FOCUS

Leading the Way in Coordinated Care

Practitioner Certification Guide

UNIVERSITY of MARYLAND
SCHOOL OF SOCIAL WORK
THE INSTITUTE FOR INNOVATION AND IMPLEMENTATION

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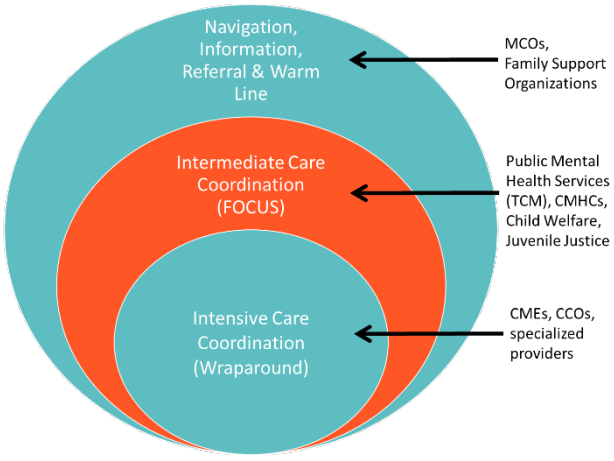
FOCUS

Purpose

FOCUS, developed by The Institute for Innovation & Implementation, is an Evidence Informed Practice (EIP), time-limited intermediate care coordination model designed to support decreased system involvement while working to build connections and supports for families through community-based resources. FOCUS was created to modernize traditional case management models and operationalize the guiding principles within a SOC framework for youth with lesser complex needs and who's needs do not rise to an intensive (Wraparound) care coordination level of need, but who still could be system involved, at risk of deeper system involvement, and whose challenges exceed the resources of a single organization or a families' capacity to gain access to needed supports and services. FOCUS can be utilized in behavioral health, child welfare, and juvenile justice settings to support quality care coordination activities as part of whole workforce or systems reform efforts.

The Institute for Innovation and Implementation is pleased to provide states with the FOCUS Practitioner Certificate Program for locally-identified coaching candidates and selected supervisors. The purpose of the certificate program is to provide local staff with the necessary support and training to sustain a high-fidelity and quality intermediate-level care coordination implementation across child-serving systems within their state or organization. The certificate program includes three levels of certification, each individualized and dependent on state and organizational structures and need.



Intended Population:

FOCUS is intended for youth with lesser complex needs, who are system involved, at risk of deeper or multi-system involvement, and whose challenges exceed the resources of a single organization. Youth involved with child welfare and juvenile justice systems are appropriate populations as well.

Why FOCUS?

1. FOCUS was designed to support **decreased system involvement** while working to **build connections and supports** for families through **community-based** resources.

2. FOCUS was created to **modernize traditional case management models** and **operationalize values** within a System of Care framework for youth with lesser or intermediate complexity of needs.

3. FOCUS is an **intermediate care coordination model** based on a 3-tiered system including intensive care coordination (aka Wraparound), intermediate care coordination (aka FOCUS), and navigation (information, warm referrals and handoffs).

What is FOCUS?

F.O.C.U.S.
Families are experiencing meaningful connections - *positive relationships are necessary for healing*
Outcomes –*are things getting better*
Coordination – *Is everyone working together toward a common goal*
Unconditional Positive Regard – *genuine acceptance no matter what*
Short-Term process – *working to build community resources with a commitment to empowerment and sustainability with minimal system reliance*

FOCUS should be installed in and the work guided by the values of a Systems of Care:

Family driven and youth guided • Home and community based • Strengths based and individualized • Culturally and linguistically competent • Coordinated across systems and services • Connected to natural helping networks • Data driven and outcome oriented

Pires, Sheila; Building Systems of Care: A Primer; 2010; https://gucchd.georgetown.edu/products/PRIMER2ndEd_FullVersion.pdf

Workforce Development

Successful FOCUS implementation requires careful planning for workforce development and is part of a value-based comprehensive system reform effort. Building from implementation science, The Institute generates strategies to build local capacity by offering comprehensive training and coaching to states, systems, communities, and/or organizations interesting in implementing a high-quality intermediate care coordination model.

