

2019

Are we hiring the right people?



Participant Manual

Baltimore Marriott Waterfront Hotel
Baltimore, MD



The National Wraparound Implementation Center (NWIC) supports states, communities, and organizations to implement Wraparound effectively. NWIC uses innovative approaches grounded in implementation science and incorporates 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.

National Wraparound Implementation Center (NWIC)

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NOTES

Comparing Traditional Case Management Models to Wraparound Care Coordination	
Traditional Case Management	Wraparound Care Coordination
Focus on youth behaviors and strategies to fix them	Ecological focus inclusive of the whole family with focus on why behaviors occur
High staff ratios (1:25-50; sometimes higher)	Low staff ratios (1:8-10)
Based on some consistent practices	Requires full fidelity to a practice model that follows explicit steps and processes. In the process of being deemed evidenced-based (currently a research-informed approach).
Minimal requirement for contact	Child and Family team meetings required every 30/45 days; at least 1-2 additional face-to-face meetings with the youth and their caregivers/parents, minimum weekly telephonic contact
Used to serve all levels of care/intensity	Intensive process used primarily with individuals with intensive behavioral health needs
Often requires some broad based training	Requires intensive training, coaching and certification approach
May not have an evaluation component to ensure standardized best practice	Requires an evaluation to ensure hi fidelity practice and skilled staff who meet standards
Makes decisions alone or in consultation with colleagues	Child and family team decision making inclusive of family voice and choice
Creates a plan for the family that has family tasks	Facilitates a process that builds a team of formal and natural supports and assigns team tasks
Works alone, consulting colleagues as needed	Part of a team
Creates plans with minimal family input	Learns and understands the family story and incorporates the family into all decision making
Focus on negative behaviors	Focus of strengths, positives, resiliency and understanding the reason behind the behavior
Assessment-driven engagement process	Multi-meeting engagement process to understand the full family story spanning to before the identified youth's birth through to the present reason for referral. Understanding of the entire family story not just the child and the coping mechanisms of the family unit.
Meetings with providers about the family without family	Not holding a meeting about the family without the family
Creates a plan that includes referrals to available services to address behavior	Creates a plan of care that is driven by underlying needs (behind the behavior) and incorporates outcomes, strengths, strategies which include formal services, community activities and natural supports that are determined by the team and tasks for which the entire team is responsible. The goal is still to decrease challenging behaviors, but through a very intensive, individualized evidence informed process.
Utilization of available services	Responsibility to identify and build new services to enhance the service array
Standardized crisis plan if there is one at all)	Individualized crisis and safety plan that moves from least intensive to most restrictive strategies to prevent and stop a crisis. Inclusion of the team and all areas of a child's life in the crisis plan (home, school, etc).
Traditional "cookie cutter" services – over reliance on system responses	Use of both traditional/professional and informal supports (community and natural); normalizing approach
Focus on following the service plan and participating in services	Focus on transition and assistant the family in achieving self-efficacy
Not responsible for outcomes	Team tracks & is accountable for outcomes; families don't fail, plans fail & need to be changed
Minimal availability for after-hours crisis response	24/7 crisis response available where the family has someone to call to walk through the crisis plan if necessary in the hope of maintaining the child in the community (this may not include formal mobile crisis response)

Data from one study found that 43% of Wraparound staff turned over in less than one year.

Staff Turnover in One Year



■ Less than One Year in Facilitation/Coordination Role ■ More than One Year in Facilitation/Coordination Role

3 SECTIONS OF THE GUIDE

1. Wraparound Care Coordinator Traits: These are basic characteristics known to be associated with staff who are _____ in providing care coordination using a _____ approach.
2. _____: This section provides suggested interview settings, samples of questions, and an example interview scoring sheet.
3. Wraparound Care Coordination Job Skills: Examples are provided to help agencies begin to design specific _____ _____ _____ job descriptions.



Care Coordinator Traits

R E T U P M O C Q A C I K I V C H F B K
 N O I T A C I N U M M O C T R T R H Z J
 X R M T A K B G J C C X I E C B W T S X
 E X E J A Q A H U I X M A S R B G R H U
 T L I L B T F S T O E T J O I V I X I G
 V G B A A M D E C M I D C E S O G F O W
 U D P A W T H L A V H C T V I I K L N P
 L J Q W I T I N E G K V Y P S C U E O C
 C A V Z A L A O K R S U C U M F E X I L
 Q J T P T G E V N A V A J U A S P I T P
 G H M N E P E R Y A L X H Z N U L B A T
 P E S M E M G K Q Z L C E O A O T L Z O
 S M E S T M D E P F P U F N G I S E I Q
 M N M Q M H G I J U G F Z M E R P X N O
 T U V B Z J Z D D D R S G O M U T C A Q
 V V H X U U V E U R K O P M E C W V G F
 T W O X M S B O K J Q S T I N J E N R Y
 H O E R H E T Z I E N M U B T U O D O Q
 T E A M P L A Y E R O O C E W Z L J U H
 T X Z O R L T Z H D E N N P R K R W V K

COMMUNICATION
 COMPUTER
 CREATIVE
 CRISISMANAGEMENT
 CURIOUS
 EMPATHETIC
 FLEXIBLE

NONJUDGMENTAL
 ORGANIZATION
 RELATIONAL
 RELIABLE
 TEAMPLAYER
 TIMEMANAGEMENT

NOTES

A large, empty rectangular box with a thin black border, intended for the user to write their notes. It occupies the central portion of the page.

