



Louisiana Coordinated System of Care

Workforce Development Plan - Training

*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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Introduction

The State of Louisiana is undertaking the development of a Coordinated System of Care (CSoC) for Louisiana's children and youth with significant behavioral health challenges or co-occurring disorders who are at risk of, or are already in, restrictive settings outside their home. The efforts of the Training and Workforce Development Workgroup are limited to the needs of this specific population, and have not focused on the broader population that will ultimately be served by the CSoC. In the initial planning retreat, over forty agency and stakeholder leaders agreed to the following goals, values and population of focus for the CSoC.

A System of Care:

- incorporates a broad, flexible array of effective services and supports for a defined population.
- is organized into a coordinated network.
- integrates care planning and management across multiple levels.
- is culturally and linguistically competent.
- builds meaningful partnerships with families and youth at service delivery, management, and policy levels.
- has supportive policy and management infrastructure.

Coordinated System of Care 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 placement in, restrictive settings outside their home.

“Restrictive settings outside the home” is defined as follows: detention, secure care facilities, psychiatric hospitals, residential treatment facilities, developmental disabilities facilities, addiction facilities, alternative schools, homeless (identified by the Department of Education) and foster care.

It is widely acknowledged that the needs of the children and families within this population of focus are currently being served through a fragmented service delivery model that is not well coordinated, is many times inadequate to meet the families' needs and is usually difficult to navigate. Further, state departments are not currently pooling resources and leveraging the 'smartest' financing to provide a coordinated system of behavioral health services to this population. This too often results in Louisiana's children with the highest level of need often detained in secure or residential settings, which are proven to be the highest cost services with the poorest outcomes.

Training and Workforce Development Workgroup Charge and Assumptions

Following the work and recommendations of previous Coordinated System of Care workgroups, this Workforce Development workgroup was tasked with:

identifying training needs and processes for the component programs and for providers within the Coordinated System of Care design / structure to meet the needs of the specific population of children identified as the Population of Focus above.

The recommendations of the Provider Training and Capacity Workgroup, dated June 2010, proposed an outline for training and capacity building identifying the following as integral components of a Coordinated System of Care workforce plan:

- 1) the Wraparound process,
- 2) provider/service capacity development and
- 3) workforce skill development.

In addition to these three targeted areas, the plan proposed for this task includes the following assumptions:

- 1) The workforce development strategy will be coordinated with and paced with the initial implementation strategy for the Coordinated System of Care. The initial implementing communities will be selected based on existing ability to competently deliver services.
- 2) Training will be required for service providers within the Coordinated System of Care. Evidence of existing competence, as a result of formal training and/or experience, will be considered and may exempt service providers from elements of training. Even providers with existing competence may wish to attend the training, to ensure model integrity and support of the wraparound team's overall competence.
- 3) Providers will assure that their workforce is trained and competent in the pre-service competencies prior to delivering services within the Coordinated System of Care.
- 4) The Department of Health and Hospitals supports the development, implementation and evaluation of an array of services within the Louisiana Coordinated System of Care. To facilitate the effective treatment of children and families in the context of their homes, schools, and communities, it is DHH - OBH policy that:
 - Demonstrated pre-service competency shall be required of all staff providing services to children and families before working with a family;
 - Endorsement may include review and approval of training equivalent to content areas of pre-service training identified in this policy;
 - LA Coordinated System of Care providers will have the opportunity to participate in specialized pre-service training to facilitate and promote their professional development.
- 5) DHH/OBH will provide, where feasible, continuing education units to incent continuing education for various provider groups.
- 6) The Statewide Management Organization (SMO) will be responsible for monitoring performance within the provider network and for holding providers responsible for the quality of their services.
- 7) The SMO will train providers on SMO-specific reporting, billing, utilization management (UM) requirements and will require competence and appropriate credentials from providers.
- 8) Foundational training (see the following page for definition) will be provided during the first year of implementation for all communities that are initial implementers of the Coordinated System of Care.

- 9) Pre-service competencies, outlined later in this document, will be required of all providers prior to delivery of services.
- DHH will provide access to all providers to the Essential Learning System as a means of building workforce knowledge within the pre-service competencies. Courses offered through the Essential Learning system will be offered at a fee, allowing both remediation and refreshers for members of the provider workforce.