FOCUS training and coaching support is delivered as a package and is designed to build sustainability in a state or community. The package includes a series of core trainings for practitioners, supervisors, administrators, and community stakeholders. The package also includes more intensive training for local staff identified as candidates for certification and/or supervisors. The highest intensity of training is provided to a cadre of local staff identified for certification. Coaching occurs both on site and virtually, and across multiple settings including supervisory and document review sessions and community settings. Coaching focuses on building a core set of skills needed to support quality practice. The coaching process is supported by Practice Improvement Tools and the Virtual Coaching Platform. Certification is contingent on the candidate's abilities to master these tools for implementation.

Workforce development is supported through both in-person and technology-enabled communication. In addition to on-site visits, FOCUS training/coaching staff utilize video and telephonic conferencing to provide coaching, training, and technical assistance. Sites are granted access to training modules and related resources through the online training center. The development of staff is supported through use of the interactive Virtual Coaching Platform (VCP).

Systems of Care Guiding Principles

FOCUS supports operationalization of the Guiding Principles of Systems of Care:

1. Ensure availability of and access to a broad, flexible array of effective, evidence-informed, community-based services and supports for children and their families that addresses their physical, emotional, social, and educational needs, including traditional and nontraditional services as well as informal and natural supports
2. Provide individualized services in accordance with the unique potential and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family
3. Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate
4. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their communities, states, territories, tribes, and nation
5. Ensure cross-system collaboration, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management
6. Provide care management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner, and that children and their families can move through the system of services in accordance with their changing needs
7. Provide developmentally appropriate mental health services and supports that promote optimal social and emotional outcomes for young children and their families in their homes and community settings
8. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult-service system as needed
9. Incorporate or link with mental health promotion, prevention, and early identification and intervention to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents
10. Incorporate continuous accountability mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level
11. Protect the rights of children, youth, and families and promote effective advocacy efforts
12. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socioeconomic status, geography, language, immigration status, or other characteristics; services should be sensitive and responsive to these differences

Stroul, B., & Friedman, R. (1986). A system of care for children and youth with severe emotional disturbances (Rev. ed.). Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

Key Components of the FOCUS Process

Individualized

- The care coordinator has an orientation to, and appreciation of, the uniqueness, skills, interests, hopes, and desires of each person in the family.
- Strengths for all family members are incorporated into the planning to build on assets.
- Brainstormed options align with the family's preferences and include creative solutions.

Comprehensive

- The care coordinator is knowledgeable about community options and evidenced based practices to support the family in accessing those supports.
- Planning traverses all environments and areas of need including medical needs.
- Context includes multiple informants and information gathered should be incorporated into the planning process.
- The care coordinator is the locus of accountability, responsible for managing care and outcomes across systems and environments.

Accountable

- The care coordinator monitors the services and supports for completion as well as impact and satisfaction.
- Progress around the reasons for referral are tracked overtly with the family.
- The plan is reviewed and adjusted often if things are not getting better.
- This is a time-limited coordination process and it is the care coordinator's duty to ensure that the plan serves the family's needs responsively and effectively.

Family-Anchored

- The care coordinator establishes a partnership with the family and ensures that they are the expert.
- Families drive the care planning process which includes reporting out of need being met, satisfaction with care, and modifications to the plan.
- The care planning process allows opportunities for the family to share what they feel will be helpful and what has been proven to work in the past based on their unique history.
- Care plans are 'right sized' based on information aligning with the family's preferences.

FOCUS Practitioner Certificate Program

Requirements for Local Coach Candidates

Over the course of a minimum of 12 months, applicants will need to meet the requirements below to receive the coaching certification:

1. Registration in the Virtual Coaching Platform (VCP)
2. Completion of core training requirements:
   - Introduction to Intermediate Care Coordination (2-day)
   - Engagement in the Care Coordination Process (1-day)
   - Trauma-Informed Crisis Response and Planning in the Care Coordination Process (1 or 2-day)
   - Supervision of Care Coordination (1-day)
3. A local coach candidate must participate in all FOCUS coaching sessions scheduled by The Institute.
4. Demonstrated proficiency in utilization of the following FOCUS Practice Improvements Tools (PITs):
   - Coaching Response to Enhance Skill Transfer (CREST): a minimum of 12 submissions following coaching sessions for the care coordinator level as well as the supervisor level
   - FOCUS Skill Inventory (FSI):
     - One (1) inter-rater reliability testing document review with a minimum matching score of 85% overall with a 75% minimum match in each phase. This must be completed prior to utilization of the FSI for certification purposes outlined below.
     - On-line submission of 12 – Must span all phases of FOCUS and include both document reviews and field observations. Six (6) of the 12 submissions must be from field observations that should include face to face contacts with families. The coach candidate must obtain matching scores on at minimum 12 FSIs at 85% matching overall and 75% matching within each phase. Note: more FSIs may need to be scored and submitted to meet the minimum threshold as not every FSI submitted will meet minimum standards for matching.
     - Local coaching candidates also must demonstrate skill in supporting the supervisor to address areas of challenge for their staff as identified in the FSI.
   - Supervisory Assessment System (SAS): score 9 out of 12 points possible across 3 coaching sessions with FOCUS coach; 75% (3 out of 4 possible points) minimum in each section (coaching, communication, and analysis). Skill must be demonstrated across levels of staff and at minimum include care coordinators and their supervisors.
   - Other tools as necessary to support local need

