OFFICE OF POLICY

Care Coordination & Multi-System Youth

What is Care Coordination?

Care coordination varies among systems or agencies. While there is no standard definition, good care coordination involves:

- Collaboration between all members of a team, no matter their focus, role or location
- Clear communication between everyone involved, including the person/family
- Organization, facilitation, and streamlining of services, supports, and processes to meet the needs of the whole person/family (i.e., healthcare, housing, food, etc.)

Key Terms

- Person or Family-Centered: an approach, philosophy, way of doing things that puts the person and family front and center. They are equal partners.
- Strengths-Based: focuses on what a person/family has or can do, the positive aspects of the person or situation rather than the negative.
- Individualized: every person/family/situation is treated as unique – there is no "one size fits all" answer.
- Hi-Fidelity Wraparound: an evidence-based approach to care coordination that include a facilitator to engage and organize the team, including the person/family.

Multi-System Youth

- Multi-system youth have a "care coordinator" in each system (care coordinator, case manager/worker, service and support administrator, etc.).
- Care coordinators within individual systems have no authority in other systems. Care coordinators within systems can make linkages and follow up on referrals, organize team meetings and identify resources, but they cannot mandate, authorize, or fund services outside their systems.
- Family and Children First Councils have statutory authority and responsibility to work across systems. They have the ability to plan and fund services across multiple systems. Many use hi-fidelity wraparound to facilitate this process. They receive $15,000 from the state to do this.