



**High Fidelity Wraparound**

**Rate Setting Study**

 

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# Introduction and Overview

High Fidelity Wraparound (HFW) services are needed to manage and coordinate care for youth with serious behavioral health challenges, and their families. Determining an appropriate and sustainable billing rate for services is a key part of sustaining and expanding HFW in Colorado as agencies work to identify available funding streams for the service.

The Colorado Department of Human Services (CDHS) Office of Behavioral Health (OBH) contracted with TriWest Group (TriWest) to establish a case rate for HFW services in Colorado. The primary objectives of the project were to:

1. Collaborate with agencies and stakeholders to identify full time equivalent for staffing, credentials, service elements and frequency by unit of service, and related costs, including costs for training, certification and supervision time, and other program costs.
2. Discuss findings with stakeholders to determine the reasonableness of the recommended rate.
3. Compare the staffing and costs to evidence-based practice fidelity requirements and to other similar states (based on population, demographics, etc.) for reasonableness.
4. Conduct research on service effectiveness, program costs, and cost offsets of providing services that become necessary when adverse outcomes are not prevented (e.g., emergency/crisis treatment, inpatient treatment, home-based intensive interventions).
5. Summarize and review findings with stakeholders and set rate.

## Background and Context

### High Fidelity Wraparound

High Fidelity Wraparound (HFW) is an evidence-based care coordination model in which multiple systems come together with a child/youth and their family to create an individualized plan to address the family’s needs. Each child and family has their own individualized team, which includes a wraparound facilitator, family support partner, and professional and natural supports identified by the family and staff.

Through the process, the HFW team ensures the youth and family are heard and respected and that the goals they have identified are prioritized. The HFW team balances family-identified needs with court requirements and system mandates. In order to address the family’s current needs and reduce system dependency, the HFW team includes both natural supports and the professional supports who work with the family. Typically, the team includes people such as mental health providers, juvenile justice professionals, case workers from the child welfare system, and teachers, in addition to natural supports. Natural supports, such as family, friends, and community members, will continue to support the youth and family long after formal services end. Goals are set by building on the strengths that each member brings to the team as well as child/youth and family needs and culture. Brainstorming sessions in team meetings result in a unique combination of both traditional and non-traditional supports for each family that are individualized, strengths-based, and culturally responsive.

The youth and family, along with the HFW Facilitator and HFW Support Partner(s), regularly monitor the plan and bring the team together to review progress, celebrate successes, and help identify any new needs that arise. Families become empowered by having a plan they can manage and being able to measure their progress each month.

Intensive care coordination using High Fidelity Wraparound requires low care coordinator-to-child/family ratios, high frequency of face-to-face contact, facilitation of child and family teams, and coordination of activities across multiple systems.[[1]](#footnote-0) Rates for intensive care coordination using the wraparound approach tend to be higher than rates for individuals in traditional or less intensive care coordination models because wraparound is comprehensive and used primarily with populations with high rates of utilizing costly services, such as children and youth with significant behavioral health needs who are in, or at risk of, out-of-home placement or homelessness.

Rates are structured in several ways across the country, including case rates paid on a daily, monthly, annually, or per-episode-of care basis. Case rates may be limited to funding only care coordination with high-fidelity wraparound or can include other supports and services such as family and youth peer support, home- and community-based services, inpatient psychiatric hospitalization, and psychiatric residential treatment. All-inclusive case rates cover the cost of intensive care coordination in addition to all other necessary behavioral health services and supports. Rates for intensive care coordination can also be set up as fee-for-service payments in which a specific dollar amount is paid per unit or time increment (e.g., 15 minutes, 30 minutes, or 1 hour). In addition, rates may have a daily, weekly, monthly, or annual cap on services.[[2]](#footnote-1)

### High Fidelity Wraparound Services in Colorado

OBH’s COACT Colorado initiative offers a High Fidelity Wraparound approach to helping children, youth, and families with serious behavioral health challenges and complex needs. Service providers and staff, natural supports, and the youth and family work together to help achieve the family’s vision. The team honors the strengths, voice, and culture of the family to build self-efficacy and achieve success at home, in school, and in the community. HFW is a research-based and effective process for managing care for Colorado families with complex needs who are involved in multiple health, human services, and social services systems.

