



NWIC

National Wraparound  
Implementation Center

*Advancing Systems ✦ Enhancing the Workforce ✦ Improving Outcomes*

# Maryland Statewide CME Practitioner Care Coordination Certification Guide for Care Coordinators and Supervisors

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# NWIC

National Wraparound  
Implementation Center

**The National Wraparound Implementation Center** (NWIC) supports states, communities, and organizations to implement Wraparound effectively. NWIC uses innovative approaches grounded in implementation science and incorporating cutting-edge strategies to support Wraparound implementation. NWIC provides support that is intensive yet affordable. The work is focused on building sustainable local capacity to provide model-adherent, high fidelity Wraparound, thereby increasing positive outcomes for children, youth, and their families.

NWIC is a partnership among the three leading universities involved with Wraparound implementation: The University of Washington School of Medicine; Portland State University School of Social Work; and the University of Maryland, School of Social Work. These three universities collaborate to ensure sites have access to comprehensive support for implementing model-adherent, high quality Wraparound for children and youth with behavioral health needs and their families.

Implementation research tells us that, by focusing on the specific drivers/areas of implementation, we can support consistent program implementation leading to improved outcomes. The three main areas of implementation on which the NWIC concentrates are:

- organization and system development, which focuses on policy, financing, and systems structure;
- workforce development, which focuses on processes for training, coaching, and supervision; and
- accountability, which focuses on the measurement of key quality assurance indicators and outcomes.

States, communities, and organizations benefit most from an integrated approach to implementation. In keeping with this, NWIC works with sites at any stage of implementation—from initial planning to established initiatives—using a tailored and intensive approach to implementation support. This process begins with a rigorous assessment of current implementation. Based on assessment results, NWIC will work with the site to design a *comprehensive implementation support plan* to address identified needs. The comprehensive plan will integrate efforts across the three main areas of implementation.

Implementation support from NWIC is provided using a strategic combination of in-person and technology-enabled strategies. NWIC's expanding array of technology-enabled communication options includes telephone and video conferencing, the Wraparound Virtual Coaching Collaborative (WVCC), a virtual training center, and the Virtual Coaching Platform (VCP). Implementation support is also provided through the use of a variety of online tools including automated tracking and feedback systems, web-based clinical support, and a Wraparound-specific electronic behavioral health record.

In addition to the Institute's efforts within NWIC, the Institute also is currently responsible for project management, training and evaluation for the Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care Grants - MD CARES and Rural CARES; project management for the Center for Medicare and Medicaid Services (CMS) Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant; evidence-based practice evaluation and implementation, including of Multi-Systemic Therapy, Functional Family Therapy, Multi-Dimensional Treatment Foster Care, and, Brief Strategic Family Therapy; Wraparound implementation, and a national technical assistance and implementation center for wraparound practice and evidence based practices. The Institute has contracts with the Maryland Governor's Office for Children on behalf of the Children's Cabinet, the Maryland Department of Health and

Mental Hygiene, Talbot County, Annie E. Casey Foundation, CMS and SAMHSA, as well as states and localities throughout the country.

The Institute is housed within the University of Maryland School of Social Work (SSW), founded in 1961, is the administrative structure responsible for implementing the proposed project. Dean Richard Barth, who was appointed by the President of the University of Maryland, Baltimore (UMB), in 2006, is responsible for the day-to-day operation of the school.

SSW has extensive experience in the provision of training and technical assistance to state and local governments, as well as private providers, advocates, community groups, and faith-based organization regarding children's behavioral health, which include, but are not limited to: high-fidelity wraparound; early intervention, school-based mental health and trauma-informed services; child welfare services (child abuse/foster care/adoptions) and income assistance (SNAP, TANF, and child support); effective and accurate state data systems; and evaluation of innovative and evidence-based practices. This training and technical assistance support the ability of child- and family-serving systems to maximize cross-agency coordination and to accelerate cross-system reform efforts. Through a variety of mechanisms including on-site, teleconferences, podcasts, and other social media vehicles, UM SSW provides training, supports best-practice implementation, and/or provides technical assistance in more than 20 states. The UM SSW has an interdisciplinary group of scholars working on children's issues including researchers with advanced degrees in criminology, public health, developmental psychology, social work, social policy, and law.