   Local coaching candidates must demonstrate the skills associated with transfer of knowledge and building of skills related to quality practice in intermediate care coordination. To achieve this, coaching candidates are required to utilize the PITs in coaching sessions with care coordination staff. The Institute's FOCUS coach will also use PITs over the course of the certification period to track the progress of the candidate.
5. Local coaching candidates also are required to participate in the training of future staff. Not all coach candidates will become certified trainers (see training certification requirements below), but it is expected that states will support the development of local trainers within the local coaching candidate pool identified. While not all coaching candidates will be certified trainers, all coaches may at times deliver booster trainings or group coaching activities which require mastery of training content elements as well as the ability to support skill attainment in a group setting.
6. The local coaching candidate will utilize the information management and data collection system designated by The Institute.

Requirements for Supervisors

Over the course of 12 months, applicants will need to meet certain requirements to receive certification. These requirements consist of:

1. Registration in FOCUS Virtual Coaching Platform (VCP)
2. Completion of core training requirements:
    - Introduction to Intermediate Care Coordination (2-day)
    - Engagement in the Care Coordination Process (1-day)
    - Trauma-Informed Crisis Response and Planning in the Care Coordination Process (1 or 2-day)
    - Supervision of Care Coordination (1-day)
3. Demonstrated proficiency in utilization of the following FOCUS Practice Improvements Tools (PITs):
    - Coaching Response to Enhance Skill Transfer (CREST): a minimum of 12 submissions following coaching sessions
    - Supervisory Assessment System (SAS): score 9 out of 12 points possible across 3 coaching sessions with FOCUS coach; 75% (3 out of 4 possible points) minimum in each section (coaching, communication, and analysis)
    - FOCUS Skills Inventory (FSI):
        - One (1) inter-rater reliability testing document review with a minimum matching score of 85% overall with a 75% minimum match in each phase. This must be completed prior to utilization of the FSI for certification purposes outlined below.
        - On-line submission of 12 – Must span all phases of FOCUS and include both document reviews and field observations. Six (6) of the 12 submissions must be from field observations that should include face to face contacts with families. The supervisor must obtain matching scores on at minimum 12 FSIs at 85% matching overall and 75% matching within each phase. Note: more FSIs may need to be scored and submitted to meet the minimum threshold as not every FSI submitted will meet minimum standards for matching.
        - Demonstrate skill in addressing areas of challenge for their staff as identified in the FSI.
    - Other tools as necessary to support local need

    Supervisors are required to demonstrate the skills associated with transfer of knowledge and building of skills related to quality practice in intermediate care coordination. To achieve this, supervisors are required to utilize the PITs in coaching sessions with care coordination staff. The FOCUS coach will also use PITs over the course of the certification period to track the progress of the candidate.
4. Supervisors are also required to participate in the onboarding of new staff as well as develop support responses based on data collected through supervision and quality assurance measures. Not all supervisors will become certified trainers, but it is expected that supervisors will develop and deliver booster trainings or group coaching activities in response to data indicators which requires mastery of training content elements as well as the ability to support skill attainment in a group setting.
5. Proficiency in application of and response to FSI data or other data sources as applicable to support skill growth in staff.
6. Supervisor candidates will utilize the information management and data collection system designated by The Institute.

