Louisiana Coordinated System of Care
Workforce Development Plan –
Training Supplement / Work product

Prepared by: The Coordinated System of Care
Training and Workforce Development Workgroup

For: The Louisiana Coordinated System of Care Leadership Team

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Wraparound Training
(to be provided by the Maryland University Innovations Institute)

Core Training Course Descriptions:

System of Care Overview

This training is designed to guide participants through the basic components of a strategic framework for building systems of care as described in Building Systems of Care: A Primer (2nd edition). In addition, participants will learn how to implement effective processes and key functions required in a system of care (SOC) and how to infuse core values into these processes and functions. Presenters will describe the Louisiana SOC framework at the policy, management and practice levels, with particular attention to the practice level and how values and principles are being applied to systemic reform across the child- and youth-serving systems.

Wraparound Training:

Introduction to Wraparound

This is the first training of the series for frontline wraparound practitioners, supervisors, and directors as well as community partners who may participate in a child and family team process. Through attendance at this training, participants will be able to:

- Gain an understanding of the critical components of the wraparound process in order to provide high fidelity wraparound practice.
- Practice these steps of the process to include eliciting the family story from multiple perspectives, reframing the family story from a strengths perspective, identifying functional strengths, developing vision statements and team missions, identifying needs, establishing outcomes, brainstorming strategies, and creating a plan of care and crisis plan that represents the work of the team.

Engagement in the Wraparound Process

This is the second training in the series for frontline wraparound practitioners, supervisors, and directors as well as community partners who may participate in a child and family team process.
Through attendance at this training, participants will be able to:

- Identify barriers to engagement.
- Develop skills around engaging team members and the family.
- Utilize research-based strategies of engagement for increased positive outcomes for youth and their families.

Intermediate Wraparound Practice—Improving Wraparound Practice

This is the third training in the series for frontline wraparound practitioners, supervisors, and directors to enhance their skills and move toward higher quality practice. Common implementation challenges are addressed in this training; however, topics can be adjusted based on individual, organizational, or state need. Through attendance at this training, participants will be able to:

- Practice and utilize tools in telling and reframing the family story.
- Pull out specific and individualized functional strengths for use in the planning process
- Identify underlying needs of the youth and caregiver.
- Practice developing outcome statements and strategies that tie back to the reason for referral and address underlying needs moving the family closer to attaining their vision.

Advanced Wraparound Practice—Supervision in Wraparound: Managing to Quality

This workshop is provided for supervisors/managers in wraparound. Through attendance at this training, participants will be able to:

- Identify the essential elements of quality wraparound implementation
- Develop an increased understanding of the role of the supervisor in quality wraparound implementation
- Learn how to manage quality throughout the phases of wraparound implementation
- Learn how to utilize supportive tools to develop quality wraparound practitioners, individualized and strength-based service plans, and team processes
- Learn how to transfer knowledge and skills to the workforce

Child and Adolescent Strengths and Needs Survey (CANS) Training

This training is designed to educate participants on using the CANS instrument in their work with families. Through attendance at this training participants will be able to:
- Define the components and the rating system of the CANS.
- Complete a sample CANS.
- Identify how to utilize CANS in plans of care.
- Identify when a more in-depth assessment is appropriate.
- Complete the CANS certification test.

Family Support Organization (FSO Training

FSO training will consist of an overview of expectations / "fit" within the CSoC and the FSO's relationship to and with the WAA, SMO, community, providers, and practitioners. This followed by more specific training regarding:
- the planning process
- staff participation
- as appropriate, the development of policies and procedures consistent with these expectations/role of the FSO within the CSoC
- possible TA around establishing or enhancing business practices necessary to effectively operate an FSO within a managed care context.

Training specific to FSO staff will be provided to assure competence in providing supports as determined appropriate within the Wraparound planning process and participation within the CSoC.

The table on the following page summarizes the purpose, goals and overall objectives for training three different groups in each implementing community.

