

Compendium of In-Service Training Resources

*Building Core Competencies
of Personnel Working in
Children's Mental Health*



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of Personnel Working in
Children's Mental Health*

PREPARED BY:

Jeanne C. Rivard, Ph.D. and G. Michael Lane, M.P.H.
National Association of State Mental Health
Program Directors Research Institute, Inc.

IN COLLABORATION WITH:

Joan Dodge, Ph.D. and Gary Macbeth, M.S.W.
National Technical Assistance Center for Children's Mental Health
Georgetown University Center for Child and Human Development

NASMHPD Children, Youth and Family (CYF) Division's Work Group
on Leadership and Workforce

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National Technical Assistance Center for Children's Mental Health
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Box 571485
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FOR MORE INFORMATION CONTACT:

Joan M. Dodge, PhD
Senior Policy Associate
National TA Center for Children's Mental Health
Georgetown Center for Child and Human development
(202) 687-5054 _ dodgej@georgetown.edu

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INTRODUCTION



The purpose of this project was to gather information about formal competency based curricula and training being used by State Mental Health Agencies, to develop the knowledge, skills, and attitudes (competencies) of personnel working in children’s mental health. The results have been summarized as a Compendium, which briefly describes these materials and activities and how they can be accessed by other states seeking these types of in-service formal training materials. The Compendium represents a sample of curricula and competency based training as of October 2007 that public state mental health agencies are using to develop the capacity of their workers.

This effort grew out of a series of environmental scans conducted by the Georgetown University National Technical Assistance Center for Children’s Mental Health (NTAC) to identify workforce development issues, needs, and strategies of State Mental Health Agencies relative to services for children and adolescents with mental health needs and their families. These scans were undertaken in view of the national shortages of child mental health managers, supervisors, and practitioners prepared to work in cross-agency, collaborative treatment services that are family-driven and youth guided, culturally and linguistically competent, and evidence-based (a system of care approach). One particular set of scans showed that 10 states reported using competency-based curriculum/course content for in-service training (NTAC for Children’s Mental Health, 2006).

Building on this earlier initiative, this survey sought to “dig deeper” to learn more about the scope, nature, and content of competency-based curricula currently being used by states. The project was designed and implemented through collaboration with the Georgetown University NTAC, the Leadership and Workforce Workgroup of the Child, Youth, and Family Division (CYFD) of the National Association of Mental Health Program Directors (NASMHPD) and the NASMHPD Research Institute (NRI). The methods used and results are described in the next section. A draft compendium follows that summarizes the materials that were identified in the present survey.

DESCRIPTION OF SURVEY METHODS AND RESULTS



Methods

The NASMHPD Child, Youth, and Family Directors of all States and Territories (Children’s Directors) were invited to participate through completing a web-based survey that asked about their State Mental Health Agencies’ use of competency-based curricula and training materials, which target a broad group of professionals and/or paraprofessionals, regardless of discipline or specialty. Although the field of children’s mental health has not yet established nationwide consensus on a set of defined core competencies for working with children and families in need of mental health services and supports, to anchor the survey we developed a set of topic areas with core competencies that have been commonly identified by a number of states (i.e., through the prior scans or through their in-state consensus-based processes) and that are based on a system of care approach. The system of care approach has been accepted throughout the children’s mental health field for the last twenty years as a framework for transforming mental health care. The following table shows the list of competencies included in the survey. The list was introduced to respondents at the beginning of the survey and they were asked to refer to the list as needed while responding to the survey.

TOPICAL AREAS RELATED TO CORE COMPETENCIES

CLINICAL AND BEHAVIORAL INTERVENTIONS

A. Normal and Atypical Child Development

Relates to the following:

- Knowledge of developmentally appropriate behavior within the contexts of the unique and cultural characteristics of each child and family.
- Using current principles of child development in screening, assessing, and treating children

B. Assessment, Diagnosis, and Consultation

Relates to the following:

- Applying a strengths-based and cross-disciplinary collaborative approach to the assessment of child and family functioning and needs.
- Conducting assessments and developing and/or understanding diagnoses.
- Providing consultative services within mental health and other child-serving systems.

C. Relationship-Building and Communication

Relates to the following:

- Respecting and supporting each child and family in treatment, and using positive communication that reinforces family strengths and abilities.
- Working as an effective member of a child's treatment team to build collaborative working relationships with other providers and service systems.

D. Clinical Interventions and Supports

Relates to the following:

- Direct provision of therapeutic interventions and natural supports for a range of child and adolescent problems.
- Using evidence-based and promising practices.
- Understanding the use of medication and side effects

E. Ethical and Professional Standards

Relates to the following:

- Practicing in a manner that is consistent with the ethical standards of a given professional discipline, agency, or organization

SYSTEM OF CARE VALUES, PRINCIPLES, AND OPERATIONAL COMPONENTS

A. Individualized Child and Family Service Plans and Family/Youth Partnerships

Relates to the following:

- Participating in, organizing, and/or facilitating multi-system child and family service planning teams.
- Developing and monitoring comprehensive and individualized child and family services plans that are family driven and youth guided, in collaboration with other child-serving systems such as schools, mental health, juvenile justice, substance abuse, and child welfare.

B. Care Coordination

- Relates to the principles and practices of conducting effective care coordination or case management in partnership with multiple service sectors and agencies, including the use of formal interventions and natural supports.

C. Infrastructure

Relates to the following:

- Knowledge of the values, principles and operational components of effective system of care approaches to service delivery, including interagency collaboration.
- Understanding the role of a governance structure or teams in designing and implementing policies and procedures across agencies and sectors to support direct practice that is consistent with a system of care approach.
- Understanding and applying quality improvement activities including data collection and analysis for decision making
- Understanding of the importance of family and youth partnerships in policy development, implementation and evaluation.

CULTURAL AND LINGUISTIC COMPETENCE**A. Direct Practice**

Relates to the following:

- Understanding principles of cultural and linguistic competence and understanding diversity in the context of mental health and service delivery.
- Applying cultural and linguistic competence skills in direct practice with children and families.

B. Infrastructure

- Relates to understanding the need for system and organization-wide policies and practices that promote cultural and linguistic competence in agency operations and practice.

The web-based survey asked respondents to identify up to three curricula or formal training materials that are used in their states for in-service training to promote the development of competencies in the identified topical areas for professionals and/or paraprofessionals, regardless of discipline or specialty. Then a series of questions were asked about each identified set of curricula or training resources. These questions covered the following areas:

- Brief description of the curriculum
- Core competencies covered in the training, and to what extent they are covered (not at all to a lot)
- Primary audience
- When staff receive the training, and frequency and duration
- Certification
- Organizational structure in which training is delivered

- Number of staff trained annually
- Cost of the training and financing
- Evaluation of the training
- Availability of the curricula in the public domain and how it can be accessed

The web-based survey was administered between July 5, 2007 and October 23, 2007. Some State Children’s Directors forwarded the survey for completion by their training directors or other personnel familiar with this area. Most states completed the survey themselves, but others requested telephone interviews. These telephone interviews were then entered into the web-based survey by NRI staff. After the initial invitation to participate, three reminders were provided.