The HFW process consists of four phases:

* **Engagement**—Needs are assessed and the facilitator and support partner help the family develop their vision and identify individual and family strengths, needs, and culture.
* **Planning**—The facilitator and support partner help identify and engage team members that include professional and natural supports. They also help develop an integrated plan that includes all of the family’s services and supports with achievable steps for each prioritized need. Most families also have a crisis prevention plan to prevent potential crisis behaviors and situations.
* **Implementation**—The team meets regularly to assess progress, celebrate successes, and update the plan as new needs emerge.
* **Transition**—As families gain self-efficacy, they begin to drive the wraparound process themselves and rely increasingly on natural supports to help meet their needs. When a family is ready to transition out of wraparound, a culturally meaningful celebration is held to recognize the team’s success.

The Wraparound Plan integrates all of the services and supports a family is receiving into one plan and aligns and prioritizes goals. The family’s vision drives the HFW process and the individual strengths, needs, and culture of the family inform the team’s work in helping the family achieve its desired goals in ways that are meaningful and appropriate for the family. The 10 principles of Wraparound are Colorado Family Voice & Choice, Team-Based, Natural Supports, Collaboration, Community-Based, Culturally and Linguistically Competent, Individualized, Strength-Based, Persistence, and Outcome-Based.

Colorado’s statewide guidelines were most recently updated in January 2019. These guidelines follow the National Wraparound Initiative’s Necessary Conditions[[3]](#footnote-2) (see Appendix A) and establish a common language, staffing requirements and caseloads, governance and oversight, and accountability. These guidelines also set measurable outcomes.

As part of this statewide effort, Colorado has contracted with us (TriWest) to complete a quantitative analysis of services and costs in order to set a statewide rate for these services. This rate could then be used by state agencies, programs, and funders alike.

#### Services Provided

* **Care Coordination**. Wraparound facilitators are responsible for coordinating care for all child/youth and family needs across systems, including engaging team members from various systems and agencies and aligning all court requirements and system mandates with the wraparound plan.
* **Facilitation of Child and Family Team Meetings**. The frequency of these meetings ranges from once per week to once per month, depending on child/youth and family needs and their phase in the wraparound process. Key Informants stated during interviews that typically, meetings last 60 to 90 minutes and involve approximately two to five hours of additional preparation and follow up with both the family and the team members to ensure all parties are completing their action steps. Additionally, one-on-one meetings with families are required to prepare them for team meetings and check in with them on progress.
* **Crisis Prevention Planning.** Children and youth who participate in HFW frequently display behaviors that can lead to crises and situations that result in system involvement and/or difficulties in functioning. Wraparound Facilitators are trained to lead the team in a Functional Assessment to understand the cause of the crisis behavior(s), and then develop a four part Crisis Prevention Plan (Prevention, Early Intervention, Crisis Response, and Resolution) that is utilized in all relevant environments such as home, school, and day treatment or residential facilities if applicable.
* **Assessments**. Common assessment tools that are used in HFW include the National Outcomes Measures (NOMs) and Child and Adolescent Needs and Strengths (CANS).
* **Outcome Measures and Fidelity Monitoring**. HFW guidelines require outcome measures for child/youth behaviors, school attendance, employment or higher education, family satisfaction, and other relevant outcomes. Additionally, agencies must collect fidelity measures from families, children and youth, and team members in order for staff to obtain and maintain credentialing.
* **Peer Support**. Peer support is provided to caregivers or children/youth. Relying on their lived experience, Support Partners engage children, youth, and families and build trust in the wraparound process. They gather information from families and children/youth, help them complete the action steps in their plans, and work closely with them to help them develop natural supports and build self-efficacy in managing their needs. The case rate includes services by either a Family Support Partner or a Youth Support Partner; additional funds may be needed if both roles are necessary for a particular family.
* **Family and Youth Skill Building**. The wraparound process is intentionally designed to build family and child/youth self-efficacy and help them develop skills to manage their own needs. Support partners provide modeling and coaching to help children, youth, and families build skills.

#### Target Population

Wraparound in Colorado is designed to serve families with children ages 0 to 21 years who have significant mental health, emotional, and/or behavioral challenges, and are involved in two or more child-serving systems (e.g., mental health, medical, juvenile justice, child welfare, developmental disabilities, or education). Services are targeted to families with a child or youth in, or at-risk of, out-of-home placement or homelessness.

### Staffing Qualifications and Levels of Supervision

The following table outlines Colorado’s requirements for HFW staffing and supervision. The HFW model is designed to be implemented by staff who have a bachelor’s degree or less formal education. This allows greater hiring flexibility and lower annual salaries than clinically-trained and licensed staff, but greater initial investment in professional development and credentialing for staff.

