

Turnover Among Wraparound Care Coordinators

Perspectives on causes, impacts, and remedies

Prepared by staff from the National Wraparound Initiative and the National Wraparound Implementation Center—Portland State University Regional Research Institute and University of Washington Medical School

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PURPOSE

Staff turnover in mental health service organizations is an ongoing problem with implications for staff morale, productivity, organizational effectiveness and implementation of innovation, such as the introduction of evidence-based practices.

(Aarons and Sawitzky, 2006, p. 289).

There is no shortage of anecdotal evidence about the negative impacts that staff turnover can have on children, families, and other staff in agencies that provide Wraparound care coordination. In mental health service organizations, turnover is generally perceived to be an ongoing and serious problem (SAMHSA, 2013). The limited research that exists has found that public mental health services typically experience turnover rates of at least 20 percent to 30 percent, and that the cost of replacing a worker is 20-30 percent of annual salary (Boushey & Glynn, 2012). The impact of turnover on mental health clients has not been well investigated, but it is assumed to be problematic.

There is almost no published data on turnover in Wraparound programs specifically, leaving many questions unanswered. For example: Are turnover rates in agencies that provide Wraparound similar to rates for other public mental health services? Is there wide variation in turnover rates, such that some agencies experience much higher and others much lower turnover? And if so, what are the factors that might contribute to that variation? Knowing the answers to these sorts of questions could suggest strategies that might be effective for retaining staff, increasing job satisfaction, and, ultimately, contributing to a more experienced and effective Wraparound workforce.

This line of reasoning led us to undertake a study focused on understanding more about turnover in Wraparound. This report focuses on turnover among care coordinators and provides findings from a national survey and follow-up interviews with selected survey participants.



HOW WE GATHERED DATA

For the national survey, staff from the National Wraparound Initiative (NWI) and the National Wraparound Implementation Center (NWIC) developed a series of questions that prompted respondents for information about themselves, their agencies, and the causes and impacts of turnover and retention among Wraparound staff.

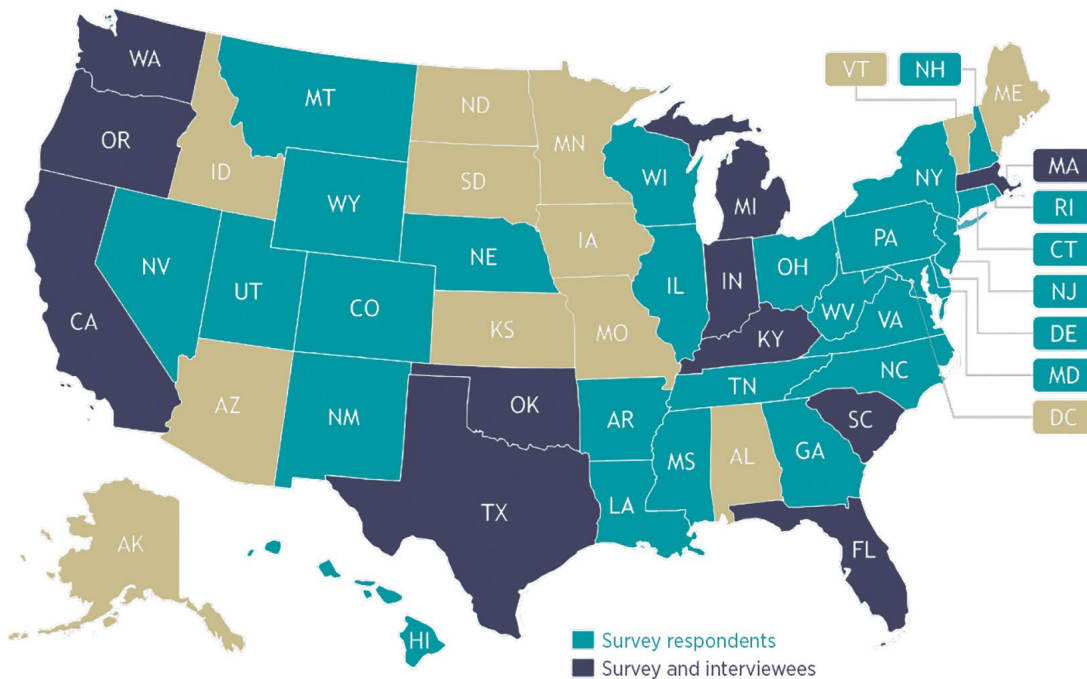
These questions were put into an online survey, and data were collected over the course of about three months. We used contact lists from the NWI and the NWIC to email invitations to Wraparound stakeholders around the country. Other organizations also sent out the survey invitation as a short item within their own electronic newsletters. People who believed they had the right kind of knowledge to complete the survey could click on a link embedded in the invitation to respond. We received 331 complete responses from Wraparound stakeholders in 39 states.

