

Provider Training and Capacity Workgroup
DRAFT for DISCUSSION Recommendations
June 2010

Louisiana Comprehensive System of Care (CSoC) goals,
values and principles and population of focus

The State of Louisiana is undertaking the development of a Coordinated System of Care (CSoC) for Louisiana's at risk children and youth with significant behavioral health challenges or co-occurring disorders. In the initial planning retreat, over forty agency and stakeholder leaders agreed to the following goals, values and population of focus for the CSoC.

Goals of System of Care implementation

- Reduction in the current number and future admissions of children and youth with significant behavioral health challenges or co-occurring disorders in out-of-home placements
- Reduction of the State's cost of providing services by leveraging Medicaid and other funding sources, as well as increasing service effectiveness and efficiency and reducing duplication across agencies
- Improving the overall outcomes of these children and their caretakers being served by the coordinated system of care

CSOC values and principles

- Family-driven and youth-guided
- Home- and community-based
- Strength-based and individualized
- Culturally and linguistically competent
- Integrated across systems
- Connected to natural helping networks
- Data-driven, outcomes oriented

Population of focus

- Louisiana's CSoC will initially serve children and youth that have significant behavioral health challenges or co-occurring disorders that are in or at imminent risk of out of home placement.
- Out-of-home placements are defined as the following: detention, secure care facilities, psychiatric hospitals, residential treatment facilities, developmental disabilities facilities, addiction facilities, alternative schools, homeless as identified by DOE and foster care.

Summary of Ideal Service Array recommendations

Recommendation #1: Family-Driven Practice Model. The ISA workgroup recommends the adoption of the Family-Driven Practice Model and statewide implementation of wraparound planning, based on the principles of the National Wraparound Initiative. The Workgroup especially wants to emphasize the importance of providing family-driven services in natural settings – homes, schools and in the community – instead of relying on out-of-home placements in residential treatment, group homes, and psychiatric hospitals or other institutions and long-term day treatment programs.

Recommendation #2: CSoC service array: The ISA Workgroup recommends statewide adoption of the service categories outlined in the Child Mental Health Initiative (SAMHSA RFA) for the Louisiana CSoC. Furthermore, the Workgroup recommends provision of substance use treatment and prevention as required services. For children and youth with Autism Spectrum Disorders and other developmental disabilities that meet the target population of the CSoC, the Workgroup recommends provision of scientifically based treatment and promising practices as clinically necessary and specified in the individual service plan. Other services and supports should also include therapeutic recreation services and transportation. Examples of the types of services for each of the Child Mental Health Initiative categories are listed later in this report. Additional work on defining specific service definitions based upon a review of current definitions in use (e.g., State Medicaid plan, other state definitions) and EBP and promising practices will be a necessary next step in the CSoC implementation process.

Recommendation #3: Reliance on evidence-based and promising practices. To help families begin to transition their children and youth currently in residential treatment and other out-of-home placements, the ISA Workgroup recommends targeting specific EBPs and promising practices for expedited statewide implementation, such as **HOMEBUILDERS®**, Functional Family Therapy (FFT) and Multisystemic Therapy (MST) or other services that demonstrate good outcomes. Specific practices should be selected based upon further analysis of the ages and needs of children and youth currently in out-of-home placements.

Recommendation #4: Financing the ideal service array. The ISA Workgroup recommends that Louisiana institute flexible financing that allows provision of EBPs and promising practices through careful analysis and leveraging of state and Medicaid funds. The financing structure should offer enhanced funding for specific EBPs and promising practices that have been shown to be effective at preventing out-of-home placements and/or enabling children and youth to leave out-of-home placements and to succeed at home, in school, and in the community. Providers of such services must demonstrate fidelity to the particular EBP or promising practice to be considered qualified or participating EBP or promising practice providers. This approach will ensure the flexibility to finance proven practices while requiring the practice to meet defined quality standards.

Recommendation #5: Implementing EBPs and promising practices. The ISA Workgroup recommends preparation of a workforce development and training plan for CSoC implementation. The training plan should address the fundamental principles and requirements for the CSoC, desired EBPs and promising practices. The Workgroup recommends establishing training institutes, centers of excellence or other training and technical assistance centers to assist regions and providers. If the CSoC utilizes a statewide management organization for administration of the CSoC, training and technical assistance could be provided by this entity.