Results

RESPONDENTS

Twenty-two states responded to the survey. These included:

Alaska	Louisiana	Mississippi
Alabama	Maine	North Dakota
Arkansas*	Maryland	Oregon
Delaware	Massachusetts*	Tennessee*
District of Columbia	Michigan	Virginia*
Hawaii	Minnesota	West Virginia
Indiana	Missouri*	Wyoming
Kentucky		

HIGHLIGHTS OF SURVEY RESULTS

- In total 31 sets of formal curricula or training materials were described by 22 states. Five states reported using 3 formal curricula or training materials; 5 states reported using two of these formal training resources; and 6 states reported using one. Five states reported having no core competency-based formal training curricula (These are marked with an asterisk in the list of states above). One state reported using formal curricula or training materials, but did not identify or describe them. The 31 training resources are described in the Compendium that follows
- A few states identified additional training curricula or materials that were still in development. These were not included in the survey or compendium because our primary focus was to identify existing resources that might be accessed by other states. However, these are listed at the end of the Compendium that follows.
- For each of the specific formal curricula or training materials identified, one item inquired about the extent to which core competencies were covered in these materials. On a scale of 1 = Not at all to 3 = A lot, the highest to lowest covered areas were:
 - Relationship building and communication (mean = 2.71)
 - Individualized child/family service planning and partnerships (mean = 2.70)

- Care coordination (mean = 2.63)
- Cultural competence in direct practice (mean = 2.50)
- Assessment, diagnosis and consultation (mean = 2.44)
- Clinical interventions and support (mean = 2.39)
- Ethical and professional standards (mean = 2.31)
- Infrastructure related to system of care (mean = 2.26)
- Infrastructure related to cultural and linguistic competence (mean = 2.11)
- Normal and atypical child development (mean = 2.04)
- Most of the specific formal curricula or training materials identified were targeted at multiple primary audiences. From most to least frequently reported, the audiences included the following groups:
 - Clinicians with master degrees (n = 17)
 - Case managers (n = 16)
 - Clinical supervisors (n = 15)
 - Psychologists or Psychiatrists (n = 13)
 - Behavioral aides, residential care staff, family support staff (n=10)
 - Youth and family/Peer support (n=9)
 - Teachers (n=5)

[Note: The n's reported refer to the number of formal curricula or training materials]

- More than half (57%) of the training programs using these formal curricula or training materials were reported to be mandatory.
- Over a quarter (29%) of the training programs, using these formal curricula or training materials, lead to some type of certification.
- States reported a wide range of organizational structures in which these curricula are delivered, including:
 - Within an agency training department or program (n = 11)
 - As part of a state funded grant or contract to a university or college program (n = 8)
 - As part of a state funded grant or contract to a private training organization (n = 4)

[Note: The n's reported refer to the number of formal curricula or training materials]

- The cost of the training was frequently marked as “unknown”.
- With regard to financing, states also reported a wide range of methods to finance training programs using these formal curricula and training materials, including:
 - State agency training budget (n = 10)
 - Mental health block grant (n = 8)
 - Pooled interagency funding (n = 8)
 - Federal grant (n = 5)

[Note: The n's reported refer to the number of formal curricula or training materials]

- 68% of the training programs, using these formal curricula or training materials, are formally evaluated; the most frequently assessed outcomes were trainee knowledge (n = 16) and trainee skills (n = 15).
- 36% percent of the formal curricula or training materials identified were known to be available in the public domain. Although many of the resources may not be in the public domain, contact information for each is provided in the Compendium that follows. It is hoped that State Directors of Child and Adolescent Services can inquire further about the training resources and possibly be able to access the materials for review and consideration for use or adaptation by their state.

COMPENDIUM OF TRAINING RESOURCES



Summary of Training Resources for Core Competencies in Children’s Mental Health

The following table summarizes the 31 training resources that were identified. The table groups these resources by types of training and summarizes key features of the training resources. Brief descriptions of each resource follows the table with persons to contact for more information.

NAME OF TRAINING	STATE	TRAINING MANDATORY	TARGET AUDIENCE	DESCRIPTION	PUBLIC DOMAIN
WRAPAROUND TRAINING					
1. NWI Wraparound	OR	NO	T, S, CI, CM, BA, Y/PS, other child agencies	Training based on the National Wraparound Initiative (NWI), which provides standards, strategies, information resources, and tools for learning how to implement Wraparound.	YES
2. Wraparound	WY	YES	Y/PS, BA, CM, CL	General training to those involved with the Children's MH SOC and more specific, concentrated training to those who actively participate on child/family teams, including parents/youth	D/K
3. Wraparound	MI	YES	CM, CL, Psy, S	This training in Wraparound services is based on much of the work and resources of the National Wraparound Initiative in Portland, Oregon.	YES
4. Family Partners in Wraparound Training	MD	YES	Y/PS	Training for family partners involved in the wraparound process.	D/K
5. Fidelity Wraparound Training	MD	YES	Y/PS; BA; CM; CL	Training for local community providers and administrators on utilizing Wraparound Fidelity Index (WFI) to monitor the nature of the Wraparound process that an individual family receives.	D/K
SYSTEM OF CARE TRAINING					
6. Core System of Care Training Modules	WV	NO	BA, CM, CL, S	Developed to improve readiness for system of care development in the state and to provide a solid foundation for practice principles and philosophy. Modules include: family-centered practice, cultural competency training; diagnosis, strengths based individualized service planning-wraparound process.	YES
7. System of Care Training	DE	YES	CM, S	Training for case managers and front line supervisors on the SOC approach, with emphasis on team planning and coaching skills for supervisors.	NO
8. Building Systems of Care: A Primer by Sheila A. Pires and the Indiana System of Care Resource Manual	IN	NO	F/PS, CM, CL, S, SC, CC, GB	Two resources used for training Indiana System of Care communities in building systems of care, with toolkits and references	YES

KEY FOR TARGETED AUDIENCES:

BA: Behavioral Aides, Residential Care Staff, Family Support Staff, Transportation Staff; **CC:** Care Coordinators; **CL:** Clinician; **CM:** Case Managers; **F/PS:** Family/Peer Support; **GB:** member of Governing Bodies; **Psy:** Psychologists & Psychiatrists; **S:** Clinical Supervisors; **SC:** System Coordinators; **T:** Teachers; **Y/PS:** Youth/ Peer Support • **D/K** = Reported as Don't Know by the respondent

NAME OF TRAINING	STATE	TRAINING MANDATORY	TARGET AUDIENCE	DESCRIPTION	PUBLIC DOMAIN
TRAINING IN ASSESSMENT SKILLS					
9. Mental Health Screening Training	ND	NO	Y/PS, BA, CM, CL, PSY, S, T	The MH Screening Toolkit training includes training in the Pediatric Symptom Checklist and the Ages and Stages Questionnaire-Social/Emotional component.	YES
10. DC: 0-3R	ME	NO	CL, PSY	Training for clinicians in the use of and billing for the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood	NO
11. Child and Adolescent Needs and Strengths Tool	IN	YES	CL	Training in use of the Child and Adolescent Needs Assessment instrument by John Lyons, Ph.D. and related tools for assessment, clinical planning, outcomes measurement, and management.	NO
12. Core Training in Evidence-based Practice Elements (Chorpita)	MN	NO	CL, PSY, S	5-day intensive training in using evidence for identifying appropriate treatment interventions for children and adolescents, based on the work of Dr. Bruce Chorpita	NO
TARGETED SKILLS TRAINING					
13. Engagement Skills Training	HI	YES	CM	Foundation training with content on relationship-building, communication skills, and principles of cultural competence.	YES
14. Intensive Case Management Training	HI	YES	CM	Foundation training on case management skills and knowledge of system infrastructure, System of Care Principles, and Quality Assurance indicators.	YES
15. Coordinated Service Planning Training	HI	YES	CM	Foundation training on developing strengths-based coordinated service plans, collaboration with other child-serving systems, crisis planning, transition planning and maximizing youth voice.	YES
16. Core Training for Child Mental Health Case Managers	MN	YES	CM	Legislated 5-day training for county-based providers of case management in mental health and child welfare agencies that was developed and is implemented through a public-academic partnership.	YES
17. Mental Health/Mental Retardation Core Training	MS	YES	CL	3 one-week workshops or modules for MA level staff that work in mental health and are not covered under any other credentialing program	NO
18. Case Manager Orientation	MS	YES	CM	Two-day educational training session for mental health/mental retardation case managers who work within the mental health system in the state.	NO