Training Components

Orientation

This workgroup recommends that an orientation session be provided in each initial implementing community that includes information about each agency within the communities' Coordinated System of Care and defines how the agencies involved in the CSoC will work together. Each agency involved in the locally implemented CSoC will be provided a standard format for this training and asked to provide key information to all participating agencies that will foster and support collaboration and cooperation within the system of care. Each participating agency will be expected to send appropriate personnel to the orientation, at their own expense. Training budget funds outlined in this document will be used to cover the costs of organizing and delivering these orientation sessions, but will NOT include travel costs for participants, including those of presenters.

This will be a customized orientation for each implementing community with the following learning objectives:

- Participants will develop ideas for working collaboratively within the CSoC, including the identification of potential barriers to effective service delivery.
- Participants will know what Pre-Service Competencies are required, and how to address knowledge gaps within their workforce.
- Participants will be familiar with the elements of the Ideal Service Array.

Foundational Training Domains

Training in the following specific topic areas will be offered for all provider agencies and independent practitioners associated with the Coordinated System of Care. Our expectation is that all providers/practitioners will have competency in the foundational domains. Training in these foundational domains will be provided by national experts in the areas defined and delivered in a three-tiered approach, beginning with a training session to be held in Baton Rouge for all initial implementing communities. Specific recommendations of trainers are offered below, but alternative sources are available. The training will be tailored to meet the needs and interest of the target audience and address the following areas:

1) Wraparound / System of Care

- 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.
- System of Care is a concept that enhancing the ability of providers to holistically meet the needs of children and families.

2) Child and Adolescent Needs and Strengths (CANS) Assessment and Outcomes Focus

- The Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment is a multipurpose communimetric¹ tool developed to support care planning and level of care decisions-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. It was developed from a communication perspective so as to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

3) Cultural and Linguistic Competency

¹ Characteristics of communimetric tools: 1) Items included that may impact service planning; 2) Level of items translate into action levels; 3) Focus on the child, not the service; 4) Considers culture and development; 5) Focus on the 'what', not the 'why' (exceptions: trauma & social behavior); 6) 30-day plan keeps assessments relevant & 'fresh'

- 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.
- 4) 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.

Ideal Service Array/Evidence-Based Practices

As the implementation process continues and CSoC sites begin development, additional training topics will be identified, which will link to the Ideal Service Array and Evidence-Based Practices (EBPs) that have been identified as appropriate to these services. Potential training programs related to the Ideal Service Array and EBPs are listed in the accompanying file entitled “Louisiana Coordinated System of Care Workforce Development Plan – Training Supplement / Work product” (which continues to be developed and may serve as guidance to the implementation team), and include, but may not be limited to, the list in Table 1 on page 8. Some of these trainings include Respite, Independent Living Skills, Transition training, Crisis Stabilization, Critical incident and Management of Assaultive Behavior / Crisis de-escalation training.

NOTE: Some of the items initially identified as being a part of the Ideal Service Array relate more to the *location* of service delivery than to the services themselves, and were separated out by this workgroup as such. This list can be found on page 9.

Because the initial implementing communities are unknown at this time, the Training and Workforce Development workgroup has included in the budget section of this report an assumed amount of training in EBPs for each implementing workgroup that will be provided to agencies that are a part of the Coordinated System of Care. Additional training will be identified and developed to meet community needs. Supplemental funding for this aspect of training will need to be identified.

Table 1: Ideal Service Array / Evidence Based Practices

*Categories below were taken from "A System of Care for Children and Youth with Severe Emotional Disturbances" June 1994, Executive Summary, Beth Stroul and Robert Friedman, Ph.D. as a method of organizing the Ideal Services within the CSoC Service Array identified. There were no services identified that fall under the III. Educational, IV. Health or V. Vocational services categories.