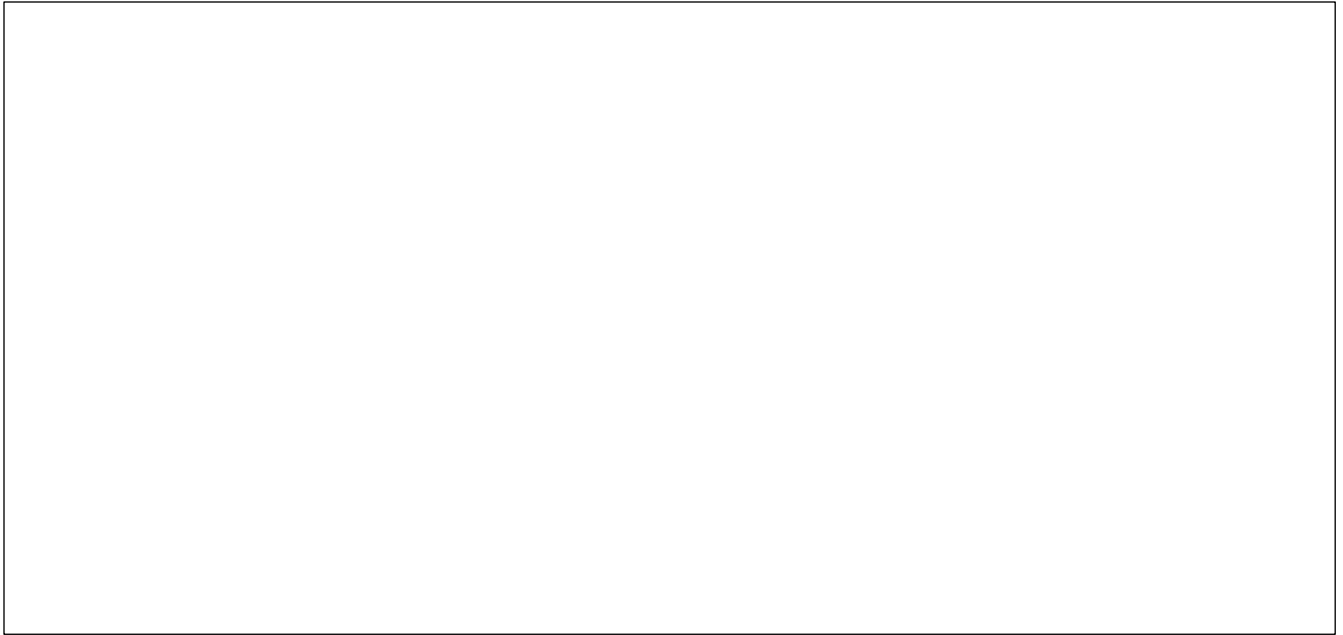
Communication Skills

If you want to assess whether a care coordinator can stand up in front of people? What could you do?

Organization and Time management

An applicant with a reputation for _____,
_____, **or** _____ would probably not be a
good fit as a Wraparound Care Coordinator.

Empathetic- Accepting and Non-Judgmental



Skills Associated with Empathy	Explanation
Attending, Acknowledging	Providing verbal or non-verbal awareness of the other it, eye contact.
_____ , _____	Responding to person's basic verbal message
Reflecting	Reflecting _____ , _____ or _____ content that has been heard or perceived through cues. (Reinforcing and supporting the speaker, clarifying meaning)
Interpreting	Offering a tentative interpretation about the other's _____ , _____ or meanings.
Summarizing, Synthesizing	Bringing together in some way feelings and experiences; providing a focus.
_____	Questioning in a supportive way the requests more information or that attempts to clear up confusions.
Giving Feedback	Sharing _____ of the other's ideas or feelings; Disclosing relevant personal information.
_____	Showing _____ and caring in one's own individual way.
Checking _____	Finding out if interpretations and perceptions are valid and accurate.
Being Quiet	Giving the other time to think as well as talk.

Activity Notes



What do you think about this picture? What do you notice?

Flexible and Creative

1. _____

2. _____

3. _____

4. _____

Team Player

A Care Coordinator who is determined to be the _____ for a family is not likely to succeed long term and runs the risk of professional _____.

Computer Skills

Crisis and Conflict Management

- Address problems quickly before they reach _____.
- Draw out the _____ and _____ of hesitant participants
- Formalize an agreement between people in conflict
- Listen _____ as parties share their perspective
- Mediate between parties around important issues
- Model reasonable dialogue
- Negotiate
- Teach alternative behaviors to avoid triggering conflict
- Normalize behaviors to reduce _____ and _____ so tough topics can be discussed

Reliable

1. _____
2. _____
3. _____



Curious

Fun Facts: Fun facts:

- Curious people onboard in a new job faster than people who are less curious.
- Curious people are more adaptable and tend to react favorably to change.
- Curious people keep organizations from making mistakes that hasty decisions produce as they are apt to identify the small flaws in a plan or product.
- Curious people tend to be more open-minded and willing to consider many different perspectives, which can lead to breakthrough thinking.
- Curious people will make more of an effort to get to know others, leading to more effective relationships and respect.
- And curious people are committed to lifelong learning, especially helpful in an age when so many changes are going on in the workplace.

Relational



What are you willing to stick your neck out for??

