



**Training/Best Practices  
Workgroup**

**Strategic Work Plan**

Approved February 20, 2008

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## Introduction

For several weeks during the fall of 2007, dedicated parents, service providers, and community members engaged in a strategic planning process for the Kalamazoo Wraps Training Workgroup. This document contains the results of this process. It will serve as a work plan for providing continuing education and training opportunities for Kalamazoo Wraps.

As a result of the strategic planning process, the Training Workgroup has a clear mission: to offer and evaluate a wide variety of trainings for parents, caregivers, youth, and professionals and all who are impacted by youth with severe emotional disturbances (SED). The plan's specific strategies and objectives provide the foundation for the Training Workgroup to achieve its mission and strive toward the Kalamazoo Wraps vision.

The plan was developed as a guide for the Training Workgroup. The workgroup will review this document periodically to monitor progress and maintain focus on the mission. Adjustments and revisions will be made as needed.

We thank the members of the Training Workgroup. Without their enthusiasm, commitment, and thoughtfulness, this strategic plan would not have been possible.

**Rebecca Clore**

Training Coordinator, Kalamazoo Wraps

**Michelle Houtrow**

Co-Project Director, Kalamazoo Wraps

**Approved by the Integrated Action Team: February 20, 2008**

## Mission

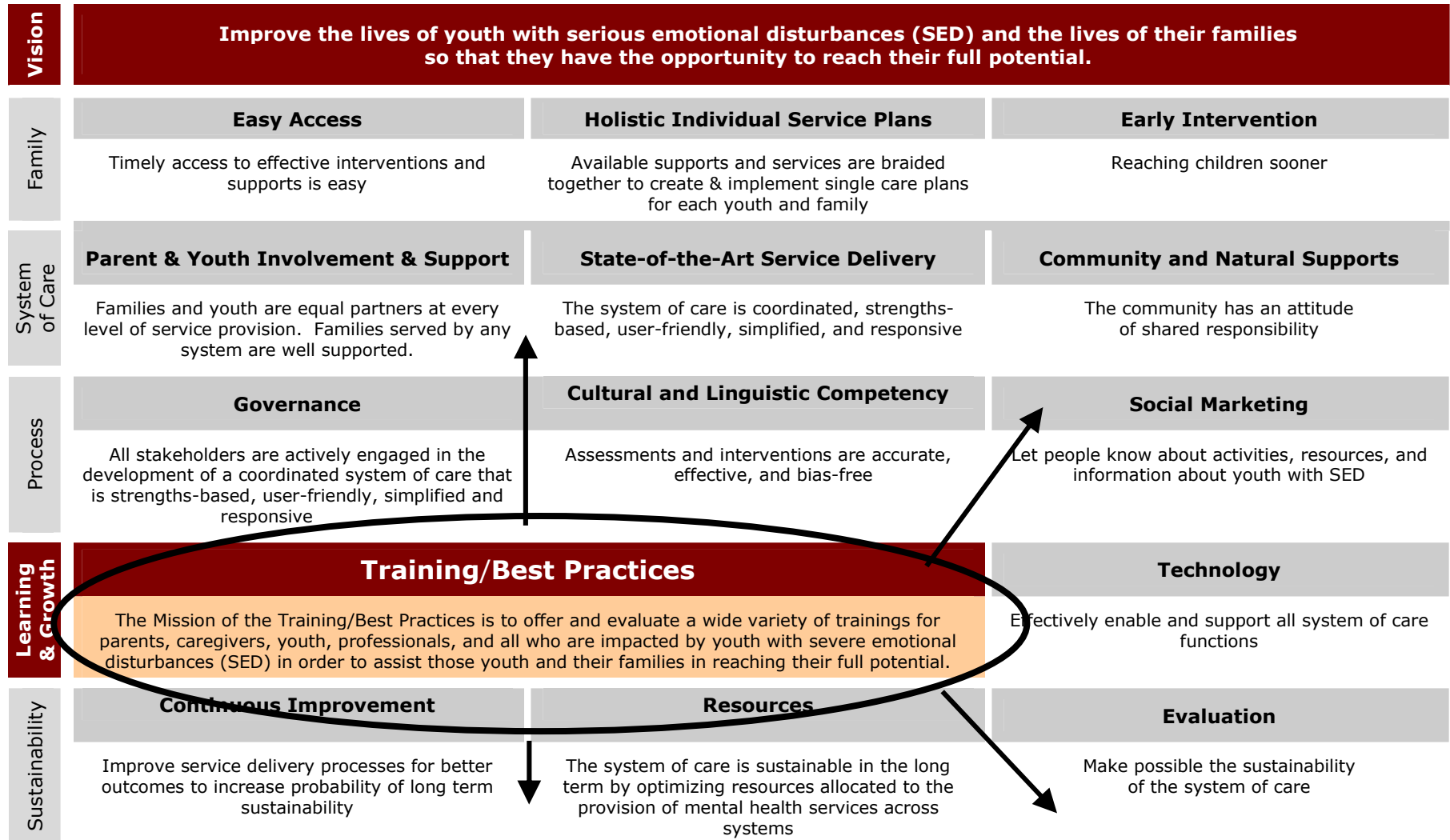
The mission of Training/Best Practices is to offer and evaluate a wide variety of trainings for parents, caregivers, youth, professionals, and all who are impacted by youth with severe emotional disturbances (SED) in order to assist those youth and their families in reaching their full potential.