**Table 1: Qualifications and Supervision**

|  |
| --- |
| **Qualifications and Supervision** |
| **Position** | **Qualifications** | **Supervision**  |
| **Facilitator** | Wraparound facilitators should be trained in High Fidelity Wraparound as defined by the Colorado Cross-Systems Training Institute and should have experience working with children and families. Facilitators may have a bachelor’s degree, or experience may be substituted on a year-by-year basis. | Supervisors should have a thorough understanding of the wraparound process and the roles of a family support partner and a youth support partner. Supervisors must meet the requirements outlined in the Colorado credentialing criteria. |
| **Family Support Partners (FSPs)** | FSPs should have a lived experience in caring for a child or youth similar to the experiences of the youth and families being served by the program. FSPs should have a high school diploma or GED. | Supervisors should have a thorough understanding of the wraparound process and the roles of a family support partner and a youth support partner. Supervisors must meet the requirements outlined in the Colorado credentialing criteria. |
| **Coach** | Must be a credentialed wraparound facilitator in the state of Colorado OR have been in a wraparound supervisory role and meet the Tier 1 credentialing requirements as noted in the Colorado Credentialing Criteria.  |  |
| **Supervisor** | At least equal to Facilitator qualifications | N/A |
| **Clinical Supervisor** | Must be a licensed mental health provider and provide at least one hour of trauma-informed clinical supervision per month. Should not directly supervise for staff. | N/A |

#### Caseloads

National guidelines require a caseload of no more than 8 to 10 families per 1.0 FTE facilitator,[[4]](#footnote-3) and no more than 15 to 20 cases for 1.0 FTE Family Support Partner.

### Credentialing, Training, and Professional Development Requirements

All new wraparound staff (facilitators, family support partners, coaches, and supervisors) are required to complete several brief web-based introductory trainings, followed by four days of initial classroom training—*Principles Meet Practice: An Introduction to High Fidelity Wraparound* (split into two, two-day trainings). Other training requirements include *Motivational Interviewing* (16 hours) and *Trauma Response Care* (8 hours). Finally, direct care staff (Facilitators and Support Partners) take *Youth Mental Health First Aid* (8 hours) and Supervisors and Coaches take either *Mental Health First Aid* (8 hours) or *Psychological First Aid* (8 hours).

In addition to the general requirements above, Family Support Partners must take the three-day classroom training, *Family Peer Specialist Foundations*, and the *Strengthening Resilience to Prevent and Address Secondary Traumatic Stress* series (16 hours total).

In addition to the general requirements noted above, supervisors and coaches are required to complete the three-day classroom-based, state of Colorado-approved, *High Fidelity Wraparound Supervisor and Coach Training*.

**Table 2: Credentialing**

|  |
| --- |
| **Required Credentialing—Total Hours** |
| **Staff Position** | **Training** | **Coaching** | **Supervision** | **Clinical Supervision** | **Other Professional Development** |
| **First Year** |  |  |  |  |  |
| **Facilitator** | 76 | 40+ | 80+ | 12+ |  N/A |
| **Family Support Partner** | 110 | 40+ | 80+ | 12+ | N/A |
| **Coach (Tier 1)** | 84 | 100+ | N/A | N/A | N/A |
| **Supervisor** | 64 | N/A | N/A | N/A | N/A |
| **Biannually** |
| **Facilitator** | 30 | 12+ | 60+ | 24+ | 26 |
| **Family Support Partner** | 30 | 12+ | 60+ | 24+ | 26 |
| **Coach (Tier 1)** | 30 | N/A | N/A | N/A | 12 |
| **Supervisor** | 30 | N/A | N/A | N/A | N/A |

+ Indicates online self-paced training modules such as Systems of Care and Introduction to HFW.

# Overview of Rate Setting Model

## Objectives

We worked with the Colorado Department of Human Services (CDHS) Office of Behavioral Health (OBH) and community stakeholders to draft and finalize a model for determining case rates for high fidelity wraparound services in Colorado. This work included the following activities:

* Identified communities from which data will be obtained;
* Developed a model of high fidelity wraparound activities to be included in the case rate;
* Gathered data and drafted a rate;
* Analyzed data and refined the model/rate;
* Provided estimated/preliminary case rate(s), including any geographic variations;
* Confirmed the model with communities and delivered an Excel sheet and other products with assumptions and costs to OBH; and
* Prepared and delivered a final rate.

## Methodology

### Data Sources

The assumptions for the case rate model are based on six primary sources of data:

* Key informant interviews at four Colorado sites;
* Survey data, including self-reported cost data from responding Colorado sites;
* Budgets for federal fiscal years 2018–2019 and 2019–2020 submitted by Colorado sites;
* Bureau of Labor Statistics wage data;
* Information about HFW from national data sources and from other states implementing HFW; and
* Interviews with CDHS staff.