I. BEHAVIORAL HEALTH SERVICES

*Wraparound Philosophy and SOC principles

NONRESIDENTIAL SERVICES

Assessment

CANS

Psychiatric

Psychological

CALOCUS

LOCUS

ASAM PPC

Home Based Services

MST

FFT

Homebuilders

PMTO

Triple P

MHRS-Individual Intervention

MHRS-Parent / Family Intervention

MHRS-Skills training group

MHRS-Community Supports

Day Treatment

Emergency Services

Crisis Services / CART

RESIDENTIAL SERVICES

Therapeutic Foster Care

MDTFC

Wraparound Foster Care

Residential Treatment Services

Inpatient Hospitalization

II. SOCIAL SERVICES

Respite Care

VI. RECREATIONAL SERVICES

After School Programs

VII. OPERATIONAL SERVICES

Case Management

Family Driven Case Management

Transportation

*Counseling and Medication Management are integrated within several of these component services.

LOCATION OF YOUTH WHERE SERVICES ARE OPTIMALLY PROVIDED:

- At home
- Through extended family and other natural supports
- In foster care / therapeutic foster care
- In group homes
- In shelters
- In schools

LOCATION OF CLINIC-BASED SERVICES:

- Outpatient clinics, community clinics (such as FQHCs, MHRS agencies, etc.)
- Day Treatment / Partial Hospitalization (Medicare)
- Residential Treatment
- Community-Based Services (Home and School)
 - During school hours
 - After school

Pre-Service Competencies

Prior to delivering services within the Coordinated System of Care, service providers will be expected to demonstrate competency in areas identified as Pre-Service Competencies, listed in Table 2 on the page 10.

The Essential Learning System provides courses addressing many of the topics associated with the Pre-Service Competencies required of service providers. Training opportunities will be made available to providers, at a fee, in each Pre-Service Competency through the Essential Learning System.

Providers may also demonstrate competency through completion of courses through other means or through experience in the specific competency area. To encourage provider involvement in initial implementing communities, participating state agencies are encouraged to consider underwriting some ELS training hours for providers within these communities.

Descriptions of each Pre-Service Competency may be found in the accompanying file entitled “Louisiana Coordinated System of Care Workforce Development Plan – Training Supplement / Work product”. In addition, a spreadsheet of available courses related to each of the Pre-Service Competencies defined above, which have been reviewed by the Training and Workforce Development Committee, can be found in the same accompanying file (which continue to be developed and may serve as guidance to the implementation team).

Table 2: Pre-Service Competencies

Professionalism
Ethics
Confidentiality, HIPAA
Diversity
Engagement
Assessment
Ecological Model
Evidence-Based Practices
Co-occurring Disorders
Crisis Response
Suicide Prevention
Behavioral Interventions
Working with School Systems
Communication and Collaboration Skills
Documentation
Trauma Informed Care
Motivational Interviewing
Supervision (supervisors only)

Training Delivery / Methods / Schedule

Recommended Training Providers:

National resources will be contracted to deliver training for initial implementing communities. The Training and Workforce Development Committee recognizes that the final decisions about these resources lie elsewhere. However, following significant research regarding these specific training subjects, the committee recommends consideration of the following experts as initial deliverers of the recommended training. Additionally, quotes from these sources for this training were used to develop a budget for initial implementing communities.

- Wraparound Training: The Maryland University Innovations Institute, which is associated with the National Wraparound Initiative. An outline of the components of Wraparound training, as well as expectations of which components are appropriate for specific members of the workforce can be found in the workgroup's supplemental document. (Michelle Zabel and Marlene Matarese have served as the committee's key contacts for the Institute.)
- CANS Training: John Lyons. (As an alternative: The Maryland University Innovations Institute provides a comprehensive approach to Wraparound training that includes CANS training, which should be considered as an option.)
 - In a later phase of training, an online, web-based CANS re-training and certification approach should be developed, which may be deployed using the Essential Learning System or another appropriate website.
- Cultural Competency should be infused in all aspects of CSoC development, training and service Delivery. Georgetown University, and specifically Dr. Vivian Jackson, could be contracted to assist in this endeavor.
- FSO: The Maryland University Innovations Institute, which is associated with the National Wraparound Initiative. This recommendation came independently from the FSO workgroup. It is the recommendation of this workgroup that the FSO components of training be integrated with and included in the Wraparound Training component. This approach has been discussed with and is supported by the Maryland University Innovations Institute staff.