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Table 4: Foundational Wraparound Training and Capacity Development

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Tier 3	Broader community which could includes core training for Tier 1 and 2.
Purpose:	To provide wraparound training to the broader community.
Goal:	The goal of the broader community training is to enhance skill sets necessary in implementing high fidelity wraparound through interactive, hands-on training on core elements of the wraparound process.

Overall Objectives:	Participants will be able to: • Demonstrate understanding of fundamental system of care principles • Develop skills around facilitation of child and family teams including understanding of the role of family support partners, care coordinators, and the family • Develop advanced skills around facilitation of child and family teams • Implementation of crisis and safety plans within the wraparound process

Tier 2	**Individuals who are directly connected to the wraparound process but are not directly providing the wraparound process.**
Purpose:	To provide training and coaching around the wraparound process
Goal:	The goal of Tier 2 training process is to provide participants with the background knowledge, skills and practical experience to comprehend high fidelity Wraparound in order to provide the necessary implementation support to wraparound providers.
Overall Objectives:	Participants will be able to demonstrate: • In-depth understanding of the wraparound process • Operationalization of fundamental system of care principles • Understanding of high fidelity wraparound team facilitation • Understanding and development of high fidelity wraparound plans of care • System level implementation support.

Tier 1	**Individuals who are facilitating the wraparound process either as supervisors, care coordinators, family support partners.**
Purpose:	To provide wraparound training and coaching through a train-the-trainer process.
Goal:	The goal of the Training of Trainers (TOT) process is to give new trainers/coaches the background knowledge, skills and practical experience to provide Wraparound training and technical assistance to child and family team members, communities, and workers (Care Coordinators and Family Support Partners) within the wraparound process.
Overall Objectives:	After completing the TOT and mentoring process, Master Trainer candidates will be able to: • Explain the wraparound process and support teams and communities to put it into practice. • Develop an advanced understanding of wraparound principles and implementation to include providing in-state training on basic wraparound topics to care management staff, stakeholders, and providers; and provide support to local teams on advanced wraparound practitioner topics including: *getting to the heart of the need, utilizing strengths when brainstorming interventions, and effective brainstorming techniques.* • Use effective coaching, training, and evaluation methods of the wraparound process to ensure fidelity to the model. • Provide implementation support for a high fidelity wraparound process.

Cultural and Linguistic Competency

(Training may be provided through Georgetown University. Dr. Vivian Jackson has been consulted regarding this project and training.)

The training is expected to follow a similar process as that of the Family Service Organization in that components of CLC will be integrated throughout the Foundational Training and include local community orientation and follow up to assure sufficient exposure, experience with the subject matter to influence competent practice.

- Although there is no universally accepted definition of cultural and linguistic competency, a useful definition adopted by the Office of Minority Health (OMH) distinguishes between culture, competence and the relationship between the terms:
  - Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among health professionals that enables work in cross-cultural situations.
  - "Culture" refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.
  - "Competence" implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities".
- Although many people think that culture refers only to the knowledge, attitudes, beliefs, and behaviors influenced by race or ethnicity, the concept also includes factors such as age, gender, socioeconomic status, level of education, physical capacity, spirituality and religion, sexual orientation, and regional influences.

Ideal Service Array / Evidenced Based Practices

RECONCILED SERVICE ARRAY (IDEAL / TOP 10)	TRAINING RESOURCE (National)
(Non-Residential)	

Wraparound Process -Wraparound is an intensive, holistic method of engaging with individuals with complex needs (most typically children, youth, and their families) so that they can live in their homes and communities and realize their hopes and dreams.	Wraparound is not a proprietary model. Thus, there is no single purveyor organization or consultant group that is recognized as the single entity with which a community or local initiative must contract for training, skill development, or other type of human resource development and support. No one manual exists for wraparound, but ten essential elements and ten requirements for practice have been outlined by wraparound leaders and advocates. Supporting community-level planning and implementation through implementation blueprints, self-assessment tools, and technical assistance. The NWI has begun work to develop a series of implementation tools and resources based on the framework identified through research on the Community Supports for Wraparound Inventory.
Assessment and Diagnosis - Strengths based, person-centered, family driven, wraparound process	CANS training requires 2 two day trainings. Contacted John Lyons, regarding costs, availability. OR Communimetrics.
Intake	
Psychiatric	
Psychological	
Other	
Family Driven Case Management - LME Wraparound Facilitator	1)No specific training available through the Commission, guide, application and exam. 2)Other Medicaid sources indicated that the range of courses required of Case Managers was consistent with the courses identified as Pre-Service curriculum for Pre-Service Competencies. 3)Case Management as implemented in LA early 90s was trained using in-house expertise and materials.
Counseling	Counseling training is available through many different sources, from local and state speakers to online courses. Topics need to be narrowed in order to address specific intent.
Community Based Services (Home and School)	