One of the survey questions asked whether the respondent was willing to be contacted for an interview on the same topics. When initial analysis of the survey data was complete, we began selecting potential interview participants from among those who said they were willing to be interviewed.

We chose a group of interviewees who, based on their responses to the survey, represented diversity in terms of location (by state and metropolitan area/rural/ frontier), size of the Wraparound program, care coordinator caseload, and turnover rate. For several of the states with more respondents, we invited two or three people for interviews so we could better understand the extent to which state-level policies might influence turnover.

The interview questions focused on potential causes of turnover at different levels: individual, organization, and larger system (e.g., county, region, or state). For each of these levels, we included questions that asked about specific factors that seemed particularly relevant at that level (e.g., burnout as an individual factor; job demands as an organizational factor; state policies as a system factor). We also asked about the impacts caused by turnover and for interviewees' suggestions on the best ways to reduce turnover. As interviews were completed, our research team met regularly to begin data analysis and decide whether we had completed a sufficient number of interviews. After 21 interviews, we decided we were not gaining a lot of new information and did not need to continue with more interviews.

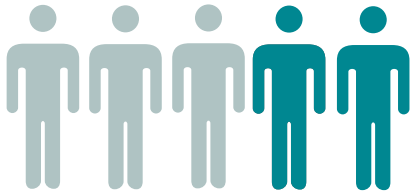
States with Survey Respondents; States with Survey Respondents and Interviewees



SERIOUSNESS AND IMPACTS

RATES AND SERIOUSNESS

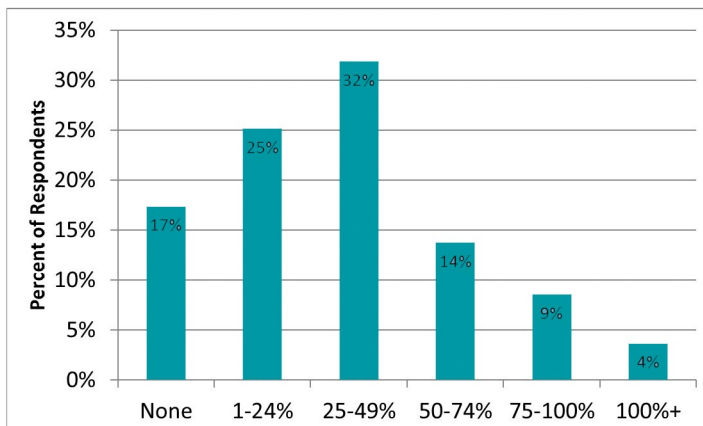
Average turnover: On average, about two of five care coordinators leave their jobs in Wraparound each year — but a diversity of experiences with turnover underlies this figure.



Low turnover: About 40 percent of organizations experienced **turnover below 25 percent** in the past year. Generally, these respondents didn't see turnover as a serious problem for their organizations.

High turnover: On the other hand, more than a quarter of respondents reported high turnover — their organizations had **replaced at least half of their care coordinators during the past year**. In fact, in some organizations, there was more than 100 percent turnover in the past year. Not surprisingly, respondents in these organizations tended to view turnover as a serious problem.

Percentage of care coordinators leaving their jobs during the past year



43% OF CARE COORDINATORS TURNING OVER HAD BEEN IN THEIR JOBS FOR LESS THAN A YEAR.