Recommendation #6: Implementing a Quality Management and service outcomes approach. The ISA Workgroup recommends development of a quality management plan for the CSoC that includes tracking of service outcomes.

Relevant Administrative Design recommendation

Administrative Infrastructure Recommendation #2

Given Louisiana's general lack of experience and insufficient existing capacity in the wrap-around process and important intensive evidence-base practices, it is recommended that significant training and technical assistance be provided to support CSoC implementation. Training should also include information related to local, state and federal regulations, codes and statutes, as well as current programming relevant to the population of focus.

Provider Training and Capacity Workgroup

Three components are necessary to successfully train providers and build capacity in local communities. The workgroup determined that these components should be implemented simultaneously and in coordination with each other. These components are:

1. Wraparound Process
2. Building Capacity
3. Workforce Skill Development

Recommendations:

1. Wraparound Process: one family – one plan
 - a. Training Process
 - i. National experts associated with the National Wraparound Initiative will be engaged to train the initial CSoC implementing regions
 - ii. Capacity for ongoing training and wraparound expertise will be developed and reside in Louisiana through contracting with experts to support the development of a Louisiana training curriculum and expertise
 - iii. State purchaser staff and SMO staff will also be required to participate in training
 - iv. Training will promote cultural competency
 - v. On site coaching should be developed to support classroom training
 - vi. Technology will be utilized to maximize effectiveness of training process, with consideration of capacity issues in rural areas
 - vii. CMEs would be required to assure staff certification and maintenance training
 - b. Training Elements
 - i. “Certification” requirement for care managers, supervisors providers, and parents will be developed based on completion of training curriculum and other factors consistent with National Wrap Around Initiative
 - ii. Attendance at “Training Institute” and other credentialed trainings at regional/state levels will be tracked
 - iii. Establish fidelity assurance process consistent with National Wrap Around Initiative
 - iv. A comprehensive website with sections for families, CMEs, providers will be developed as a general education tool
 - v. Core Training Curriculum for implementing regions will be delivered in a staged process over time and include elements such as the following:

Wraparound Overview -Provide an overview of wraparound to administrators, state-level implementation teams, and other organizations as invited by MS coordinators. Overview participants will be able to define the key principles of wraparound, identify the

key organizing elements of wraparound, and identify needed structures to support a wraparound practice model.

System of Care Overview

Participants will be able to define key principles of System of Care and identify the necessary organizing elements of a system of care. Participants will also be able to describe how process and structure affect the experiences of those involved in system building and outcomes.

Wraparound 101

Participants will be able to describe the Child and Family Team process, list and practice the critical steps of the process that Wraparound practitioners use to conduct team meetings, create Wraparound care plans, identify and practice skills needed to engage families and their support team, explain how the individualized tailored care process enhances the ability to be culturally responsive, and operationalize the wraparound values and principles through strength-based planning and normalization.

Crisis and Safety Planning

Participants will be able to identify the most common situations that jeopardize living situations, identify the major stages in the Crisis Cycle, identify the conditions necessary to effectively engage with an adolescent, describe the components of a safety plan, complete a sample crisis plan in a small group practice setting, and identify the key factors involved in risk assessment.

Facilitation of Child and Family Teams

Participants will be able to facilitate a strength-based child and family team involving all members of the team, learn how to stay on track and keep the meeting moving forward, learn techniques to engage the youth, family, and team members, and address issues related to talking about the hard issues within the team context.

Advanced Wraparound Practice

Participants will be able to address challenges within CFTs by recognizing strengths and breakdowns of the wraparound process, identify the most challenging components of wraparound practice and develop skills around addressing these areas, and develop an in-depth knowledge of ‘strength-based planning’ and ‘getting to the heart of the need.’

Engagement 101

Participants will be able to explore research-based barriers to engagement, develop skills to ensure the greatest participation rates for families referred for wraparound, and utilize research-based strategies of engagement for increased positive outcomes for youth and families.