Requirements for Trainers

While working toward one of the two certificate programs listed above, coach candidates or supervisors may also work to achieve a trainer certification. It is expected that a state or organization will identify, from the certification pool, candidates who will also support training. *NOTE: To obtain a trainer certification, staff must successfully meet one of the above outlined coaching certificates. Training certification will NOT be awarded as a standalone certification.*

Training certification requirements include:

1. Observe a minimum of 1 training each for Introduction to Intermediate Care Coordination, Engagement, and Crisis trainings.
2. Co-train with a FOCUS coach or Local Coach, as authorized, for all trainings.
3. Be observed training independently- Introduction to Care Coordination, Engagement, and Crisis trainings.
4. Demonstrate mastery of the curriculum and the ability to manage participants as well as demonstrate the ability to maintain the integrity of the training and adhere to adult learning theory.
5. Local trainers are also required to participate in the development of training boosters in response to data and needs identified in the field. They must demonstrate mastery of key concepts and be able to present the material in a manner that supports skill development of the identified concept or element while maintaining the integrity of training expectations modeled for them as well as adhere to adult learning theory principles.

   Note: Items 1-3 may be required to be completed more than once and is dependent on proficiency demonstrated and ongoing support required to achieve certification.

Core Training Course Descriptions

*Online trainings are available online at https://theinstitute.umaryland.edu/training under online training and the category of FOCUS/Intermediate Care Coordination.

*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. This is a pre-requisite to attending the Introduction to Intermediate Care Coordination training.

*Introduction to Intermediate Care Coordination (2-day)

Provided for all staff expected to implement or supervise Intermediate Care Coordination activities. Through attendance at this training, participants will be able to:

- Gain an understanding of the critical components of the care coordination process to provide quality support and connections for families
- Practice the steps of the process to include: clear identification and understanding of the reason for referral and target behaviors for change; identifying relevant supports and resources the family has utilized or leaned on in the past; eliciting strengths about the family; identifying factors that contribute to the behaviors placing the youth at risk or causing strain for the family; and establishing a vision of where the family hopes to be at the end of service.

*Engagement in the Care Coordination Process (1-day)

Provided for all staff expected to implement or supervise Intermediate Care Coordination activities. Through attendance at this training, participants will be able to:

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

*Trauma-Informed Crisis Response and Planning in the Care Coordination Process (1 or 2-day)

Provided for all staff implementing or supervising Intermediate Care Coordination. This training can be tailored to meet specific system-identified needs pertaining to trauma-informed care and crisis planning. Through attendance at this training, participants will be able to:

- Develop an understanding of the critical components of a crisis and safety plan
- Understand what defines a crisis or safety issue within intermediate care coordination
- Integrating trauma-informed practices throughout the planning process
- Practice creating a crisis plan that is useful to families

*Supervision of Care Coordination (1-day for supervisors/coaches only)

Provided for supervisors and coaching candidates of FOCUS. Through attendance at this training, participants will be able to:

- Identify and develop skill on the tools necessary to support quality implementation
- Develop an increased understanding of the role of the supervisor or coaching candidate

FOCUS: Practice Improvement Tools (PITs)

The Institute has designed as part of our coaching and training model, several coaching and practice level implementation support tools. These tools are designed to support quality FOCUS implementation through targeted skill building at the supervisory and frontline staff levels. These tools include: The FOCUS Skills Inventory (FSI), the Coaching Response to Enhance Skill Transfer (CREST), and the Supervisory Assessment System (SAS).

1. The **FOCUS Skill Inventory (FSI)** is a 49 item practice-level implementation tool utilized by supervisors, coaching candidates, and FOCUS coaches to assess practitioners' mastery of the specific skills necessary to ensure a high fidelity and quality intermediate care coordination process. The tool uses inter-rater match on items organized into subgroups by the four stages of the FOCUS process: Engagement/Information Gathering, Plan Development, Monitoring/Adjusting, and Aftercare.

2. The **CREST (Coaching Response to Enhance Skill Transfer)** is a proactive supervision tool used to build and reinforce skill development around quality intermediate care coordination/FOCUS practice.

3. The **SAS (Supervisory Assessment System)** is a system by which a coaching candidate and FOCUS coach would assess a supervisor's or coaching candidate's ability to coach, communicate, and collect and analyze data to identify effective practice skills and linking those skills to the broader practice of care coordinators or supervisors within the FOCUS model.

Commitment to the Coaching Process

Onsite coaching session agendas should be set by the organization and provided to the coach prior to the scheduled session. Debriefing and feedback will be given to administrators, directors, and supervisors for care coordination staff. The organization will provide the feedback to the care coordinator as part of the coaching process.