Multisystemic Therapy With Psychiatric Supports (MST-Psychiatric) is designed to treat youth who are at risk for out-of-home placement (in some cases, psychiatric hospitalization) due to serious behavioral problems and co-occurring mental health symptoms such as thought disorder, bipolar affective disorder, depression, anxiety, and impulsivity. Youth receiving MST-Psychiatric typically are between the ages of 9 and 17. The goal of MST-Psychiatric is to improve mental health symptoms, suicidal behaviors, and family relations while allowing youth to spend more time in school and in home-based placements. Like standard MST, on which it is based, MST-Psychiatric has its foundation in social-ecological and social learning systems theories. It includes specific clinical and training components for staff designed to address (1) safety risks associated with suicidal, homicidal, or psychotic behaviors in youths, (2) the integration of evidence-based psychiatric interventions, (3) contingency management for adolescent and parent/caregiver substance abuse, and (4) evidence-based assessment and treatment of youth and parent/caregiver mental illness.	Dr. Scott W. Henggeler Family ServicesResearch Center, Department of Psychiatrist and Behavioral Sciences, Medical University of South Carolina 171 Ashley Avenue Charleston, SC9425-0742 Phone: 843.876.1800 Fax: 843.876.1808 This website(http://www.mstservices.com) provides information on upcoming trainings and conferences, plus discusses the benefits and uses of MST. Costs are not specifically outlined on this site. There is an order form on the site, however it does not describe adequately describe the materials or manuals.
Functional Family Therapy (FFT) is an empirically-grounded, family-based intervention program for acting-out youth. A major goal of Functional Family Therapy is to improve family communication and supportiveness while decreasing the intense negativity so often characteristic of these families. Other goals include helping family members adopt positive solutions to family problems, and developing positive behavior change and parenting strategies. Although originally designed to treat middle class families with delinquent and pre-delinquent youth, the program has recently included poor, multi-ethnic, multi-cultural populations, with very serious problems such as conduct disorder, adolescent drug abuse, and violence.	Holly de Maranville, CommunicationsCoordinatorFunctional Family Therapy, LLC 2538 57th Avenue, SWSeattle, WA 98116 Phone: (206) 369-5894 Fax: (206) 664-6230 Email: hollyfft@attbi.comWebsite: www.fftinc.com
Homebuilders provides intensive, in-home crisis intervention, counseling, and life-skills education for families who have children at imminent risk of placement in state-funded care. It is the oldest and best-documented Intensive Family Preservation Services (IFPS) program in the United States. Our goal is to prevent the unnecessary out-of-home placement of children through intensive, on-site intervention, and to teach families new problem-solving skills to prevent future crises.	Institute for Family Development (253) 874-3630 info@institutefamily.org www.institutefamily.org Book entitled "Keeping Families Together The HOMEBUILDERS Model" available through website; TA also available through website

