansion grant.
Capacity to train coordinators a. Who provides training b. How it is financed	N/a
Structured coaching process for the care coordinators and how financed	N/a
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	High-fidelity Wraparound training includes training in motivational interviewing, trauma-informed care and cultural competence.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	N/a
Flexible funds and how these are financed, administered, budgeted, and allocated	N/a
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	Florida Department of Children and Families, Office of Substance Abuse and Mental Health, managing entities who are responsible for service delivery, System of Care grantees with direct SAMHSA grants

FLORIDA

EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	Florida managing entities
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	National Outcomes Measures (NOMs); Children's Mental Health Initiative's National Evaluation of Child and Family Outcomes; Wraparound Fidelity Index Short Form (WFI-EZ). The Florida Wraparound Work Plan contains tasks related to testing the viability and utility of new tools.
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	University of South Florida, College of Behavioral and Community Sciences Florida Department of Children and Families, Office of Substance Abuse and Mental Health, managing entities and local providers may have their own QI processes.
Outcomes tracked	Four sites in the state and some counties with Children's Mental Health System of Care Grants are required to enter data on mental illness symptomology; employment/ education status; involvement with criminal justice; stability in housing; access to services; suicidal ideation, attempts; rate of readmission to psychiatric facilities or juvenile detention centers; social support and connectedness; caregiver stress, client perception of care. The Statewide Initiative Work Plan includes tasks related to building consensus on outputs and key performance indicators to track this data for monitoring and outcomes. That task is incomplete at this time.
Entity responsible for tracking outcomes	University of South Florida, College of Behavioral and Community Sciences; Florida Department of Children and Families, Office of Substance Abuse and Mental Health. Some managing entities also track outcomes.
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	The Statewide Initiative Work Plan includes tasks related to determining outputs and key performance indicators to track data. That task is incomplete at this time. CMHSOC grantees are required to enter data in SPARS and are doing so.

FLORIDA

Outcomes data	Substance Abuse and Mental Health Services Administration's (SAMHSA's) Performance Accountability and Reporting System (SPARS system)
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	N/a. The Statewide Initiative Work Plan includes tasks related to the development and use of an automated system to track the training and certification of high-fidelity Wraparound facilitators, coaches and trainers. That task is incomplete at this time.
Contact	**Steven F. Chapman, Ph.D.** **steven.chapman@myflfamilies.co** **850-717-4435**

HAWAII

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound	The State will provide the ICC.
Agency responsible for overseeing provision of ICC/Wraparound	The Department of Health (DOH), Child and Adolescent Mental Health Division (CAMHD) will be employing the ICC.
Tiered (e.g., populations in each, number of tiers) care management model	All youth in the CAMHD system are assigned a traditional care coordinator. When a youth is identified as meeting the criteria for the Wraparound program's target population, they will then acquire the ICC.
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	DOH CAMHD
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	ICC will only be performed by DOH staff. Other services will be provided by a family service organization and nonprofit agencies.
Population(s) served (including the *target population definition*, if applicable)	At risk of out-of-state treatment and youth in out-of-state treatment without a clear discharge and return plan
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	Y1: 10 Y2: 20 Y3: 30 Y4: 30
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility	Youth identified in routine monthly utilization review meeting
Specific eligibility criteria established	At risk of out-of-state treatment or youth in out-of-state treatment without a clear discharge and return plan
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	DOH CAMHD

HAWAII

Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	DOH CAMHD
Standardized tool used to screen for eligibility	N/a
Standardized assessment tool used once children are enrolled in ICC/ Wraparound	All participants will use an on-going Ohio Scale, Child and Adolescent Functional Assessment Scales (CAFAS) and Monthly Treatment Plan Summary (MTPS) measures which cover youth, caregiver, care coordinator and therapist as respondents respectively.
Average length of involvement with ICC/ Wraparound	Anticipate 9 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	If the practitioner holds a B.A./B.S., then they will be credentialed as a paraprofessional. If they hold a master's degree in a mental health related field and have had one consecutive year of clinical supervision—inclusive of a practicum—they will be credentialed as a M.H.P.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Bachelor's degree
Certification requirements for care coordinators	N/a
Care coordinator to child/family ratio	1:6-8
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	The supervisor for the care coordinators is a clinical psychologist.
Supervisor to care coordinator ratio	1:2 for the first year, 1:4 in the second year, 1:6 in the third and fourth years (staff size will increase as the program grows)

HAWAII

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Yes
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	If indicated
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	When indicated
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Yes a. One hour per week b. Can either provide direct care or consultation c. i. Yes ii. Psychiatrist or psychologist signs off on plan of care iii. Yes

HAWAII

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. Yes b. Parent's/family's choice c. Yes
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Not yet
Rate for parent peer support	N/a
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	Family-run organization
Funds used to pay for development and training of parent/caregiver peer partners	SAMHSA Systems of Care grant funds; CAMHD funds, Block Grant funds
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. Yes b. Family's choice c. No
Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Not yet covered by Medicaid
Rate for youth peer support	N/a

HAWAII

Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	Nonprofit organization
Funds used to pay for development and training of youth peer partners	Partially funded by SAMHSA systems of care grant
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	SAMHSA Systems of Care grant
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	N/a at this time
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	N/a
Medicaid vehicles used to finance ICC/ Wraparound	N/a

HAWAII

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded	N/a yet, but plan to. Will use System of Care grant funds.
Capacity to train coordinators a. Who provides training b. How it is financed	Trainings conducted by CAMHD staff and financed through in-kind donation of staff time
Structured coaching process for the care coordinators and how financed	Not yet
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Trauma-informed care, working with diverse populations, substance use, medically complex youth and specialized training working with youth who have co-occurring intellectual disabilities as well
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Yes to all All are funded by Medicaid
Flexible funds and how these are financed, administered, budgeted, and allocated	Yes, financed by Systems of Care grant and administered by partnering nonprofit agency. Funds allocated on a per child basis.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	CAMHD
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	CAMHD

HAWAII

Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	Wraparound Fidelity Index (have not administered yet, but plan to)
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	Partner with University of Hawaii on evaluation efforts CAMHD
Outcomes tracked	CAFAS, Ohio Scales, Monthly Treatment Progress Summary, return to home community
Entity responsible for tracking outcomes	CAMHD
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Governing council
Outcomes data	Not yet
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	State system: RPMS
Contact	**Scott Shimabukuro, Ph.D.** **scott.shimabukuro@doh.hawaii.gov** **808-733-9230**