#### Key Informant Interviews

OBH identified four key informants who currently provide HFW services as part of the COACT initiative funded by a grant from the Substance Abuse and Mental Health Services Administration. These four communities were selected from the 14 Colorado Communities of Excellence that provide HFW services. They were selected to represent the diversity of geographic, economic, and demographic characteristics of the state. We conducted individual and group telephone interviews with each community.

We relied upon the interview data to validate the survey data and to gain a deeper understanding of the structure of program operations.

The key informant interview protocol can be found in Appendix B.

#### Survey

We developed a survey protocol and distributed it to the 14 communities HFW services as identified by OBH. We adapted questions from validated items used in previous rate-setting projects for HFW services and included items regarding program costs for staffing, credentialing, travel, administration, and overhead. CDHS notified the sites of the survey and its purpose. We distributed the survey via email to all 14 communities. Nine submitted responses (64% response rate).

The survey tool can be found in Appendix C.

#### Budget

CDHS provided budgets submitted by a portion of the sites from fiscal years 2018–2019 and 2019–2020. These documents appeared to have more reliable staffing and salary information, so these data were drawn from the budgets, rather than self-reported survey data. Additionally, we included budget data for the sites that completed the survey. A total of six communities had both an operating budget and a completed survey.

While the budget and survey data were both very useful in developing model assumptions, some caution should be taken when interpreting this information since it is likely there are limitations of these data. For example, they may not be complete—some agencies may have undocumented costs (those not reported in the budget or on the survey). Also, it can be difficult to determine if programs used full-time, part-time staff, or contract staff.

#### Bureau of Labor Statistics

To validate the salary information in the budgets, we utilized the statewide Colorado Bureau of Labor Statistics annual mean wage data. We compared the budget and survey salary data to the statewide annual mean wage data as well as to the urban mean wage data in Denver, Pueblo, and Boulder.

#### Information on the National High Fidelity Model and Key States

To determine the caseloads and supervisor-to-staff ratios, we supplemented the interview and survey data with data from other states that are implementing HFW (see Table 3).

**Table 3: National HFW Ratios**

|  |  |  |
| --- | --- | --- |
| **State** | **Care Manager-to-Child Ratio** | **Supervisor-to-Care Manager Ratio** |
| Georgia | 1:10 | 1:6 |
| Louisiana | 1:10 | 1:8 |
| Maryland | 1:10 | 1:8 |
| Nebraska | 1:10 | 1:7 |
| Ohio (Claremont) | 1:15 | 1:5 |
| Ohio (Cuyahoga) | 1:12 | 1:12 |
| Oklahoma | 1:9 | 1:5 |
| Wisconsin | 1:10 | 1:8 |
| Wraparound Milwaukee | 1:8 | 1:6 |

Some considerations when considering current Colorado caseloads:

* The current reported caseloads may be low because programs are not currently running at full capacity.
* Colorado is a large western state and most of its counties are large and spread out, requiring significant travel time for staff.
* Some Colorado communities’ HFW programs serve a significant numbers of families with caregivers who do not speak English or have limited proficiency in English. Serving these families requires bilingual staff (ideally) and interpreters for meetings, translating documents, or creating documents in two languages. As a result, meetings and documentation for these families take approximately twice as long as it does for families whose primary language is English. Serving these families requires lower caseloads and additional funding for interpreters.

#### Interviews with State Staff

We used interviews with state staff members to determine the training and coaching costs used in the HFW model and the typical number of days that the team works each year. The state’s estimated cost of training and travel built into the rates is included in the Table 4, below.

**Table 4: Estimated Training-Related Costs**

|  |  |  |
| --- | --- | --- |
| **Category** | **First Year** | **Ongoing** |
| Facilitator Training/Travel Cost | $2,531  | $1,500 |
| FSP Training/Travel Cost | $4,671  | $1,500 |
| Supervisor/Coach Training/Travel Cost | $3,465  | $1,500 |

In addition, the rates assume that the training will require 100 hours annually for both facilitators and family support partners (see Table 5).

**Table 5: Estimated Ongoing Coaching-Related Costs**

|  |  |  |
| --- | --- | --- |
| **Category** | **First Year** | **Ongoing** |
| Facilitator Coaching Cost | $9,500  | $2,000 |
| FSP Coaching Cost | $9,500  | $2,000 |
| Tier 1 Coach Coaching Cost | $10,000  | N/A |

The rate model used the state’s assumptions for coaching costs for facilitators and family support partners. The state estimates a first-year cost of $9,500 for coaching until the professional becomes credentialed, which is typically within 12 months. Following credentialing, average annual costs are estimated at $2,000 per professional to maintain fidelity and complete biennial re-credentialing. Costs for credentialing a new Tier 1 coach are slightly higher: around $10,000 or more. Tier 1 coaches have to demonstrate the ability to coach and credential both facilitators and support partners. The rate model builds the costs of coach credentialing into the model based on the size of the coach’s caseload. HFW programs may use in-house agency coaches or contracted coaches.