## Assumptions

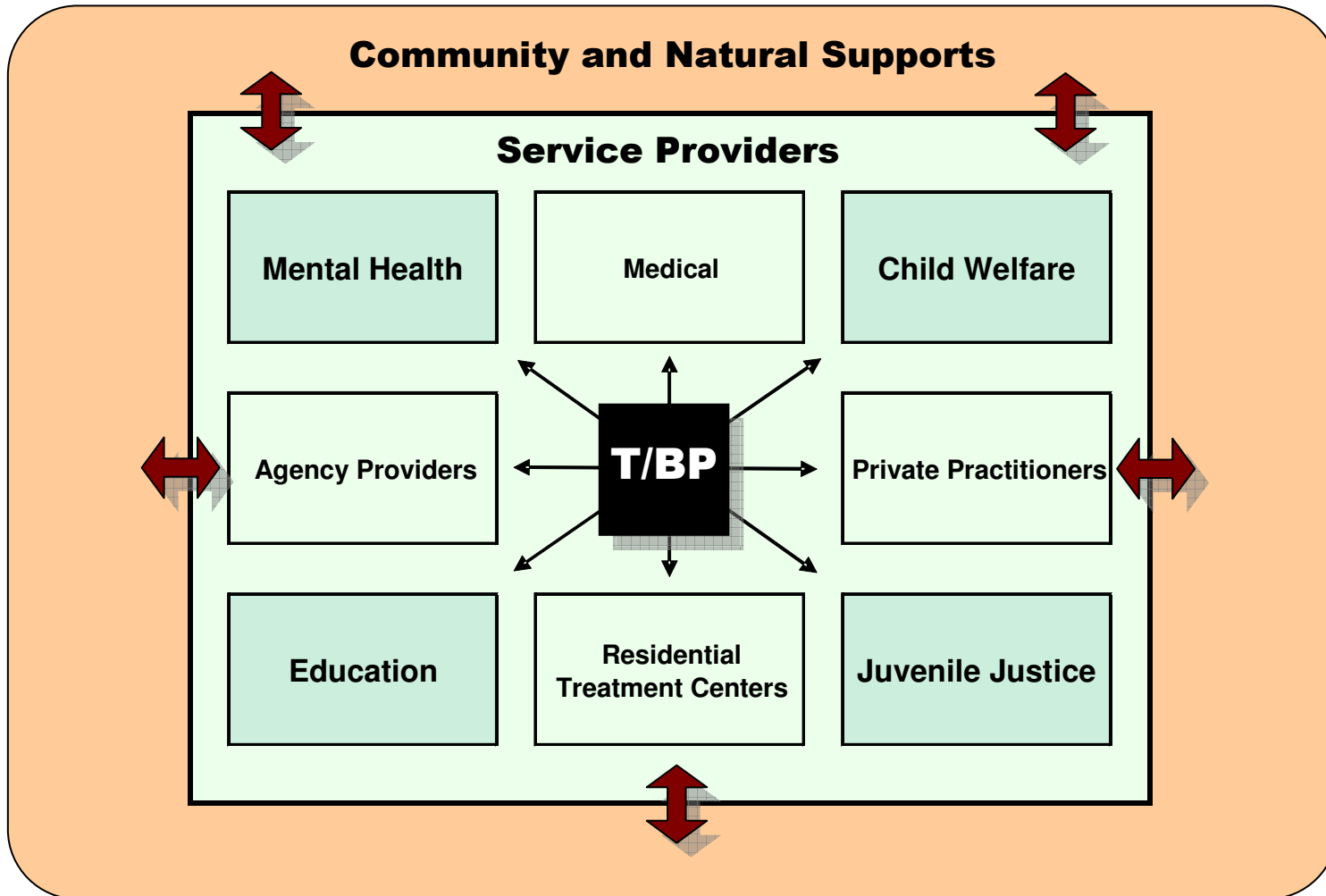
Training will occur at three different levels:

| Level                           | Example   |
|---------------------------------|---|
| <b>Cross-system</b>             | Mental health<br>Education<br>Child Welfare<br>Juvenile justice |
| <b>System-wide</b>              | Cultural competency<br>Parent-professional partnering           |
| <b>Specialized and targeted</b> | New staff orientation<br>Training pediatricians                 |

## How the Mission Aligns with the Kalamazoo Wraps Logic Model



## How the Training/Best Practices Fits Into the System of Care



# Strategy Summary

Kalamazoo  
Wraps Vision

**Improve the lives of youth with serious emotional disturbances (SED) and the lives of their families so that they have the opportunity to reach their full potential.**



Training/Best  
Practices  
Mission

**The Mission of the Training/Best Practices Workgroup is to offer and evaluate a wide variety of trainings for parents, caregivers, youth, professionals, and all who are impacted by youth with severe emotional disturbances in order to assist those youth and their families in reaching their full potential.**



Strategies

**Provide opportunities to increase the knowledge and skills of all people who interact with children affected by SED**



**Evaluation data drive continuous improvement of all System of Care trainings**

Objectives

1. Develop training needs assessment plan
2. Develop training needs assessment tools
3. Conduct training needs assessment
4. Develop community-wide cross-system training plan for affordable trainings at different times and locations
5. Identify and/or develop trainings per training plan
6. Develop training communication plan
7. Offer trainings per training plan.

8. Develop evaluation system for consistently measuring training effectiveness.

## Strategy 1: Provide opportunities to increase the knowledge and skills of all people who interact with children affected by SED

| Objective   | Action Item   | Target Date                    |
|---|---|--------------------------------|
| <b>1. Develop training needs assessment plan</b>  | <p>The assessment plan should include the following elements:</p> <ul style="list-style-type: none"> <li>• Who are target audiences for training?</li> <li>• How will target audiences be surveyed?</li> <li>• What are existing sources of information?</li> <li>• What specific surveys must be developed per target group?</li> <li>• What are possible venues for data collection?</li> <li>• When will we assess whom and how?</li> <li>• How often will we assess? Annually? Bi-annually?</li> </ul>  | February 2008 – First meeting  |
| <b>2. Develop training needs assessment tools</b>   | <p><b>Pre-Strategic Planning Ideas</b></p> <ol style="list-style-type: none"> <li>1. Capture training needs or desires from families, youth, or other professionals who have not yet attended a training</li> <li>2. Survey community on training needs <ul style="list-style-type: none"> <li>• Connecting with ASK and Parent to Parent to see if they survey families about training needs; Youth Advisory Council (Youth); Mr. S at Milwood Middle School (Youth); Ms. Wisti at Special Olympics; Eco Dunning at Connections (Youth); School Newsletters; Staff a booth at schools during conferences and open houses; Parent Packets for IEP's; KRESA Parent Advisory Group; Valley Center staff and parents; Juvenile Court Intensive Learning Center; Communities in Schools</li> </ul> </li> <li>3. Develop a youth training needs survey</li> <li>4. Gather additional training ideas from the community by having people who stop by the Parent-to-Parent expo booth fill out a training needs form <ul style="list-style-type: none"> <li>• Create a brief training survey for the Parent to Parent Expos</li> </ul> </li> </ol> | February 2008 – Second meeting |
| <b>3. Conduct training needs assessment</b>   |   | March 2008                     |
| <b>4. Develop community-wide cross-system training plan for affordable trainings at different times and locations</b> | <p>The training plan should include the following elements:</p> <ul style="list-style-type: none"> <li>• What will be training content per audience based on the findings of the training needs assessment?</li> <li>• What will be the training, dates, locations, and times per audience needs?</li> <li>• Which trainings are currently offered and for whom?</li> <li>• Which trainings need to be developed?</li> </ul>  | April 2008 – First meeting     |