Recruitment and Retention within the Wraparound Process

Participants will be able to identify essential qualities and skills of potential wraparound practitioners, develop hiring practices

supporting organizational growth and development within wraparound practice, and conduct strength-based performance appraisals.

Supervision Utilization of the Wraparound Fidelity Assessment System Tools

Participants will be able to develop an increased understanding of the Team & Family Support Observation Measure, the Professional Development Supervision Worksheet, and Document Review Measures, learn how to utilize these tools to develop quality wraparound practitioners, individualized and strength-based service plans, and team processes, and identify ways to form partnerships between Family Support and Care Coordination.

2. Build capacity for evidenced based programs and promising practices
 - a. Capacity should be built to support the provision of the ideal service array as the core competencies of a functional CSoC throughout the state of Louisiana:
 - Assessment and diagnosis
 - Crisis residential services
 - Outpatient psychotherapy
 - Inpatient hospital services
 - Medical management
 - Case management services
 - Home-based services
 - School-based services
 - Day treatment/partial hospitalization
 - Respite services
 - Crisis services
 - Wraparound services
 - Behavioral aide services
 - Family support/education
 - Therapeutic foster care
 - Transportation
 - Therapeutic group homes
 - Mental health consultation
 - Residential treatment centers
 - b. A baseline assessment of current workforce and training initiatives/systems/capacity, including non-traditional providers should be conducted
 - i. Create communication materials -develop hard and digital communication tools to use when soliciting participation and collaboration with entities in developing a comprehensive baseline of current training capabilities
 - ii. Identify providers who currently provide training- generate comprehensive list of entities within LA that provide training related

- to CSoC identified modalities & philosophy (DHH, DSS, OJJ, etc; private nonprofit/for profit; advocacy groups; consultants, national providers; universities; professional orgs, licensing entities...)
- ii. Communicate with providers -communicate intent, rationale and method of collecting baseline info; request & encourage participation
 - iv. Design digital survey -design a comprehensive survey to assess existing trainings that need to be structured into an effective SOC. Design survey questions. Design survey to account for existing training capacities to sustain and support effective system, program
 - v. Include questions in survey about perceived gaps in services
 - vi. Send out survey- monitor/facilitate survey response
 - vii. Collect, organize, analyze data receive, sort responses, generate report
- c. Identify capacity needs and priorities by utilizing information from the following sources:
- i. Baseline assessment report
 - ii. Mercer current systems analysis
 - iii. Identification of service priorities identified in initial regions of CSoC implementation
- d. Initial service capacity needs and priorities should be met through the state contracting with expert trainers to support EBP implementation in the initial implementing regions.

Ongoing service capacity needs should be met through the creation of a sustainable Evidence-Based Practices (EBP) Center. The EBP Center should be an interdisciplinary resource, training, and research center that will support the implementation and outcomes monitoring of EBPs designed to help youth and families served by the CSoC. To achieve this goal, the scope of work may be organized under four broad units: 1) training and technical assistance, 2) research and program evaluation, 3) policy and finance, and 4) implementation support.

Louisiana's EBP Center should consider modeling after the Maryland Innovations Institute's EBP Center in which a number of major activities traverse the four units. These activities include:

- Engaging in ongoing dialogue with other EBP Center units to inform and improve implementation efforts
- Providing informational support, (e.g. via written material, presentations, and consultations) regarding the steps necessary for an intervention to:
 - Generate outcome data consistent with the outcome data collected and reported for the State of Maryland's prioritized EBPs
 - Be matched to the target population who would most benefit and to be diverted from population who might be harmed by the intervention

- Be implemented effectively from the level of target youth to level of system-wide policy (i.e., readiness assessment and promotion)
- Providing educational opportunities (e.g., via presentations, consultations, etc.) around community, provider organization, and clinician readiness, and the implementation practices
- Addressing requests related to EBPs from State agencies
- Assessing community, provider organization, and clinician readiness to adopt, implement, or expand EBPs and promising practices
- Helping to define a minimum appropriate continuum of care (including both promising practices and EBPs) for specific subpopulations of youth (e.g., young children, transition aged youth, youth at risk for RTC, Juvenile Justice, or Child Welfare placement), which should be available in every community, jurisdiction, or region
- Helping to develop a data collaborative that integrates data from State agency databases

The following is general overview of the types of activities undertaken for each specific unit:

Training & Technical Assistance Unit

Within the Training and Technical Assistance Unit, the overarching goal is to coordinate and provide training and technical assistance around the implementation and utilization of EBPs to State agencies, local jurisdictions, communities, provider organizations, and clinicians.