The most cost-efficient coaching method is to have a statewide Tier 2 coach credential as a Tier 1 coach (typically the supervisor) within the wraparound provider agency. The Tier 1 coach becomes credentialed as a coach while credentialing the Facilitator and Family Support Partner, and is then able to credential future Facilitators and Support Partners hired at the agency. In-house coaches must have the appropriate time dedicated to coaching and/or supervision. Typically, a full-time supervisor/coach can supervise and coach a team of eight (8) staff as long as not more than half the staff are new hires within the past year and are working on their initial credentialing.

Coaching costs estimates are based on approximately 100 hours of the coach’s time for each Facilitator and Support Partner, and slightly more time for Tier 1 Coaches. These hours include more than direct time with staff; up to 60% of the coach’s time includes reviewing documents and recorded meeting observations, scoring the associated tools, reviewing fidelity reports and data, and writing up feedback for the staff member.

The base rate model assumes that the typical HFW team works five days per week, or 260 days per year. It also assumes that the average length of participation in the HFW program is nine months, which is consistent with the survey data including cases terminated for reasons other than a successful discharge. National estimates suggest that 15 months is a typical successful case duration.

### Assumptions

We calculated the total cost of providing HFW service, using inputs based on the source of data listed in the chart below. Each of these inputs can be varied at the state’s discretion.

**Table 6: Estimated Values for HFW Components**

|  |  |  |
| --- | --- | --- |
| **Item** | **Assumption** | **Source of Assumption** |
| Days per Year per Slot  | 260 | Interviews with state |
| Average Occupancy Rate  | 0.74 | Survey data |
| Facilitator Hours per Day (face-to-face with families)  | 3 | Survey data |
| FSP Hours per Day (face-to-face with families)  | 4 | Survey data |
| Facilitator Caseload | 10 | National Model |
| Family Support Partner Caseload | 15 | National Model |
| Number of Staff Supervised by Each Supervisor | 8 | Survey data |
| Administrative Staff FTE | 0.25 | Budget data |
| Program Director FTE | 0.1 | Budget data |
| **Facilitator** |  |  |
| Total Work Hours per Week | 40 | Interviews with state |
| Total Weeks in a Year | 52  | Interviews with state |
| Paid Time Off (in Days) | 35  | Interviews with state |
| Coaching Hours per Year | 100  | Interviews with state |
| Continuing Education Hours per Year | 64  | Interviews with state |
| Other (in hours) | 0  |  |
| **Family Support Partner** |  |  |
| Total Work Hours per Week | 40 | Interviews with state |
| Total Weeks in a Year | 52  | Interviews with state |
| Paid Time Off (in days) | 35  | Interviews with state |
| Coaching Hours per Year | 100  | Interviews with state |
| Continuing education hours per year | 104  | Interviews with state |
| Other (in hours) |   |  |
| **Salary** |  |  |
| Facilitator Salary  | $51,198 | Budget Data\*Includes Fringe |
| FSP Salary  | $41,889 | Budget Data\*Includes Fringe |
| Supervisor Salary  | $66,699 | Budget Data\*Includes Fringe |
| Administrator Salary | $62,877 | Budget Data\*Includes Fringe |
| Clinical Director Salary | $106,454 | Budget Data\*Includes Fringe |
| Program Director Salary | $52,877 | Budget Data\*Includes Fringe |
| **Miscellaneous Assumptions** |  |  |
| Fringe Benefit Percentage | 24%\* The fringe benefits were included in the salary data above. The state can modify this assumption in the future. | Budget data |
| Facilitator/Supervisor Annual Turnover | 41% | Survey data |
| FSP Annual Turnover | 32% | Survey data |
| Annual Mileage Cost per Slot | $140 | Survey data |
| Supplies Cost per Client | $45 | Survey data |
| Flex Funds per Client | $162 | Survey data |
| Interpretation Costs per Slot | $52 | Survey data |
| Overhead Percentage | 10% | Interviews with state |
| Coach Caseload Size | 15 | Interviews with state |

## Some Considerations for a “Future State” for Rate Setting

### Future State and Expansion

The inputs listed in the table above reflect the current year of budgeted and reported costs of programs. The state may want to adjust for the inflation expected in the next year before implementing rates.