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NAME OF TRAINING	STATE	TRAINING MANDATORY	TARGET AUDIENCE	DESCRIPTION	PUBLIC DOMAIN
TARGETED SKILLS TRAINING					
19. Child & Adolescent In-Home/Child & Adolescent Case Managers	AL	YES	CM, CL, S	Two trainings that occur within the same week for Department of Mental health certification. Training content includes: assessment tools, individualized treatment/care plans, and consumer and family involvement.	NO
20. Supervision Skills Training	DE	YES	S	4 courses on Managing Within a Child & Family Serving System, Managing Work Through Other People, Transfer of Learning, and Supervising & Managing Group Performance.	NO
21. Child and Adolescent Psychiatric Institute	AL	YES	PSY, Pediatricians	Annual training for physicians (psychiatrists and pediatricians) focused on best practices for psychiatric care. It is a CME approved training with a training notebook of presenter information, learning objectives, and evaluations.	NO
TRAINING IN SPECIFIC EVIDENCE-BASED PRACTICES					
22. SPARCS Training	ND	NO	CL, PSY	Training and follow-up consultation in a group therapy intervention for children and adolescents exposed to, or having experience trauma.	NO
23. Parent Management Training-Oregon (PMTO)	MI	NO	Y/PS, BA, CL, PSY, S, T	Training in the five core components of Parent Management Training-Oregon (PMTO): skill encouragement, discipline, monitoring and supervision, problem-solving skills, and positive involvement.	NO
EARLY CHILDHOOD					
24. Infant Mental Health Training	LA	NO	CL, S, PSY	Advanced clinical training on relationship-based, family-focused approach to infant mental health with didactic instruction, clinical field experiences, consultation, and supervision.	NO
25. Early Childhood MH Certificate	MD	NO	CL, PSY	Classroom and Web-based training for MA level clinicians to acquire skills in early childhood mental health consultation and treatment.	D/K
26. Early Childhood Development and Mental Health	MN	NO	Y/PS, BA, CM, CL, PSY, S, T	Three-day training for a wide range of providers with an introduction to early childhood development and mental health, assessment using the DC-03, and case studies for clinicians.	YES

KEY FOR TARGETED AUDIENCES:

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NAME OF TRAINING	STATE	TRAINING MANDATORY	TARGET AUDIENCE	DESCRIPTION	PUBLIC DOMAIN
OTHER					
27. Behavioral Health Professional Training	ME	YES	BA, Y/PS	For direct care community-based staff with content on working in the home setting, child development/child pathology, trauma, individual treatment planning, communication; principles of behaviors, family functioning, and instruction; and community resources.	YES
28. Community-based Intervention Training	DC	NO	CM, CL, PSY, S	Six-day training utilizing 11 modules covering: Service Philosophy and Principles, Cultural Competency, Educational and Vocational Functioning Training, Intersystem Collaboration and Systems of Care, Family Systems, Strength-based assessment and Treatment Planning, Supervision, Professional Ethics, Parenting, Differential Diagnosis and Risk Assessment and Crisis Stabilization.	NO
29. Therapeutic Child Support Training	KY	YES	BA	Training for direct care and support staff, generally with less than a BA degree, with 12 modules in foundation topics needed for working with children and families across varied community settings.	D/K
30. Exploring Effective Team Facilitation	IN	NO	CM, CL, S, team facilitators	Approaches to team facilitation with problem solving tools to aid facilitators in helping wraparound child and family teams reach successful outcomes.	NO
31. Specialty Populations Training	AL	NO	Y/PS, BA, CM, CL, S	Annual trainings in specialty populations trainings such as: Trauma Training, Special Education Training, Cognitive Behavior Therapy, Juvenile Court Liaison Training.	NO

KEY FOR TARGETED AUDIENCES:

BA: Behavioral Aides, Residential Care Staff, Family Support Staff, Transportation Staff; **CC:** Care Coordinators; **CL:** Clinician; **CM:** Case Managers; **F/PS:** Family/Peer Support; **GB:** member of Governing Bodies; **Psy:** Psychologists & Psychiatrists; **S:** Clinical Supervisors; **SC:** System Coordinators; **T:** Teachers; **Y/PS:** Youth/ Peer Support • **D/K** = Reported as Don't Know by the respondent

1. NWI WRAPAROUND (OR)

Overview

The state of Oregon uses the Wraparound model as defined by the National Wraparound Initiative (NWI), which is based out of Portland State University's Research and Training Center. The NWI works to engage experts nationally in a process of defining standards and compiling specific strategies for conducting high-quality wraparound. There are many resources and tools to help individuals and states learn about and implement Wraparound.

Targeted Audiences

- Teachers
- Clinical Supervisors
- Clinicians (Staff with Masters Degree)
- Case Managers (Staff with Bachelors or Masters Degree)
- Behavioral Aides, Residential Care Staff, Family Support Staff, Transportation Staff, etc. (Staff with Bachelors Degree or Less)
- Youth or Family/Peer support
- Other child-serving partners

Required Training

No

Training Offered

It varies by program as there are only a few implementers

Certification

Some trainers provide "certification" unique to their training, none required to practice

Organizational Structure in which Training is Delivered

Within an agency training department or program. However, the program assesses and implements its own training needs

Length of Training

There is no set length of training to provide wraparound services. It is more a phasic process that unfolds in one's community the help of trainers/consultants. There are 4 phases that a community may progress through, engagement & team preparation; initial plan development; plan implementation; transition.

Numbers Trained Annually

Unknown

Cost of Training to State Mental Health Authority

There is no cost associated with this training.

Financing of Training

Special Federal Grant (Time Limited; e.g., SAMHSA System of Care, State Infrastructure Grant, etc.); and Area MHO funded by Medicaid

Training Outcomes

The following outcomes are formally evaluated:

- Trainee skills
- Child outcomes
- Family outcomes

Available in Public Domain

Yes

Contact Information

Janet Walker
National Wraparound Initiative
503.725.8236
janetw@pdx.edu
<http://www.rtc.pdx.edu/nwi/tools/>

2. WRAPAROUND OF WYOMING

Overview

General training to those involved with the Children's Mental Health System of Care with more specific, concentrated training to those who actively participate on child/family teams, including parents/youth

Targeted Audiences

- Youth or Family/Peer support
- Behavioral Aides, Residential Care Staff, Family Support Staff, Transportation Staff, etc. (Staff with Bachelors Degree or Less)
- Case Managers (Staff with Bachelors or Masters Degree)
- Clinicians (Staff with Masters Degree)

Required Training

Yes

Training Offered

As they become pilot sites for the SAGE Initiative which is Wyoming's Children's Mental Health System of Care grant.

Certification

Yes, Care Coordinator, with periodic recertification required. The certification utilizes the WOF-2 and Wraparound Fidelity Index to highlight areas that require more training and attention.

Organizational Structure in which Training is Delivered

As part of a state funded grant contract to a private training organization

Length of Training

Training lasts approximately 3 days

Numbers Trained Annually

Unknown

Cost of Training to State Mental Health Authority

Unknown

Financing of Training

Special Federal Grant (Time Limited; e.g., SAMHSA System of Care, State Infrastructure Grant, etc.)

Training Outcomes

Outcomes are not formally evaluated:

Available in the Public Domain

Unknown

Contact Information

Kim Conner
 Training and Technical Assistance Coordinator
 SAGE Initiative
 307.778.8686
 kconner@upliftwy.org

3. WRAPAROUND OF MICHIGAN

Overview

This training in Wraparound services is based on much of the work and resources of the National Wraparound Initiative in Portland, Oregon.

Targeted Audiences

- Case Managers (Staff with Bachelors or Masters Degree)
- Clinicians (Staff with Masters Degree)
- Psychologists or Psychiatrists (Staff with Medical or Doctoral Degrees)
- Clinical Supervisors

Required Training

Yes

Training Offered

At some point during first year of employment (beyond orientation and basic training)

Certification

No

Organizational Structure in which Training is Delivered

Interagency structure with Child Welfare and Criminal Justice, and delivered by the Department of Mental Health

Length of Training

Varies depending on modules covered

Numbers Trained Annually

Approximately 2,000

Cost of Training to State Mental Health Authority

\$250,000 per year

Financing of Training

Mental Health Block Grant

Training Outcomes

Trainee knowledge and skills are formally evaluated:

Available in the Public Domain

Yes

Contact Information

Connie Sonklin
 Wraparound Coordinator
 517.241.5765

4. FAMILY PARTNERS IN WRAPAROUND TRAINING (MD)

Overview

Training for family partners involved in the wraparound process provided by the Maryland Coalition of Families for Children's Mental Health.