## Strategy 1: Provide opportunities to increase the knowledge and skills of all people who interact with children affected by SED

| Objective | Action Item  | Target Date |
|-----------|--|-------------|
|           | <ul style="list-style-type: none"> <li>• Are system partners both participants and trainers (cross system, agency, parents, youth)?</li> <li>• Do trainings address Wraps goals?</li> <li>• Which evidence-based and promising practices will be included in SOC training?</li> <li>• Which trainings can we post online for self-study?</li> <li>• How will the training plan be updated?</li> <li>• Do trainings address different learning styles?</li> <li>• Do trainings teach parents to advocate for self and children?</li> <li>• What are possible ways of training follow-up through coaching and mentoring?</li> <li>• What is the system for reviewing and approving training requests?</li> <li>• Are opportunities realized to partner with trainings currently being offered in the community?</li> <li>• Are cross-system CEU options for service providers, care providers, foster parents identified?</li> <li>• Is the training worthwhile for all participants (e.g., food, childcare, fun, relevant)?</li> <li>• Are available trainings and their goals/benefits summarized and identified per recommended audience and CEU option?</li> <li>• Is there a class/online tutorial helping supervisors plan for staff training?</li> <li>• When will the training plan be updated?</li> </ul> |             |
|           | <p><b>Pre-Strategic Planning Ideas</b></p> <ol style="list-style-type: none"> <li>1. Training will be made available to all interested community providers and interested community members</li> <li>2. Collaborative trainings will be held regularly throughout the duration of the project (and beyond) for all child-serving systems and community partners on or about system of care values: Wraparound, assessment, screening, treatment protocols, cultural and linguistic competency, evidence-based and promising practice interventions.</li> <li>3. Target training to specific ethnic groups in the area, to parents, and about how to get people who need the information to the table.</li> <li>4. Provide a "System of Care 101" training for community on an on-going basis in order to have reoccurring opportunities to educate about the System of Care and to bring more people into the many activities that are happening here.</li> </ol>  |             |

## Strategy 1: Provide opportunities to increase the knowledge and skills of all people who interact with children affected by SED

| Objective   | Action Item  | Target Date              |
|---|--|--------------------------|
|   | <ul style="list-style-type: none"> <li>• Develop a "System of Care 101" training</li> <li>5. Include all system partners as participants and trainers (cross system, agency, parents, and youth)               <ul style="list-style-type: none"> <li>• Partner with families at all levels to build families' capacity and comfort to work within the system of care</li> <li>• Train parents, youth, and the community on the paperwork that is commonly used by staff (e.g., CAFAS)</li> <li>• Use Best Practices Guidelines on Family Involvement in Developing and Implementing Family-Centered Training and Communications (Frank Rider, Region 3 Technical Assistance Coordinator for Kalamazoo Wraps) to explore the many different ways caregivers and youth could participate in training.</li> <li>• The use of jargon and how that has become ingrained in our systems and thus our way of talking.</li> </ul> </li> <li>6. Provide mentoring and/or training</li> <li>7. Trainings reflect evidence-based and promising practices. Trainings that will be provided may include:               <ul style="list-style-type: none"> <li>• Wraparound   System of Care   Directive Supervision   Integrated Co-Occurring Treatment   Parent Management Training-Oregon   PBIS</li> <li>• Offer periodic orientations to Evidence Based Practices currently being used. For the time being, we could offer these when the national consultants are in town, but eventually we would move toward local staff providing this training</li> </ul> </li> </ul> |                          |
| <b>5. Identify and/or develop trainings per training plan</b> | <ul style="list-style-type: none"> <li>• System of Care 101; teach system partners what their roles are within the System of Care</li> <li>• Other</li> </ul>  | Ongoing                  |
| <b>6. Develop training communication plan</b>                 | <p>The communication plan should address the following elements:</p> <ul style="list-style-type: none"> <li>• What should be communicated? (e.g., training topics, dates, sites; outcome data)</li> <li>• To whom should it be communicated?</li> <li>• How should it be communicated?</li> <li>• When should it be communicated?</li> <li>• Who will coordinate the communication?</li> <li>• Who will write the communication?</li> <li>• How will training effectiveness data be communicated?</li> </ul>   | May 2008 – First meeting |