Delivery Methods

Training providers will:

- Use adult learning techniques to assure retention of training topics and the ability of students to apply their learning in practice within the work environment.
- Deliver face-to-face training on specific training topics, as outlined herein.
- Conduct site visits at providers or otherwise monitor to assure that training concepts are being implemented in the work place.
- Provide online and phone technical assistance to initial implementers.
- Modify training, as needed, to address learning deficits assessed as being due to the training.
- Prepare online versions of training that can be used for remediation and refreshers for members of the workforce.
- Utilize technology to maximize the effectiveness of the training process, with consideration of capacity issues in rural areas.
- Develop capacity for on-going training and wraparound expertise that will reside in Louisiana through contracting with experts to support the development of a Louisiana training curriculum and expertise.
 - "Train the Trainers" training will be performed by the above identified national expert(s) in Wraparound.

- A comprehensive training program designed to build sustainable local (Louisiana) capacity to train the workforce beyond the initial implementation phase.

The University of Florida System of Care Practice Review Tool (SOCPR) and/or similar tools will be considered as an external measure of knowledge/skill acquisition and other indicators of fidelity within a system of care.

Who Will Attend Training:

It is expected that the following types of workers within the Coordinated System of Care will attend the trainings described within this report:

- State purchasing staff, SMO and FSO staff will be required to participate in overview training for each of the topic areas.
- Wraparound Agency (WAA) staff will be required to participate in all three levels of training for each foundational training topic area (WA, CANS, CLC).
- Service providers will be required to participate in all three levels of training for wraparound (as described in the workgroup's supplemental document) and cultural competency, and attend additional training for the CANS, based on job responsibilities (resulting in basic knowledge, proficiency in administering the CANS or train-the-trainer skill levels).
- Other interested members of the initial implementing communities will be able to participate in the overview training for each of these topic areas.

Training Schedule/Sequence:

- 1) Within one month of selection of initial implementing communities: Initial Orientation, conducted in each initial implementing community.
- 2) Within one month of Orientation: Foundational Training – Step One (held in Baton Rouge for all initial implementing communities).
- 3) Prior to service delivery, completion of Pre-Service Competency training and meet defined expectations of OBH.
- 4) Follow-on Foundational Training – technical support on-site in the initial implementing communities.
- 5) Identification of EBP training(s) to be offered as a state-wide program(s).
- 6) Delivery of appropriate EBP training(s).
- 7) Development of in-state expertise with the assistance of national resources.

Building Capacity and Sustainability within Louisiana

In order to assure long-term capacity within the State of Louisiana to build and train the workforce that will sustain the Coordinated System of Care beyond initial implementation, the following table identifies steps which are recommended by the Training and Workforce Development workgroup. These recommendations build on the recommendations provided in June 2010 by the Provider Training and Capacity workgroup.

Table 3: Capacity Building and Sustainability Recommendations

On-Going Training Curriculum	Define an on-going training curriculum that includes both online courses and face-to-face courses for new members of the provider workforce (either because of new providers being added or because of new employees within existing providers who will be delivering services within the Coordinated System of Care). Develop an annual training calendar, and provide courses on a regular cycle.
Build Local Capacity	Build local capacity for on-going education of the workforce.
University Partnership: Evidence- Based Practice Center	Identify a university partner and together develop an Evidence-Based Practice Training Institute, modeled after the Maryland Innovations Institute. Initial aspects of this partnership could include: <ul style="list-style-type: none"> ○ Deploy DHH resources to develop curricula and teach social work and social service courses in the school of social work designed to develop system of care core competencies among students in human services and allied fields of study. ○ 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. ○ Use university resources to aid in data collection, storage and analysis, instructional design, human capital designation and other identified areas of need. ○ Engage other state and university entities to enhance results, as identified by the Provider Training and Capacity workgroup in their June recommendations.
University Partnership: Training Center for Foundational Training Components	In a second phase of the partnership with a local university, yet to be identified, the training center envisioned above could serve as the delivery vehicle for some or all of the training defined within this document.
University Partnership: Evidence-Based Practice Center	Ultimately, the university partnership could lead to the establishment of an Evidence-Based Practice Center which conducts major activities that include: <ul style="list-style-type: none"> ○ Engaging in on-going dialogue with other EBP Center units to inform and improve implementation efforts. ○ Providing informational support (e.g., written materials, presentations and consultations) regarding the steps necessary for an intervention to: <ul style="list-style-type: none"> ▫ 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 populations who might be harmed by the intervention. ▫ Be implemented effectively from the level of target youth to the level of system-wide policy (i.e., readiness assessment and promotion).