Targeted Audiences

Youth or Family/Peer Support

Required Training

Yes

Training Offered

- During employee orientation or basic training phase
- Regular in-service for current employees

Certification

Unknown

How is Training Delivered

Statewide family organization provides the training

Length of Training

Unknown

Numbers Trained Annually

Unknown

Cost of Training to State Mental Health Authority

Unknown

Financing of Training

Pooled Interagency Funding

Training Outcomes

Trainee knowledge and skills are formally evaluated, as well as child and family outcomes

Available in Public Domain

Unknown

Contact Information

Jane Walker

Executive Director

Maryland Coalition of Families for Children's Mental Health

410.730.8267

jwalker@mdcoalition.org

5. FIDELITY WRAPAROUND TRAINING (MD)

Overview

Training given to local community providers and administrators on utilizing fidelity wraparound based out of the University of Maryland's School of Medicine Innovations Institute. Innovations Institute utilizes the Wraparound Fidelity Index (WFI) to monitor the nature of the Wraparound process that an individual family receives. The WFI-4 was designed to assess adherence to 10 essential elements of Wraparound as described by the National Wraparound Initiative. The WFI is conducted through brief, confidential telephone or face-to-face interviews with four types of respondents: caregivers, youth (11 years of age or older), Wraparound facilitator and team member. (retrieved on September 26, 2007, from <http://medschool.umaryland.edu/innovations/training.asp>).

Targeted Audiences

- Youth or Family/Peer Support
- Behavioral Aides, Residential Care Staff, Family Support Staff, Transportation Staff, etc. (Staff with Bachelors Degree or Less)
- Case Managers (Staff with Bachelors or Masters Degree)
- Clinicians (Staff with Masters Degree)

Required Training

Yes

Training Offered

- During employee orientation or basic training phase
- Regular in-service for current employees

Certification

If a person wishes to become certified in the Wraparound process, he or she must submit an application of the intent to do so. The certification requires that the person complete the training series, 12 hours of coaching and supervision, and be observed over the course of a year.

Organizational Structure in which Training is Delivered

As part of a state funded grant/contract through the University of Maryland's School of Medicine.

Length of Training

Training will be dependent on the type of Wraparound training attended, certificate versus non-certificate program. On average, Wraparound 101 is offered for 1 day and the more intense Wraparound training is offered for 2 days.

Numbers Trained Annually

Unknown

Cost of Training to State Mental Health Authority

Unknown

Financing of Training

Pooled Interagency Funding

Training Outcomes

The following outcomes are formally evaluated:

- Trainee knowledge and skills
- Child outcomes
- Family outcomes

Available in the Public Domain

Unknown

Contact Information

Michelle Zabel
 Director, Innovations Institute
 University of Maryland
 410.706.0961
mzabel@psych.umaryland.edu

6. CORE SYSTEM OF CARE TRAINING MODULES (WV)

Overview

These training materials were developed specifically for improving readiness for system of care development in the state and to provide a solid foundation for practice principles and philosophy. While the training is not mandated by the SMHA, WV is in the early stages of adopting these modules as necessary competencies for all children's mental health practitioners. Modules include: Family-centered practice (6 hrs); Our Town, and the dynamics of difference (cultural competency training 2 hrs.); Solving the Puzzle of DSM-IV diagnosis in children and Adolescents (video Modules 3 hrs.); Marshalling the Troops "Strengths based individualized service planning-wraparound process (6 hrs.).

The second set of curricula Advanced System of Care Training is more intensive and serves the same audience with additional modules.

Targeted Audiences

- Behavioral Aides, Residential Care Staff, Family Support Staff, Transportation Staff, etc. (Staff with Bachelors Degree or Less)
- Case Managers (Staff with Bachelors or Masters Degree)
- Clinicians (Staff with Masters Degree)
- Clinical Supervisors

Required Training

No

Training Offered

Regular in-service for current employees

Certification

No

Organizational Structure in which Training is Delivered

As part of a state funded grant/contract to a university or college program

Length of Training

Hours will vary according to the module received.

Numbers Trained Annually

Approximately 1500

Cost of Training to State Mental Health Authority

Training is part of a system of care budget and deliverables

Financing of Training

- Mental Health Block Grant
- Pooled Interagency Funding

Training Outcomes

Training outcomes are not formally evaluated

Available in the Public Domain

Yes

Contact Information

Jeannette Rowsey
T/A coordinator
304.399.126
wvsyscare411@aol.com
www.wvsystemofcare.org

7. SYSTEM OF CARE TRAINING (DE)

Overview

The Department of Services for Children, Youth & Their Families provides regular classroom training for case managers and front line supervisors on the System of Care approach, with emphasis on the SOC team planning and coaching skills for supervisors. A new curriculum for the same target audience on Family Engagement skills will be implemented fall of 2007.

Targeted Audiences

- Case Managers (Staff with Bachelors or Masters Degree)
- Clinical Supervisors
- Some case managers are also Masters level clinicians. Not all supervisors are “clinical”.

Required Training

Yes

Training Offered

During employee orientation or basic training phase
At some point during first year of employment
(beyond orientation and basic training)

Certification

No

Organizational Structure in which Training is Delivered

Through the state agency with trained trainers representing one or more Department Divisions, but not necessarily by members of the official training staff.

Length of Training

2 days for case managers; 3 for supervisors

Numbers Trained Annually

Approximately 50

Cost of Training to State Mental Health Authority

This in-house training is for the whole Department, including Mental Health; the only cost for Mental Health is for the materials.

Financing of Training

Pooled Interagency Funding

Training Outcomes

Training outcomes are not formally evaluated

Available in the Public Domain

No

Contact Information

Susan Burns
Family Service Program Support Supervisor
Department of Services for Children, Youth & Their Families, Office of Case Management
302.633.2676
Susan.Burns@state.de.us

8. BUILDING SYSTEMS OF CARE: A PRIMER AND THE INDIANA SYSTEM OF CARE RESOURCE MANUAL (IN)

Overview

Building Systems of Care: A Primer and the *Indiana Systems of Care Resources Manual* are used for training staff and communities in systems of care. The Primer was developed by Sheila Pires and is described as a “roadmap” for those involved in building systems of care for children and families and provides a framework for both state and local level jurisdictions. The Resource Manual is a large loose-leaf compendium of information about systems of care and wraparound compiled by Choices TA Center of Indiana System of Care communities. It includes toolkits and references for most chapters and is revised/updated annually by the TA Center.

Targeted Audiences

- Family/Peer support
- Case Managers
- Clinicians
- Clinical Supervisors
- System and Care Coordinators
- Members of community governance bodies

Required Training

No—unless you consider that each currently funded site is mandated to work with the TA Center and accept regular (at least monthly) visits from us. Training is required for providers of Medicaid Community Alternatives to PRTF grant.

Training Offered

At some point during first year of employment—depending on the role of the trainee(s) they may receive it sooner rather than later

Certification

No

Training Offered

It begins with orientation by the TA Center at a site visit and continues to be updated and by TA Center Coaches on a regular basis

Organizational Structure in which Training is Delivered

As part of a state funded contract to a private training organization, Choices TA Center.

Length of Training

This type of training usually would last 2-3 hours. This can be followed by monthly coaching over 2 or more years.

Numbers Trained Annually

At least 150 people in Indiana have received training in topics from the Primer. At least 500 people in Indiana have received training in topics from the Resource Manual.

Cost of Training to State Mental Health Authority

Unknown

Financing of Training

Mental Health Block grant.