IMPACTS



On the survey, **80%** said that turnover in their organizations harmed children and families

"I think it really does affect our families. Wraparound is such an intense process, and the Wrap facilitators are really invested in the time they spend with families. They gain that trust and build rapport upfront within the amount of engagement done in the beginning. So when there is turnover, it creates a level of distrust among whoever steps in next because the family has already opened up."

On the survey, **67%** said that turnover in their organizations hurt co-workers' morale



"If there are other care coordinators, it really affects them, because their caseload then goes up. We have been really good about keeping within the fidelity of 15 and under because if you get more than 15, you are out of best practice, number 1, and number 2, you are just not providing the quality of Wraparound that you need."



On the survey, **52%** said that turnover in their organizations hurt their agency and the quality of Wraparound care

"I think it takes about a year for a [care coordinator] to understand their role and certainly to understand bits of it before then. So when you have new people doing really hard work with complex kids and families ... then you have the detriment, the lack of knowledge of Wraparound and the field."

CARE COORDINATOR PAY

Interviewees very frequently cited low pay as a major cause of care coordinator turnover. Care coordinators salaries are considered too low for the level of skill required and stress involved in the position. Interviewees shared that low pay can lead to resentment, burnout, and other stressors that ultimately push people out. Furthermore, salaries are often not competitive within the local economy, leading to pull from other social service employers or different industries.

\$32,500/YR
\$15.65/HR
 Average BA-level care coordinator salary across all interviewees

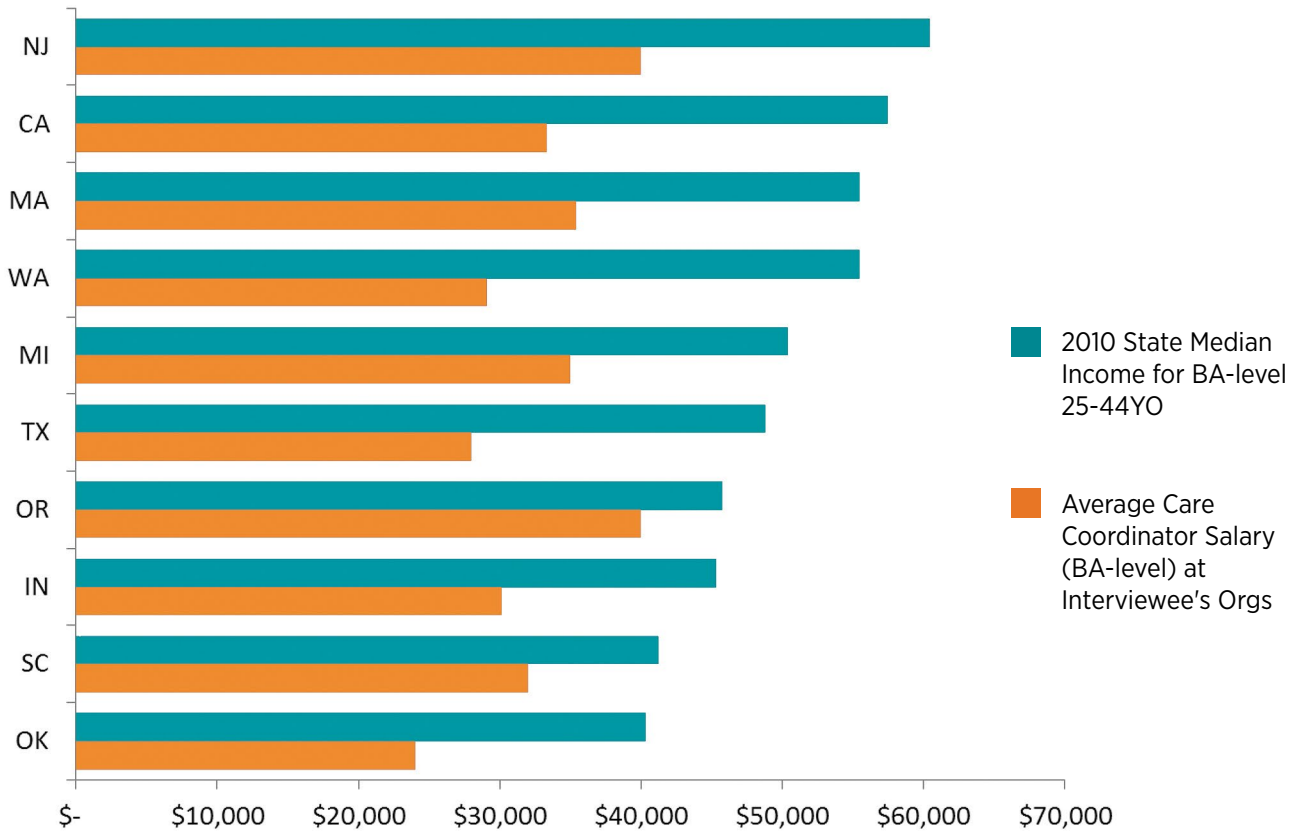
"The \$14 an hour — when they could go to McDonald's and make \$15 — really felt insulting."