## Strategy 1: Provide opportunities to increase the knowledge and skills of all people who interact with children affected by SED

| Objective                                    | Action Item   | Target Date |
|--|---|-------------|
|  | <ul style="list-style-type: none"> <li>What are ways for effectively reaching youth and parents?</li> <li>How can training materials be made available online?</li> <li>How can [online] training materials be utilized by other agencies?</li> </ul>   |             |
|  | <p><b>Pre-Strategic Planning Ideas</b></p> <ol style="list-style-type: none"> <li>1. Utilize businesses, advertising in churches, at physician's offices, the shopper, community news, jottings, m-live/community builder, KPS newsletter.</li> <li>2. Use schools in a non-traditional manner, such as tables at conferences and what schools are doing to communicate to parents, including bi-lingual parents.</li> <li>3. Training booklet - what trainings are available and when. This booklet could include trainings offered by ASK, schools, and other organizations.</li> <li>4. Post training and event calendar on the Kalamazoo Wraps Website so that this is easily accessible for people</li> <li>5. The following people be contacted or notified of upcoming trainings and events               <ul style="list-style-type: none"> <li>WMU Psychology Department</li> <li>WMU School of Social Work</li> <li>Al Hovestat from WMU's Counseling Ed/Counseling Psychology Department</li> <li>WMU Sociology and Criminal Justice Department</li> <li>Kalamazoo College's Psychology Department</li> <li>WMU Unified Clinics</li> </ul> </li> </ol> |             |
| <b>7. Offer trainings per training plan.</b> |   | Ongoing     |

## Strategy 2: Evaluation data drive continuous improvement of all SOC trainings

| Objective   | Action Item  | Target Date                |
|---|--|----------------------------|
| <b>8. Develop evaluation system for consistently measuring training effectiveness</b> | <ul style="list-style-type: none"> <li>• Develop process measures</li> <li>• Develop outcome measures</li> <li>• Report findings to audiences identified in communications plan</li> </ul>                   | April 2008 – First meeting |
|   | <b>Pre-Strategic Planning Ideas</b> <ul style="list-style-type: none"> <li>• Training effectiveness is consistently measured for all trainings and audiences</li> <li>• Make sure data are useful</li> </ul> |                            |

## Implementation Schedule

Target dates based on monthly meetings. Action items should be completed before target dates so the workgroup can review and adopt material at its monthly meetings.

| Implementation Schedule  | 2008 |     |    |    | 2009 |    |    |    | 2010 |    |    |    |
|--|------|-----|----|----|------|----|----|----|------|----|----|----|
|  | Q1   | Q2  | Q3 | Q4 | Q1   | Q2 | Q3 | Q4 | Q1   | Q2 | Q3 | Q4 |
| Action Items (per target date)   | Q1   | Q2  | Q3 | Q4 | Q1   | Q2 | Q3 | Q4 | Q1   | Q2 | Q3 | Q4 |
| 5. Identify and/or develop trainings per training plan   | ong. |     |    |    |      |    |    |    |      |    |    |    |
| 7. Offer trainings per training plan.  | ong. |     |    |    |      |    |    |    |      |    |    |    |
| Review strategies and objectives against Wraps goals   | Jan  |     |    |    |      |    |    |    |      |    |    |    |
| Adopt Strategic Work Plan  | Jan  |     |    |    |      |    |    |    |      |    |    |    |
| IAT approves Strategic Work Plan   | Jan  |     |    |    |      |    |    |    |      |    |    |    |
| 1. Develop training needs assessment plan  | Feb  |     |    |    |      |    |    |    |      |    |    |    |
| 2. Develop training needs assessment tools   | Feb  |     |    |    |      |    |    |    |      |    |    |    |
| 3. Conduct training needs assessment   | Mar  |     |    |    |      |    |    |    |      |    |    |    |
| 4. Develop community-wide cross-system training plan for affordable trainings at different times and locations |      | Apr |    |    |      |    |    |    |      |    |    |    |
| 8. Develop evaluation system for consistently measuring training effectiveness.                                |      | Apr |    |    |      |    |    |    |      |    |    |    |
| 6. Develop training communication plan   |      | May |    |    |      |    |    |    |      |    |    |    |

Note: A more detailed implementation schedule will emerge via the following plans:

- Training needs assessment plan
- Community-wide cross-system training plan
- Training communication plan
- Evaluation system

# Potential Outcome Measures

## Process Measures

- # parents attending trainings
- # families served per training topic (e.g., how many families were served by participants who completed PMTO training?)
- # of people receiving training/year
- # and % of people from \_\_\_\_\_ populations trained/year
- # of trainings/year
- # of different training topics/year
- # and % of people trained in Evidence Based and Promising Practices/year
- # and % of training with opportunity for parent/youth voice

## Outcome Measures

- Did participants learn anything?
- Are people using what they learn?
- Are systems are training other systems (e.g., Child Welfare/Mental Health, Mental Health/Juvenile Justice)?

## Tracking Performance Indicators (*samples*)

Examples showing how key performance indicators can be tracked over time.

| Indicator I   | 2007 |    | 2008 |    |    |    | 2009 |    |    |    |
|---------------|------|----|------|----|----|----|------|----|----|----|
|               | Q3   | Q4 | Q1   | Q2 | Q3 | Q4 | Q1   | Q2 | Q3 | Q4 |
| 100% - Target |      |    |      |    |    |    |      |    |    |    |
| 90            |      |    |      |    |    |    |      |    |    |    |
| 80            |      |    |      |    |    |    |      |    |    |    |
| 70            |      |    |      |    |    |    |      |    |    |    |
| 60            |      |    |      |    |    |    |      |    |    |    |
| 50            |      |    |      |    |    |    |      |    |    |    |
| 40            |      |    |      |    |    |    |      |    |    |    |
| 30            |      |    |      |    |    |    |      |    |    |    |
| 20            |      |    |      |    |    |    |      |    |    |    |
| 10            |      |    |      |    |    |    |      |    |    |    |
| 0             |      |    |      |    |    |    |      |    |    |    |

| Indicator II | 2007 |    | 2008 |    |    |    | 2009 |    |    |    |
|--------------|------|----|------|----|----|----|------|----|----|----|
|              | Q3   | Q4 | Q1   | Q2 | Q3 | Q4 | Q1   | Q2 | Q3 | Q4 |
| 5.0          |      |    |      |    |    |    |      |    |    |    |
| 4.5          |      |    |      |    |    |    |      |    |    |    |
| 4.0          |      |    |      |    |    |    |      |    |    |    |
| 3.5          |      |    |      |    |    |    |      |    |    |    |
| 3.0          |      |    |      |    |    |    |      |    |    |    |
| 2.5          |      |    |      |    |    |    |      |    |    |    |
| 2.0          |      |    |      |    |    |    |      |    |    |    |
| 1.5          |      |    |      |    |    |    |      |    |    |    |
| 1.0          |      |    |      |    |    |    |      |    |    |    |
| 0.5          |      |    |      |    |    |    |      |    |    |    |
| 0            |      |    |      |    |    |    |      |    |    |    |

## The Strategic Planning Process

This section of the strategic work plan documents the various steps and exercises of the planning process through which participants developed work plan objectives, and action items.