Training Outcomes

Training outcomes are not formally evaluated, but trainees are asked to rate the enjoyment, value and pace of the various parts of the training, the relevance of the topic, the usefulness of the information, effectiveness of training methods, pace of the day, quality of presenters and overall rating.

Available in the Public Domain

Yes

Continued on next page.

8. BUILDING SYSTEMS OF CARE: A PRIMER AND THE INDIANA SYSTEM OF CARE RESOURCE MANUAL (IN)

Contact Information

Building Systems of Care: A Primer

by Sheila A. Pires

Website: <http://gucchd.georgetown.edu/programs/ta>

Available for download in English and Spanish

(Choices TA Center staff members have been trained in the use of both by Sheila Pires, et al.

Also can purchase hard copy for \$16 each

Indiana System of Care Resource Manual

The manual is not published, but many of the resources are available in the public domain.

See, for example the National Wraparound Initiative's tool section on their web site:

<http://www.rtc.pdx.edu/nwi/tools/>

Hiring guidelines for Systems of Care

Contact Information

Janet McIntyre, Director, Choices TA Center

Choices, Inc.

317.205.8266

jmcintyre@ChoicesTeam.org

www.ChoicesTeam.org

9. MENTAL HEALTH SCREENING TRAINING (ND)

Overview

The MH Screening Toolkit statewide training was provided to several child serving agencies and system partners. It includes training in the Pediatric Symptom Checklist and the Ages and Stages Questionnaire-Social/Emotional component. The tool is to be used by child-serving agencies to assist with screening. Training video and packet available.

Targeted Audiences

- Youth or Family/Peer support
- Behavioral Aides, Residential Care Staff, Family Support Staff, Transportation Staff, etc. (Staff with Bachelors Degree or Less)
- Case Managers (Staff with Bachelors or Masters Degree)
- Clinicians (Staff with Masters Degree)
- Psychologists or Psychiatrists (Staff with Doctoral or Medical degrees)
- Clinical Supervisors
- Teachers

Required Training

No

Training Offered

Unknown

Certification

No

Organizational Structure in which Training is Delivered

Multiple state agencies (Mental Health/Substance Abuse, Child Family Services, Headstart, Healthy Steps, Developmental Disabilities) and other system partners provided the training.

Length of Training

Two hours

Numbers Trained Annually

Unknown

Cost of Training to State Mental Health Authority

Unknown

Financing of Training

The training is not financed separately because the agencies already have access to a training video along with a packet containing the ASQ-SE manual and tool. The PSC is not copyrighted and the field has access.

Training Outcomes

Outcomes are not formally evaluated

Available in the Public Domain

Yes

Contact Information

Pete Tunseth

Director, UND CFSTC

701.777.3442

pete_tunseth@mail.und.nodak.edu

10. DC: 0-3R (ME)

Overview

Training for clinicians in the use of and billing for the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood

Targeted Audiences

- Clinicians (Staff with Masters degree)
- Psychologists or Psychiatrists (Staff with Doctoral or Medical degrees)

Required Training

No

Training Offered

Don't Know

Certification

No

Organizational Structure in which Training is Delivered

Department of Health and Human Services Children's Behavioral Health services developed this training by sending two clinicians to the Zero To Three National Training Institute for the purpose of becoming Maine's DC: 0-3R trainers. Initially Maine offered this training 2x year and now by agency request. A self study DVD is being developed for the purpose of greater accessibility to the training.

Length of Training

6 hours for 1 day

Numbers Trained Annually

50

Cost of Training to State Mental Health Authority

Approximately \$70.00 per staff, plus travel costs

Financing of Training

State Agency Training Budget

Training Outcomes

Outcomes are not formally evaluated

Available in the Public Domain

No

Contact Information

Ann O'Brien
Quality and Training Manager
DHHS Children's Behavioral Health Services
207.287.4259
ann.obrien@maine.gov

11. CHILD AND ADOLESCENT NEEDS AND STRENGTHS TOOLS (IN)

Overview

Training in use of the Child and Adolescent Needs Assessment instrument by John Lyons, Ph.D. and related tools for assessment, clinical planning, outcomes measurement, and management.

Targeted Audiences

Cross-systems audiences including:

- Clinicians
- Clinical Supervisor
- Peer Mentors
- Residential Providers
- Corrections
- School Psychologists and Social Workers
- Child Welfare

Required Training

Yes

Certification

Yes. Annual recertification required.

Training Offered

Training is provided via an internet website or live. Training can be provided for individuals or groups.

Organizational Structure in which Training is Delivered

Developed and implemented across multiple state agencies; required for providers contracting with the Division of Mental Health and Addiciton, residential providers licensed by the Dept. of Child Services, Dept. of Correction residential and targeted re-entry programs, and pilot in local school district.

Length of Training

4-5 hours. Additional intensive training can be provided for “SuperUsers” that help integrate use of CANS tools in everyday practice in their agencies.

Numbers Trained Annually

2700+

Cost of Training to State Mental Health Authority

Unknown

Financing of Training

Mental Health Block grant, State Mental Health funds, Medicaid

Training Outcomes

Trainee skills are evaluated for certification

Available in the Public Domain

Yes

Contact Information

Betty Walton, Ph.D., ACSW, LCSW
 FSSA/Indiana Division of Mental Health and Addiction
 317.232.7907
 betty.walton@fssa.in.gov; or ibhas@fssa.in.gov

12. CORE TRAINING IN EVIDENCE-BASED PRACTICE ELEMENTS (MN)

Overview

Five-day intensive training in using diagnostic assessment and research evidence for identifying appropriate treatment interventions for children and adolescents, based on the work of Dr. Bruce Chorpita. Follow-up consultation and supervision is provided.

Targeted Audiences

- Clinicians
- Psychologists and Psychiatrists
- Clinical Supervisors

Required Training

No

Training Offered

Training is offered 3-4 times per year.

Certification

No certification is involved at present, but it is being developed.

Organizational Structure in which Training is Delivered

Within an agency training department or program through a contract with Dr. Bruce Chorpita

Length of Training

40 hours, plus bi-weekly consultation and supervision

Numbers Trained Annually

48-60

Cost of Training to State Mental Health Authority

\$20,000

Financing of Training

Center for Medicaid and Medicare Services Transformation Grant and State Agency Training Budget

Training Outcomes

Trainee knowledge and skills are evaluated, as well as child outcomes and family satisfaction.

Available in the Public Domain

No

Contact Information

Pat Nygaard
Mental Health Consultant
Minnesota Department of Health and Human Services, Division of Mental Health
pat.nygaard@mn.state.us

13. ENGAGEMENT SKILLS TRAINING (HI)

Overview

Two-day in-person “foundation training” for Mental Health Care Coordinators on engaging family members and youth in mental health services. Content includes relationship-building, communication skills, and principles of cultural competence.

Targeted Audiences

Case Managers (Staff with Bachelors or Masters degree)

Required Training

Yes

Training Offered

During employee orientation or basic training phase

Certification

No

Organizational Structure in which Training is Delivered

Within an agency training department or program

Length of Training

Approximately 12 hours of training

Numbers Trained Annually

All new staff—about 21 in past year

Cost of Training to State Mental Health Authority

Unknown

Financing of Training

State Agency Training Budget

Training Outcomes

Training outcomes are not formally evaluated

Available in the Public Domain

Yes

Contact Information

Lesley Slavin, Ph.D.

Behavioral Specialist

808.733.9358

laslavin@camhmis.health.state.hi.us

14. INTENSIVE CASE MANAGEMENT TRAINING (HI)

Overview

Two-day in-person “foundation training” for Mental Health Care Coordinators on providing case management/care coordination services to family members and youth. Includes case management skills and knowledge of system infrastructure, System of Care Principles, and Quality Assurance indicators.