"The pay, for what we do under the stress we're under, it's not good."

"The Schwan's [frozen food delivery truck] driver was making more money than I was, and I had a master's degree."

"A lot of our staff, unless they're living with multiple people, are not paid enough to afford to live in the county where they work."

Bachelor's-level Median Income vs. Care Coordinator Salary by State



State Median Income source: US Census/National Information Center for Higher Education Policymaking and Analysis
 Care Coordinator Salary source: Interviews conducted by PSU/UW

CARE COORDINATOR PAY

RAISES CAN HELP, BUT NOT ALWAYS

Some interviewees noted that their organization provided regular cost-of-living adjustments and/or merit-based raises. These opportunities for salary increases sometimes served to increase care coordinator satisfaction and reduce turnover. However, other increases in cost of living sometimes outstrip any gains.

“Last year, they raised my insurance and we got a pay raise, but the raise in my insurance was more than my pay raise, so I actually took a pay cut on my take-home.”

“We do a 2 percent increase every year for every staff for cost of living, and we do an additional 3 percent on top of that based on job performance. So for care coordinators who are meeting all of their job expectations, they get an annual 5 percent raise.”

SALARIES TYPICALLY A DIRECT FUNCTION OF WRAPAROUND REIMBURSEMENT RATES

Organizations operating within the same Wraparound reimbursement structure may offer care coordinators different salaries, depending on their internal cost structures, mix of services, average productivity, and desired margins. However, the largest determinant — and often the only true lever — of care coordinator pay is the reimbursement rate and accompanying regulations set by the state or local jurisdiction.

“If legislators knew how important the work was that we were doing and how we’re actually changing lives and instilling hope in people, then maybe we could pay people more than what we do. I think that would help overall with the field, decrease burnout, and help more people want to come into this field.”

“We can’t pay more if we don’t get reimbursed more.”

“The number 1 thing would be the salary. I think that’s our main reason for turnover. The folks that can do this job and do it well and enjoy doing it and the ones we want to stay, salary is the reason they leave.”

“A year and a half ago, we rolled out agencywide raises, so the starting pay for care coordinators was \$41,000, and we bumped it up to \$50,000, which is a pretty significant increase. ... We have definitely seen greater retention for staff in doing that. ... People felt much more valued and our jobs were a little bit more competitive at that point.”

“Probably a third of our staff have a second job.”

“They all say they love the job. The clients. They love their team members; they love the philosophy of Wraparound and our agency, and they learn so much. They love how much they’ve learned. But it’s always because of the hours and the pay. That’s why they leave.”

“I think we’ve seen a lot of people leave this field or mental health in general because it’s hard. They go to factories or other jobs that aren’t as emotionally and mentally draining as this one.”

PRODUCTIVITY REQUIREMENTS

Some Wraparound provider organizations track care coordinators' "productivity," requiring that they spend a certain percentage of their time in face-to-face contact with Wraparound-enrolled youths and caregivers. These requirements often stem from funding structures that reimburse Wraparound on a fee-for-service basis based on units of service delivered. According to our interviewees, this arrangement puts pressure on staff to deliver a minimum number of service units per month to ensure that a Wraparound initiative at least covers its costs.