### Strategic Planning Participants

**Martha Benes**, Schoolcraft Schools

**Susan Campbell**, Family & Children Services

**Rebecca Clore**, KCMHSAS; Training Coordinator, Kalamazoo Wraps

**Delonda DeGraffenried**, Parent

**Michelle Houtrow**, KCMHSAS

**Renee Huff**, KCMHSAS; Technical Assistant Coordinator, Kalamazoo Wraps

**Jane McCumber**, Department of Human Services

**Dr. Peter Dams**, Dams & Associates, Inc., Consultant

## Planning Schedule

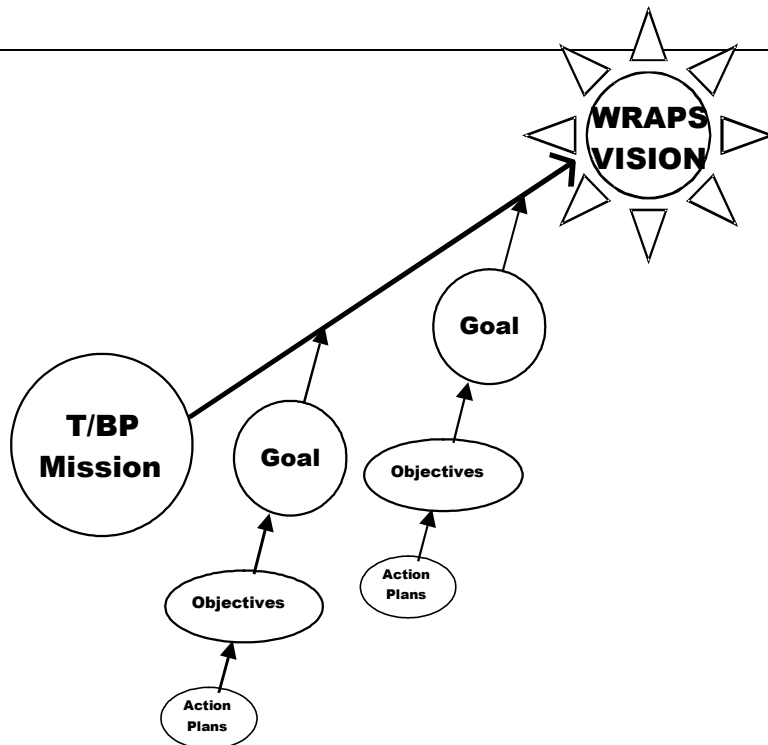
|          |  |                  |
|----------|--|------------------|
|          | <b>Preplanning meeting</b> (Training Coordinator Clore, Dams)<br>Develop a preliminary workplan ("strategy matrix") by sorting existing workgroup material into preliminary strategies (proposed), objectives, and action items                        | October 02, 2007 |
| <b>1</b> | <b>Planning Session 1</b><br>Review of strategic planning process<br>Brief review of proposed strategy matrix<br>How the <i>Training/BP workgroup</i> fits into <i>Wraps</i> and the <i>System of Care</i><br>Get answers to basic alignment questions | October 08       |
| <b>2</b> | <b>Planning Session 2</b><br>Overview: Missions and visions<br>Develop T/BP mission statement  | October 15       |
| <b>3</b> | <b>Planning Session 3</b><br>Fine-tune mission statement<br>Conduct gap analysis<br>Align strategy matrix with goals   | November 5       |
|          | <b>Review meeting</b> (Training Coordinator Clore, Dams)   | November 14      |
| <b>4</b> | <b>Planning Session 4</b><br>Adopt mission statement<br>Cross-check Strategy Matrix and Gap Analysis<br>Add action items as needed<br>Set priorities and timelines<br>Draft outcome measures   | November 19      |

## Aligning Training and Best Practices

| How do Training and Best Practices goals and purposes align?   | How does training fit into Kalamazoo Wraps?  | How can we measure the impact of training?  | How can we measure the impact of best practices?  |
|--|--|---|---|
| <p>Both impact entire community<br/>           Training brings BP tools into the community – bring to life<br/>           Bring different groups to the table<br/>           Youth and parent involvement as trainers<br/>           Both: “Be culturally sensitive.”<br/>           Similar metrics (e.g., number of people trained, . . .)<br/>           Cross-training among BP models<br/>           Caution: Do not loose sight of important trainings that are not BP</p> | <p>Community collaboration<br/>           Essential for sustainability<br/>           Common language<br/>           Create a culture of excellence<br/>           Everyone on the same page</p> | <p>Training impact<br/>           Make trainings more transparent<br/>           More formal training collaborations across systems and agencies<br/>           Parent and youth are training the community (citizens and professionals)<br/>           Create a culture of excellence<br/>           Higher degree of empowerment of those who have been trained (i.e., they know about resources, etc.)<br/>           Trainings offered in other languages<br/>           Getting people to talk to each other – across systems<br/>           Know whom to contact/just-in-time training<br/>           Decrease duplication of services<br/>           Avoid re-creating the wheel<br/>           Successful implementation of evidence-based/best practices</p> | <p>Demonstrate fidelity<br/>           Develop new best practices<br/>           Develop best practice on how to change the System of Care<br/>           Achieve Wraps outcomes<br/>           More immediate impact / less trial and error in selecting and implementing programs<br/>           Increase efficiencies<br/>           Culture of Excellence (“wow”):<br/>           Menu of options; access</p> |