MHRS	Explore MHRS Training unit for cross training of other services listed in this table.
Day Treatment / Partial Hospitalization	
Intensive therapeutic day treatment: A short-term, time limited intensive program of active treatment with regularly scheduled hours meant to assist the child/youth to recover and return to school or employment. Services may include individual, group and/or family counseling and therapy, including substance use treatment, skills training and development, behavioral health prevention/promotion, medication training and support, ongoing support to return to school or employment, family support, medication monitoring, self-help/peer services and/or medical monitoring. (Adapted from the Arizona Department of Health Services Division of Behavioral Health Services Guide)	The search for specific models for Day treatment is ongoing. Consideration will be given to Day treatment programs that incorporate evidence based clinical interventions, family involvement (unless contraindicated), adjunctive therapies such as life planning skills (assistance with vocational, educational, issues) and assessment/ interventions related to school performance.
Respite (Foster homes, Individuals) is designed to provide temporary, specialized care for a youth with a severe emotional disturbance in the absence of his/her primary care giver. Respite care allows a reprieve for the primary care giver, including biological, adoptive and foster parents who are caring for the youth. Respite care workers will have specialized knowledge and skills to provide quality care needed to meet the special needs of the youth with a severe emotional disturbance. Services may be provided on a planned or unscheduled basis due to crisis or other events, which arise. Respite care assists in reaching the outcome of maintaining the child/youth's placement in the home and preventing placement in a more institutional setting.	Individual Provider Level Certification made available upon completion from set number / type of courses in a couple of states, Could duplicate course offerings and certification process locally using Essential Learning. Must be certified by DCFS.
Crisis Services / CART CART is an enhancement of the existing Children's Services Infrastructure.CART delivers time limited services to children, youth, and their families within the community. The intervention may not last longer than 7 days. The program provides immediate, thorough and high quality community based treatment interventions to families who think that they are in crisis. Services are delivered in the home, in the least restrictive environment, with the use of natural supports as the first choice.	Gena Lewis, Coordinator of Training and Technical Assistance - CART
Behavioral Aide Services - Services provided by Behavioral Aides are likely within the EBPs, programs or other services listed and as such training would be provided as part of the program training protocol.	
Family Support / Education	

Medication Management is provided to: · Assess, · Monitor a recipient's status in relation to treatment with medication, · Instruct the recipient, family, significant others or caregivers of the expected effects of therapeutic doses of medications, or · Administer prescribed medication when ordered by the psychiatrist (or other prescriber as allowed under applicable law) as part of an ISP that is inclusive of additional rehabilitation services and supports.	Medication Management courses could be made available online through essential learning - for both parents and professionals.
Parent Management Training (PMT) is an adjunct to treatment that involves educating and coaching parents to change their child's problem behaviors using principles of learning theory and behavior modification .	http://www.jaapl.org/cgi/content/full/34/1/135 Implementation Sciences International Inc., a division of the Oregon Social Learning Center.
The Triple P--Positive Parenting Program is a multilevel system or suite of parenting and family support strategies for families with children from birth to age 12, with extensions to families with teenagers ages 13 to 16. Developed for use with families from many cultural groups, Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. The program, which also can be used for early intervention and treatment, is founded on social learning theory and draws on cognitive, developmental, and public health theories. Triple P has five intervention levels of increasing intensity to meet each family's specific needs.	Triple P America4840 Forest Drive, Number 308Columbia, SC 29206Email: triplepa@bellsouth.netPhone: (803) 787-9944www.triplep-america.comManuals, facilitator kits, and trainingavailable through the Triple P Institute.Website is extremely easy to navigateand offers a detailed explanation aboutthe program and costs involved. Thereare varying costs associated with theprogram (i.e. manuals are $125 and up;training costs vary).
Families Facing the Future (previously called **Focus on Families)** Children of heroin addicts are at high risk of continuing the cycle of drug abuse. Parents in methadone treatment at Therapeutic Health Services participated in Focus on Families, a program to teach parents how to lower their children's risk for drug addiction while avoiding relapse themselves. Parents learned skills to strengthen family bonding, encourage their children's positive behaviors and school success, and empower their own recovery.	Kevin Haggerty, M.S.W. Social Development Research Group 146 North Canal, Suite 211 Seattle, WA 98103 Tel: (206) 685–1997 Manual available, though not fully developed; call for update on materials and TA
(Residential)	
Foster Care	Must be certified by DCFS
Therapeutic Foster Care	
Wraparound Foster Care	