CAUSES STRESS, DISTRACTS FROM QUALITY PRACTICE

"If you were always worried about meeting your productivity, you're going to go out and see the family who is cooperative, [and] obviously that family isn't the one in greatest need. We need to be visiting the families that are struggling, and those are a lot of no-shows, you can't bill for those, and that stresses staff out."

"It's really hard to balance making your hours and meeting your training needs."

"It's constantly being under the gun and feeling the anxiety of billables ... and really missing the whole purpose of Wraparound."

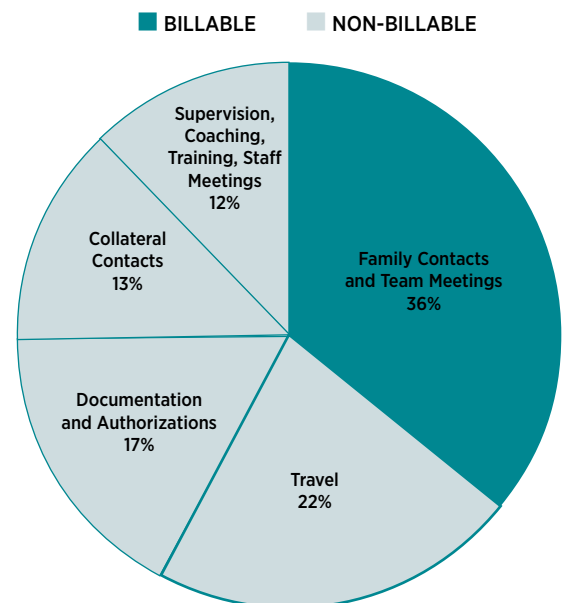
INCREASES ALREADY BIG DOCUMENTATION BURDEN

"They got to a point where they felt they couldn't handle that anymore. ... It was difficult for staff to know you were doing really good work for a family, but a major component of your job is making sure that you're holding to your productivity expectations, and some couldn't do it because the productivity is linked to documenting."

ALTERNATIVES TO HIGH PRODUCTIVITY Lower Requirements

Many of our interviewees cited productivity requirements of around 50 percent or 60 percent, although at least a handful recommended 25 percent as a more reasonable target. A time study by Vroon VDB in Florida showed that the typical care coordinator spent about one-third of their time in contact with a youth or family or conducting team meetings.

Breakdown of Care Coordinator Time Spent Delivering Wraparound



Based on time study conducted in FL by Vroon VDB.

Different Metrics

- ▶ **Payment for each child and family team meeting (CFTM)**
Reimbursement rate is calculated based on an average caseload and is drawn down if a CFTM is held during the month.
- ▶ **Payment based on staffing**
Organization is paid based on having the necessary staff available to provide Wraparound.

STRESS AND BURNOUT



On the survey, **78%** said that stress and burnout were significant causes of turnover in their organizations.

WRAPAROUND FAMILIES NEED A LOT OF SUPPORT

“Our staff really, really care about the people they work with and develop strong connections to the youth that they work with. It can be really challenging to hear the traumatic stories that they hear, over and over again, and to work with youth and families who have extensive histories of trauma. That absolutely leads to vicarious trauma, burnout, compassion fatigue.”

“What they specifically told me is their level of hopefulness waxes and wanes. When the cases are really hard and there’s a bunch of really depressing cases that feel like failures in a row, people start thinking, ‘Like, why do I do this?’”

CARE COORDINATION REQUIRES A LOT OF WORK

Interviewees commonly noted that the role of a care coordinator simply involves a lot of work overall.

“Yeah, the workload is a lot, and I think that is a stress and could be a contributing factor for when people leave.”

“I think when people don’t feel like they can get to everything and accomplish all their tasks, it feels overwhelming, and I think it contributes to burnout — that lack of the satisfaction, the ability to do your job.”