## Mission and Vision = Foundations for the Future

| Mission  | Vision   |
|--|--|
| Explains why an organization or group exists<br>Describes purpose<br>Practical<br>Describes benefits to clients and stakeholders   | Shows what organization wants to become<br>Describes potential<br>Inspirational  |
| Mission Example  | Vision Example   |
| The mission of the Kalamazoo Airport is to provide facilities and services to support safe, efficient, and convenient air transportation enhancing economic growth and high quality of life in Southwest Michigan. | It is our vision: <ul style="list-style-type: none"> <li>• To be the airport of choice for all Southwest Michigan air travelers.</li> <li>• To have more non-stop airline service to more major cities than any other airport our size.</li> <li>• To be the most environmentally friendly airport in the nation.</li> </ul> |

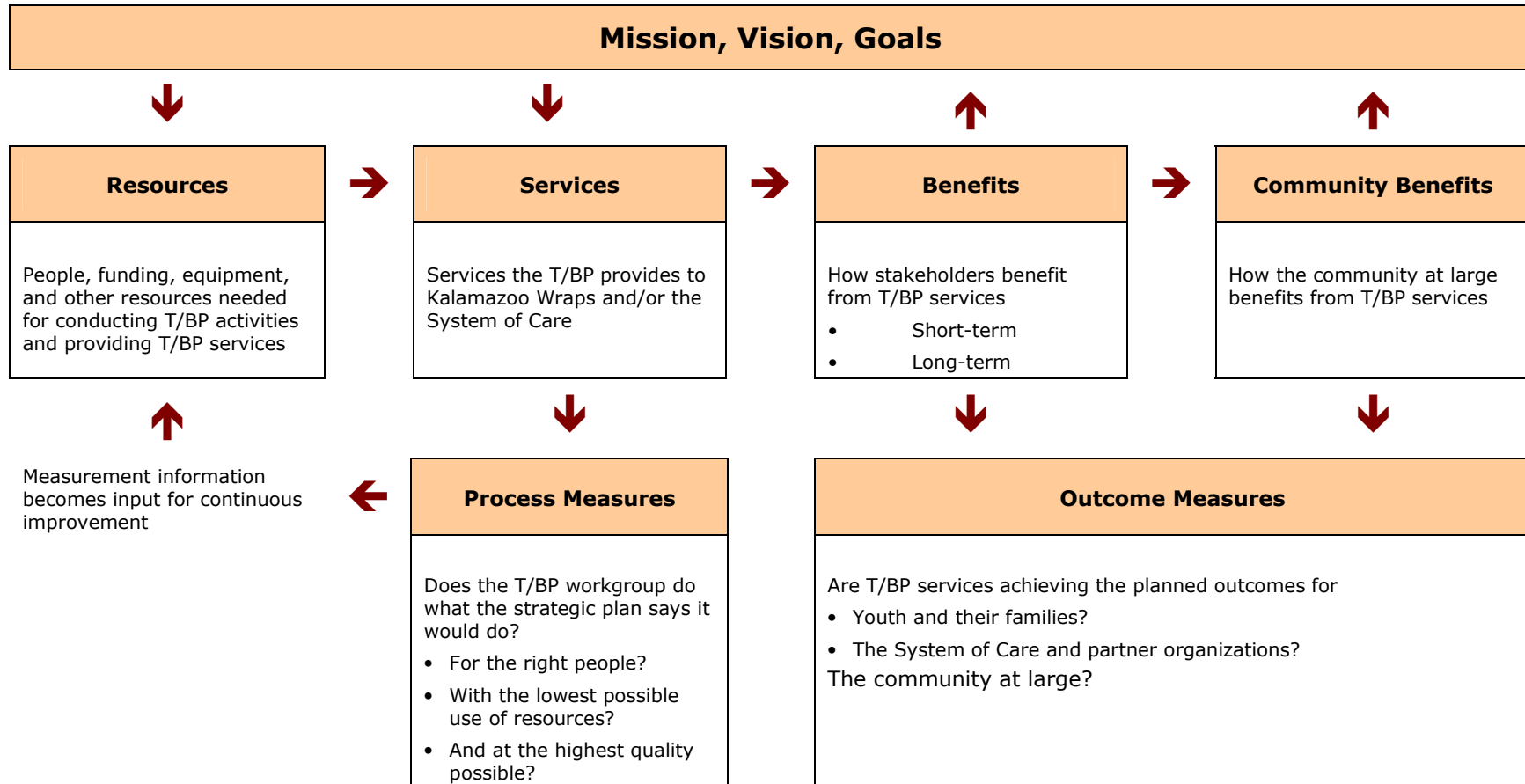


Once the mission and vision are established, an organization can create the long-term goals needed to move toward the vision.

Objectives and action plans break the goals into manageable smaller implementation steps.

## What Does the Training/Best Practices Workgroup Do, and What Are the Benefits?

Participants reviewed the various elements of the Training/Best Practices work group as a system within Kalamazoo Wraps. Based on this exercise, work group members brainstormed the different elements of T/BP mission.