Targeted Audiences

Case Managers (Staff with Bachelors or Masters degree)

Required Training

Yes

Training Offered

During employee orientation or basic training phase

Certification

No

Organizational Structure in which Training is Delivered

Within an agency training department or program

Length of Training

Approximately 12 hours of training

Numbers Trained Annually

All new staff—about 21 in the past year

Cost of Training to State Mental Health Authority

Unknown

Financing of Training

State Agency Training Budget

Training Outcomes

Training outcomes are not formally evaluated

Available in the Public Domain

Yes

Contact Information

Lesley Slavin, Ph.D.

Behavioral Specialist

808.733.9358

laslavin@camhmis.health.state.hi.us

15. COORDINATED SERVICE PLANNING TRAINING (HI)

Overview

Two-day in-person “foundation training” for Mental Health Care Coordinators on developing strengths-based Coordinated Service Plans for youth in partnership with both the youth and family. Content includes collaboration with other child-serving systems, crisis planning, transition planning and maximizing youth voice.

Targeted Audiences

Case Managers (Staff with Bachelors or Masters degree)

Required Training

Yes

Training Offered

During employee orientation or basic training phase

Certification

No

Organizational Structure is which Training is Delivered

Within an agency training department or program

Length of Training

Approximately 12 hours of training

Numbers Trained Annually

New care coordinators—about 21 in past year

Cost of Training to State Mental Health Authority

Unknown

Financing of Training

State Agency Training Budget

Training Outcomes

Training outcomes are not formally evaluated

Available in the Public Domain

Yes

Contact Information

Lesley Slavin, Ph.D.

Behavioral Specialist

808.733.9358

laslavin@camhmis.health.state.hi.us

16. CORE TRAINING FOR CHILD MENTAL HEALTH CASE MANAGERS (MN)

Overview

Legislated 5-day training for county-based providers of case management in mental health and child welfare agencies that was developed and is implemented through a public-academic partnership.

Targeted Audiences

Case Managers

Required Training

Yes

Training Offered

Training is offered statewide at some point during the first year of employment, beyond orientation and basic training.

Certification

No

Organizational Structure in which Training is Delivered

As part of state funded contract to a university

Length of Training

40 hours

Numbers Trained Annually

Several hundred

Cost of Training to State Mental Health Authority

Total budget is approximately \$100,000 annually

Financing of Training

Combined funds from special federal grants, Mental Health Block Grant, and State Agency Training Budget, local agency training budgets, and pooled interagency funding.

Training Outcomes

Trainee knowledge and skills are evaluated in pre-post tests.

Available in the Public Domain

Yes

Contact Information

Mary Jo Verschay
Mental Health Consultant
Minnesota Department of Health and Human Services, Division of Mental Health
maryjo.verschay@state.mn.us

17. MENTAL HEALTH/MENTAL RETARDATION CORE TRAINING PROGRAM (MS)

Overview

This program provides 3 one-week workshops or modules for MA level staff that work in mental health and are not covered under any other credentialing program.

Targeted Audiences

Clinicians ((Staff with Masters Degree)

Required Training

Yes

Training Offered

At some point during first year of employment (beyond orientation and basic training)

Certification:

Yes. Certification as Certified or Licensed mental health therapist or Certified or Licensed mental retardation therapist Individuals who hold certification or licensure are required to obtain at least 30 contact hours of in-service training during their two year certification/licensure period.

Organizational Structure in which Training is Delivered

Within an agency training department or program

Length of Training

Each of three modules last 5 days each (total of 15 days)

Numbers Trained Annually

300

Cost of Training to State Mental Health Authority

Unknown

Financing of Training

Each participant pays a fee for each module, which covers printing fees, presenter fees, etc.

Training Outcomes

Trainee knowledge is evaluated.

Available in the Public Domain

No

Contact Information

Lisa Henick
Division Director
MS Department of Mental health
601.359.1288
lisa.henick@dnh.state.ms.us

18. CASE MANAGER ORIENTATION (MS)

Overview

Two-day educational training session for mental health/mental retardation case managers who work within the mental health system in the state.

Targeted Audiences

Case Managers (Bachelor or Master level)

Required Training

Yes

Training Offered

At some point during the first year of employment

Certification

No

Organizational Structure in which Training is Delivered

Within an agency training department or program

Length of Training

Two full days

Numbers Trained Annually

Approximately 200

Cost of Training to State Mental Health Authority

Unknown

Financing of Training

State Agency training budget

Training Outcomes

Yes. Trainee knowledge is evaluated.

Available in the Public Domain

No

Contact Information

Thad Williams

Director, MS Department of Mental Health

601.359.1288

thad.williams@dmh.state.ms.us

19. CHILD & ADOLESCENT IN-HOME/CHILD & ADOLESCENT CASE MANAGERS (AL)

Overview

Two trainings that occur within the same week for Department of Mental Health certification. Training content includes: assessment tools, individualized treatment/care plans, and consumer and family involvement. Medicaid has the curriculum and all persons have to complete the 4-day training and a pre-post test to be certified.

Targeted Audiences

- Case Managers
- Clinicians
- Clinical Supervisors

Required Training

Yes

Training Offered

During employee orientation or basic training.

Certification

Personnel must be certified by the Department of Mental Health prior to delivering the in-home or case management services.

Organizational Structure in which Training is Delivered

As part of state funded contract with a community mental health provider

Length of Training

3.5 days

Numbers Trained Annually

Approximately 150

Cost of Training to State Mental Health Authority

Total annual budget for the training is \$23,190

Financing of Training

Mental health Block Grant and State agency training budget

Training Outcomes

Trainee knowledge and skills are formally evaluated.

Available in Public Domain

No

Contact Information

Kim Hammack
 Coordinator Child and Adolescent Services
 Alabama Dept. of Mental Health/Mental Retardation
 334.353.9144
kim.hammack@mh.alabama.gov

20. SUPERVISION SKILLS TRAINING (DE)

Overview

All department supervisors are required to attend a series of four courses (classroom) on Managing Within a Child & Family Serving System, Managing Work Through Other People, Transfer of Learning, and Supervising & Managing Group Performance. The series is offered annually or semiannually.

Targeted Audiences

Clinical Supervisors (many supervisors are not clinicians)

Required Training

Yes

Training Offered

- At some point during first year of employment (beyond orientation and basic training)
- Regular in-service for current employees

Certification

No

Organizational Structure in which Training is Delivered

Through the state agency with trained trainers, but not necessarily by members of the official training staff.

Length of Training

Since the training is broken up into four courses, there are different training lengths as follows:

- Managing within a child and family serving system—8.5 hours
- Managing work through other people—11 hours
- Transfer of learning—6 hours
- Supervising and managing group performance—8.5 hours

Numbers Trained Annually

Approximately 80 if offered twice a year

Cost of Training to State Mental Health Authority
The only cost is for handout materials.

Financing of Training

Pooled Interagency Funding

Training Outcomes

Training outcomes are not formally evaluated

Available in the Public Domain

No

Contact Information

Marcia Roe
Training Administrator
DSCYF, Division of Child Mental Health Services
302.633.2706
Marcia.Roe@state.de.us

21. CHILD AND ADOLESCENT PSYCHIATRIC INSTITUTE (AL)

Overview

Annual training for physicians (psychiatrists and pediatricians) focused on best practices for psychiatric care. It is a CME approved training with a training notebook of presenter information, learning objectives, and evaluations.

Targeted Audiences

- Child and Adolescent Psychiatrists
- General Psychiatrists
- Pediatricians
- Psychologists

Required Training

Yes

Training Offered

Annually

Certification

No certification, but completion of the training is CME approved

Organizational Structure in which Training is Delivered

As part of a state funded contract with the statewide family network. The Department of Mental health partners with the Department of Public Health, Alabama Family Ties, and American Academy of Pediatrics-Alabama to conduct this training. The curriculum is determined by designated physicians and approved by the CME Committee.

Length of Training

2 days

Numbers Trained Annually

50-60

Cost of Training to State Mental Health Authority

Total annual budget is approximately \$60,000.

Financing of Training

Mental Health Block Grant

Training Outcomes

Trainee knowledge and skills are evaluated.