Both The Institute and The University of Maryland, School of Social Work's capacities bring the latest in field of technology and distance learning. Housed within the SSW is a state of the art media center designed with resources and equipment such as camcorders; tripods; data projection for electronic presentation; audio recorders; slide projectors; and overhead projectors with a recording and editing studio. The SSW also has two fixed video conferencing rooms (a 170-seat auditorium and a 12-seat classroom) as well as portable videoconferencing capacity. The SSW utilizes Blackboard and Webex as its' web-based software systems that offer industry-leading course management and webinar capacity. Further, the Institute maintains webinar technology with the ability to record and post trainings online and an online training center. Whenever possible, the Institute aims to provide a variety of learning opportunities to address the individual learning styles of participants and meet diversified workforce development needs.

The Technical Assistance Network for Children's Behavioral Health (TA Network) provides technical assistance and support on a national level to state and local agencies, including youth and family organizations, who work with children and youth with complex behavioral health needs and are funded by the Comprehensive Community Mental Health Services for Children and Their Families Program (Children's Mental Health Initiative or CMHI, also referred to as system of care grantees). The TA Network's mission is to develop effective service systems and establish a skilled and well-prepared workforce that can expand and sustain community-based systems of care across the United States to benefit all children and youth with behavioral health needs and their families.

## Workforce Development

Successful Wraparound implementation requires careful planning for workforce development. Building from implementation science, NWIC focuses on strategies to build local capacity by offering comprehensive training and coaching to states, communities, and/or organizations implementing a high quality, high fidelity Wraparound approach.

NWIC's training and coaching support is delivered as a package and is designed to build sustainability in a state or community for the local Wraparound workforce. 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 supervisors identified for certification. Coaching occurs both on site and virtually, and across multiple settings, including child and family team meetings, supervisory and document review sessions, and community or team engagement meetings. Coaching spans all phases of the Wraparound process, focusing on building a core set of skills needed to support quality practice. The coaching process is supported by Wraparound Practice Improvement Tools and the Virtual Coaching Platform. Certification is contingent on the supervisors' 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, NWIC uses video and telephonic conferencing to provide coaching, training and technical assistance. Sites are granted access to the NWIC's extensive library of training modules and related resources through the virtual training center. The development of organizations and supervisory staff is supported through use of the interactive Virtual Coaching Platform (VCP). In addition, supervisors have access to the Wraparound Virtual Coaching Collaborative (WVCC), which provides an online "meeting place" for local certified coaches and coaching candidates. The WVCC allows coaching certification candidates to exchange ideas, ask and answer questions, and share work products related to Wraparound.

### Purpose

NWIC is pleased to provide Maryland with the Wraparound Supervisory Certificate Program. The purpose of the certificate program is to provide CCOs and their supervisors with the necessary support and training to sustain a high-fidelity and quality wraparound practice implementation in Maryland. The certificate program is designed to support wraparound staff through coaching, training and technical assistance through the phases of the wraparound process. Though this certification is for supervisors, care coordinators will also be required to participate in all of the core trainings and will receive coaching and support through this technical assistance process.

### Why Wraparound?

- To ensure caregivers and youth have ACCESS to the people and processes in which decisions are made as well as access to needed resources and services.
- To ensure family's VOICES are heard and they are full decision makers in charge of their own lives.
- To ensure the family has OWNERSHIP of the planning process in partnership with the team and is in agreement and committed to carry out the plan.

### What is Wraparound?

Wraparound is an ecologically based process and approach to care planning that builds on the collective action of a committed group of family, friends, community, professional, and cross-system supports mobilizing resources and talents from a variety of sources resulting in the creation of a plan of care that is the best fit between the family vision and story, team mission, strengths, needs, and strategies.

## Ten Principles of Wraparound

1. **Family voice and choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.
2. **Team based.** The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.
3. **Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.
4. **Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.
5. **Community-based.** The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.
6. **Culturally competent.** The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.
7. **Individualized.** To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.
8. **Strengths based.** The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.
9. **Persistence.** Despite challenges, the team persists in working toward the goals included in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer required.
10. **Outcome based.** The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

## Key Elements of the Wraparound Process

### Grounded in a Strengths Perspective

Strengths are defined as interests, talents, and unique contributions that make things better for the family. Within an entire process that is grounded in a strengths perspective, the family story is framed in a balanced way that incorporates family strengths rather than a focus solely on problems and challenges. A strengths perspective should be overt and easily recognized, promoting strengths that focus on the family, team, and community, while empowering and challenging the team to use strengths in a meaningful way.