	<ul style="list-style-type: none"> ○ Providing educational opportunities (e.g., presentations, consultations) around community, provider organizations, clinician readiness and implementation practices. ○ Addressing requests related to EBPs from state agencies. ○ Assessing community, provider organizations, and clinician readiness to adopt, implement or expand evidence-based and promising practices. ○ Helping to define a minimum appropriate continuum of care (including both evidence-based and promising practices) for specific sub-populations of youth (e.g., young children, transition-aged youth, youth at risk for Residential Treatment Center, 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.
Funding sources	<p>Consider a variety of funding sources to support the development of the on-going training institute, including:</p> <ul style="list-style-type: none"> ○ Medicaid. ○ Federal funding for training enhancements (such as IV-E). ○ Funding attached to existing training resources and existing university partnerships within various state agencies (such as the Louisiana Child Welfare Comprehensive Workforce Project and the Louisiana Universities Child Welfare Alliance). ○ Existing partnerships with child welfare agencies, such as the MacArthur Foundation, that could be expanded.
Evaluation System	<p>Develop a system of evaluation pertaining to the quality and effectiveness of the above described Training Institute that can assess the effectiveness of the Training Institute in meeting individual and state needs as well as the impact on child, family and systems outcomes.</p>
Curriculum Enhancement Plan	<p>Develop a plan for curriculum enhancement that addresses the people, resources, policies and procedures, supporting systems, and the need for standardized, uniform and sequential courses and curricula for all elements of the Coordinated System of Care workforce.</p>

Budget for Initial Implementing Year

Budget:

CSOC TRAINING BUDGET DETAIL			
<u>Professional Services (Training) - Other Charges</u>	Training	Travel / Expenses Estimates	Total
Initial Orientation Sessions (conducted in each implementing community)	\$ 7,500.00		\$ 7,500.00
Training/TA-program			
WrapAround Training - University of Maryland Innovations	\$ 78,000.00	\$57,182	\$ 135,182.00
Child and Adolescent Needs Strengths (CANS)	\$ 11,250.00	\$3,000	\$ 14,250.00
Training/TA-Family/Youth support			
University of Maryland Innovations	\$ 21,600.00	\$7,550	\$ 29,150.00
Training/TA-Cultural sensitivity			
National experts training identified	\$ 21,600.00	\$7,550	\$ 29,150.00
Supplemental Training			
Support for EBP implementation, training	\$ 118,000.00	\$11,768	\$ 129,768.00
Sub-Total Other Charges – Training			
	\$ 257,950.00	\$87,050	
One OBH administrator to track training certificates, course completions for initial year (responsibility to be assumed by the SMO in subsequent years)			
	\$ 30,000.00		\$ 30,000.00
Sub-Total Personnel – Administrative			
	\$ 30,000.00		
Total			
			\$ 375,000.00

Budget narrative begins on the following page.

Foundational Training Budget Narrative

Initial Orientation (community-specific): A customized orientation for each implementing community designed to introduce each community to the elements of the Ideal Service Array, required Pre-Service Competencies and how to address knowledge gaps, and ideas about the specific providers within each community's CSoC will work collaboratively, including the identification of potential barriers to effective service delivery.

Assumptions:

- Provision of orientation in each of three initial implementing communities
- All participants at the initial orientation will attend at their own expense (or that of their employers), with only direct meeting expenses (room and equipment rental, materials preparation and any food provided during the orientation) covered by this budget.

Training / Support Costs	\$ 7,500
OBH Costs	\$ 7,500.00

System of Care and Wraparound: A three tiered system-wide training approach with multiple courses designed to address multiple levels of knowledge, skill based staff needs. Also provides for coaching and technical assistance (TA) to ensure sustainability of knowledge and skills.