Available in Public Domain

No

Contact Information

Kim Hammack
 Coordinator Child and Adolescent Services
 Alabama Department of Mental Health/Mental
 Retardation
 334.353.9144
kim.hammack@mh.alabama.gov

22. SPARCS TRAINING (ND)

Overview

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) is a group intervention designed to address traumatized adolescents who may be experiencing ongoing stress. The goals of this intervention are to assist adolescents with learning ways to cope effectively, connect with others, establish supportive relationships, increase awareness and create meaning. SPARCS lasts approximately 16 sessions and are 1 hour in length. SPARCS training was provided to all regional Human Services Center (HSC) in the state for 2 clinicians. The Neuropsychiatric Research Institute of Fargo, ND provides 6 month follow up consultation/supervision.

Targeted Audiences

- Clinicians (Staff with Masters degree)
- Psychologists or Psychiatrists (Staff with Doctoral or Medical degrees)

Required Training

No

Training Offered

At each of the 8 regional mental health authorities, 2 clinicians were trained to deliver SPARCS

Certification

Staff who complete the SPARCS training do receive a certificate. There are no follow-up or recertification trainings needed.

How is Training Delivered

As part of a state funded grant/contract to a university or college program

As part of a state funded grant/contract to a private training organization

Length of Training

Training for SPARCS last approximately two days

Numbers Trained Annually

Approximately 16 staff became certified in the delivery of SPARCS

Cost of Training to State Mental Health Authority

\$32,000

Financing of Training

Mental Health Block Grant

Training Outcomes

- The following outcomes are formally evaluated:
- Trainee knowledge and skills
- Child outcomes
- Family outcomes

Available in the Public Domain

No

Contact Information

Vicotor Labruna, PhD
400 Community Dr.
Manhasset, NY 11030
516.562.3245
vlabruna@nshs.edu

Mandy Habib, PsyD
516.562.6276
mhabib@nshs.edu

23. PARENT MANAGEMENT TRAINING—OREGON (MI)

Overview

Training in the five core components of Parent Management Training-Oregon (PMTO): skill encouragement, discipline, monitoring and supervision, problem-solving skills, and positive involvement. PMTO is a manualized approach as detailed in *Parenting Through Change* (Forgatch, 1994).

Targeted Audiences

- Youth or Family/Peer support
- Behavioral Aides, Residential Care Staff, Family Support Staff, Transportation Staff, etc. (Staff with Bachelors Degree or Less)
- Clinicians (Staff with Masters degree)
- Psychologists or Psychiatrists (Staff with Doctoral or Medical degrees)
- Clinical Supervisors
- Teachers

Required Training

No

Training Offered

Staff become trained when they are beginning to implement PMTO in their agency, organization, and/or practice.

Certification

There is a fidelity certification received by the trainee after successful completion of the training. In addition every two years, the clinician must complete a recertification.

Organizational Structure in which Training is Delivered

Regional Training is purchased by the state of Michigan through the training center in Oregon. The Oregon training consultants offer the training in these regional training centers. The Michigan Mental

Health Department will be taking over the training via Training of Trainers, but Oregon will continue to do consultation.

Length of Training

Biweekly phone consultation, following 4-5 face-to-face meetings per year

Numbers Trained Annually

20 this past year/40 next year

Cost of Training to State Mental Health Authority

25,000 per staff at first, but will decrease after Train of Trainers goes into place.

Financing of Training

Mental Health Block Grant

Training Outcomes

The following outcomes are formally evaluated:

- Trainee knowledge and skills
- Child outcomes
- Family outcomes

Available in the Public Domain

No

Contact Information

Marion S. Forgatch, Ph.D.
Executive Director
Implementation Sciences International, Inc.
2852 Willamette Street, #172
Eugene, OR 97405
marionf@oslc.org

24. INFANT MENTAL HEALTH TRAINING (LA)

Overview

This training program is offered through the Harris Training Program in Infant Mental Health at Tulane University Health Sciences Center. The training enhances professional expertise in delivering services to children from birth to five years of age. The trainees will acquire relationship-based, family-focused approach to infant mental health that includes didactic instruction, clinical field experiences, consultation, and supervision.

Targeted Audiences

- Clinicians (Staff with Masters degree)
- Psychologists or Psychiatrists (Staff with Doctoral or Medical degrees)
- Clinical Supervisors

Required Training

No

Training Offered

Offered once per year for 6 months

Certification

Staff who chose to complete the training will be awarded a certificate through Tulane

Organizational Structure in which Training is Delivered

Training is offered as part of a state funded grant/contract to a university program.

Length of Training

6 months

Numbers Trained Annually

Approximately 10

Cost of Training to State Mental Health Authority

\$10,000 per person

Financing of Training

Year to year via MOA with child welfare and TANF early supports services grant

Training Outcomes

Trainee knowledge and skills are formally evaluated.

Available in the Public Domain

No

Contact Information

www.infantinstitute.com

25. EARLY CHILDHOOD MENTAL HEALTH CERTIFICATE PROGRAM (MD)

Overview

This is a classroom and Web-based training for Masters' level clinicians to acquire skills in early childhood mental health consultation and treatment. The training program is provided by the University of Maryland and jointly sponsored by the State of Maryland Mental Hygiene Administration and the State Department of Education.

Targeted Audiences

- Clinicians (Masters degree)
- Psychologists or Psychiatrists (Doctoral or Medical degrees)

Required Training

No

Training Offered

Voluntary training for clinicians and can be used as part of continuing education

Certification

A person who completes training will receive an Early Childhood Mental Health Certificate from the University of Maryland.

Organizational Structure in which Training is Delivered

Training is offered as part of a state funded grant/contract to a university program.

Length of Training

The length of the certificate program training is 18 months.

Numbers Trained Annually

Approximately 30

Cost of Training to State Mental Health Authority

\$9,500

Financing of Training

State Agency training budget

Training Outcomes

Trainee knowledge and skills are formally evaluated:

Available in the Public Domain

Unknown

Contact Information

Kay Connors
University of Maryland
410.328.6680
kconnors@psych.umaryland.edu

26. EARLY CHILDHOOD DEVELOPMENT AND MENTAL HEALTH (MN)

Overview

Three-day training for a wide range of providers with an introduction to early childhood development and mental health, assessment using the DC-03, and case studies for clinicians. Monthly follow-up consultation and supervision is also provided.

Targeted Audiences

- Youth or Family/Peer support
- Behavioral Aides, Residential Care Staff, Family Support Staff, Transportation Staff, etc. (Staff with Bachelors Degree or Less)
- Case Managers
- Clinicians
- Clinical Supervisors
- Teachers

The first day of training is relevant for all audiences, whereas the second and third days are more applicable to case managers and clinicians.

Required Training

No

Training Offered

The training is offered as a regular in-service.

Certification

No certification is currently involved, but it is in development.

Organizational Structure in which Training is Delivered

Within an agency training department program

Length of Training

1-3 days

Numbers Trained Annually

Approximately 600

Cost of Training to State Mental Health Authority

Exact figure is unknown, but the cost is relatively minimal and is shared with the Part C agency

Financing of Training

Mental Health training dollars and Part C interagency funding

Training Outcomes

Trainee knowledge and skills are assessed post training.

Available in Public Domain

Yes

Contact Information

Antonia Wilcoxin
Mental Health Consultant
Minnesota Department of Health and Human Services, Division of Mental Health
antonia.wilcoxin@state.mn.us

27. BEHAVIORAL HEALTH PROFESSIONAL TRAINING (ME)

Overview

Behavioral Health Professional (BHP) Training is for bachelor's level staff who work directly with a child in the home or community. It is offered through Behavioral Health Sciences Institute, a collaborative between the Spurwink Institute and the University of Maine at Augusta. This training module contains information about the values of children and their families with disabilities and the roles and responsibilities of being a behavioral health professional. BHP training contains the following topics: Introduction, Working in the Home Setting, Child Development/Child Pathology, Trauma, Individual Treatment Planning, Communication, Principles of Behavior, Principles of Family Functioning, Principles of Instruction, and Community Resources.