Activities include, but are not limited to:

- Coordinating training opportunities and providing specific training on prioritized EBPs to provider organizations and clinicians, including providing:
 - Information about the appropriate use of prioritized EBPs among youth
 - Education about how prioritized EBPs work and for whom do they work (including information about the appropriateness of these EBPs for target problems and populations, information about the cultural appropriateness of EBPs, and ways to address cultural appropriateness issues)
 - Training on implementing prioritized EBPs according to their respective theoretical and clinical models
- Providing ongoing consultation and support to provider organizations and clinicians around utilizing specific EBPs
- Training and assisting provider organizations and clinicians in the EBP evaluation protocol (e.g., collecting and reporting fidelity and outcome data, etc.)
- Developing and implementing methods to evaluate training and ongoing consultation
- Using fidelity, outcome, and implementation evaluation data to:

- Provide technical assistance to provider organizations and their clinicians to improve the provision of EBPs
- Identify continued gaps in service needs, and clinician/provider organization need for additional support in the provision of EBPs

Research & Program Evaluation Unit

Within the Research and Program Evaluation Unit, the overarching goals are to 1) develop a systematic method to manage, analyze, and report incoming fidelity, outcome, and evaluation data, 2) utilize greater empirical literature to inform and evaluate the EBP implementation and practice improvement process, and 3) identify funding mechanisms to support the ongoing fidelity and outcome evaluation of EBPs.

Activities include, but are not limited to:

- Assembling operational definitions of “evidence-based practices,” “promising practices,” “emerging practices,” and iatrogenic practices based on empirical literature and pre-existing national databases
- Conducting a statewide needs assessment based on the characteristics and needs of youths and families, and the status of current EBPs and promising practices (including patterns of service delivery and utilization)
 - Collecting information from any previous surveys assessing the location of intervention programs currently implemented
 - Developing procedures, if necessary, to capture information not available in previously collected data
- Developing an up-to-date directory of available EBPs and promising practices by jurisdiction
- Consulting with other units to develop instruments and procedures to assess community, provider organization and clinician readiness and to assist with the utilization of these instruments and procedures
- Collaborating with provider organizations and their clinicians, EBP purveyors, and State agencies to:
 - Develop a system to collect fidelity and outcome data on EBPs and promising practices in general, and EBPs funded by the State specifically
 - Refine existing national purveyor and provider data systems
 - Develop a formal process to share fidelity and outcome data with multiple stakeholders
- Designing a database to organize and analyze fidelity and outcome data to:
 - Conduct fidelity monitoring and evaluation of the EBP implementation effort
 - Assess the overall effectiveness of the EBPs via outcome evaluation
- Developing standardized procedures to summarize and disseminate evaluation findings to stakeholders (e.g., quarterly retrospective

- reports for each prioritized EBP, bimonthly utilization reports, biannual outcome reports for each prioritized EBP, etc.)
- Developing a method of program evaluation consultation to assist provider organizations utilizing Practice Based Evidence with development and evaluation of their practices
 - Gathering and summarizing empirical literature to:
 - Help inform decision-making regarding prioritization and implementation of additional EBPs and other promising practices
 - Help inform training and the diagnostically and culturally appropriate utilization of EBPs and promising practices
 - Help determine the effectiveness of prioritized EBPs in changing risk and protective factors and identified outcomes of interest
 - Identify empirical questions focused on EBPs and the implementation effort that can be parlayed into sustainable funding opportunities for further implementation and intervention refinement, and academic infrastructure growth

Policy & Finance Unit

Within the Policy and Finance Unit, the overarching goals are to 1) facilitate the sizing of appropriate EBPs and promising practices, and 2) identify funding mechanisms to support the ongoing implementation of EBPs.