MINNESOTA

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Minnesota is a recent recipient of Substance Abuse and Mental Health Services Administration's (SAMHSA's) System of Care Expansion grant starting Oct. 1, 2017. A key feature of our project is the development of a fidelity financed Wraparound model. Although some counties practice some form of this model in variations across the state, a fidelity based financed model is a gap in our system of care for children with complex mental needs.
Tiered (e.g., populations in each, number of tiers) care management model	We are working with the National Technical Assistance Network for Children's Mental Health to help with building a fidelity Wraparound model, which we hope will include the National Wraparound Implementation Center. As we develop this model, a tiered structure perhaps will be part of the model.
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	The state has not yet developed a systemwide fidelity Wraparound model but some counties have varied models, which they finance and monitor. Again, we plan to develop a fidelity model through our System of Care grant.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	N/a
Population(s) served (including the *target population definition*, if applicable)	N/a
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	N/a
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	N/a N/a

MINNESOTA

Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	N/a
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	N/a
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	N/a N/a
Average length of involvement with ICC/ Wraparound	N/a
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	N/a
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	N/a
Certification requirements for care coordinators	N/a
Care coordinator to child/family ratio	N/a
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	N/a
Supervisor to care coordinator ratio	N/a

MINNESOTA

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	N/a
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	N/a
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	N/a
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	N/a

MINNESOTA

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	N/a
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	N/a
Rate for parent peer support	N/a
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	N/a
Funds used to pay for development and training of parent/caregiver peer partners	N/a
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	N/a
Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	N/a
Rate for youth peer support	N/a

MINNESOTA

Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	N/a
Funds used to pay for development and training of youth peer partners	N/a
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	N/a
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	N/a
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/a
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	N/a
Medicaid vehicles used to finance ICC/ Wraparound	N/a

MINNESOTA

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded	N/a
Capacity to train coordinators a. Who provides training b. How it is financed	N/a
Structured coaching process for the care coordinators and how financed	N/a
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	N/a
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services	N/a
Components of the above services funded by Medicaid	N/a
Flexible funds and how these are financed, administered, budgeted, and allocated	N/a
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	N/a
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	N/a

MINNESOTA

Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	N/a
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	N/a N/a
Outcomes tracked	N/a
Entity responsible for tracking outcomes	N/a
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	N/a
Outcomes data	N/a
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	N/a
Contact	**Bill Wyss** **bill.wyss@state.mn.us** **651-431-2364**

NORTH CAROLINA

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	Local management entities (e.g., behavioral health authorities) contract for service provision and State Department of Mental Health is contracting for five pilot sites providing fidelity Wraparound
Tiered (e.g., populations in each, number of tiers) care management model	**High complexity/high needs:** High-Fidelity Wraparound/ICC is available in five pilot sites (see below criteria in pilot sites). • Behavioral Health Managed Care Organizations provide care coordination to youth exiting Psychiatric Residential Treatment Facilities and other identified specialized needs. **Moderate complexity:** Targeted case management available only through Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) for Medicaid covered youth. There is a Mental Health/Substance Abuse (MH/SA) diagnosis (as defined by the Diagnostic and Statistical Measure (DSM)-V, or any subsequent editions of this reference material), other than a sole diagnosis of an intellectual or developmental disability for a North Carolina Health Care (NCHC) beneficiary; AND The beneficiary requires coordination between two or more agencies, including medical or non-medical providers. AND The beneficiary is unable to manage his or her symptoms or maintain abstinence (independently or with family/caregiver support), due to at least three unmet basic needs, such as safe and adequate housing or food, or legal, educational, vocational, financial, health care or transportation assistance for necessary services. OR *Continued on next page*

NORTH CAROLINA

	The beneficiary is in a residential setting and needs coordination to transition to an alternate level of care. OR The beneficiary has experienced two or more crisis episodes requiring intervention through emergency department, Mobile Crisis Management, hospitalization or detoxification services within the last three months. **One State Funded Pilot Site for Tiered Case Management/ Care Coordination for Youth Involved In Either Juvenile Justice or Child Welfare System:** • Tier One: System and Family Navigator for youth entering juvenile justice and child welfare systems who have red flags on behavioral health screenings. • Tier Two: Targeted case management under EPSDT • Tier Three: High-Fidelity Wraparound
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	North Carolina Department of Mental Health, Developmental Disabilities, and Substance Abuse Services (NCMHDDSAS) has oversight and monitoring responsibility for the two pilots focused on delivery of Wraparound.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Through the local management entity and managed care organization, contracts are executed for high-fidelity Wraparound services. These providers in most instances do provide other mental health related services.
Population(s) served (including the *target population definition,* if applicable)	i. PRTF within forty (40) mile radius of the North Carolina border during the time of referral or North Carolina State Run Center (i.e., The Whitaker School). OR ii. Residential Treatment Level III: Licensed under 122-C or North Carolina State Run Center (i.e., Wright School) OR iii. Level II Therapeutic Foster Care (at a minimum of 180 days) or Residential Treatment Level II: Program Type OR *Continued on next page*

	iv. DSS custody and are identified as at risk of disrupting current placement or have had multiple disruptions in placements AND are staffed and agreed upon together by the Wraparound coach, DSS staff and LME-MCO OR v. A youth that has had three inpatient hospitalizations within six months or two inpatient hospitalizations within 30 days. vi. Referrals for these youth should be made within 30 days of the last/qualifying hospitalization. OR vii. A Youth Development Center (YDC) or prison/jail (minimum of 30-day stay) AND All potential youth should be currently residing (for those in a Level II placement) or transitioning back into a designated LME-MANAGED CARE ORGANIZATION Wraparound catchment area or within a 30-mile radius of the local Wraparound office (still within the LME-MANAGED CARE ORGANIZATION geographic jurisdiction).
Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	2015 9 2016 82 2017 117 Total: 177 Gender Male: 59.3% Female: 39.5% Latinos: 7.3% Blacks/African-Americans: 41.0% Whites: 45.2% American Indians: 4.5% Multiracial: 6.2% Missing: 2.8%

