## Getting started

To access ICCW Services, a parent or caregiver should call MCCMH Customer Service at 855-99-MCCMH (855-996-2264) to ask for a screening for their child. An intake appointment with MCCMH's Children's Department will be set up. A clinician will complete an assessment and recommend next steps.

**To learn more or to schedule an appointment, call 855-99-MCCMH (855-996-2264).**

**Call the MCCMH Crisis Line for 24/7 support: 586-307-9100.**



MACOMB COUNTY
COMMUNITY MENTAL HEALTH

Macomb County Community Mental Health programs and services are supported and funded, in part, by the Michigan Department of Health and Human Services (MDHHS). MCCMH is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and operates under the direction of the Macomb County Board of Commissioners and the Macomb County Community Mental Health Board.

MCCMH centers are barrier-free, and offer TTY access, American Sign Language communication, and other language translations.

mccmh.net @wearemccmh

# Intensive Care Coordination with Wraparound Services

## Helping families thrive together

Intensive Care Coordination with Wraparound (ICCW) helps children, teens, and young adults with complex needs. It brings together family members and service providers to work as one team.

Wraparound is a planning process led by trained and certified Care Coordinators. The process focuses on the family's strengths, needs, and goals. Families and youth participate in decision-making and help create their plan.

The goal is to create one coordinated plan that addresses the child's needs and supports their success at home, in school, and in the community. By working together, the team can provide the right support to help the child and their family reach their goals.



## Eligibility

A youth age 21 or younger may qualify for ICCW if they meet all of the following criteria:

- Have a Serious Emotional Disturbance (SED), Serious Mental Illness (SMI), and/or an Intellectual or Developmental Disability (I/DD)
- Have complex behavioral needs that require extra support
- Have an identified community (family members, caregivers, school staff, etc.) who can be part of their support team

They must also meet at least two of the following:

- Are currently living outside their home or at risk of being placed outside the home
- Are involved with two or more service systems, such as behavioral health services, the justice system, child welfare, adult protective services, or special education and other school supports
- Have received case management or similar services, but need a higher level of support
- Do not have a strong support system to help meet their needs
- Have complex medical needs that are not yet stable
- Have challenges that affect their success at school, including attendance, participation, or academic performance
- Are experiencing significant emotional or physical distress after a traumatic event

## The four stages of Wraparound

- **Hello:** The team is built. The youth, family, and Care Coordinator talk about current needs and strengths.
- **Help:** The team creates a plan. The Care Coordinator connects them to services, supports, and resources.
- **Healing:** The team puts the plan into action. Everyone checks in often to see what is working and what needs to change.
- **Hope:** As progress is made, the team helps plan the next steps and supports long-term success.