### Driven by Underlying Needs

Needs define the underlying reasons why behaviors happen in a situation. In a needs-driven process, the set of underlying conditions that cause a behavior and/or situation to exist are both identified and explored in order to understand why a behavior and/or situation happened. These needs would be identified across family members in a range of life areas beyond the system defined areas. These underlying conditions would be articulated and overt agreement with the family and all team members about which to select for action or attention would occur. The process involves flexibility of services and supports that will be tailored to meet the needs of the family.

### Supported by an Effective Team Process

Wraparound is a process that requires active investment by a team, comprised of both formal and informal supports willing to be accountable for the results. Measurable target outcomes are derived from multiple team member perspectives. The team's overall success is demonstrated by how much closer the family is to their vision and how well the family needs have been addressed.

### Determined by Families

A family-determined process includes both youth and caregivers and the family has authority to determine decisions and resources. Families are supported to live a life in a community rather than in a program. The critical process elements of this area include access voice, and ownership. Family access is defined as inclusion of people and processes in which decisions are made. Inclusion in decision making implies that families should have influence, choice and authority over services and supports identified in the planning process. This means that they should be able to gain more of what is working and less of what they perceive as not working. Family voice is defined as feeling heard and listened to, and team recognition that the families are important stakeholders in the planning process. Therefore, families are critical partners in setting the team agenda and making decisions. Families have ownership of the planning process in partnership with the team when they can make a commitment to any plans concerning them. In Wraparound, the important role of families is confirmed throughout the duration of care.

# Wraparound Practitioner Certificate Program

## Requirements for Care Coordinators

Over the course of a minimum of 12 months applicants will need to meet certain requirements in order to receive certification. These requirements consist of:

1. Completion of core training requirements
  - Introduction to Wraparound Brief Overview (prior to serving children) (*available online*)
  - Child & Adolescent Needs & Strengths (CANS) Assessment (*available online*)
  - System of Care Overview (*available online*)
  - Oral Health Care for Children and Adolescents (*available online*)
  - Somatic Health Care for Children and Adolescents (*available online*)
  - Introduction to Wraparound (3-day training)
  - Engagement in the Wraparound Process (1-day Training)
  - Intermediate Wraparound: Improving Wraparound Practice (2-day Training)
2. Participation in on-site coaching sessions from The Institute's trainer/coach for a minimum of 1 year with successful completion within two years.
3. Participation in practice observations conducted by The Institute Trainer/Coach including at a minimum of:
  - 1 Implementation CFT Observation (Phase III of the Wraparound Process)
  - 1 Transition CFT Observation (Phase IV of the Wraparound Process)
  - 1 Supervision sessions with the care coordinator and their supervisor
  - 1 Document Review

Coaching practice observations and document reviews will be assessed using the Coaching Observation Measurement for Effective Teams (COMET) tool. This tool is designed to be used as a Wraparound Practice Improvement Tool (WPIT). The Institute's coach and the care coordinator's supervisor will use the COMET over the course of the certification period to track progress toward achieving quality practice. The practitioner will need to meet a minimum threshold of an 80% with a minimum of a 70% in each element within each of the above practice observations. For each observation, the practitioner will need to provide the coach with the most recent documentation including: CANS assessment, plan of care (POC) including the crisis plan, family narrative or timeline, referral information, and any other relevant documentation.

4. Feedback will occur during the regularly scheduled onsite coaching sessions. Supervisors will need to be present during these sessions
5. The Institute coaches will also be available for onsite support as well.



## Requirements for Care Coordination Supervisors

Over the course of a minimum of 12 months and no more than 24 months, applicants will need to meet certain requirements in order to receive certification. These requirements consist of:

1. Completion of core training requirements
  - Introduction to Wraparound Brief Overview (prior to serving children) *(available online)*
  - Child & Adolescent Needs & Strengths (CANS) Assessment *(available online)*
  - System of Care Overview *(available online)*
  - Oral Health Care for Children and Adolescents *(available online)*
  - Somatic Health Care for Children and Adolescents *(available online)*
  - Introduction to Wraparound (3-day training)
  - Engagement in the Wraparound Process (1-day Training)
  - Intermediate Wraparound: Improving Wraparound Practice (2-day Training)
  - Advancing Wraparound Practice: Supervision and Managing to Quality (2-day Training)
  - Introduction to Coaching and Training Tools (1-day Training)
2. A supervisor must participate in every coaching sessions schedule by The Institute and at minimum participate in 6 coaching sessions per year based on staff and locality.
3. Demonstrated proficiency in utilization of the following Wraparound Practice Improvements Tools (WPITs):
  - Coaching Observation Measure for Effective Teams (COMET)
  - Supportive Transfer of Essential Practice Skills (STEPS) Wheel
  - Coaching Response to Enhance Skill Transfer (CREST) Tool
  - Supervisory Assessment System (SAS) Tool
  - Other tools as necessary to support need