Coaching Protocols and Expectations

On-site Coaching Session Protocol

Onsite coaching sessions can occur across settings and will span observation types. Observation types include supervisory sessions and family and community engagement and planning activities. Team meeting (TMs) observations could be included depending on child-serving system implementation and state policy. Coaching sessions will be recorded when appropriate. For any type of coaching sessions, the following documents* must be provided:

1. Referral documentation
2. Family story/narrative/Quad
3. Crisis Plan
4. Plan of Care (POC)
5. Assessments as appropriate

*Note additional items may be requested depending on state requirements and procedures. These additional documents could include: progress notes, minutes, etc. Please ensure this information is clearly communicated to staff participating in these sessions so expectations are clearly understood.

Supervision Sessions:

Coaching participants should plan to spend at least 2 -3 hours per supervision session. ONE supervisor and/or coach candidate will be targeted for each session and the FOCUS coach will meet with the supervisor/coach candidate for the first 45 minutes to 1 hour. Following this discussion, the supervisor will bring in the assigned care coordinator. The FOCUS coach or the coach candidate/supervisor guides the supervision process utilizing practice improvement tools as appropriate to the coaching session. The FOCUS coach will model, support and instruct the supervisor to give feedback to the care coordinator and assist as needed. The CREST form will be utilized for feedback to the care coordinator and the coach will assist with completion of the form during the session.

Family and Community Engagement Activities

These sessions include activities associated with any areas in which the supervisors feel they need support. Activities include but are not limited to: gathering of the family story, engaging family or team members, explaining FOCUS, planning sessions with family, etc. and can be offered in vivo, through training boosters, or role plays.

Virtual Coaching Session Protocol

Virtual coaching sessions can take many forms. The first of those is virtual supervision in which a local coach candidate, supervisor (if different from the coaching candidate), and care coordinator are present for the session. For a supervisory session, the following protocols should be followed:

Preparation:

1 week prior to session: Copies of the referral information, family story/timeline/Quad, crisis plan, most recent Plan of Care, assessment data, and any other meeting minutes or notes that may be helpful should be scanned and sent to the coach. These plans should be redacted prior to sending. If plans are not received on time for these scheduled virtual sessions, the coaching session will be cancelled and rescheduled for the following month. Supervisors should come prepared with the practice improvement tools.

Virtual Supervisory Session:

All participants (coaching candidates, supervisors, and care coordinators) should plan to spend at least 2 hours per virtual coaching session. The coach candidate/supervisor should plan to meet with the FOCUS coach for the first 45 minutes to 1 hour. After that, the coach candidate/supervisor will be asked to bring in the assigned care coordinator. The supervisor will lead the coaching session. The FOCUS coach will be on the phone to provide additional support and structure as needed and to guide the supervisor. The supervisor will be coached to provide supervision and feedback to the facilitator using the practice improvement tools.

Please note these virtual coaching sessions will be recorded for uploading into Virtual Coaching Platform (VCP).

Virtual sessions can also be scheduled after a local coaching candidate or supervisor uploads a supervisory session to the VCP. In this instance the following protocols should be followed:

Preparation:

The supervisor or coaching candidate would conduct a supervisory session and record the interaction. The supervisor/coaching candidate then uploads the session(s) recording along with supporting documentation (referral, POC, Crisis Plan, and Quad as well as any other documentation that may be pertinent). The coaching candidate would complete the appropriate template in VCP. VCP will then notify the FOCUS coach the session is ready for review. For a team meeting, this would include prep conversations, the actual recording of the TM, and the staff debriefing. For a supervisory session, it would include the recording of the session. The FOCUS coach will then review all uploads and score and provide feedback as appropriate to the submission. VCP will automatically alert the supervisor or coaching candidate that their session is ready for comparison.

Virtual Feedback Session:

The coach and the coaching candidate/supervisor will then schedule a virtual feedback session to review scores, provide clarification, and support the staff moving forward. Any further coaching support plans would be discussed at this time.

Team Meeting (TM) Observations (if appropriate to the implementation effort)

Preparation Session:
For each TM observed, preparatory time will be required prior to meeting. These prep coaching sessions will be held prior to the TM observations to support the supervisor and care coordinator around particular skills to be exemplified during the meeting. Supervisors and care coordinators should come prepared with the referral information, family story/timeline/Quad, crisis plan, POC, etc. Care coordinators should also bring any documentation from previous meetings. The FOCUS coach will meet with the supervisor briefly (10-15 minutes) prior to beginning the session.