Activities include, but are not limited to:

- Utilizing “need” data regarding gaps in existing services to size current and future EBPs
- Identifying sustainable funding (e.g., Medicaid, compacts, etc.), including federal funding, for the continued implementation of EBPs and promising practices
- Collaborating with the Department of Health and Hospitals, and Medicaid to create codes for EBPs eligible for Medicaid funding to track EBP usage

Implementation Support Unit

Within the Implementation Support Unit, the overarching goals are to 1) help develop and accomplish the tasks of the EBP Center, and 2) liaise between State agencies, local jurisdictions, provider organizations, and EBP developers. Activities include:

- Liaising between EBP developers, provider organizations, local jurisdictions and State stakeholders
- Using assessment data to determine best methods to improve provider organization and clinician readiness to implement an EBP and engagement in the implementation process

- Coordinating meetings to facilitate communication between the EBP Center, EBP purveyors, State agencies, provider organizations and clinicians
- Developing and implementing methods (e.g., monthly e-newsletter, social marketing materials, website modification) to share implementation strategies and practice improvement efforts with all stakeholders that is informed by all implementation units
- Negotiating with EBP Purveyors to develop certification capacity in state in order to develop local capacity for sustainability
- Helping to provide the community, provider organizations and clinicians with general information about the appropriateness and limitations of EBPs and promising practices, in consultation with the Training & Technical Assistance, Research & Program Evaluation, and Policy & Finance units

3. Workforce Skill Development

a. Work Force Skills Needed

- i. Skills sets must promote a systems level view of training which extends to examining how the training system is integrated into the coordinated system of care's overall efforts to improve outcomes for children, youth, and families.
- ii. Written curriculums should identify core competencies- essential qualities and skills of potential practitioners. For example- in May of 2008, the Council for Training in Evidence-Based Behavioral Practice identified core competencies necessary to deliver evidence based practice interventions, some of which are: professionalism, diversity, ecological model skills, assessment skills, communication and collaboration skills, engagement and intervention skills, behavioral interventions, including psychosocial, rehabilitation, and psychological treatments, collaborative decision-making, and evidence-based practice process skills.
- iii. Practitioner Skill set should include the 5 steps in evidence based-practice which include:
 - Ask** client-oriented, relevant, answerable questions about the health status and, context of individuals, communities, or populations.
 - Acquire** the best available evidence to answer the question.
 - Appraise** the evidence critically for validity and applicability to the problem at hand.
 - Apply** the evidence by engaging in collaborative health decision-making with the affected individual(s) and/or group(s). Implement the health practice. Appropriate decision-making integrates the context, values and preferences of the recipient of the health intervention, as well as available resources, including professional expertise.
 - Analyze** the new health practice and

- Adjust** practice. Evaluate implications for future decision-making, disseminate the results, and identify new informational decision-making.
- iv. Ensure training curriculums align the day-today work and practice of staff, supervisors, managers, partners, and stakeholders with the fundamental system of care values and principles.
 - v. Ensure training curriculums emphasis a paradigm shift regarding increasing efforts to put services in place to maintain and support a youth’s placement in the least restrictive setting possible.
- b. Identify potential workforce partnerships including universities or technical colleges
- i. Integration of basic and advanced concepts and principles of evidence-based practices, systems of care, and wrap-around services to higher education curriculums statewide to build future generations of providers and ensure a sustainable workforce in the future.
 - ii. Investigate a partnership with a university to facilitate a “Training Institute”. A Training institute is the part of the training system that is housed at a university partner. Possible approaches include the following:
 - 1. Establish an interagency agreement (IAA) to embed agency staff member as fulltime faculty at a University.
 - a. The IAA will outline a mutually beneficial agreement that will advance the SOC goals, values and principles across human service disciplines throughout University colleges, departments and schools.
 - b. Staff will develop curricula and teach social work and social service courses in the school of social work designed to develop SOC core competencies among students in human services and allied fields of study. Staff will also work within the University structure to identify and develop key resources and buy-in to develop the infrastructure for an interdisciplinary, multi-faceted System of Care Training Institute.
 - c. The university will provide services equivalent in value to 1 FTE in the area of data collection, data storage, data analysis, instructional design, human capital designation or other identified area of need.
 - i. Opportunities for inter-departmental, multi-disciplinary collaboration include, but are not limited to: School of Human Resource and Workforce Development, Department of Experimental Statistics, School of Social Work, Department of Curriculum & Instruction, Department of Educational Leadership, Research, & Counseling, Department of