Supervisors are required to demonstrate the skills associated with transfer of knowledge and building of skills related to quality practice in wraparound. In order to do this, supervisors are required to utilize the WPITs in coaching sessions with care coordination staff. The Institute's coach will also use WPITs over the course of the certification period to track the progress of the supervisor. The supervisor will need to meet a minimum threshold of demonstrated skills and abilities in building necessary skills for care coordination staff associated with the support of a high quality wraparound practice.

4. Successful completion of the following:
  - One Training Document Review using the COMET. –The supervisor should match The Institute's coach at 85% overall with a 75% minimum match in each key element. This also must be completed prior to utilization of the COMET for certification purposes outlined below. .
  - On-line submission of 12 COMETS –These submissions will be reviewed by The Institute's coach and evaluated. Feedback will be provided and for successful completion, the supervisor must demonstrate growth in understanding and matching scores on the COMET (85% overall/75% within each element).
  - Demonstrated proficiency in the STEPS and CREST over the course of coaching with a minimum of 3 observations in which proficiency has been achieved as measured by the SAS (minimum 24/30)
5. The supervisor will utilize the information management and data collection system designated by NWIC.
6. Feedback will be ongoing and may occur face to face, via conference call, or email.

## Continuing Education Requirements

To maintain Wraparound Practitioner Certification,

### Care Coordinators

1. Maintain CANS certification by becoming recertified annually
2. Participation in practice observations conducted by The Institute Trainer/Coach including at a minimum of:
  - 1 CFT Observation
  - 1 Supervision sessions with the care coordinator and their supervisor
  - 1 Document ReviewPassing scores of an 80% overall with a 70% score within each key element utilizing the COMET must be obtained on all three coaching sessions
3. Attend the core training: Intermediate Wraparound Practice yearly as a booster.

### Supervisors

To maintain Wraparound Supervisor Certification, supervisors must:

1. Participation in at least 3 Wraparound Virtual Coaching Collaborative calls with other certified coaches/supervisors in other states in a 12 month time frame
2. Participate in on-site or virtual co-coaching with The NWIC's coach at minimum 3 times a year. The supervisor will be required to use the STEPS Wheel during these coaching sessions. Each supervisor must demonstrate mastery of the STEPS Wheel, the CREST, and score at minimum 24/30 as assessed by the SAS. For Virtual sessions, recordings either audio or video, must be uploaded to the Virtual Coaching Platform (VCP). Recertification coaching sessions must include at least 1 CFTM observation and supervisory session with different care coordinators.
3. Monthly consultation with each certified local coach including co-scoring of the COMET
4. Review of coaching sessions and data analysis
5. Submission of 12 COMETS per year (COMETs completed for the on-site sessions count toward this requirement)
6. COMET matching with NWIC's coach of 85% or better overall (75% within each element) based on COMET submissions and on-site sessions
7. Maintain CANS certification.
8. Participation in the Wraparound Virtual Coaching Collaborative (WVLCC)
9. Ongoing data collection and reporting utilizing the VCP
10. Attend Advanced Wraparound Practice—Supervision in Wraparound: Managing to Quality as a yearly booster.

## Core Training Course Descriptions

\*Online trainings are available online at <https://theinstitute.umaryland.edu/training> under online training and the category of Wraparound

### \*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 Wraparound training.

### \*Introduction to Wraparound Brief Overview

The purpose of the Introduction to Wraparound Brief Overview online training is to provide basic information regarding a wraparound approach to serving and supporting families with children and adolescents with emotional and behavioral health challenges to state stakeholders, child-serving agencies, providers, organizations, families, and youth. This is a pre-requisite to attending the Introduction to Wraparound training.

### \*Oral Health Care for Children and Adolescents

The purpose of the Oral Health Care online training modules will train participants to work with youth involved in the Wraparound process to help them prevent cavities and find appropriate dental care. These modules are based on the guidelines of the American Academy of Pediatric Dentistry.

### \*Somatic Health Care for Children and Adolescents

The purpose of the Somatic Health Care modules is to create understanding about physical wellness in children. These modules will include topics on pediatric primary care well visits, immunizations, asthma, obesity, sexually transmitted infections, and other acute conditions.