NORTH CAROLINA

ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility Specific eligibility criteria established	An entrance protocol has been developed and is used at all sites to determine eligibility (see entrance protocol)
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Designated providers and managed care entity
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	Managed care entity
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	Typically, each provider will have an assessment tool that is used for diagnosing and treatment purposes. The high-fidelity Wraparound team is provided this assessment as part of the referral package. Each site also completes a “Transition Asset Tool” with each youth and family throughout treatment which tracks the youth and family’s perceived progress through treatment.
Average length of involvement with ICC/ Wraparound	9 to 12 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	N/a
Education requirements for care coordinators (e.g., bachelor’s, master’s, state clinical/professional licensure, other)	Wraparound facilitators: bachelor’s degree
Certification requirements for care coordinators	Must meet high-fidelity Wraparound certification requirements
Care coordinator to child/family ratio	1:10
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor’s, master’s, state clinical/professional licensure, other)	Master’s

NORTH CAROLINA

Supervisor to care coordinator ratio	Not finalized
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	Yes
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	N/a
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	Yes
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	a. This is as needed. High-fidelity Wraparound team will support family and youth in setting up and keeping appointments with psychiatrists and APRNs. b. Determination of dosage and medications c. This is dependent on the needs and wishes of the youth and family. If there is medication involved, the team will seek the involvement of the psychiatrist/APRN and will invite them to be part of the CFT if the family wishes it.

NORTH CAROLINA

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. Yes b. Yes c. No
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Family peer support is currently grant funded. Goal is to develop Medicaid service definition for family peer support.
Rate for parent peer support	To be determined
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	Family-run organization, managed care entity and provider organization
Funds used to pay for development and training of parent/caregiver peer partners	Training/supervision/support of family peer partners is currently grant funded. Training costs will be built into a Medicaid service definition.
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	a. Yes b. No c. No
Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Youth peer support is currently grant funded. Current plan is for youth peer support to only be offered as part of high-fidelity Wraparound.
Rate for youth peer support	To be determined

NORTH CAROLINA

Entity responsible for development and training of youth peer partners (e.g., family run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	Family-run organization, youth-run organization, managed care entity and provider organization
Funds used to pay for development and training of youth peer partners	Currently, youth peer support training/supervision is grant funded. Training/support supervision will be built into proposed service definition.
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	Currently, ICC is grant funded. Medicaid and state funded service definitions are being developed.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	To be determined
Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Medicaid health home for youth with SED is not currently being considered.
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Staff involved in high-fidelity Wraparound pilots are funded by grant funds including their time in child and family teams (CFT). In proposed Medicaid service definitions for high-fidelity Wraparound, participation in CFT will be a reimbursable activity. Medicaid service definitions for intensive in-home services, day treatment and multi-systemic Ttherapy include participation in CFT. Outpatient therapists are not paid for reimbursement in CFT.
Medicaid vehicles used to finance ICC/ Wraparound	High-fidelity Wraparound is not currently a Medicaid service definition. Proposal is for regional managed care organizations to use in lieu of Medicaid service definitions under their 1915 b-c waiver.

NORTH CAROLINA

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	North Carolina funded with systems of care Expansion Grant funds Implementation specialists funded through the systems of care Expansion Grant High-fidelity Wraparound staff follow Vroon certification process and are supported by state training hub that includes support from statewide family organization North Carolina Families United.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	Trauma-informed care, working with diverse populations, substance use and medically complex youth
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Mobile crisis response and stabilization services, and intensive in-home services
Flexible funds and how these are financed, administered, budgeted, and allocated	Yes; carryover/lapsed budget items
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	MCO and state or local public agency

NORTH CAROLINA

EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	Managed care entity
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	North Carolina Specific tools in addition to National Outcome Measures (NOMs) and Community Mental Health Initiatives (CMHI)
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family run organization, other)	University partner and the family run organization State or local public agency, managed care organization, care management entity and family-run organization
Outcomes tracked	The System of Care Expansion grants funded by SAMHSA has an evaluation component that requires grantees to collect two sets of data: (1) The Government Performance and Results Act (GPRA) NOMS Client Level Measures for Discretionary Programs Providing Direct Services; and (2) The National Systems of Care Expansion Evaluation for CMHI instruments. In addition, we track statewide data using an instrument called the North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS). There are six core areas for our evaluation strategy, including: **CORE AREA 1: CHILD FUNCTIONING** 1. Overall 2. Education 3. Suicide 4. Crime and criminal justice status 5. Trauma and violence 6. Social connectedness *Continued on next page*

NORTH CAROLINA

	CORE AREA 2: PARENT FUNCTIONING 7. Caregiver strain 8. Social connectedness **CORE AREA 3: STABILITY IN HOUSING** **CORE AREA 4: AGENCY COLLABORATION** 9. Policy changes 10. People trained 11. Formal agreements **CORE AREA 5: FAMILY INVOLVEMENT** 12. Consumers/family members providing mental health-related services or support **CORE AREA 6: COST SAVINGS**
Entity responsible for tracking outcomes	There is a team of individuals responsible for tracking outcomes. The evaluation team consists of two Ph.D.-level researchers as well as a part-time data manager that works with each site individually to assist with timely data collection. Each of the sites involved in the project have point people within their site that are responsible for data collection at their respective sites. These point people include family data collectors at some sites. The data manager has close communication with each of those individuals to remind them of when interviews are due and to ensure all IRB regulations are followed. The two Ph.D.-level researchers focus on evaluation structure, analysis and reporting.
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	The North Carolina State Collaborative regularly reviews data related to Systems of Care efforts across the state. As part of that group, reports that are created from this project are provided to each of the sites as well as to the Project Director for dissemination at this group and other relevant meetings. Aggregate reports are typically developed quarterly; Site-level dashboard reports are provided monthly; and Interview-progress summaries are emailed weekly to each site. We are currently working on a strategy to increase dissemination more broadly.
Outcomes data	N/a

NORTH CAROLINA

Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	N/a; provider agency system
Contact	**Eric Harbour** **eric.harbour@dhhs.nc.gov** **919-715-2363** **Terri Reichert** **terri.reichert@dhhs.nc.gov** **919-715-2337**

OHIO

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound	Wraparound is managed locally in a variety of ways, which can be summarized into three broad categories: 1. Provided by county systems locally (through local Family and Children First (FCF) Council staff) 2. Contracted out to a behavioral health agency 3. Delivered within a county social service organization (e.g., school, juvenile court, children's services, etc.)
Agency responsible for overseeing provision of ICC/Wraparound	Each county determines locally which social service agency will serve as administrative agent for the FCF. Some are managed through the Children's Services agency, others are managed through the Mental Health and Recovery Board. FCF staff usually includes a care coordinator (who is sometimes also the Wraparound facilitator) and a supervisor. Larger counties may have more than one care coordinator.
Tiered (e.g., populations in each, number of tiers) care management model	We are currently working toward developing a tiered care coordination model. The Ohio Family and Children First (OFCF) is leading this development and has revised its guidance on county-level service coordination mechanism to include a continuum of coordination that will include from least intensive to most intensive: information and referral; service coordination utilizing Wraparound; and intensive high-fidelity Wraparound.

