QUICK REFERENCE

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Intensive Care Coordination Using High-Quality Wraparound: Care Coordinator to Child and Family Ratios

OVERVIEW

Intensive care coordination using high-quality wraparound is an approach to care that has shown promising outcomes for children with serious behavioral health needs and their families.[1] Rather than a specific *service*, wraparound is a structured approach to service planning and care coordination for individuals with complex needs. Built on *system of care* values, it is a family- and youth-guided, strengths-based, collaborative, and outcomes-driven process that is tailored for the individual. High-quality wraparound (also called *high fidelity* or *fidelity wraparound*) includes four phases: engagement, plan development, plan implementation, and transition. It also adheres to specific steps: discovering strengths, needs, and culture; creating a child and family team; developing an individualized plan of care; leveraging natural supports; and monitoring progress.[2]

States and communities across the country are implementing intensive care coordination programs using high-quality wraparound, and while the underlying values[3] of these programs are largely the same, there are broad variations in their structure, operations, and financing. The Center for Health Care Strategies (CHCS) conducted a scan of intensive care coordination programs using high-quality wraparound for children and youth with behavioral health needs in states and communities nationwide.[4] This resource, drawn from the national scan, provides a point-in-time snapshot of the care coordinator to child and family ratios for each of the intensive care coordination/wraparound programs profiled, to help states and communities determine their programs' staffing needs and structure.

Implementation of care coordination using wraparound without adherence to particular staffing ratios may not yield the intended results and benefits of this approach (e.g., decreased use of hospital and residential treatment, improved functioning, increased ability to remain in the home and community). Further, implementation of intensive care coordination using wraparound without adherence to staffing ratios may impact program sustainability, as programs that do not produce the desired outcomes may not retain funding.

A defining characteristic of intensive care coordination using high-quality wraparound is the low ratio of care coordinators to children and families—the care coordinator to child/family ratio typically does not exceed 1:10. This is important, given the frequency of required face-to-face interaction between wraparound care coordinators and children/families. Furthermore, children served in intensive care coordination are typically involved with one or more public systems—such as child welfare, juvenile justice, special education, behavioral health—making cross-systems coordination essential. In intensive care coordination using high-quality wraparound, care coordinators are required to have face-to-face interaction with children and families for a minimum number of hours per week.

In some programs that serve expanded populations of children and youth with both moderate and severe behavioral health needs (e.g., New Jersey), the ratio may be higher or tiered based on intensity of need. Even in these approaches, however, ratios do not typically exceed 1:15 across the population, with lower ratios for care coordinators working with children with more serious challenges and needs.

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Care Coordinator to Child and Family Ratios

ESTABLISHED PROGRAMS[5]	**Louisiana**	1:10	EVOLVING PROGRAMS[6]	**Georgia**	1:10	EMERGING PROGRAMS[7]	**El Paso County, CO**	1:12
	Massachusetts	1:10 average		**Maryland**	1:9 to 1:11 for care management entity; 1:8 for pending 1915 (i) state plan amendment		**Illinois (Child Welfare)**	1:10
	Michigan	1:10 (if a facilitator has families transitioning out, can be up to 1:12)		**Clermont County, OH**	1:15		**Illinois (Medicaid)**	Based on tiered system of intensity level: 1:10, 1:20, 1:40
	Nebraska	1:10		**Oklahoma**	1:8 to 1:10		**Rhode Island**	1:15
	New Jersey	1:14 (optimal blended caseload under unified system for moderate and high-needs youth)		**Pennsylvania**	1:10 to 1:12		**Wyoming**	1:10
	Cuyahoga County, OH	1:12						
	Dane County, WI	1:10						
	Milwaukee County, WI	1:8 (if newly hired, 1:4 for first two months)						

INNOVATIONS IN CHILDREN'S BEHAVIORAL HEALTH RESOURCE SERIES

This resource is a product of the **Innovations in Children's Behavioral Health Resource Series**, developed by the *Technical Assistance Network for Children's Behavioral Health (TA Network)* through support from the Substance Abuse and Mental Health Services Administration (SAMHSA).

In May 2013, the Centers for Medicare & Medicaid Services and SAMHSA issued a bulletin on behavioral health services for children, youth, and young adults with significant mental health conditions. The bulletin sought to help states design a Medicaid benefit for this population incorporating seven key elements: (1) intensive care coordination; (2) parent/youth peer supports; (3) intensive in-home services; (4) respite; (5) mobile crisis response; (6) customized goods and services; and (7) trauma-informed care. The *TA Network* is issuing resources on each of key elements to help states and communities advance systems of care for children and youth with serious behavioral health needs and their families.

The **Center for Health Care Strategies (CHCS)**, a partner in the *TA Network*, is a nonprofit health policy resource center dedicated to advancing health care access, quality, and cost-effectiveness in publicly financed care. For more information, visit www.chcs.org.

[1] E. Bruns and J. Suter. "Summary of the Wraparound Evidence Base." *The Resource Guide to Wraparound.* (Portland, OR: National Wraparound Initiative, 2011), Chapter 3.5.
[2] To learn more about wraparound, visit the National Wraparound Initiative: http://www.nwi.pdx.edu/.
[3] B. Stroul, G. Blau, and R. Friedman. (2010). "Updating the system of care concept and philosophy." Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health. http://gucchdgeorgetown.net/data/documents/SOC_Brief2010.pdf.
[4] To access the national scan, visit: http://www.chcs.org/resource/intensive-care-coordination-using-high-quality-wraparound-children-serious-behavioral-health-needs-state-community-profiles/.
[5] "Established" programs are those that are fully established, with sustainable funding streams and a full array of services and supports for children with behavioral health needs. They also have outcomes data (some publicly available) and are involved in continuous quality improvement.
[6] "Evolving" programs are those in states/communities that have established intensive care coordination programs using wraparound in regions of the state and are either: (1) expanding statewide; or (2) revamping their approach to intensive care coordination using wraparound, often within the context of utilizing new Medicaid strategies, in order to enhance and sustain their programs.
[7] "Emerging" programs are those being piloted or in the early stages of implementation.