COLORADO
Department of Health Care Policy & Financing
Behavioral Health Administration

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Colorado System of Care: National Wraparound Implementation Center Enhanced High Fidelity Wraparound

Fact Sheet – October 2025

Background

The Colorado Department of Health Care Policy & Financing (HCPF) and the Behavioral Health Administration (BHA) recognize the need to be flexible within the National Wraparound Implementation Center (NWIC) model as the number of children, youth, and families supported within Colorado System of Care (CO-SOC) expands over the next 6 years. While keeping the needs of children, youth, and families at the center of the work and in an effort to support the Regional Accountable Entities (RAEs) and Behavioral Health Administrative Service Organizations (BHASOs) in recruiting and maintaining a provider network that delivers the NWIC model for Enhanced High Fidelity Wraparound (EHFW), BHA and HCPF are aligning interim workforce expectations under CO-SOC. The long term goal under CO-SOC is alignment with the NWIC model to complete fidelity.

As initial efforts to stand up the Workforce Capacity Center (WCC) transpire to build a long term workforce, the RAEs and BHASOs may reimburse COACT and other HFW-like trained staff/providers for CO-SOC EHFW until June 30, 2026. NWIC's Introduction to Wraparound three (3) day training will also suffice for initial training. EHFW Facilitators must also be certified in the Child and Adolescent Needs and Strengths tool.

Any EHFW provider/agency who wants to be a CO-SOC provider must be in compliance by June 30, 2026 to the NWIC model and work with the WCC for ongoing training, fidelity monitoring, data collection, coaching and other requirements as needed for CO-SOC.

Full implementation of the NWIC model is centered on being both team-based and collaborative while also prioritizing the perspectives of family members and natural supports who will provide support to the youth and family over the long run. Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.[1]

What are the NWIC EHFW Staff Ratios or Fulltime Equivalent?

EHFW Clinical Supervisors:

- Supervises 6-8 facilitators

EHFW Facilitator:

- Caseload of 8-10 Families

FTE Equivalence is to ensure all assigned duties are dedicated exclusively to EHFW activities consistent with the NWIC model's principles of high-fidelity implementation, collaboration, and cross-system coordination.

Is Telehealth Allowed?

While not the preferred method, HCPF and BHA acknowledge that virtual options may be necessary as the CO-SOC network is built. HCPF and BHA have made a commitment to allow for a telehealth/HIPAA video compliant platform through SFY26-27. HCPF and BHA also recognize that a family may request virtual EHFW.

Can NWIC EHFW Facilitators Complete Other Job Functions?

- EHFW Facilitators can provide NWIC EHFW to CO-SOC and non CO-SOC individuals as long as they maintain fidelity to the NWIC model.
- EHFW Facilitators can complete other functions besides EHFW as part of their employment with a provider, with the following considerations:
    - EHFW Facilitators may not provide care/case management management outside of the NWIC EHFW model as this would compromise NWIC model fidelity.
    - EHFW Facilitators cannot provide other CO-SOC services/treatment.
    - EHFW Facilitators can not take on other functions once they reach their caseload of 8-10 families, or FTE equivalency, in accordance to the NWIC model.

[1] Ten Principles of the Wraparound Process, National Wraparound Initiative: Resource Guide to Wraparound. https://www.nwi.pdx.edu/NWI-book/Chapters/SECTION-2.pdf

Can NWIC EHFW Clinical Supervisors Complete Other Job Functions?

- The EHFW Clinical Supervisor, if they complete the necessary certifications and/or training, can conduct Enhanced Standardized Assessments (ESAs).
- The EHFW Clinical Supervisors may perform other functions within the agency, such as agency duties that are administrative or programmatic in nature. Those functions must not compromise the neutrality, time allocation, or role focus required to uphold the fidelity and sustainability of the NWIC EHFW model. Prohibited activities include:
    - functions that intersect with or influence the delivery of any other Evidence-Based Practices (EBPs), Evidence-Based Interventions (EBIs), or clinical care and case management activities, and,
    - supervisory or operational responsibilities related to other EBPs, EBIs, or to the oversight of clinical or case management services.
- The EHFW Clinical Supervisor can carry a small EHFW caseload and provide EHFW supervision
- The EHFW Clinical Supervisor can not take on other functions once they reach 6-8 facilitators, or FTE equivalency, in accordance to the NWIC model

What is the Intersection of NWIC EHFW and Crisis?

HCPF and BHA have made a commitment to allow for NWIC EHFW flexibility with 24/7 and response time on weekends/holidays through SFY26-27 with the intention of re-evaluating.

A crisis is defined as but not limited to: self-defined by the child, youth or family, any contact with the crisis system, police or law enforcement contact, emergency room visit, behavioral health hospitalization, and in alignment with the NWIC model

Inside the NWIC model, the EHFW provider/agency (someone from the team of EHFW Facilitators or EHFW Clinical Supervisor) needs to meet with the family within 24 hours* of a crisis and pull the EHFW Wraparound team together within 72 hours** to make adjustments to the crisis plan and subsequent plan of care based on the crisis issue (this is trained and coached by NWIC).

- EHFW Facilitators will be expected to establish a crisis plan with families on what the steps a family should take in the event of a behavioral health crisis.
- EHFW provider/agency will have a mechanism in which families will have 24/7 ability to inform the EHFW provider that a crisis has occurred.
- EHFW provider/agency is expected to be available for the family's schedule Monday through Friday and a reasonable timeframe any time between 8:00 a.m. - 8:00 p.m.

- EHFW provider/agency will be required to have an ability to receive this notification 24/7.
- EHFW provider/agency response within 24 hours must include meaningful engagement, in alignment with the NWIC model, to address the events that occurred, and an EHFW Facilitator's ability to coach the family through the events.

**In the event a crisis notification occurs on weekends and/or holidays, the meaningful engagement, in alignment with the NWIC model, with the family must occur on the next available business day.*

***EHFW provider/agency must convene, in alignment with the NWIC model, a treatment team meeting within 72 hours of the family notifying the EHFW provider/agency of the crisis event.*

For more information contact hcpf_co_soc@state.co.us and cdhs_coact_soc@state.co.us