Psychology, Cognitive Science Group,
Louisiana Population Data Center, and the
Department of Information Systems & Decision
Sciences.

- iii. Designate a lead university to provide some or all of the entire training program. This university should be selected based on its ability to meet the training needs in a timely and cost-effective manner that reflects best training practices. This university may establish relationships with other colleges or universities.
 - iv. Consider the “Training Institute” to serve as the complete training entity for all CSoC training tiers to address wraparound services, provider capacity building, and workforce development needs. Training to serve the needs of the key training populations within state agencies and community based practitioners on an initial and on-going basis.
 - v. Training Institute allows for a centralized entity to provide consistent, high quality services across the spectrum of trainees (state agencies staff, supervisors, management, and community providers).
 - vi. Training Institute allows a focalized point of training and application process. Training Institute continually works with supervisors, trainers around how to support staff in efforts towards high fidelity and quality practice.
 - vii. Consider Medicaid funds for training
 - viii. Consider federal funding such as IV-E for training enhancement
 - ix. Consider existing training resources and existing university partnerships within state agencies which can act as building blocks or compliment the Training Institute- such as the Louisiana Child Welfare Comprehensive Workforce Project and the Louisiana Universities Child Welfare Alliance.
 - x. Consider ways to include and expand existing partnerships with child welfare entities such as the MacArthur Foundation.
 - xi. Develop a system of evaluation pertaining to the quality and effectiveness of Training Institute. Assess the Training Institute in regards to the effectiveness in meeting individual and state needs as well as impact on child, family, and systems outcomes.
 - xii. Ensure a clear relationship between the Training Institute’s director and the state’s system of care coordinator.
- c. Development plan for curriculum enhancement
- i. A training system is comprised of the people (trainers, managers, universities), resources, (financial, technical), policies, procedures, combined into a coherent whole. The purpose of a training system is to plan, provide, support, and evaluate formal and informal instruction, learning opportunities, and professional development aimed at improving agency outcomes.

- ii. Training institute provides for uniform and systematic formal and informal instruction across all state child serving agencies as well as state-wide community practitioners.
- iii. The training curricula and courses should be sequenced, build on themselves, and are thematically integrated across training audiences. Training content should focus on both individual and organizational needs and is linked to system of care outcomes.
- iv. Standardized, uniform training curriculum for Front line staff and supervisors, administrative staff
- v. Standardized, uniform training curriculum for Training Trainers
- vi. Standardized, uniform training curriculum for community practitioners (external partners and stakeholders)
- vii. Formalized process to integrate stakeholder feedback into training curriculum.
- viii. Provides for structured opportunities for information sharing and dialogue between supports in the service array and across child serving agencies.
- ix. Formalized, written training protocols and curriculums should partner with case practices and policy systems within state child welfare agencies. Allows for aligned and integrated child serving agencies training and client practices.
- x. The training model should explicitly link the agency's policy, practice, training, and quality assurance with the mission, vision, and values of the coordinated systems of care in Louisiana.
- xi. Consider 3 tier training approach as reflected in the Mississippi Model.
- xii. Consider existing training curriculums of systems of care in other states such as Maryland.
- xiii. Consider all practitioner certification requirements of Medicaid, IV-E and other possible funding streams. Consider standards of professional practice- licensing, etc.
- xiv. Consider technology such as web based training, teleconferences, etc. to supplement the Training Institute for on-going and follow-up training.
- xv. Consider a process to identify and address emerging training needs.

ISSUES for consideration in implementation:

- d. Training Considerations-Staff turnover in wraparound is high