During this prep session, background information, referral information, the family story/timeline/Quad, crisis plan, and the most recent POC, etc. will be reviewed and discussed with the care coordinator and supervisor. The prep session will begin with the supervisor but will include the care coordinator to identify any updates and discuss planned agenda items for the TM.

TM Observation:
During the TM, participants are limited to the coach and one supervisor in addition to the team members. The coach will not lead the TM unless this was discussed during the prep session. It is the expectation the care coordinator will run the TM with the supervisor stepping in as needed to help guide and model the process. Note: the exception to this is if the coach feels harm is being done to the family. Any incident of this nature will be reported to administrative staff of the agency.

Post TM debrief:
Following a TM observation, the coach will debrief with the supervisor. This session is brief, usually no more than 30 minutes.

**Ensure the family is notified ahead of time that observers will be joining the meeting.

FOCUS Skill Inventory (FSI) Scoring Protocols

FSIs will be scored after each coaching session as outlined above. FSIs can be scored for a document review, supervisory session, or TM observation. Once the supervisor has matched on the reliability testing POC sent out by the FOCUS coach, the supervisor may begin using the FSI on their own with staff in addition to organized coaching sessions scheduled by your coach. You DO NOT have to rely on organized coaching sessions with the coach to complete and submit FSI scores and documentation. When submitting FSI scores for a session, any and all documentation important for the coach to consider when co-scoring should be uploaded. The more information and detail provided, the more likely it will be the scores will match. This documentation should include at a minimum the referral documentation, family story/Quad, crisis plan, assessments, and POC. Pictures of TM post- its, progress notes, recordings of supervisory sessions and TMs, etc. could also be submitted as deemed appropriate. It is recommended for supervisors that one FSI per month be completed on each staff member. All FSI scores and documentation must be uploaded to the website using the Virtual Coaching Platform (VCP). FSI scoring will most likely occur with the coach around coaching sessions with the care coordination staff or the coach may provide documentation from other states or organizations for supervisory growth opportunities. Feedback and scores will be provided within 2 weeks for each FSI submission.

Coaching sessions either on-site or virtual should occur every 30-45 days at minimum. Local coaching candidates/supervisors will gain skill more quickly the more they make strong supervisory practices a habit. Ongoing coaching and feedback are just one component of effective practices. It is recommended that individual supervision occur weekly and group supervision occur twice a month.

Necessary Commitment of Participants

To enhance fidelity to the model, certain structures around coaching and feedback are needed to ensure continuous practice improvements. Recognizing that quality front line practice requires organizational support and supervision, The Institute, as part of the certification process, requires the following:

1. A coaching candidate/supervisor must be present at coaching sessions. This includes TM observations, feedback, and individualized coaching/training sessions.

2. Coaching will be scheduled to allow sufficient time for observations, feedback with supervisors, and then facilitated feedback from the supervisors or clinical directors with the care coordinators.

3. The expectation is that the supervisors and/or the clinical directors are available to meet with coaches around feedback of the observation or review. The coaches will then observe and assist as needed while the supervisor/clinical director provides feedback to the care coordinator.

4. Coaching reports will be provided by The Institute/FOCUS to each Clinical Director and Supervisor for the specified region within 2 weeks of coaching session.

Capacity Statement

UMB is a public, non-profit, educational institution and a constituent institution of the University System of Maryland, an agency of the State of Maryland, with the necessary capacity, working capital, and other resources to perform and complete the proposed application. UMB received $667.4 million in grants and contracts in fiscal year 2018.[1] The Institute for Innovation & Implementation (The Institute), founded in 2005, is a department within the UMB School of Social Work (SSW). The Institute works to build research-based, innovative, sustainable, and transformative child-and family-serving systems, services, and workforce capacity in partnership with government agencies; provider, community, and family- and youth-run organizations; and other leaders and stakeholders to integrate systems and improve outcomes for and with children, youth, and families. It serves as a national training, technical assistance (TA), evaluation and policy center focused on children's systems and manages more than 50 contracts, worth approximately $20 million annually, with the federal government, multiple state governments, foundations, and private organizations that span multiple parties and years.