Multidimensional Treatment Foster Care (MTFC) is a community-based intervention for adolescents (12-17 years of age) with severe and chronic delinquency and their families. It was developed as an alternative to group home treatment or State training facilities for youths who have been removed from their home due to conduct and delinquency problems, substance use, and/or involvement with the juvenile justice system. Youths are typically referred to MTFC after previous family preservation efforts or other out-of-home placements have failed. Referrals primarily come from juvenile courts and probation, mental health, and child welfare agencies. MTFC aims to help youth live successfully in their communities while also preparing their biological parents (or adoptive parents or other aftercare family), relatives, and community-based agencies to provide effective parenting and support that will facilitate a positive reunification with the family.	Two books describe the model: Family Connections and Blueprint for Multidimensional Treatment Foster Care. A fidelity monitoring system is in place. Gerard Bouwman TFC Consultants, Inc. 1163 Olive Street Eugene, OR 97401 Phone: (541) 343-2388 Fax: (541) 343-2764 Email: gerardb@mtfc.com Website: www.mtfc.com
Residential Treatment - Psychiatric Residential Treatment Facility (PRTF) services provide comprehensive mental health and substance abuse treatment services to children and adolescents who, due to severe emotional disturbance, are in need of quality active treatmentthat can only be provided in a psychiatric residential treatment facility and for whom alternative, less restrictive forms of treatment have been unsuccessful or are not medically indicated. Health and substance abuse treatment services to children and adolescents who, due to severe emotional disturbance, are in need of quality active treatmentthat can only be provided in a psychiatric residential treatment facility and for whom alternative, less restrictive forms of treatment have been unsuccessful or are not medicallyindicated. (Contact person on Kansas Site?)	http://www.prtftraining.org/prtfTraining1.0/ (May only be accessible to Kansas providers, but a good example of the use of web-based technology)
Shelters	
Specialized Programs - Sexual Abuse	
Substance Abuse	
Developmental Disabilities	
Medication Management	
Inpatient Hospital Services	
Operational Services	
Transportation	

After School

Pre-Service Competencies – Descriptions

The following descriptions are the pre-service knowledge base required for a core set of pre-service competencies for providers within the Louisiana Coordinated System of Care.

- **Ecological Model:** An approach that says all treatment must be offered to the family in their home, school and community. Treatment fits the family in a way that empowers parents, addresses the presenting problems, and maximizes the generalization of new skills across numerous settings. Service providers should know that the ecological model addresses problems at multiple levels and stress the interaction and integration of factors within and across all levels, and that intervening solely on the behavior of individuals often is not sufficient to sustain long-term behavior change. Ideally, interventions need also to be directed at changing influences at the interpersonal, organizational, community, and public policy levels. The goal of the ecological approach is to create a healthy community environment that provides health-promoting information and social support to enable people to live healthier lifestyles.

- **Professionalism:** Knowledge of the need to demonstrate ethical choices, values and professional practices implicit in behavioral health decisions; considering the effect of choices on community stewardship, equity, social justice and accountability; and commitment to personal and institutional development.
    - **Ethics:** Knowledge of standards of conduct or action in relation to others and as acceptable or good practice according to agreed upon rules or standards of practice established by one's profession.
    - **Confidentiality, HIPAA:** Knowledge of HIPAA and requirements/limits to confidentiality, disclosure, written releases, mandatory reporting, substance abuse federal guidelines.

- **Diversity**: Knowledge that Diversity requires personnel have the capacity to: (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts if individuals and communities served.

- **Assessment**: Knowledge of appraisal of clinical and community characteristics, problems, values and expectations, and environmental context. Competency in assessment also applies to the practitioner's ability to assess in an unbiased manner his or her own level of expertise to implement behavioral techniques and the outcomes of those techniques once implemented.

- **Evidence Based Practices (EBPs):** Knowledge not only of EBPs specific to treatment of children in the identified service population but also knowledge of the steps of the evidence-based practice process: ask well-formulated questions, acquire best available research evidence, appraise evidence for quality and relevance, apply evidence by engaging in shared decision-making with those who will be affected, analyze change and adjust practice accordingly.