OHIO

State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	The Ohio Department of Mental Health and Addiction Services (OhioMHAS) oversees the policy provisions of Wraparound as the SAMHSA grantee for systems of care and Wraparound implementation. In addition, OFCF also provides guidance to counties on service coordination. OFCF is defined as the Governor's Children's Cabinet with the purpose of streamlining and coordinating government services for children and families. The OFCF Cabinet Council is comprised of the following Ohio Departments: Aging, Developmental Disabilities, Education, Health, Job and Family Services, Medicaid, Mental Health and Addiction Services, Opportunities for Ohio residents with Disabilities, Rehabilitation and Correction, Youth Services and the Office of Budget and Management. Locally, the county commissioners establish the 88 county FCFC.
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	Where Wraparound is provided through a contract with a behavioral health (BH) agency, other BH services are provided. These are private, nonprofit agencies. Where it is provided through the FCF, only care coordination is provided, which includes low-level, (information and referral), up to ICC using WA. Where a school or other social service agency is providing it, any other BH services would be contracted as well. Managed Care Behavioral Health Care Coordination (July 2018): • Requires health plans to delegate components of care coordination to qualified behavioral health centers • Care management identification strategy for high risk population

OHIO

Population(s) served (including the *target population definition,* if applicable)	All counties in Ohio are required to have a service coordination mechanism via their FCF for youth with multiple system needs, for youth ages 0 to 21. Any child, youth or young adult with multi-systemic needs whose service and support needs are not being adequately met while seeking assistance outside of the service coordination mechanism. Additional target criteria might also encourage the early identification of cross-system needs whenever possible. Any target population criteria should never limit FCFC service coordination to only a select group of children whose needs must fall within a limited set of predetermined needs or whose number of "multiple" or "systemic" needs must reach a certain number. The criteria should ensure that if the need for other interventions can be identified prior to court involvement, services are put in place to meet those needs. In addition, families may need higher levels of coordinated cross-systems assistance which any criteria should also recognize. The state's first Systems of Care (SOC) grant's target population was defined as youth and young adults in transition ages 14 to 21 with mental health challenges, including those with co-occurring disorders (substance use or developmental disabilities), who are/have been involved with multiple systems including child welfare, juvenile justice, criminal justice or who are at risk of being homeless. In the current SOC grant, youth from 0-21 may receive care coordination via Wraparound. Managed Care Behavioral Health Care Coordination (July 2018): Utilize a claims-based definition that focuses on identifying individuals who have a behavioral health condition and a high likelihood of either: Significant utilization of behavioral health services–members of the target population have a behavioral health PMPM $550 higher than other members who seek behavioral health services • An adverse event (e.g., attempted suicide) as a result of the behavioral health condition–members of the target population have approximately four times more IP visits than other members who seek behavioral health services • Diagnostic and Utilization defined target population

OHIO

Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	**SOC:** FY 14: 92 FY 15: 275 FY16: 79 **Service Coordination (SC):** 7,000 (Service coordination is our FCFC care coordination process).
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility	There is no current standardized process or statewide screening for eligibility for high-fidelity Wraparound. We also do not have care coordination as a named Medicaid service but will be implementing managed care July 1, 2018.
Specific eligibility criteria established	Service coordination is statutorily mandated and there is guidance for eligibility: Each county FCFC should clearly identify the criteria for children and families who would typically be accepted into the service coordination process. However, no family should be refused the opportunity to refer oneself for consideration for service coordination. The age group for children being served through FCFC service coordination has been expanded to ages 0 through 21 for those county FCFCs using SOC: Family Centered Services and Supports funding. This new age group should be clearly addressed in the service coordination mechanism. Additional target population criteria might include any child with multisystemic needs whose service and support needs are not being adequately met while seeking assistance outside of the service coordination mechanism. The criteria should never limit service coordination only to a select group of children whose needs must fall within a limited set of predetermined needs or whose number of “multiple” or “systemic” needs must reach a certain number. The criteria should ensure that if the need for other interventions can be identified prior to court involvement, services are put in place to meet those needs. In addition, families may need a higher level coordinated cross-systems approach which the criteria should recognize.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	For high-fidelity Wraparound: Delivered through designated behavioral health provider. For SC: Conducted by local FCF service coordination staff.

OHIO

Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	Local public agency or designated provider agency, as determined locally.
Standardized tool used to screen for eligibility Standardized assessment tool used once children are enrolled in ICC/ Wraparound	Not required statewide at this time. However, through our SAMHSA infrastructure grant, we have purchased Fidelity Electronic Health Record (EHR) which includes the Child and Adolescent Needs and Strengths (CANS) and /or Child and Adolescent Service Intensity Instrument (CASII). OFCF is “housing” this database. Fidelity EHR also has built-in assessments that can be accessed by counties that will look at community outcomes, family support, school outcomes, team process and youth support. These outcomes can be tracked real time to measure progress.
Average length of involvement with ICC/ Wraparound	N/a
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	We do not have care coordinators per se in Ohio. Through our SOC infrastructure grant, we required Wraparound facilitators to attend a three-day core Wraparound facilitation training. There is no licensing or credentialing process.
Education requirements for care coordinators (e.g., bachelor’s, master’s, state clinical/professional licensure, other)	There are no educational requirements for Wraparound providers or service coordinators in the state at this time.
Certification requirements for care coordinators	Not at this time
Care coordinator to child/family ratio	We do not have an official care coordination process.
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor’s, master’s, state clinical/professional licensure, other)	Currently n/a. However, when Wraparound is delivered as a service through Medicaid, supervisors are required to be master’s level independently licensed in the state.
Supervisor to care coordinator ratio	Wraparound and service coordination implementation varies between counties, as well as the funding that supports it. Because of this, clinical supervision available for staff is also variable and the supervisor to facilitator ratio is also variable.

OHIO

PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	The new Behavior Health Care Coordination (BHCC) implementation through managed care will expect coordination with physical health homes.
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)ICC/Wraparound care coordination program coordinates with the child's medical home	Not at this time. This may change, however, if Wraparound is allowed to be implemented through the BHCC mechanism.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	Not typically; only when wellness activities are identified needs on the WA plan
ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	Only when Wraparound is implemented as part of a community mental health agency a. Depends on the agency implementing (size, resources, etc.) as we do not track this information at the state level. b. When delivered through a mental health agency and where there is a treatment plan, the psychiatrist/APRN would be responsible for Medicaid management. c. This is variable depending on the county. See above.