Since 2013,[2] The Institute has served as the coordinating entity for the National Technical Assistance Network for Children's Behavioral Health (TA Network), which operates the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA) National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC) and provides training and TA to states, tribes, territories, and communities focused on improving children's behavioral health. The TA Network provides support to communities funded by SAMHSA's Comprehensive Community Mental Health Services for Children and Their Families Program ("system of care grantees"), including youth and family leadership and organizations. The TA Network includes a diverse group of partner organizations and consultants to ensure a broad array of specific expertise who are each deeply committed to supporting high quality, cost effective, and community-based services and supports. The TA Network's contract includes an interagency agreement with the Administration for Children and Families Children's Bureau (CB) to support implementation of the Family First Prevention Services Act (FFPSA) focusing on the necessary service array for states to meet the needs of children and families involved with the child welfare system to safely prevent foster care and shorten lengths of stay.

The Institute is also the CB's National Quality Improvement Center on Tailored Services, Placement Stability, and Permanency for LGBTQ2S Children and Youth in Foster Care (LGBTQ QIC), collaborating with the CB and four local sites to develop, integrate, and sustain best practices and programs that improve outcomes for youth in foster care with diverse sexual orientation and gender identity and expression (SOGIE). Additionally, the Institute is part of the CB-funded National Adoption Mental Health Training Initiative led by the Center for Adoption Support and Education; The Institute is responsible for developing, maintaining, and evaluating the online training modules for adoption and mental health professionals. The Institute is also the recipient of Maryland's CB-funded Youth At-Risk of Homelessness Demonstration Grant, known as Thrive@25, and serves as the CB's National Center on Evidence-Based Practices in Child Welfare.

In addition, The Institute is home to the National Wraparound Implementation Center (NWIC) and two state centers of excellence in Maryland and Texas, which have played substantial roles in providing technical assistance and capacity building support to ensure children receive mental health services in their homes and communities in those states. For example, as part of its Maryland Center, The Institute has provided grant administration, policy analysis, TA, and/or evaluation for many federal grants, including at least nine SAMHSA and two CMS demonstration grants. The Institute currently supports the Maryland Department of Human

Services (DHS; child welfare agency) with its implementation and evaluation of its Title IV-E Waiver Demonstration Project, providing technical assistance to all 24 local departments of social services in MD on identification, selection, and implementation of evidence-based and promising practices; data collection, analysis, and reporting for all continuous quality improvement activities related to interventions implemented under the Title IV-E Waiver; conducting the federally required evaluation of the Title IV-E Waiver; and, providing technical assistance (TA) on policy, financing, and systems design, including Medicaid financing and the Family First Prevention Services Act. The Maryland Center at The Institute has also run the Maryland Evidence Based Practice Center for nearly ten years, serving as the intermediary for MST and FFT for Maryland, and has completed annual service array analysis, by jurisdiction, for juvenile services for several years and will start doing the same for child welfare this year.

In addition, The Institute leads the Maryland DHS-funded Children's Quality Services Reform Initiative, including developing service specifications; developing and implementing performance measures to align with service specifications; drafting Medicaid State Plan Amendments; and providing training and TA to community-based providers and State agencies. UMB was also a participant in a CMS-funded multi-state quality collaborative with the Center for Health Care Strategies from 2010-2015 and currently facilitates quality collaboratives for the LGBTQ QIC and TA Network. The Institute's faculty and staff have nationally recognized expertise and leadership in the fields of children's behavioral health; systems of care; clinical practice; care management; Medicaid, managed care, and financing; child welfare, juvenile justice, and public child- and family-serving systems; parent, infant, and early childhood development and mental health; housing and homelessness; LGBTQ youth and young adults; evidence-based and promising practices; policy analysis and development; and, developing and disseminating adult online learning content.

The SSW's Ruth H. Young Center for Children and Families (RYC), home to Maryland's Child Welfare Academy, Child Welfare Accountability Project, and initiatives related to ending and preventing trafficking, will be integrating with The Institute in fall 2019. This merger will provide streamlined support and capacity to numerous child welfare initiatives. The Maryland DHS has partnered with RYC for more than 25 years.

The Institute's administration and business operations and grants team provides accounting services and supports procurement, human resources, professional development, travel, and general business functions. The Institute's Executive Management Team, including the Assistant Dean at UMBSSW and Director of The Institute, collectively manages the contracts, personnel, and quality of work. The Institute maintains an instructional design and multi- media team, meeting support and events team, communications and marketing team, and an international continuous quality improvement and implementation team to provide the necessary infrastructure to ensure quality, conduct webinars, disseminate information through social media, and facilitate meetings and training events.