QUICK REFERENCE

JANUARY 2015

Intensive Care Coordination Using High-Quality Wraparound: Supervisor to Care Coordinator 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 supervisor to care coordinator ratios for each of the intensive care coordination/wraparound programs profiled to help states and communities determine their programs' staffing needs and structure.

Human resources development and support, including adequate support to care coordinators and a comprehensive system of training and supervision, are important wraparound elements.[5] Supervisors may or may not function as care coordinators themselves; however, their understanding of the wraparound process is essential to the effective oversight and support of care coordinators working directly with children and families.

A supervisor's role is focused on monitoring the quality of wraparound implementation and may also include monitoring the progress of the child and family team goals. In addition, supervisors are often responsible for monitoring the mix of services and interventions offered to children and families and ensuring that natural supports are included among the types of services being offered.

Because the scope of work for supervisors in intensive care coordination using high-fidelity wraparound extends beyond the individual direction or management of care coordinators, lower supervisor to care coordinator ratios are required. In the states and counties profiled, these ratios range from 1:2 to 1:12—except in Michigan, where there is no standardized ratio.

This document was prepared for the Technical Assistance Network for Children's Behavioral Health under contract with the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Contract #HHSS280201300002C. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government.

This resource was produced with support from the Substance Abuse and Mental Health Services Administration by the Center for Health Care Strategies, a core partner in the Technical Assistance Network for Children's Behavioral Health.

Supervisor to Care Coordinator Ratios

ESTABLISHED PROGRAMS[6]	**Louisiana**	1:8	EVOLVING PROGRAMS[7]	**Georgia**	1:6	EMERGING PROGRAMS[8]	**El Paso County, CO**	1:2 (pilot)
	Massachusetts	1:8 average		**Maryland**	1:6 to 1:8 for care management entity 1:8 for pending 1915(i) state plan amendment		**Illinois (Child Welfare)**	1:8
	Michigan	No standardized ratio		**Clermont County, OH**	1:5		**Illinois (Medicaid)**	1:8
	Nebraska	1:7		**Oklahoma**	1:5		**Rhode Island**	1:6
	New Jersey	1:6		**Pennsylvania**	1:8		**Wyoming**	1:10
	Cuyahoga County, OH	1:12						
	Dane County, WI	1:8						
	Milwaukee County, WI	1:6						

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] P. Miles, N. Brown, and National Wraparound Initiative Implementation Work Group. *The Wraparound Implementation Guide: A Handbook For Administrators and Managers*. (Portland, OR: National Wraparound Initiative, 2011). Available at: http://www.nwi.pdx.edu/pdf/ImplementationGuide-Complete.pdf.
[6] "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.
[7] "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.
[8] "Emerging" programs are those being piloted or in the early stages of implementation.