OHIO

PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Parent peer support is offered in most counties that have Wraparound. It is currently part of each FCFC local committee. Most parents are trained through Ohio's Parent Advocacy Connection (PAC) program, which is administered through the National Alliance on Mental Illness (NAMI)-Ohio. OhioMHAS is currently supporting the development of a parent peer support certificate program.
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	The PAC program is funded by the FCFC Cabinet Council. Ohio does not currently cover parent peer support through Medicaid.
Rate for parent peer support	Ohio does not currently cover parent peer support through Medicaid.
Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	The state (OhioMHAS), through the SOC implementation grant, has a contract with NAMI-Ohio that serves as the administrative agent for parent peer support. The contract also supports Ohio YouthMOVE and provided funding for the certified peer support training (for adults) to ten young adult peer supporters.
Funds used to pay for development and training of parent/caregiver peer partners	SOC grant (ENGAGE and ENGAGE 2.0) and OhioMHAS General Revenue Fund (GRF)
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	Youth peer support is available as part of the broader provider array, and in some communities as part of the care coordination practice.

OHIO

Financing for youth peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	Some communities used the ENGAGE grant and now use other local resources and/or pooled funds. No Medicaid reimbursement is available for youth peer support (under age of 21). However, peer recovery support is available for adults over 21 who meet certain eligibility criteria. **Individual Peer Recovery Support** **From: Ohio Department of Medicaid 1915i** **Eligibility and Assessment Requirements** **Financial:** Adults 21 years and older whose income does not exceed 300 % of the SSI payment amount and a $20 personal needs disregard ($2,219 in CY 2015) will be financially eligible for 1915(i) services. Disabled adults whose income is below the SSI payment amount plus a $20 personal needs disregard ($733+$20=$753) and who are within resource limits and meet all other requirements will be eligible under the Medicaid eligibility category for people with disabilities. **Clinical and Needs:** Clinical eligibility requirements include diagnostic and needs assessment criteria. Eligible individuals will be adults 21 years and older with a diagnosis of schizophrenia, bipolar, or major depressive affective disorders In addition, these individuals must also have a minimum score of two on at least one of the items in the “behavioral health needs,” “risk behaviors,” or “life domain functioning” sections of the Adult Needs and Strengths Assessment (ANSA) tool. **Risk:** Risk criteria is included as a factor for potential 1915(i) eligibility. Risk criteria will include potential loss of eligibility for Medicaid but for the provision of HCBS plan services to sustain community living–1915(i) eligibility will be targeted to those people who are not otherwise eligible under another Medicaid category.
Rate for youth peer support	Payment is usually in the form of a stipend. Medicaid peer support rate: 15.51 per 15-minute unit through 1915i

OHIO

Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	YouthMOVE Ohio is administered by the Youth and Young Adult Advisory Team, which is located within NAMI-Ohio. Training is developed and provided by the youth and young adult leader for YouthMOVE Ohio.
Funds used to pay for development and training of youth peer partners	SOC/ENGAGE grant and state general revenue funds
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	OFCF is supported with funding from the state agencies serving children, youth and families, which includes: Developmental Disabilities, Education, Job and Family Services (Children's Services), Mental Health and Addiction Services, Health, Opportunities for Ohioans with Disabilities and Youth Services. A formula is established for each cabinet agency and the funding is blended into a line item, which is contained in the OhioMHAS budget. Each agency determines the funding source to apply its portion. Medicaid is utilized to reimburse discrete Wraparound processes as covered under the state's SPA when delivered through a certified mental health agency. We do not have statewide data on percentages of funding utilized in each of the categories requested.
ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)	High-intensity care coordination delivered as high-fidelity Wraparound is most commonly billed to Medicaid in 15-minute units. The discrete components of Wraparound are billed based on what is delivered and by the credentials of the person delivering it. Ohio's current rates for typically billed codes (15 min. units) are: TBS-MA, Home/Cmty H2019 M.A. unlicensed practitioner: $28.59 TBS-BA, Home/Cmty H2019 Bachelor's unlicensed: $22.47 Psychosocial Rehabilitation H2017 Unlicensed Home & com. (H.S. diploma 18+): $20.32 CPST H0036 Trainees; Unlicensed Q.M.H.S. $19.54

OHIO

Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Our state's use of medical health home is limited. I am not aware of Wraparound being utilized in the health homes that do exist.
Provider/clinician reimbursement for participation in child and family team meetings a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds) b. If Medicaid reimburses for participation, what service categories/billing codes are used?	Providers can only bill their time to Medicaid when the facilitator is not billing Medicaid. Billing would have to be split if more than one person is billing Medicaid. They would bill Community Psychiatric Supportive Treatment (CPST): H0036; PSR; or TBS depending on the credential they hold.
Medicaid vehicles used to finance ICC/ Wraparound	Rehab Option
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How it is financed Structured coaching process for the care coordinators and how financed	The SOC/ENGAGE grant initially funded the contract with the Center for Innovative Practices (CIP) for training, coaching, and technical assistance and has continued via federal Block Grant and SOC grant funds. In addition, individual communities have used other funding to contract with the trainers for their local needs. Ongoing training is provided through a yearly schedule of trainings provided in two regions of the state. Coaching is provided as requested to any county in Ohio. Ohio has developed a structured coaching process for care coordinators and for supervisors.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	All of the topics listed, except medically complex youth, have been included in webinars posted to the SOC/ENGAGE website. Trainings on those topics have also been provided with other funding sources.

OHIO

Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Through our ENGAGE 2.0 SOC grant, we are currently in the implementation stages for MRSS in two regions of the state (17 counties). Via another SOC Grant, Stark County, Ohio has been implementing MRSS since last year. This varies by county capacity. In January 2018, intensive home-based treatment became a Medicaid eligible service in Ohio. We anticipate an increase in quality IHBT services throughout the state. Respite services can be funded with the OFCF county allocation and through our 1915i option.
Flexible funds and how these are financed, administered, budgeted, and allocated	The OFCF administers flexible funds. More information is here.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	OMHAS and OFCF have taken the lead in developing the provider network.
EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	Individual provider agencies and mental health boards at this time. When managed care begins next year, we anticipate they will be responsible for global utilization management.
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	NWI tools: Wraparound Fidelity Index Short Version (WFI-EZ), and the Team Observation Measure (TOM) in some areas of Ohio
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	Case Western Reserve University tracks Wraparound fidelity. The ODMHAS currently tracks GPRA outcomes for our SOC Statewide Infrastructure grant. Through the grant, the state also purchased Fidelity Electronic Health Record system to assist with outcome tracking. This system will be housed at OFCF, who plans to continue its use past the SOC grant.