CYCLES OF STRESS

Beyond productivity requirements and documentation, care coordinators cited long hours, after-hours meetings, on-call policies, high caseloads, and driving distances as contributors to stress and burnout, particularly in combination with the high levels of family needs.

“When they get up to 12 [cases], some of the kids they’re working with are so intense that it plays on their own psyche and ability to cope and manage their stress appropriately. I don’t think they get as much self-care because they find themselves working more. I really worry about long-term work with this intense of a population.”

“Some of our agencies have the care coordinators on call, and that is a huge issue. The travel is a huge issue for almost 95 percent of the state. ... It is not unheard of to drive 45 minutes to an hour to a client’s home and then 45 to an hour back.”

Interviewees also often described how stress increased when these factors compounded one another, such as when unreimbursed driving time drove stress around billable hours and/or productivity.

“Transportation is not billable and we’re driving, for instance, 2½ hours one way ... so that creates more stress on the staff because they’re trying to find billable hours but also trying to serve the client as best as possible.”

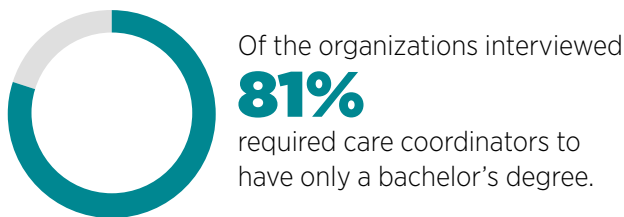
Turnover itself could drive further burnout and turnover, since the departure of one care coordinator usually meant their work would be redistributed among the rest.

“Typically what we’ve done in the past is we have had to stretch our staff who cover a neighboring county and have them help cover that county that’s short-handed, which then of course can burn that staff member out.”

EDUCATION REQUIREMENTS AND ADVANCEMENT OPPORTUNITIES

States or local jurisdictions typically set education and experience requirements for staff filling the care coordinator position. Some require a bachelor's degree, while others require a master's. Most also expect care coordinators to enter the position with experience working with youths with complex needs.

Regardless of their education and experience, care coordinators have few opportunities for advancement within Wraparound, which can lead to frustration and turnover, especially when somewhat comparable jobs often pay more. However, some interviewees shared that a handful of staff members are so dedicated to the Wraparound model that they stay for years, despite the lack of advancement.



VERY FEW ADVANCEMENT OPPORTUNITIES

For bachelor's-level staff, there are few advancement opportunities within Wraparound. Most programs require supervisors to have a master's degree, making that rung on the career ladder less attainable. Some organizations offer a small bump in salary and responsibility to "senior" or lead care coordinator, one who can train and support newer staff, but this was not available everywhere.

"There's no real advancement as much as there is lateral move. I could laterally move to a different position, but it would not be Wraparound. I can never become a supervisor unless I get some sort of clinical license, which is not something I want to do."

"There is no real progression with the Wraparound aspect of the company. So to move on, it has to be at a different part of the company."

SOMETIMES TURNOVER IS POSITIVE

To advance professionally or monetarily, care coordinators typically had to leave Wraparound. However, several people interviewed did not think this churn was necessarily bad.

"I think there's healthy turnover. I think there's a point when people have outlived their role and are ready to move on to new things."

"Care coordinator is a very unique position. ... The care coordinator that has been here for years ... she says, 'I love my job, I love what I do.'"

MASTER'S-LEVEL STAFF OFTEN LEAVE AFTER LICENSURE

Organizations that offer clinical supervision hours needed for licensure typically don't have difficulty hiring care coordinators, but most staff leave relatively soon after achieving licensure for higher-paying jobs, be it within the same organization or elsewhere.

Organizations that offer tuition reimbursement and/or flexible schedules to allow bachelor's-level care coordinators to pursue a master's while working also find that many leave after obtaining their degree.

"Once you graduate with that master's degree, there are other employment opportunities for you, even within our own system. So a lot of them tend to move on to being a therapist versus staying as a care coordinator."