### 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. This training is available in-person and online. For more information on Maryland CANS:

<https://theinstitute.umaryland.edu/topics/sat/cans.cfm>

\* This training is also available online at <https://canstraining.com/login>

### Introduction to Wraparound

This is the first in-person 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. Participants will:

- 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, team missions, identifying needs, establishing outcomes, brainstorming strategies, and creating a plan of care and crisis plan that represents the work of the team and learn basic facilitation skills for running a wraparound team meeting.

### 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 this training, participants will be able to identify barriers to engagement, develop skills around engaging team members and the family, and utilize research-based strategies of engagement.

### **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 is provided for supervisors/managers in wraparound. Through 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

### **Introduction to Training and Coaching Tools**

This is provided for supervisors/local coaches in wraparound. Participants will be able to:

- Identify the tools necessary to support quality wraparound implementation
- Develop an increased understanding of the role of the supervisor/local coach
- Learn how and when to utilize coaching tools to support quality wraparound practitioners, individualized and strength-based service plans, and team processes

## Coaching Structure

Coaching with The Institute staff will involve following supervisors and front-line staff as they partner with families utilizing the wraparound practice model and moving through the phases of wraparound. Thus, coaching will focus on supporting all staff to move toward high-fidelity and quality wraparound practice during each phase.

### Phase 1: Engagement

Coaching around phase 1 will occur in preparation for meetings during first face-to-face meetings with the family, home visits, initial call with the family, calls with potential team members, and during supervision with staff. In phase 1, staff will be supported in the following ways:

- Provide support and direction around engaging families
- Provide support and direction around engaging team members
- Synthesizing multiple perspectives to create a comprehensive family story
- Preparing for team meeting, including prepping the family and team members
- Create a sense of underlying needs and the direction the conversation should go within the Child and Family Team (CFT) Meeting utilizing a strengths-based perspective and connection back to the family vision

Staff will be evaluated at regular intervals in their ability to demonstrate skill in the Essential Process Component areas:

- The family's story is heard and summarized from a variety of sources that elicits family possibilities, capabilities, and skills
- The family story is utilized to elicit a shared perspective of the meaning behind the behavior and/or situation related to the family's current situation.
- The family's perspectives around success are summarized and reflected to the team and the team understands their roles and expectations within the wraparound process.
- The family's culture, values, traditions, and beliefs are elicited and summarized to inform immediate responses appropriate to the wraparound process

### Phase 2: Initial Plan Development

Coaching around phase 2 will occur during prep meetings prior to the CFT, during the CFT, and debriefing after the CFT. Coaching will also occur during staff supervision. In phase 2, staff will be supported in the following ways:

- Provide support and direction around facilitation of CFTs
- Getting to the underlying need, ensuring 'best-fit' between steps in the process and strategies prioritized, and reaching consensus within the CFT
- Working with supervisors around how to support staff in these efforts

Staff will be evaluated at regular intervals in their ability to demonstrate skill in the Essential Process Component areas:

- Strengths of family, all team members and the family's community are collectively reviewed and matched to chosen strategies
- Team develops an understanding of the underlying reasons behind situations and/or behaviors. Needs that are generated from underlying conditions and align with the family's vision are summarized, reviewed and prioritized and used as the basis for developing strategies
- The family's interest and preferences is summarized and integrated into a team mission that includes the perspective of other team members
- The family's perspective is reflected as critical to a successful process and is the basis for decision making & creative problem solving

### **Phase 3: Plan Implementation**

Coaching around phase 3 will occur during face to face family meetings between CFTs, prep meetings prior to the CFT, during the CFT, and debriefing after the CFT. Coaching will also occur during staff supervision. In phase 3, staff will be supported in the following ways:

- How to continually engage families and monitor task completion, progress toward need met, and movement toward achievement of family vision and team mission
- Facilitate a deeper understanding of underlying reasons behind situations and adapt strategies based on new information
- Continually working with supervisors around how to support staff in these efforts toward high-fidelity and quality practice

Staff will be evaluated at regular intervals in their ability to demonstrate skill in the Essential Process Component areas:

- Team continues to identify and make meaningful use of strengths, supports and resources in an ongoing fashion.
- Team deepens their understanding of the underlying reasons behind situations and adapts strategies based on that new information
- Team delivers and modifies strategies that align with prioritized needs, chosen outcomes, and reflect family perspective
- Family perspective is used in modifying the mix of strategies & supports to assure best fit with family preferences