OHIO

Outcomes tracked	Outcome tracking is variable and is not systematically collected statewide. We anticipate that we will begin collecting outcomes through our Fidelity Electronic Health Record system in the near future (CANS).
Entity responsible for tracking outcomes	OFCF; OHMAS through SAMHSA grant
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Not at this time
Outcomes data	Not available at this time
Customized Electronic Health Record (EHR) system used to support ICC/ Wraparound	Fidelity Electronic Health Record
Contact	**Holly Jones** **holly.jones@mha.ohio.gov** **614-644-8559** **Richard Shepler, Ph.D.** **richard.shepler@case.edu** **216-368-4815**

SOUTH DAKOTA

Name of Care Management Entity(ies) (if applicable): N/a

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/ Wraparound Agency responsible for overseeing provision of ICC/Wraparound	The Department of Social Services, Division of Behavioral Health (DBH), contracts with 11 Community Mental Health Centers (CMHCs) to provide community-based Wraparound services, also known in South Dakota as Children, Youth, and Family (CYF) Services. In September 2017, the DBH contracted with four CMHCs to offer a System of Care (SOC) based Wraparound model through the Juvenile Justice Reinvestment Initiative (JJRI). SOC coordinators are now covering the following areas: Martin SD (Behavior Management Systems); Wagner and Yankton (Lewis & Clark Behavioral Health Services); Pierre (Capital Area Counseling Service); and Winner and Mission (Southern Plains Behavioral Health Services)
Tiered (e.g., populations in each, number of tiers) care management model	N/a
State/county agencies overseeing, from a policy standpoint, the provision of ICC/ Wraparound	The Department of Social Services, DBH
Types of entities (e.g., private nonprofit, public agency, managed care entity) providing ICC/Wraparound and/or behavioral health services	South Dakota's community-based mental health service delivery system consists of 11 private, nonprofit CMHCs. Each CMHC is governed by a local board of directors and has a specific catchment area for which it has responsibility. Additionally, four CMHCs took part in the JJRI systems of care pilot during fiscal year 2018.
Population(s) served (including the *target population definition,* if applicable)	Children/youth with a serious emotional disturbance (SED) as defined in South Dakota Codified Law (SDCL) 27A-15-1.1 and Administrative Rules of South Dakota (ARSD) 67:62:11:01. The SOC pilot through the JJRI will have less stringent requirements, working with youth up to age 21 who are identified as at risk or currently justice involved and who have identified needs in at least one life domain (health, education, safety, basic needs, etc.).

SOUTH DAKOTA

Number of children/youth served through ICC/Wraparound annually (including race/ethnic breakdowns and any subpopulations mentioned above)	Race is not broken down for SED youth, but rather includes all youth that are served. The number of youth served in CYF services in fiscal year 2017 was 4,989.
ELIGIBILITY AND SCREENING	
Standardized process used to screen for eligibility	The CMHCs are required to screen children/youth with an integrated screening assessment which has certain components as defined in ARSD 67:62:08:05.
Specific eligibility criteria established	Children/youth with a SED as defined in SDCL 27A-15-1.1 and ARSD 67:62:11:01. As noted above, for the SOC pilot, youth must be 21 or younger, be at risk or currently justice involved, and have a demonstrated need in one or more life domains.
Individual/entity that conducts eligibility screening (e.g., designated providers, any provider, managed care entity, state or local public agency, other)	Contracted CMHCs
Entity that authorizes enrollment in ICC/ Wraparound (e.g., state or local public agency, designated provider agency, managed care entity, other)	All 11 CMHCs, which also include the four conducting the SOC pilot,
Standardized tool used to screen for eligibility	For CYF services, the CMHCs are required to screen children/ youth with an integrated screening assessment which has certain components as defined in ARSD 67:62:08:05. Once enrolled in CYF services, ongoing assessments are required as per ARSD 67:62:08:06. An initial treatment plan shall be completed within 30 days and reviewed every six months as per ARSD 67:62:08:07 and 67:62:08:08.
Standardized assessment tool used once children are enrolled in ICC/ Wraparound	A standardized assessment tool is not being used. However, the Mental Health Youth & Family Outcomes tool is being used. In addition to the Mental Health Youth & Family Outcomes tool questions have been built in regarding the family's major life domains. This survey/tool is administered at intake and discharge in order to track progress.
Average length of involvement with ICC/ Wraparound	The DBH does not collect at this time.

SOUTH DAKOTA

REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Requirements for staff providing direct services and supports to clients are defined in ARSD 67:62:06:03. The requirements are also the same for the SOC pilot.
Education requirements for care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Defined in ARSD 67:62:06:03
Certification requirements for care coordinators	Defined in ARSD 67:62:06:03
Care coordinator to child/family ratio	Determined by each CMHC The ratio for the JJRI systems of care pilot is no more than 20 families per coordinator.
Credentialing requirements for supervisors of intensive care coordinators (e.g., bachelor's, master's, state clinical/professional licensure, other)	Defined in ARSD 67:62:06:02 and 67:62:06:05 The requirements are also the same for the SOC pilot.
Supervisor to care coordinator ratio	Determined by each CMHC
PHYSICAL HEALTH INTEGRATION	
ICC/Wraparound care coordination program coordinates with the child's medical home	CYF services staff should work in partnership with each child/family to design a treatment/recovery plan that will assist in gaining access to needed services and supports in each life domain, which may include referrals and other related activities to the child's medical services.
ICC/Wraparound tracking and reporting on physical health-related outcomes (e.g., whether a child has a well-child visit with his/her primary care provider, whether the primary care provider is monitoring potential metabolic issues related to use of psychotropic medication)	Liaison services to facilitate treatment planning and coordination of services between mental health and other entities are required as per ARSD 67:62:11:02.
ICC/Wraparound program uses wellness coaches or partners with wellness activities in the community	This is encouraged at the provider level.