REMEDIES: EXPERIENCED SUPERVISORS, QUALITY COACHING, AND RIGHT FIT

SUPERVISORS ARE KEY TO RETENTION

Over and over, interviewees stressed the key role played by supervisors relative to turnover. This is very much consistent with research on turnover.

“I have a very supportive immediate supervisor, and I think that is key. I think a position is made by the supervisor.”

Interviewees also pointed to the numerous ways that supervisors can combat staff burnout by figuring out how to reduce or buffer against some of the stressors or just by stepping in strategically to lift burdens at key moments.

“So balancing as far as letting them select time, letting them be here one day longer and take off earlier a different day ... I have started, ‘Hey now, put all your filing in here, we’ll take it down to the chart room, and we’ll get it filed weekly. That way, you guys don’t have that extra step.’ I’ve been working on getting them laptops. That way, they can be mobile and hopefully do notes on the go. Just anything and everything that we can think of creatively.”

SKILLS COACHING ALSO MATTERS

Interviewees stressed the importance of supervisors having substantial expertise in Wraparound. But even beyond that is the importance of expert coaching. This is consistent with research showing that a targeted focus on supporting improvement in practice skills can combat burnout.

“I really believe having a good coach is important. ... They need to be able to contact their state coach and get feedback that they need because I [as a supervisor] don’t have all the answers ... and when they can’t get that or they get the wrong answer, that creates frustration and has been an issue.”

“The majority of our supervisors were, in fact, care coordinators before they were promoted into a leadership position. So the really beneficial thing about that is having that been-there, done-that knowledge.”

HIRING THE RIGHT PERSON FROM THE START MAKES A DIFFERENCE

A number of interviewees noted that there is often a mismatch between what potential hires expect and have learned about versus what the job actually entails. This lack of understanding can leave them doing the job of care coordinator in a way that amplifies stress and contributes to turnover.

“I think if you have people that maintain a clinical mindset, they’re not going to understand it and therefore won’t stay into it. Helping them understand they’re not the sole person to get everything done [is important]. This is the point of a team. And helping them rely on the team. I think that’s when people start to get it. If you have people that don’t get that, then yes, the demand of the job becomes too much and people can’t handle it. I have had staff that struggle there.”

Improved hiring practices are helpful in addressing this issue, particularly given how much turnover happens in the first year.

“What we have changed in the last few years, before people actually say yes to the job, if they have passed our interview, we ask them to shadow one of us before they actually say yes to the position, to see if that is really what they want to do. ... I have a ton of new people that have come out with me that have said, ‘This is not for me.’ They said that it was very helpful to see what we actually do instead of hearing it.”

REMEDIES: HIGHER PAY, ADVANCEMENT, AND SUPPORTIVE ORGANIZATIONAL POLICIES

GIVE THEM SOMETHING TO LOOK FORWARD TO

Research says that two of the top ways to retain good staff are good pay and having a clear career path.

Pay increases: Surprisingly, many interviewees thought that only a modest increase would be necessary to retain more people. Often just an additional \$2,000 to \$3,000 in base pay was seen as sufficient to overcome other stressors of the job.

A step structure also was cited as a potential way to entice longevity. Unfortunately, some organizations' salaries were static, at least for the contract period with the state, meaning no increases and no pay differentials between staff with varying experience. This can lead to an inability to attract more qualified personnel and people feeling as though they're not being rewarded appropriately.

In other, often larger multiservice Wraparound provider organizations, there were salary bumps care coordinators could expect related to tenure, performance, and additional education. One organization had a care coordinator salary range of \$16,000, with seven steps. This seemed key in helping some care coordinators get over inevitable morale humps and remain in their position longer term.

Opportunities to advance: Even the best care coordinators usually eventually tire of the role and seek ways to advance.

“Personally, three years in any position is usually about enough, and then I am kind of ready to stretch my wings and try something different. I don't think it is necessarily burnout.”

Creating career ladders to reward expertise is one way to keep care coordinators more satisfied while they are in the role and reap the rewards once they've moved on. Several organizations offered bachelor's-level care coordinators the opportunity to become a “senior” care coordinator with a slightly reduced caseload and the responsibility of onboarding and providing skills training to newer staff. Other jurisdictions hire experienced care coordinators as local- or state-level coaches or in other training roles.