Targeted Audiences

- Youth or Family/Peer support
- Behavioral Aides, Residential Care Staff, Family Support Staff, Transportation Staff, etc. (Staff with Bachelors Degree or Less)

Required Training

Yes

Training Offered

At some point during first year of employment (beyond orientation and basic training)

Certification

There is a certification process that exists for a Behavioral Health Professional. However, there are no recertification requirements.

Organizational Structure in which Training is Delivered

Contract with The Spurwink Institute that has a co-operative agreement with the University of Maine Augusta to develop and manage the BHP training both by direct staff training and through certifying provider agency Train the Trainers.

Length of Training

To be come a trained behavioral health professional requires 50 hours of training.

Numbers Trained Annually

84 direct trainings; 600 agency trained

Cost of Training to State Mental Health Authority

\$35,500 for the direct trainings

Financing of Training

State Agency Training Budget

Training Outcomes

Trainee knowledge and skills are formally evaluated.

Available in the Public Domain

Yes

Contact Information

Torrey Harrison
 Director Behavioral Health Sciences Institute
 207.688.4589
 tharrison@bhsi.net

28. COMMUNITY-BASED INTERVENTIONS TRAINING (DC)

Overview

Training provided by the District of Columbia's Department of Mental Health Home and Community-based Services department. This training consists of 6 days utilizing 11 modules: Service Philosophy and Principles, Cultural Competency, Educational and Vocational Functioning Training, Intersystem Collaboration and Systems of Care, Family Systems, Strength-based assessment and Treatment Planning, Supervision, Professional Ethics, Parenting, Differential Diagnosis and Risk Assessment and Crisis Stabilization.

Targeted Audiences

- Case Managers (Bachelors and Masters degrees)
- Clinicians (Masters degree)
- Psychologists or Psychiatrists (Doctoral or Medical degrees)
- Clinical Supervisors

Required Training

No

Training Offered

Training is offered once a year and the provider determines who will be sent to the training.

Certification

A person who completed training obtains a CBI Certified Provider certificate.

Organizational Structure in which Training is Delivered

Training is delivered within an agency training department or program as part of a state funded grant contract to a private training organization.

Numbers Trained Annually

25 staff

Cost of Training to State Mental Health Authority

Unknown

Financing of Training

Special federal grant (time limited)

Training Outcomes

The following outcomes are formally evaluated:

- Trainee knowledge and skills
- Child outcomes
- Family outcomes

Available in the Public Domain

No

Contact Information

Linda Henderson

Home and Community Based Services Manager
DC Department of Mental Health

202.673.3515

linda.henderson@dc.gov

29. THERAPEUTIC CHILD SUPPORT TRAINING (KY)

Overview

Training for direct care and support staff, generally with less than a Bachelor's degree, with 12 modules in foundation topics needed for working with children and families across varied community settings.

Targeted Audiences

Behavioral Aides, Residential Care Staff, Family Support Staff, Transportation Staff, etc. (Staff with Bachelors Degree or Less)

Required Training

Yes

Training Offered

During employee orientation or basic training phase

Certification

No certification is offered for this training

Organizational Structure in which Training is Delivered

Within an agency training department or program
As part of a state funded grant/contract to a university or college program
As part of a state funded grant/contract to a private training organization

Length of Training

Less than 1 day

Numbers Trained Annually

Unknown

Cost of Training to State Mental Health Authority

Unknown

Financing of Training

- Mental Health Block Grant
- Pooled Interagency Funding

Training Outcomes

Outcomes are evaluated, but not specific enough on which outcomes are being analyzed.

Available in the Public Domain

Unknown

Contact Information

Beth Armstrong
Kentucky MHMR Program Administrator
502.564.7610
beth.armstrong@ky.gov

30. EXPLORING EFFECTIVE TEAM FACILITATION (IN)

Overview

Created by Choices TA Center and Indiana State University Blumberg Center to teach wraparound facilitators new and creative approaches to team facilitation. A number of creative problem solving tools have been adapted to the stages and values of the wraparound process to aid facilitators in helping wraparound child and family teams reach successful outcomes.

Targeted Audiences

- Family/Peer support
- Case Managers
- Clinicians
- Clinical Supervisors
- Care Coordinators
- Team Facilitators

Required Training

Not usually—but at least one mental health center has required all case managers to participate when they purchased this training from the TA Center

Training Offered

At some point during first year of employment (this is not for brand new facilitators)

Certification

No certification is offered for this training

Organizational Structure in which Training is Delivered

Usually purchased from the TA Center by a mental health center or system of care provider of facilitators. Parts of the training have been offered as part of the TA Center's contract with the state. Choices TA Center provides Technical Assistance, training and coaching to sites (usually counties) formerly and currently funded by the Indiana Division of Mental Health and Addiction to build system of care infrastructure (have trained in more than 60 of Indiana's 92 counties)

Length of Training

Training usually lasts 2 half days. This is followed by as much coaching as needed by trainees to put their new knowledge to work.

Numbers Trained Annually

Approximately 100 people in Indiana have received this training

Cost of Training to State Mental Health Authority

\$1500-\$2200 which includes preparation time, travel, handouts and food.

Financing of Training

Started through block grant, two System of Care grants.

Training Outcomes

Specific training outcomes are evaluated, but they are asked to rate the enjoyment, value and pace of the various parts of the training, the relevance of the topic, the usefulness of the information, effectiveness of training methods, pace of the day, quality of presenters and overall rating. There are also 2 or 3 open ended questions.

Available in the Public Domain

No

Contact Information

Janet McIntyre
 Director, Choice TA Center, Choices, Inc.
 317.205.8266
 jmcintyre@ChoicesTeam.org
 www.ChoicesTeam.org

31. SPECIALTY POPULATIONS TRAINING (AL)

Overview

Several specialty populations trainings are conducted annually and determined by the Child and Adolescent Task Force and the Mental Illness Planning Council. In FY 2007 trainings included Trauma Training, Special Education Training (IDEA and No Child Left Behind), Cognitive Behavior Therapy, Juvenile Court Liaison Training. Also, annually the Alabama Council for Community Mental Health Board holds an annual conference. Special C & A tracks in 2007 included presentations on working with reactive detachment disorders, multiple needs, co-occurring disorders, parent training and involvement, and special education.

Targeted Audiences

- Family/Peer support
- Direct care and support staff with BA degree or less
- Case Managers
- Clinicians
- Clinical Supervisors

Required Training

No

Training Offered

Annually throughout the year

Certification

No

Organizational Structure in which Training is Delivered

As part of a state contract with statewide family network, Alabama Family Ties

Length of Training

1-2 days

Numbers Trained Annually

Varies

Cost of Training to State Mental Health Authority

Total annual budget is approximately \$50,000

Financing of Training

Mental Health Block Grant

Training Outcomes

Trainee knowledge and skills, and child and family outcomes are evaluated.

Available in Public Domain

No

Contact Information

Kim Hammack
 Coordinator Child and Adolescent Services
 Alabama Dept. of Mental Health/Mental Retardation
 334.353.9144
kim.hammack@mh.alabama.gov

OTHER FORMAL CURRICULA OR TRAINING MATERIALS

The survey asked respondents to list only three sets of formal curricula or training materials because of the amount of time involved in answering a series of follow-up questions describing each of the training resources. Therefore it is important to mention that there are likely many other formal training resources among the responding states than described in the compendium. There were a number of cases in which formal curricula or training materials were identified, but then not described in detail in the follow-up subset of questions about each training resource. Some of these additional training resources included:

- Wraparound Certification Training in North Dakota
- Training in Evidence-based Practices in Oregon, including
 - Family Functional Therapy
 - Multidimensional Treatment Foster Care
 - Multisystemic Training
 - Dialectical Behavior Therapy
 - Collaborative Problem Solving
 - Parent Child Interaction Training
 - Cognitive Behavior Therapy