## Elements of the Training/Best Practices Workgroup / Logic Model

| Activities  | Services   | Short-term benefits   | Long-term Benefits  | Community Benefits  |
|---|--|---|---|---|
| <p>Assess training needs across the system of care</p> <p>Coordinate trainings / training calendar for the community</p> <p>Advertise trainings effectively (include word-of-mouth) &gt; get new people</p> | <p>Training provided in non-traditional settings and formats</p> <p>Trainings respond to identified needs <b>(Content)</b></p> <p>Wide variety of trainings <b>(Content)</b></p> <p>Trainings at different times and locations <b>(Access)</b></p> | <p>&gt; More and different people attend training / different learning styles</p> <p>Change perceptions</p>   | <p>&gt; Training is a welcoming environment (not scary to make that phone call)</p> <p>People use what they learn</p>   | <p>&gt; More acceptance of children with special needs</p> <p>Reduced stigma through increased knowledge of available services, interventions, SED</p>  |
| <p><b>Measure and report training effectiveness (Evaluation)</b></p> <p>Meet regularly to review data, requests, gaps, identify needs</p>   | <p>Venue to report back to community</p> <p>Include all system partners as participants and trainers (cross system/ agency/ parents, and youth) <b>(Engagement)</b></p>  | <p>Excitement of change/enthusiasm/ sense of hope</p> <p>&gt; People get to know each other</p> <p>Better communication across system partners</p> <p>Create a sense of team</p>            | <p>&gt; Reduce duplicate services</p> <p>Faster and easier referrals; ease of access; less frustration</p> <p>Better services</p> <p>Breaks down silos &gt; shared sense of responsibility &gt; feeling less overwhelmed through working together</p> <p>Service gaps filled</p> <p>Provide the right services for the right people (increased word-of-mouth) &gt; match services to families and not families to services)</p> <p>Sense of ownership in process of educating professionals and community</p> | <p>&gt; Sense of success, celebration</p> <p>Taking care of each other</p> <p>&gt; Brings everyone together/agencies work better together</p> <p>Better SOC makes community more attractive</p> <p>&gt; people and businesses not hesitant to move here</p> |
| <p><b>Resources</b></p> <p>Commitment from agencies</p> <p>Information</p> <p>Free trainers</p> <p>People with different skill sets and backgrounds</p> <p>Locations</p>                                    | <p>Offer CEUs</p> <p>Systematic follow-up through coaching and mentoring</p>   | <p>Parents have info to advocate for self and children</p> <p>Consumer and parent trainers feel they are being involved</p> <p>Changed perceptions (foster) parents have about agencies</p> | <p>&gt; Families seek care</p> <p>Workers and parents are more effective with working with children &gt; Behavioral issues with children with SED will decrease at school and in community</p> <p>Less time in class correcting</p> <p>&gt; Improved behavior of foster children increases F.C. stability</p> <p>Cost savings (juvenile justice, education, child welfare, mental health)</p>   | <p>&gt; More learning occurs</p> <p>Less concerns for safety issues</p> <p>&gt; Fewer out-of-community placements</p> <p>&gt; Create more community resources through reallocation</p>  |

Bold items indicate statements used for gaps and barriers not addressed in

## Creating Mission Drafts

Using the elements of the T/BP system brainstormed earlier, participants created the following mission drafts. **Bolded phrases** convey key elements the mission should contain.

**The mission of Training/Best Practices workgroup is to . . .**

### Draft 1

Train the System of Care providers, ensuring they are able to implement those evidence-based promising practices to the best of their ability, increasing the success of treatment and/or services provided.

### Draft 2

Provide current relevant information regarding **(D) available services, best practices, and strategies** to **(C) all who are impacted by SED** with documented improvement of communications and quality of services provided by the Kalamazoo County System of Care.

### Draft 3

**Offer and evaluate a wide variety of trainings** (add A, B, D here) with parents and youth as co-trainers in order to improve services to children and families. Trainings are relevant, best practice, and fun!

(B) in multiple settings

### Draft 4

Provide opportunities for (A) **parents, caregivers, youth, and professionals across systems** (add C here) to learn from each other and work together to ~~improve outcomes for youth with SED~~ **assist youth with SED and their families to reach their full potential.**

### **Final Mission Statement**

**The Mission of Training/Best Practices is to offer and evaluate a wide variety of trainings for parents, caregivers, youth, professionals, and all who are impacted by youth with severe emotional disturbances (SED) in order to assist those youth and their families in reaching their full potential.**

## Gap Analysis

Through the gap analysis, participants identified what’s missing (gaps) and in the way (barriers) for the Training/Best Practices workgroup to accomplish its mission and the Wraps Vision

| Access   | Engagement   | Time   | Evaluation  | Communication   | Training Needs  |
|--|--|--|---|---|---|
| <p>1. Not enough trainings offered at convenient times and locations for parents and youth</p> <p>2. Not enough professionals to do trainings for low cost/free to increase accessibility</p> <p>3. Parents/ caregivers need sessions on nights/ weekends – professionals prefer sessions during work day</p> <p>4. Not enough training at family friendly venues, times, childcare taken care of, etc.</p> <p>5. Training locations and times are not convenient for all who would like to attend</p> | <p>6. Youth are not interested</p> <p>7. Not enough youth participation</p> <p>8. Not enough parent and youth participation</p> <p>9. We don’t have enough buy-in from other SOC service providers</p> <p>10. Not enough youth presence/views enlisted, ways to keep engaged</p> <p>11. All systems not included</p> <p>12. Not enough family participation</p> <p>13. There are certain groups who do not know that they are impacted by SED <b>(4)</b></p> <p>14. Not enough awareness by parents and youth as to what can be provided, what can be an outcome (hopelessness, day-to-day survival versus goals) <b>(4)</b></p> | <p>15. Not enough time</p> <p>16. Professionals don’t have enough time</p> <p>17. Do you train everyone in everything?</p> <p>18. Not enough time</p> <p>19. Not enough time/energy to go to training</p> <p>20. Most people want the quick fix</p> <p>21. Not enough time to plan training sessions</p> <p>22. Not enough people willing/ allowed to train/be trained</p> | <p>23. No or limited evaluation mechanism for training evaluations</p> <p>24. No measurable, consistent evaluation tool for trainings</p> <p><b>PLANNING</b></p> <p>25. 25 – not enough strategic planning for training; i.e., training overload</p> <p><b>STRESS</b></p> <p>26. Staff turnover</p> <p>27. Professionals are overwhelmed</p> <p>28. Too much work</p> <p>29. Youth are overwhelmed</p> <p>30. Parents are overwhelmed</p> | <p>31. The value of the training sessions has not been emphasized <b>(12)</b></p> <p>32. Offerings limited to x group only (limited communication) <b>(13)</b></p> <p>33. Certain groups are excluded from the information loop <b>(13)</b></p> <p>34. Trainings not communicated to families effectively <b>(10, 11, 12, 13)</b></p> <p>35. Not enough coordination between agencies regarding training <b>(12, 15)</b></p> <p>36. The value of the training sessions has not been understood <b>(12)</b></p> <p>37. Terminology used has not been simplified and is difficult for all to understand <b>(12, 15, 17)</b></p> | <p>38. Lack info on training needs for youth <b>(1, 3)</b></p> <p>39. Lack info on training needs for parents, caregivers <b>(1)</b></p> <p>40. The committee does not know the training needs of each group <b>(1, 2, 4)</b></p> <p>41. Not enough known about what families want for training <b>(1, 4)</b></p> <p>42. Specific cultural needs have not been addressed <b>(1, 7)</b></p> <p><b>CONTENT</b></p> <p>43. Not enough focus on strategy for parents, caregivers, youth</p> <p>44. May be disagreement about “best practice” <b>(18, 19)</b></p> <p>45. Everyone doesn’t agree on the problem</p> |