- **Crisis / Suicide**
    - **Crisis Response:** Knowledge of interventions /methods used to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioral distress or problems. A crisis can refer to any situation in which

the individual perceives a sudden loss of his or her ability to use effective problem-solving and coping skills.

- ▪ **Suicide Prevention:** Knowledge of structured efforts to reduce SUICIDE RISK FACTORS and promote PROTECTIVE FACTORS at the individual, community, or population-wide levels.

- **Co-occurring Disorders:** Knowledge and capacity to provide integrated screening, assessment, and treatment planning that addresses both mental health and substance abuse, each in the context of the other disorder. The term "co-occurring disorders" typically refers to an individual having co-existing mental health and substance use disorders.

- **Behavioral interventions:** Knowledge of behavioral interventions and connection with behavioral assessment. Inclusive of the provision that behavioral interventions have measureable outcomes, facilitate empowerment, are collaborative, focus on accessible / measurable phenomena, are effective with a wide range of disorders and ability levels, facilitate treatment planning, evaluation, monitoring.

- **Working with School Systems:** Knowledge of processes, rules, regulations for working with school systems on behalf of or as advocating for children experiencing difficulties in school, ranging from problems with concentration, learning, language, and perception to problems with behavior and/or making and keeping friends. Understanding that children with special needs are usually entitled to receive special services or accommodations through the public schools. Federal law mandates that every child will receive a free and appropriate education in the least restrictive environment. To support their ability to learn in school, three Federal laws apply to children with special needs:
    - ▪ The Individuals with Disabilities Education Act (IDEA) (1975)
    - ▪ Section 504 of the Rehabilitation Act of 1973
    - ▪ The Americans with Disabilities Act (ADA) (1990).

Knowledge of how the local school system implements their response to these mandates and staff's ability to work collaboratively with school personnel.

- **Communication and Collaboration Skills**: Knowledge and ability to convey information clearly and appropriately, and to listen, observe, adjust, and negotiate as appropriate to achieve understanding and agreement on a course of action.

- **Documentation:** Knowledge and ability to demonstrate knowledge of accepted principles of client record management, prepare accurate and concise screening, intake, and assessment reports, to record treatment progress and continuing care plans that are consistent with agency standards and prepare accurate and concise discharge summaries.

- **Trauma Informed Care**: Knowledge and ability to provide comprehensive integrated, trauma-informed, and trauma-specific services. Understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual.

- **Motivational Interviewing:** Knowledge and skills to interview in a direct, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. The practice of motivational interviewing is part of psychotherapy, and it enables

clients to explore and resolve their problems. Motivational interviewing is a directive, client-centered counseling style.

Pre-Service Competencies – Recommended Courses

Licensed Professional Practitioner – Essential Learning Courses

Licensed Behavioral Health Professional - PRE-SERVICE COMPETENCY AREA	COURSE AVAILABILITY / TRAINING RESOURCE	HRS
Professionalism	Professionalism Course (Material needs to be developed)	TBD
Ethics	Law, ethics and confidentiality in BH	6.0
Confidentiality, HIPAA	Advanced HIPAA	1.5
Diversity	CDWMCC Cultural Diversity	2.0
Engagement	(Material needs to be developed)	TBD
Assessment	(Material needs to be developed)	TBD
Wraparound	Wraparound Initiative Resources	TBD
System of Care	USF and other SOC presentations	TBD
Ecological Model	(Stephen Phillipi, ppt?)	TBD
Evidence Based Practices	COE presentations	TBD
Co-Occurring Disorders	NASMHPDWFD16 Co-Occurring Disorders: Treatment and Supports for Persons with Mental Health and Substance Use Disorders	1.5
Crisis Response	CRM101 Crisis Management	2.0
Suicide Prevention	SRR-QPR Suicide Prevention and Risk Reduction: What Mental Health Practitioners Need to Know	2.0
Behavioral Interventions	(Material needs to be developed)	TBD
Working with School Systems	(Material needs to be developed)	TBD
Communication and Collaboration Skills	**LBHP, BHP** - DSPCOM Communication skills and Conflict Management skills	3.0
Documentation	Guidelines for Documentation	2.0
Trauma Informed Care	Motivational Interviewing ions, post test, YES - long course)	3.0
Motivational Interviewing	Motivational Interviewing	4.0
SUPERVISOR ONLY		
Supervision	FCS101 Fundamentals of Clinical Supervision	3.0
	TOTAL HRS	30.0