ORGANIZATIONAL POLICIES AND CLIMATE/ CULTURE

Research across a wide variety of organizations shows how retention is enhanced when staff think that organizational values resonate with their own. Our interviewees stressed the importance of a climate and culture that supported Wraparound values, including wellness and self-care, and working hard while maintaining a focus on strengths, accomplishments, and fun.

“In building the culture that is really representative of the principles of Wraparound, it seems like because our leadership already knows about all of that and has all of that embedded into it, [Wraparound is] more supported on the ground.”

“The work is tough and hard, but we have support around getting it done. At any given time if somebody walks through, you'd hear laughter, you'd hear joking, but then you would realize, ‘Wow, they get their work done.’ ”

Importantly, interviewees noted that they felt intense loyalty to organizations that worked to lighten job demands, for example, by finding ways to reduce paperwork or by investing in technology so care coordinators could work more efficiently.

“The number 1 piece of feedback in our exit interviews — the documentation was just out of control. The CEO initiated an agencywide initiative around documentation reduction, and in the last year we have massively reduced our paperwork.”



REMEDIES AND RESOURCES

Finally, organizations can use a variety of best practices to **understand what drives turnover**. Our interviewees gave examples of their organizations using each of these best practices:

- ▶ **Keep track of turnover rates** and make sure this information is available to the Wraparound program.
- ▶ Conduct **exit interviews** to learn about why people are leaving and mobilize to address these issues.
- ▶ Conduct periodic **satisfaction surveys** that let people provide feedback on what supports their work and what hinders it.
- ▶ Develop an “upward performance appraisal” process to gain information about whether care coordinators think **supervisors are sufficiently supportive and expert** in Wraparound.
- ▶ These performance appraisals also can be used to gain information about whether **managers and agency culture are supportive** of care coordinators and Wraparound.

For more information about topics covered in this brief, please see these resources:

Human resources development and support in Wraparound

- ▶ <https://nwi.pdx.edu/human-resource-development-and-support/>
- ▶ [https://nwi.pdx.edu/NWI-book/Chapters/Meyers-5c.4-\(workforce-devel\).pdf](https://nwi.pdx.edu/NWI-book/Chapters/Meyers-5c.4-(workforce-devel).pdf)

Hiring best practices

- ▶ <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers/selection>

Recorded webinars and related resources

- ▶ <https://nwi.pdx.edu/previous-nwi-webinars/> (Scroll to “Turnover Among Wraparound Care Coordinators,” “Staff Recruitment and Retention or Replacement,” and “Guidelines for Training, Coaching, and Supervision of Wraparound Facilitators.”)

Reimbursement rates and structures for Wraparound

- ▶ <https://nwi.pdx.edu/pdf/recommendationsToCMS.pdf>

Wraparound implementation and practice quality standards

- ▶ <https://nwi.pdx.edu/pdf/Wraparound-implementation-and-practice-quality-standards.pdf>

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References

Aarons, G.A., and Sawitzky, A.C. (2006). Organizational Climate Partially Mediates the Effect of Culture on Work Attitudes and Staff Turnover in Mental Health Services. *Administration and Policy in Mental Health and Mental Health Services Research*, 33(3), 289–301. <http://doi.org/10.1007/s10488-006-0039-1>

Boushey, H. & Glynn, S. J. 2012. *There Are Significant Business Costs to Replacing Employees*. Washington, DC: Center for American Progress.

Substance Abuse and Mental Health Services Administration (SAMHSA). 2013. *Report to Congress on the Nation’s Substance Abuse and Mental Health Workforce Issues*. <https://store.samhsa.gov/shin/content/PEP13-RTC-BHWORK/PEP13-RTC-BHWORK.pdf>.

Vroon VDB Third Year Consultant’s Report: Appendix H - Productive and Rate Setting: http://www.socflorida.com/uploads/1/0/6/5/10651553/appendix_h_productivity_and_rate_setting.pdf