* Accessibility to services is currently higher in the rural areas than in urban areas. With more sustainable funding sources, the state could expect a slight increase in the number of children/youth served in rural areas and up to a ten-fold increase in the number of children/youth served in some urban areas.
* The state may also want to consider the structure of the program sites and revisit these rates as the program expands. It is not known if the program structures will remain consistent with the current structures or if there will be economies of scale with expansion.
* As the program expands, staff will need additional training and professional development, specifically in the area of eligibility requirements, outreach, and identification.

## Preliminary Rate Review with Stakeholders

The assumptions described above informed our calculation of the following case rate:

|  |  |
| --- | --- |
| **Monthly Cost/Slot at Average Occupied Rate** | **$1,207**  |
| **Non-Medicaid Amount**  | **$18**  |
| **Medicaid Amount**  | **$1,189**  |

### Cost Effectiveness of Wraparound versus Other Services

The National Wraparound Initiative has identified several studies that make a compelling case for wraparound’s ability to dramatically shift service use patterns toward more community-based care and reduce overall costs of services.[[5]](#footnote-4)

The Washington State Institute for Public Policy’s (WSIPP) meta-analysis of multiple evaluation studies found that high fidelity wraparound had a strong, positive impact on decreasing negative internalizing symptoms and symptoms of disruptive behavior disorders in children and youth.[[6]](#footnote-5) Although WSIPP has not yet completed a cost-benefit analysis for high fidelity wraparound, its findings from this meta-analysis are promising.

Other states have also set rates for high fidelity wraparound services, but comparing the reasonableness of rates across states can be problematic. States that do not calculate the team’s costs of maintaining fidelity including all training costs may have lower high fidelity wraparound rates that cannot sustain the total costs of a team. In addition, some states set Medicaid for fee-for-service rates for face-to-face time and do not consider time spent by facilitators on the phone, in collateral contacts, in travel, or in other non-productive time such as time spent documenting or in training activities. In these states, teams are able to recoup the full costs of providing services.[[7]](#footnote-6) Under the proposed rates, the totality of an efficient team’s activities and requirements are reimbursed.

### Description of Monitoring Activities and Performance Measures

Each provider must maintain fidelity to the high fidelity wraparound model by ensuring that staff maintain current training and high fidelity wraparound coaches maintain documentation that is consistent with the national model. Colorado tracks performance measures and outcomes related to high fidelity wraparound. Colorado Communities of Excellence collect and report on standardized fidelity measures and child and family outcomes, including improvements in children and youth’s behavior and functioning, restrictiveness of their living environments, and family satisfaction.[[8]](#footnote-7)

# Appendix A – Necessary Conditions for a Children’s Behavioral Health System of Care

#### Using High-Fidelity Wraparound Care Coordination[[9]](#footnote-8)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Team Level** | **Organizational Level** | **System Level (Policy/Funding)** |
| Practice Model | * Team adheres to *high-fidelity* wraparound model
 | * Agency provides training, supervision, and support for *high-fidelity* wraparound
* Agency demonstrates its commitment to the 10 principles of HFW and the System of Care values and principles
* Partner agencies support the 10 principles of HFW and the System of Care values and principles
 | * Leaders in the community and the policy and funding context actively support HFW and system of care
 |
| Collaboration and Partnerships | * Appropriate people, prepared to make decisions and commitments, attend family meetings and participate collaboratively
 | * Agencies collaborate around the plan and the team
* Lead agency supports team efforts to get necessary members to attend meetings and participate collaboratively
* Partner agencies support their workers as team members and empower them to align agency decisions with the team’s plan
 | * System of care governance encourages interagency cooperation with team participation and aligning agency decisions with the team’s plan
* Leaders in the policy and funding context problem-solve across agency boundaries
 |
| Capacity Building and Staffing | * Team members capably perform their roles on the team
 | * Agencies provide working conditions that enable high quality work, reduce burnout, and prevent and address secondary traumatic stress
 | * Policy and funding context supports development of the special skills needed for key roles on HFW teams (i.e., reimbursement rates are sufficient to pay for staff professional development and coaching; quality training and coaching are available)
 |
| Acquiring Services and Supports | * Team is aware of, and has access to, a wide array of effective services and supports
* Team identifies and develops individualized natural supports based on family culture
* Team designs and tailors services and supports based on family’s strengths, needs, and culture
 | * Lead agency has clear policies and makes timely decisions regarding funding for costs required to meet families’ unique needs
* Lead agency encourages teams to develop plans based on child/family needs and strengths, rather than service fads or financial pressures
* Agencies demonstrate their commitment to developing culturally competent and natural services and supports
* Agency supports team in effectively including informal and natural supports
 | * Policy and funding context incentivizes effective services and supports
* Policy and funding context supports fiscal policies that allow the flexibility needed by HFW teams, including flex funds for non-traditional services and activities that promote well-being
* Policy and funding context actively supports family and youth involvement in decision making
* System of care governance demonstrates its commitment to developing a wide array of effective service providers that is accessible in every community
 |
| Accountability | * Team maintains documentation for continuous quality improvement and mutual accountability
 | * Agency monitors adherence to the HFW practice model, implementation of plans, and cost and effectiveness
* Fidelity and outcomes data inform agency decisions
 | * Documentation gives policy makers, funders, and system of care governance the data needed to make decisions
* System of care governance holds agencies jointly accountable for child, youth, and family outcomes
 |