### **Phase 4: Transition**

Coaching around phase 4 will occur during face to face family meetings between CFTs, prep meetings prior to the CFT, during the CFT, and debriefing after the CFT. Coaching will also occur during staff supervision. In phase 4, staff will be supported in the following ways:

- How to communicate with families and team members that the formal wraparound process will end throughout the process
- Ensuring the family perspective of met need is used to identify and develop transition activities
- Did we make a difference? How to track progress made and celebrate the successes

Staff will be evaluated at regular intervals in their ability to demonstrate skill in the Essential Process Component areas:

- Purposeful connections including aftercare options are negotiated and made based on family strengths & preferences and reflect community capacity
- Team forecasts potential unmet needs and strategizes options post wraparound
- Team mission is achieved and family is closer to their stated vision
- Family perspective of met need is used to identify and develop transition activities.

## The Institute's Commitment to the Coaching Process

Coaching in the CME at least 1 time per month including organizational and supervisory feedback will be provided after each coaching 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 child family team meetings (CFTMs), supervisory sessions, and family and community engagement activities across the phases of wraparound. Coaching sessions will be recorded when appropriate. For any type of coaching sessions, the following documents\* must be provided:

- Referral documentation
- Family story/narrative
- Crisis Plan
- Plan of Care (POC)

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

#### CFTM Observations:

##### Preparation Session:

For each CFTM observed, preparatory time will be required prior to meeting. These prep coaching sessions will be held prior to the CFTM observations to support the supervisor and facilitator around particular skills to be exemplified during the meeting. Supervisors and facilitators should come prepared with the referral information, family story/timeline, crisis plan, POC, etc. Facilitators should also bring their large Post It notes from previous CFTMs, extra Post It notes and markers. We 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, crisis plan, and the most recent POC, etc. will be reviewed and discussed with the facilitator and supervisor. The prep session will begin with the supervisor, but will include the facilitator to identify what phase of wraparound we are observing, obtain any updates, and discuss planned agenda items for the CFTM.

##### CFTM Observation:

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

##### Post CFTM debrief:

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

\*\*Ensure agencies understand no CFTMs should be scheduled solely for the purpose of coaching. CFTMs should be ongoing and the likelihood of CFTMs being held when coaching occurs should be high. For the scheduled CFTMs, ensure the family is notified ahead of time that observers will be joining the meeting.

### Supervision Sessions:

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

### Family and Community Engagement Activities:

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

### Virtual Coaching Session Protocol:

All virtual coaching sessions will be recorded.

### Preparation:

1 week prior to session: Copies of the referral information, family story/timeline, crisis plan, most recent Plan of Care, and any other meeting minutes or notes that may be helpful should be scanned and sent to the NWIC 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. For each virtual coaching session, the supervisor and facilitator should be prepared to discuss the specific plan that has been provided. Supervisors should come prepared with the STEPS Wheel and blank CREST.

### Virtual Session:

All participants (supervisors and facilitators) should plan to spend at least 2 hours per virtual coaching session. The supervisor should plan to meet with the NWIC coach for the first 45 minutes to 1 hour. After that, the supervisor will be asked to bring in the assigned facilitator. The supervisor will lead the coaching session. The NWIC 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 STEPS Wheel and CREST.

### COMET Scoring Protocols

COMETs will be scored after each coaching session as outlined above. COMETs can be scored for a document review, supervisory session, or CFTM observation. Once the supervisor has matched on the initial POC sent out by the NWIC Coach, the supervisor may begin using the COMET *on her/his own with staff* in addition to organized coaching sessions scheduled by your Institute coach. You DO NOT have to rely on organized coaching sessions with the NWIC to complete and submit COMET scores and documentation. When submitting COMET scores for a session, any and all documentation important for the NWIC 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, crisis plan, and POC.



Pictures of CFTM post-its, progress notes, recordings of supervisory sessions and CFTMs, etc. could also be submitted as deemed appropriate. It is recommended for supervisors that one COMET per month be completed on each staff member. All COMET scores and documentation must be uploaded to the website using the Virtual Coaching Platform (VCP) or the link provided.

COMET scoring will most likely occur with the NWIC Coach around coaching sessions with the CCO staff or the NWIC Coach may provide documentation from other states or organizations for supervisory growth opportunities. Feedback and scores will be provided within 2 weeks for each COMET submission.

### **Necessary Commitment of CME Participants**

To enhance fidelity to the wraparound 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 supervisor and/or clinical director must be present at coaching sessions. This includes CFT 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 will be 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 NWIC to each Clinical Director and Supervisor for the specified region within 2 weeks of coaching session.