SOUTH DAKOTA

ROLE OF PSYCHIATRY	
Consultation available to care coordinators from a child/adolescent psychiatrist or Advanced Practice Registered Psychiatric Nurse (APRN) a. How many hours per week is the psychiatrist/APRN available? b. What is the psychiatrist's/APRN's role in medication management? c. What role (if any) does the psychiatrist/APRN play on the child and family team? i. Does the psychiatrist/APRN consult with care coordinators around difficult issues related to children/families? ii. Does the psychiatrist/APRN review/sign off on every plan of care? iii. Is the psychiatrist/APRN part of the child and family team?	As per ARSD 67:62:11:02, psychiatric services with the primary purpose of prescribing or reviewing a client's use of pharmaceuticals, including psychiatric assessments, treatment and prescription of pharmacotherapy; psychiatric nursing services including components of physical assessment, medication assessment and monitoring and medication administration for clients unable to self-administer their medications a. As needed b. Psychiatric services with the primary purpose of prescribing or reviewing a client's use of pharmaceuticals, including psychiatric assessments, treatment and prescription of pharmacotherapy; psychiatric nursing services including components of physical assessment, medication assessment and monitoring and medication administration for clients unable to self-administer their medications. c. Available for consultation as needed i. N/a ii. N/a iii. N/a
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	All CMHCs, including those involved in the JJRI SOC pilot are encouraged but not required to utilize peer supports available in their communities, such as peer support programs available through the National Alliance on Mental Illness (NAMI).
Financing for parent/caregiver peer support (e.g., covered by Medicaid, service categories/billing code(s) used)	N/a
Rate for parent peer support	N/a

SOUTH DAKOTA

Entity responsible for development and training of peer partners (e.g., family-run organization, state or local public agency, managed care entity, provider organization, other)	N/a
Funds used to pay for development and training of parent/caregiver peer partners	N/a
YOUTH PEER SUPPORT	
Provision of youth peer support a. Offered as part of or in conjunction with ICC practice? b. Required as part of ICC practice? c. Available as part of the broader provider array?	All CMHCs, including those involved in the JJRI SOC pilot are encouraged but not required to utilize peer supports available in their communities, such as peer support programs available through the NAMI.
Financing for youth peer support (e.g., covered by Medicaid, service categories/ billing code(s) used)	N/a
Rate for youth peer support	N/a
Entity responsible for development and training of youth peer partners (e.g., family-run organization, youth-run organization, state or local public agency, managed care entity, provider organization, other)	N/a
Funds used to pay for development and training of youth peer partners	N/a
FINANCING FOR ICC USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/ Wraparound (e.g., Medicaid, general revenue, grants, other)	CYF services are a combination of federal mental health block grant, state general funds for mental health and Medicaid. The JJRI SOC pilot is funded primarily through state general funds.

SOUTH DAKOTA

<table>
<tr><td>ICC/Wraparound rate and billing structure (e.g., billed as a case rate, billed in 15-minute increments, other)</td><td>Billed in 15-minute units (a.k.a. increments), separated by regular and rural frontier services. CYF regular community-based Wraparound services are $26.72 per 15-minute unit and CYF Individual Frontier community-based Wraparound services are $32.06 per 15-minute unit.

The SOC pilot rate through the JJRI is a tiered reimbursement structure and is based on the number of active clients that a care coordinator has monthly. Criteria for active clients are defined in our contract attachments and based on contacts with the youth/family. The reimbursement schedule is broken down in the table below:
<table><tr><th colspan="2">Reimbursement Schedule</th></tr><tr><td>$ 1,352.63</td><td>0–4 Active Cases</td></tr><tr><td>$ 2,705.25</td><td>5–9 Active Cases</td></tr><tr><td>$ 4,057.88</td><td>10–14 Active Cases</td></tr><tr><td>$ 5,410.50</td><td>15 or more Active Cases</td></tr></table></td></tr>
<tr><td>Considering using ICC/Wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)</td><td>Nine of the 11 CMHCs are participating providers in Medicaid health homes.</td></tr>
<tr><td>Provider/clinician reimbursement for participation in child and family team meetings

a. If yes, how? (e.g., Medicaid, general revenue, block grant, discretionary funds)
b. If Medicaid reimburses for participation, what service categories/billing codes are used?</td><td>N/a; this is included as part of the scope of work for the JJRI SOC pilot.</td></tr>
<tr><td>Medicaid vehicles used to finance ICC/ Wraparound</td><td>South Dakota Medicaid funds CYF services through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.</td></tr>
</table>

SOUTH DAKOTA

STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Entity responsible for training and coaching at the beginning of implementation efforts and how funded Capacity to train coordinators a. Who provides training b. How is it financed Structured coaching process for the care coordinators and how financed	Through various funding sources, the DBH contracts and/or collaborates with different entities to support and provide ongoing professional developmental opportunities identified by behavioral health staff. Providers are also responsible for ensuring their staff receives appropriate training to adequately fulfill their job duties and meet contractual requirements. One agency taking part in the SOC pilot through the JJRI had previous experience with SOC and they provided an initial training to the other three agencies.
Care coordinator staff training (e.g., trauma-informed care, working with diverse populations, i.e., LGBTQI2, racial/ethnic populations, substance use, medically complex youth, other specialized training)	The DBH partners with various entities to conduct trainings and other educational opportunities each year on evidence-based practices specific to cultural competency, mental health, substance use disorders, etc. The SOC pilot will require that agencies ensure their care coordinators receive training in trauma informed care as well as cultural competency.
Child and family teams access to mobile crisis response and stabilization services, intensive in-home services, respite services Components of the above services funded by Medicaid	Mobile crisis response and stabilization services, intensive in-home services, and respite services Respite services are funded through the Department of Human Services, Division of Developmental Disabilities. Mobile crisis, and in-home services are funded through a combination of federal block grant, state general funds, and Medicaid.
Flexible funds and how these are financed, administered, budgeted, and allocated	There are flexible funds in the form of a family support program that are available for use by the SOC pilot agencies and the 11 CMHCs who provide CYF services. This program is funded by state general funds.
Entity responsible for developing the provider network to support ICC/ Wraparound (e.g., managed care organization, care management entity, state or local public agency, other)	The Department of Social Services, DBH as well as the CCMHC.