Masters Level Prepared Practitioner – Essential Learning Courses

Behavioral Health Professional - PRE-SERVICE COMPETENCY AREA	COURSE AVAILABILITY / TRAINING RESOURCE	HRS
Professionalism	Professionalism Course (Material needs to be developed)	TBD
Ethics	Law, ethics and confidentiality in BH	6.0
Confidentiality, HIPAA	Advanced HIPAA	1.5
Diversity	CDWMCC Cultural Diversity	2.0
Engagement	(Material needs to be developed)	TBD
Assessment	(Material needs to be developed)	TBD
Wraparound	Wraparound Initiative Resources	TBD
System of Care	USF and other SOC presentations	TBD
Ecological Model	(Stephen Phillipi, ppt?)	TBD
Evidence Based Practices	COE presentations	TBD
Co-Occurring Disorders	NASMHPDWFD16 Co-Occurring Disorders: Treatment and Supports for Persons with Mental Health and Substance Use Disorders	1.5
Crisis Response	CRM101 Crisis Management	2.0
Suicide Prevention	SRR-QPR Suicide Prevention and Risk Reduction: What Mental Health Practitioners Need to Know	2.0
Behavioral Interventions	(Material needs to be developed)	TBD
Working with School Systems	(Material needs to be developed)	TBD
Communication and Collaboration Skills	**LBHP, BHP** - DSPCOM Communication skills and Conflict Management skills	3.0
Documentation	Guidelines for Documentation	2.0
Trauma Informed Care	Trauma Informed Treatment for Children with Challenging Behaviors	3.0
Motivational Interviewing	Motivational Interviewing	4.0
SUPERVISOR ONLY		
Supervision	FCS101 Fundamentals of Clinical Supervision	3.0
	TOTAL HRS	30.0

Para-Professional - Essential Learning Courses
(Non-Masters degreed practitioner)

BHS PRE-SERVICE COMPETENCY AREA	COURSE AVAILABILITY / TRAINING RESOURCE	COURSE HRS
Professionalism	Professionalism Course (Material needs to be developed)	TBD
Ethics	Law, ethics and confidentiality in BH	6.0
Confidentiality, HIPAA	Basic HIPAA	1.5
Diversity	CDP Cultural Diversity for Paraprofessionals	1.5
Engagement	(Material needs to be developed)	TBD
Assessment	(Material needs to be developed)	TBD
Wraparound	Wraparound Initiative Resources	TBD
System of Care	USF and other SOC presentations	TBD
Ecological Model	(Stephen Phillipi, ppt?)	TBD
Evidence Based Practices	COE presentations	TBD
Co-Occurring Disorders	COD-PP Co-occurring Disorders for Para-professionals	1.5
Crisis Response	CRMP Crisis Management for Paraprofessional	3.0
Suicide Prevention	SP 101 Suicide Prevention (generic, needed additional resources, para-professionals - not specific to children / youth - BHS Yes)	2.0
Behavioral Interventions	(Material needs to be developed)	TBD
Working with School Systems	(Material needs to be developed)	TBD
Communication and Collaboration Skills	Communication skills and Conflict Management skills for Paraprofessionals	2.0
Documentation	Guidelines for Documentation	2.0
Trauma Informed Care	Trauma Informed Treatment for Children with Challenging Behaviors	3.0
Motivational Interviewing	Motivational Interviewing	4.0
SUPERVISOR ONLY		
Supervision	FCS101 Fundamentals of Clinical Supervision	3.0

29.5