# Appendix B – Key Informant Interview Protocol

1. How many training hours do the facilitators actually receive initially and biannually?

*Note: Minimum requirements at the state are 64 hours initially and 80 hours biannually but there may be additional requirements from the site.*

1. How many coaching hours do the facilitators actually receive initially and biannually?

*Note: Minimum requirements at the state are 40 hours initially with additional hours biannually but there may be additional requirements from the site.*

1. How much time is spent by facilitators face-to-face with children/families on average per day?

*Note: Average nationwide is 3.5 hours. Ask WHY if survey item differs from national average.*

1. How much time is spent by facilitators on documentation?
2. What are the duties of the family support specialists?
3. How many training hours do the family support specialists actually receive initially and biannually? *Note: Minimum requirements at the state are 104 hours initially and 62 hours biannually but there may be additional requirements from the site.*
4. How many coaching hours do the facilitators actually receive initially and biannually?

*Note: Minimum requirements at the state are 30 hours initially with additional hours biannually but there may be additional requirements from the site.*

1. How much time is spent by family support specialists on documentation?
2. How many training hours do the supervisors actually receive initially and biannually?

*Note: Minimum requirements at the state are 64 hours initially and 80 hours biannually but there may be additional requirements from the site.*

1. How many coaching hours do the supervisors actually receive initially and biannually?

*Note: Minimum requirements at the state are 40 hours initially with additional hours biannually but there may be additional requirements from the site.*

1. What are the duties of the administrative assistants?
2. How much time is spent educating the professional team members (e.g. school personnel, probation officers, etc.) about 1) what wraparound is and how it works 2) the specific families’ needs and strengths, needs and culture?
3. What haven’t we talked about? What is unique to your community that will be important to know was we develop a set wraparound rate?

# Appendix C – Survey Tool

The survey tool was developed for online submission only. The following is the electronic formatting and is not intended for print purposes and may have some formatting incongruencies.

Q1 High Fidelity Wraparound services are needed to manage and coordinate care for youth (and their families) with serious behavioral health challenges. CDHS Office of Behavioral Health (OBH) has contracted TriWest Group to establish payment rates for the various tiers of wraparound services. We hope that other agencies, such as Medicaid, child welfare, and juvenile justice departments might benefit from this endeavor. The goal is to draft payment rates for various service tiers in the coming months.

Q2 Which site are you reporting for?

Q3 The following section will ask about **facilitators** on staff.

Q4 What are the qualifications of the facilitators? Please enter the number of FTE for each. If none, enter 0.

Q5 Please specify the license(s) held by the facilitator(s) at your site.

Q6 Please specify the "other" qualification(s) held by the facilitator(s) at your site.

Q7 On average, how many miles a day do the facilitators travel?

Q8 On average, how much time per day do facilitators spend face-to-face with children/families (average nationwide is 3.5 hours)?

Q9 What is the average number of children per **experienced** facilitator?

Q10 What is the average number of children per **new** facilitator?

Q11 On average, how many months does it take for a new facilitator to receive a full caseload?

Q12 What is the staff turnover rate each year for facilitators? (e.g., 1 of 5 facilitators turnover annually.)

Q13 On average, how many hours per year are spent on obtaining or renewing appropriate credentialing for facilitators? Please provide both the number of hours for prescribed activities (e.g. coaching time, continuing education, etc.) and ancillary activities (travel time, etc.).

Q14 How often must facilitators renew their credentials (e.g. annually, biannually, etc.)?

Q15 The following section will ask about **family support specialists** on staff.

Q16 What are the qualifications of the family support specialists? Please enter the number of FTE for each. If none, enter 0.

Q17 Please specify the license(s) held by the family support specialist(s) at the site.

Q18 Please specify the "other" qualification(s) held by the family support specialist(s) at the site.