SOUTH DAKOTA

EVALUATION AND MONITORING	
Entity responsible for utilization management (e.g., managed care entity, care management entity, state or local public agency, other)	The DBH's Accreditation Team conducts onsite reviews of accredited CMHCs to ensure compliance with ARSD, Article 67:62, Mental Health. The DBH's JJRI Team will oversee the SOC pilot.
Tools used to measure ICC/Wraparound quality and fidelity (including National Wraparound Initiative tools)	The Accreditation Team utilizes a scoring tool they developed to measure the quality of CYF services. The SOC pilot will include outcomes reporting which will be used to measure the quality of the program and services provided.
Outside entity responsible for gathering data and assessing quality and fidelity of ICC/Wraparound Entity responsible for tracking quality and fidelity (e.g., state or local public agency, managed care organization, care management entity, family-run organization, other)	The Accreditation Team is responsible for tracking quality and fidelity of services.
Outcomes tracked	The State of South Dakota measures the National Outcome Measures as required by the Unified Reporting System (URS) tables and the Mental Health Basic Client Information (MH-BCI) files. The SOC pilot will track outcomes related to family satisfaction, use of natural supports/community resources, child specific results such as needs/interventions by life domains and changes in system involvement, and fiscal information such as costs, billable vs. non-billable units, and Medicaid eligible vs. non-eligible clients.
Entity responsible for tracking outcomes	DBH
Formalized mechanism or group to share data and/or information (or formal data dissemination process)	Data is shared with a work group consisting of providers and DBH staff. Additionally, providers are able to access outcome data through South Dakota's management information system, STARS (State Treatment Activity Reporting System).

ENDNOTES

[1] 5/7/13 Informational Bulletin on Coverage of Behavioral Health Services for Children, Youth and Young Adults with Significant Mental Health Conditions. http://www.medicaid.gov/federal-policy-guidance/downloads/CIB-05-07-2013.pdf

[2] Williams, NJ, Scott, L, Aarons, GA. (2017). Prevalence of serious emotional disturbance among US children: A meta-analysis. Psychiatric Services. doi: 10.1176/appi.ps.201700145. Available from: https://www.ncbi.nlm.nih.gov/pubmed/28859585 or http://ps.psychiatryonline.org/doi/10.1176/appi.ps.201700145

[3] Soni, A (2014). "Statistical Brief #434: The Five Most Costly Children's Conditions, 2011: Estimates for US Civilian Noninstitutionalized Children, Ages 0-17. April 2014. Agency for Healthcare Research and Quality, US Department of Health and Human Services. Available at: https://meps.ahrq.gov/data_files/publications/st434/stat434.shtml

[4] Centers for Medicare & Medicaid Services (CMS). Home- and Community-Based Services 1915(i). https://www.medicaid.gov/medicaid/hcbs/authorities/1915-i/index.html

[5] Suter, J.C. & Bruns, E.J. (2009). Effectiveness of the Wraparound Process for Children with Emotional and Behavioral Disorders: A Meta-Analysis. Clinical Child and Family Psychology Review. 12: 336. https://doi.org/10.1007/s10567-009-0059-y

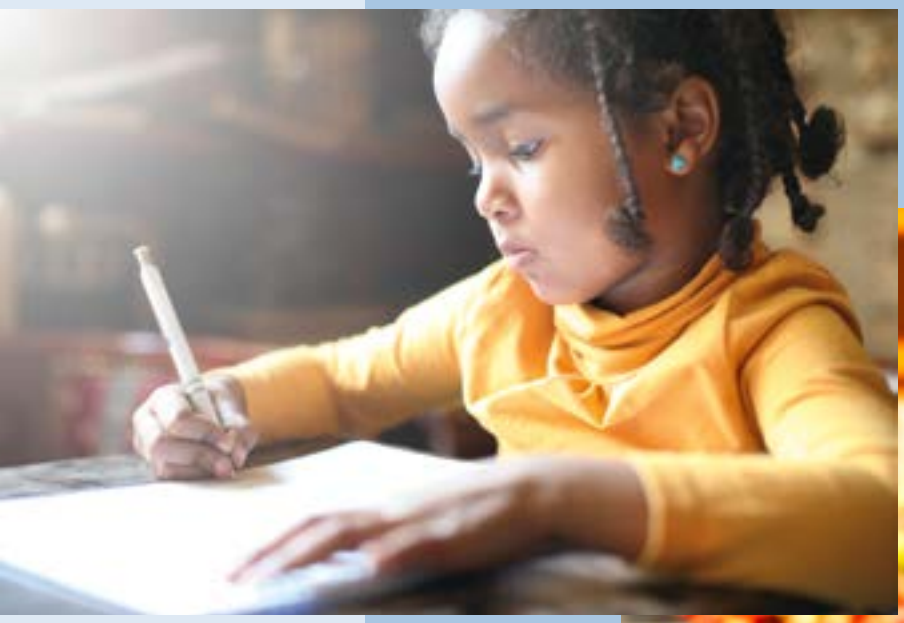
[6] Simons, D., Pires, S, Hendricks, T., & Lipper, J. (2014). Intensive Care Coordination Using High Quality Wraparound for Children with Serious Behavioral Health Needs: State and Community Profiles. https://www.chcs.org/resource/intensive-care-coordination-using-high-quality-wraparound-children-serious-behavioral-health-needs-state-community-profiles/

[7] Schurer Coldiron, J., E. J. Bruns and H. Quick (2017). A Comprehensive Review of Wraparound Care Coordination Research, 1986–2014. Journal of Child and Family Studies: 1-21. doi:10.1007/s10826- 016-0639-7. https://nwi.pdx.edu/pdf/Wraparound-Lit-Review-Manuscript-Self-Archive.pdf

[8] Bruns, E. J., Pullmann, M. D., Sather, A., Brinson, R. D., & Ramey, M. (2014). Effectiveness of wraparound versus case management for children and adolescents: Results of a randomized study. Administration and Policy in Mental Health and Mental Health Services Research, 42(3), 309-322.

[9] Chamberlain P, Brown CH, Saldana L (2011). Observational Measure of Implementation Progress: The stages of implementation completion (SIC). Implementation Science 6:116. https://doi.org/10.1186/1748-5908-6-116

[10] Mann, C. & Hyde. P. (2013). Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions. Joint Center for Medicaid and CHIP Services (CMCS) and Substance Abuse and Mental Health Services Administration (SAMHSA) Informational Bulletin. Available at https://www.medicaid.gov/federal-policy-guidance/downloads/cib-05-07-2013.pdf



SAMHSA Publication No. PEP19-04-01-001

Substance Abuse and Mental Health Services Administration

SAMHSA
Substance Abuse and Mental Health Services Administration

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-486-4889 (TDD) • www.samhsa.gov