Items Addressed by Strategy Matrix

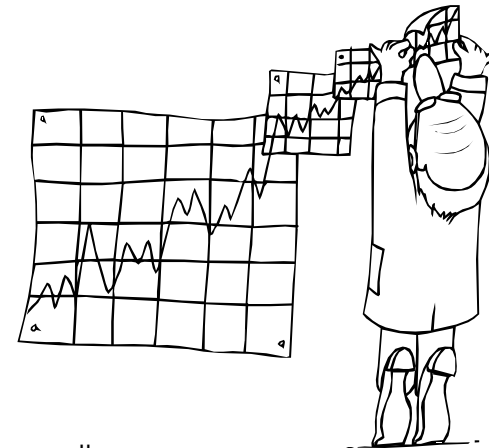
## Gaps/Barriers NOT Addressed in Strategy Matrix

| Gaps/Barriers NOT addressed by action items   | Proposed Objectives and/or Action Items  |
|---|--|
| <b>Access</b>   |  |
| <ol style="list-style-type: none"> <li>1. Not enough trainings offered at convenient times and locations for parents and youth</li> <li>2. Parents/ caregivers need sessions on nights/ weekends – professionals prefer sessions during work day</li> <li>3. Not enough training at family friendly venues, times, childcare taken care of, etc.</li> <li>4. Training locations and times are not convenient for all who would like to attend</li> <li>5. Not enough professionals to do trainings for low cost/free to increase accessibility</li> </ol> | <p><b>Provide affordable trainings at different times and locations</b> (from mission logic model)</p>   |
| <b>Engagement</b>   |  |
| <ol style="list-style-type: none"> <li>6. Youth are not interested</li> <li>7. Not enough youth participation</li> <li>8. Not enough parent and youth participation</li> <li>9. Not enough youth presence/views enlisted, ways to keep engaged</li> <li>10. Not enough family participation</li> </ol>  | <p><b>Include all system partners as participants and trainers (cross system, agency, parents, and youth)</b> (from mission logic model) – Addressed by objective 4 – Training Plan and objective 8 – System partners</p> <ul style="list-style-type: none"> <li>• Develop effective ways of reaching youth and parents</li> </ul> |
| <ol style="list-style-type: none"> <li>11. We don't have enough buy-in from other SOC service providers</li> <li>12. All systems not included</li> </ol>  | <ul style="list-style-type: none"> <li>• Teach system partners how they fit into the SOC</li> </ul>  |
| <b>Content</b>  |  |
| <ol style="list-style-type: none"> <li>13. Not enough focus on strategy for parents, caregivers, youth</li> <li>14. Everyone doesn't agree on the problem</li> </ol>  | <p><b>Trainings respond to identified needs / Wide variety of trainings</b> (from mission logic model)<br/>Addressed by objective 4 - Training plan (matrix)</p>   |
| <b>Evaluation</b>   |  |
| <ol style="list-style-type: none"> <li>15. No or limited evaluation mechanism for training evaluations</li> <li>16. No measurable, consistent evaluation tool for trainings</li> </ol>  | <p><b>Measure and report training effectiveness</b> (from mission logic model)<br/>Addressed by objective 8 – evaluation system</p>  |
| <b>Planning</b>   |  |
| <ol style="list-style-type: none"> <li>17. Not enough strategic planning for training; i.e., training overload</li> </ol>   | <p><b>Develop overall training plan for SOC</b> – Objective 4</p> <ul style="list-style-type: none"> <li>• Identify topics</li> <li>• Identify who will train</li> <li>• Develop a system of reviewing and approving training requests</li> </ul>  |

| Gaps/Barriers NOT addressed by action items  | Proposed Objectives and/or Action Items  |
|--|--|
| <b>Time</b>  |  |
| 18. Not enough time<br>19. Professionals don't have enough time<br>20. Do you train everyone in everything?<br>21. Not enough time<br>22. Not enough time/energy to go to training<br>23. Most people want the quick fix<br>24. Not enough time to plan training sessions<br>25. Not enough people willing/allowed to train/be trained | <b>Make training material available online (postings have to meet copyright restrictions)</b> – add to objective 6 – training communication plan <ul style="list-style-type: none"> <li>• Maximize opportunities to partner with trainings currently being offered in the community</li> <li>• Offer CEU training for service providers, care providers, foster parents, etc.</li> <li>• Determine how Kalamazoo Wraps training fits in with CMH eLearning and CMH portal</li> </ul> |
| <b>Stress</b>  |  |
| 26. Staff turnover<br>27. Professionals are overwhelmed<br>28. Too much work<br>29. Youth are overwhelmed<br>30. Parents are overwhelmed   | Develop overall training plan for SOC – Objective 4 – Training plan (matrix) <ul style="list-style-type: none"> <li>• Make the training worthwhile (food, childcare, fun, relevant)</li> </ul>   |

## Next Steps

- Present final draft to the Integrative Action Team (IAT) for approval
- Implement objectives action plan by targeted completion dates
- Focus on strategy through strategy-based workgroup agendas
- Introduce the approved strategic plan to MPCB and other System of Care and community groups
- Track progress and identify data trends
- Report results to the community



- Use the outcome measurement system for continuous improvement toward service excellence
- Review, validate, and update the strategic work plan annually

## Contact Information



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