Q19 On average, how many miles a day do the family support specialists travel?

Q20 On average, how much time per day do family support specialists spend face-to-face with children/families?

Q21 What is the staff turnover rate each year for family support specialists? (e.g., 1 of 2 family support specialists turnover every two years.)

Q22 On average, how many hours per year are spent on obtaining or renewing appropriate credentialing for family support specialists? Please provide both the number of hours for prescribed activities (e.g. coaching time, continuing education, etc.) and ancillary activities (travel time, etc.)

Q23 How often must family support specialists renew their credentials (e.g. annually, biannually, etc.)?

Q24 The following section will ask about the **supervisors** on staff.

Q25 What are the qualifications of the supervisors? Please enter the number of FTE for each. If none, enter 0.

Q26 Please specify the license(s) held by the supervisor(s) at the site

Q27 Please specify the "other" qualification(s) held by the supervisor(s) at the site.

Q28 On average, how many miles a day do the supervisors travel?

Q29 On average, how many hours per year are spent on obtaining or renewing appropriate credentialing for supervisors? Please provide both the number of hours for prescribed activities (e.g. coaching time, continuing education, etc.) and ancillary activities (travel time, etc.)

Q30 How often must supervisors renew their credentialing (e.g. annually, biannually, etc.)?

Q31 The following section will ask about **coaches** on staff.

Q32 Do you have coaches at this site?

[] Yes (2)

[] No (3)

Q33 If the site does not have coaches, please provide the location(s) of coaches that support this site.

Q34 What are the qualifications of the coaches? Please enter the number of FTE for each. If none, enter 0.

Q35 Please specify the license(s) held by the coach(es) at the site.

Q36 Please specify the "other" qualification(s) held by the coach(es) at the site.

Q37 Annually, how many hours of training do the coaches receive?

Q38 Annually, what is the cost of this training?

Q39 Do the coaches travel to the training?

[] Yes (1)

[] No (2)

Q40 What is the cost of the coaches' travel?

Q41 Please estimate the cost of the coaches' certification

Q42 On average, how many miles a day do the coaches travel?

Q43 On average, how many hours per year are spent on obtaining or renewing appropriate credentialing for coaches? Please provide both the number of hours for prescribed activities (e.g. coaching time, continuing education, etc.) and ancillary activities (travel time, etc.)

Q44 How often must coaches renew their credentials (e.g. annually, biannually, etc.)?

Q45 The following section will ask about operations and duties at your site.

Q46 Please enter the number of FTE at the site for each position below. If none, please enter 0.

Q47 How many teams does the site have?

Q48 Please estimate how many children are served annually:

Q49 Please review the categories below, then estimate the percent of the site's children in that category AND provide the average length of participation:

|  |  |  |
| --- | --- | --- |
|  | Percent of Children Served Each Year by Site (1) | Average Length of Participation (2) |
| Overall Successful (1)  |  |  |
| Unsuccessful (2)  |  |  |
| Lack of Participation (3)  |  |  |
| Unknown (4)  |  |  |

Q50 What is the staff to supervisor ratio for the following positions? Please enter the number of each staff type for every one supervisor:

|  |  |
| --- | --- |
|  | Number of Staff for Each Supervisor (1) |
| Administrative assistants (1)  |  |
| Facilitators (2)  |  |
| Family support specialists (3)  |  |

Q51 The following section will ask about cost data at the site.

Q52 Does the site bill Medicaid?

[] Yes (1)

[] No (2)

Q53 Does the site bill other insurance companies?

[] Yes (1)

[] No (2)

Q54 Please enter the total amounts spent on each category below for the fiscal year (FY) 2018. If no funds were spent please enter 0.

*Note: Please follow this example for calculating salary and benefits.
 If there are three positions: facilitator (.5 FTE), family support specialist (.5 FTE), and supervisor (.2 FTE).
 $55,000 annual salary and benefits for facilitator x .5 FTE = $27,500
 $30,000 annual salary and benefits for family support specialist x .5 FTE = $15,000*

 *$80,000 annual salary and benefits for supervisor x .2 FTE =* ***$16,000*** *Enter total* ***$58,500***

|  |  |
| --- | --- |
|  | Amount Spent in FY 2018 (1) |
| Salaries and benefits for the FTEs facilitators, family support specialists, supervisors, and coaches (1)  |  |
| Transportation associated with client work (2)  |  |
| Training (3)  |  |
| Training travel (4)  |  |
| Supplies (5)  |  |
| Overhead (6)  |  |
| Flex funds (7)  |  |
| Language/interpreter services (8)  |  |

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