Assumptions:

- Provision of specific training to 50 - 100 staff
- Inclusive of repeat training as CSoC continues to develop and add provider agencies / staff.
- To the extent that there can be efficiencies gained and cost minimized, certain aspects of the training may occur in one central location or multiple sites.

Training / Support Costs	\$135,872 (including travel expense estimates)
OBH Costs	\$135,872.00

Child and Adolescent Needs Strengths (CANS): Standard training consists of a two day training in which an initial CANS training is followed by additional training to support the implementation of training. Will involve a larger group for the first day and use that to get people certified and launch the roll-out and then a smaller group stays the second day to become trainers.

Family Service Organization: (continued)

Assumptions:

- FSO training will follow a schedule of training similar to that of the CLC training (with a three tiered approach).
- Estimated Budget assumption is based on 18 days
 - Overview: 2 days training /2 days prep
 - Community specific training: 3 days /1 day prep
 - Ongoing or targeted TA: 6 days / 2 days prep
- To the extent that there can be efficiencies gained and cost minimized, certain aspects of the training may occur in one central location or multiple sites.

Training / Support Costs	\$1,200/trainer/day plus travel expenses (includes prep days and training days)
OBH Costs	\$29,150.00

Supplemental Training: The coordinated system of care implementing communities will determine and communicate the array of evidence-based practices (EBPs) available and any technical assistance or additional training they require to appropriately respond to the required ideal service array elements and satisfactorily meet the needs of those they serve. Supplemental training / technical assistance will be offered to assure the necessary array of services.

Assumptions:

- Implementation costs for Manualized EBPs identified for the CSoC average \$60,000 per implementation site per EBP. (Depending on which EBP is addressed, the average cost listed above will pay for the first year of implementation for one team or multiple clinicians within an implementing community per site.)
- Technical assistance for implementation and support to implementing communities will be available through OBH and the CSoC participating agencies braided funding.
- To the extent that there can be efficiencies gained and cost minimized, certain aspects of the training may occur in one central location or multiple sites.

Training / Support Costs	\$1200 - 2,000/trainer/day plus estimated travel / expenses.
OBH Costs	\$129,768.00

Pre-Service Competency Training: Access to the Essential Learning System (ELS) for CSoC providers to address knowledge gaps in the workforce. (Use of this system will simplify tracking of this training.)

Assumptions:

- Cost of training will be covered by individual providers
- Cost per unit of ELS: \$10 per CEU, \$9 per course if the course is in the public domain.
- A contract will be needed with Essential Learning for website access for private providers.
- State agencies will consider underwriting a portion of these costs to incent providers to use ELS as a means of addressing knowledge gaps in their workforce.

Administrative Support: Tracking and reporting on training status (Pre-Service Competencies, Foundational Training and supplemental training) is anticipated to require a full-time person during the first year of implementation.

Assumptions:

- This function is anticipated to be assumed by the SMO after the initial year.

Support Costs: \$30,000 / year

OBH Costs: \$30,000

Additional CSoC Implementation Workforce Tasks

In addition to the Workforce Development activities planned to implement the Coordinated Systems of Care within the proposed HCBS waiver, the committee anticipates additional workforce tasks will be identified in order to assure quality care to all those served within the State's array of services. The Authorities documents that address services to youth who are not eligible for services within the CSoC and services for adults, both address training requirements in addition to those previously delineated. These training requirements include; Assessment, Treatment planning, Youth and Parent support basic training, Crisis Stabilization, Critical Incident, Management of Assaultive Behavior / Crisis de-escalation training. ASAM, Trauma Focused training and Basic training will also be made available to all providers of state plan services.

Supplemental Documentation

A supplemental document was compiled by the Workforce Development Workgroup to provide additional detail, discussion, guidance regarding the work plan and includes the following;

- 1) Wraparound Training outline inclusive of the CANS and FSO training
- 2) Cultural and Linguistic Competency
- 3) Ideal Service Array / Evidence Based Practices
- 4) Pre-Service Competencies - Definitions
- 5) Pre-Service Competencies - Recommended Essential Learning Courses