CENTER FOR HUMAN SERVICES RESEARCH
UNIVERSITY AT ALBANY State University of New York

TRAINING AND WORKFORCE DEVELOPMENT RESEARCH BRIEF:

Identifying Enhancements to HFW Training, Coaching, and Supervision

Introduction

High quality training, coaching, and supervision are essential for practicing High Fidelity Wraparound (HFW; Walker, et al., 2013). As such, New York State System of Care (NYS SOC) established The Wraparound Training and Implementation Institute (WTII) in 2017 to create a statewide infrastructure for HFW training and workforce development. WTII has successfully established base protocols and practices, and is now ready to determine "next steps" toward increasing the effectiveness of these protocols and practices. The aims of this research brief are to summarize care managers' and supervisors' feedback on HFW training, coaching, and supervision, and propose recommendations to better support HFW practice. The investigated components of HFW include:

- classroom training (for all care managers, and for supervisors where possible);
- coaching, defined as assistance with HFW practice:
  » direct coaching of care managers by WTII instructors (implemented with the first two cohorts of care managers), and
  » coaching care manager supervisors to coach (as typically practiced after the initial cohorts); and
- supervisors' supervision of care managers (including other non-HFW specific assistance).

Data Sources & Analytic Method

Interviews with care managers

Seventeen NYS SOC care managers (representing 12 Health Home Care Management Agencies, or CMAs) who were actively working with at least one youth were sought for telephone interviews between August 27 and October 4, 2019. Fourteen care managers (82% response rate) from 11 agencies (91% of agencies represented) participated. Seven care managers primarily received coaching from their supervisors, and seven received direct coaching from WTII. Interviews followed a semi-structured protocol that included questions about training, coaching, and supervision, focusing in particular on the aspects of each activity that have gone well or that could be improved.

Survey with supervisors of care managers

Twelve supervisors from pilot sites who were actively supervising care managers (representing nine CMAs) received a survey following the same timeline as interviews. Eight supervisors (67% response rate) from seven agencies (78% of agencies represented) responded. The survey included both qualitative and quantitative items focused on classroom

training, instruction on how to coach care managers, supervision of care managers, access to resources to support HFW, organizational support, and ways supervisors benefited from training.

Qualitative data from both the interviews and survey were summarized into coding matrices by three coders to ensure reliability. Analysis focused on identifying common themes from each of the support domains (training, coaching, and supervision) and from the two sets of respondents (care managers and supervisors). Quantitative findings that corroborated qualitative themes were also included. Findings are reported as those common to at least two of the support domains, and those unique to one domain.

Findings

Common Themes across Training, Coaching, and Supervision

Care managers appreciated collegial support
Care managers described interactions with other care managers in training, coaching, and supervision as extremely beneficial. It provided an opportunity to learn from and assist one another, glean a diversity of strategies from colleagues about how to address specific HFW practice challenges, and provided a sense of shared experiences with others.

Table 1. Representative quotes on care managers' views about collegial support

Training	Direct WTII coaching of care managers	Group Supervision
"[What was most helpful about training was] getting to see other people from other agencies and talking about how their office works and what the differences are and trying to help one another with planning and using the model."	*"[What was most helpful about coaching was] being able to strategize together and come up with inventive ways to help."*	*"When we come together [with our supervisor], I get to hear about what [another CM] is going through and [other CM] hears about my cases. [Other CM's] been a great support."*

Care managers found WTII trainers/coaches helpful, knowledgeable, and responsive
Several care managers noted the WTII trainers and coaches to be helpful, knowledgeable, and responsive to phone or e-mail inquiries about practice.

Table 2. Representative quotes on care managers' views about WTII trainers/coaches

Training	Direct WTII coaching of care managers
"The instructors were engaging and accessible; that is helpful."	*"In terms of coaching with [trainer], I wouldn't change anything."*

Care managers and supervisors desired more concrete, HFW-specific instruction
Both care managers and supervisors desired more HFW-specific procedures and tools to guide their supervision sessions. Topics of interest included:

- strategies to develop families' formal and informal networks;
- clarifying who among the facilitation team members is responsible for various plan development tasks (e.g., soliciting information from families, writing the family vision, etc.);
- differentiating between needs and goals;
- strategies to meet timely engagement standards; and
- Child and Family Team Meeting (CFTM) facilitation skills.

Notably, each of these topics were identified as areas of practice that remained difficult even after training, suggesting that these domains need increased support. Some respondents described forms that this additional support could take, such as booster webinars (though interviewees had mixed feelings on the utility of webinars) or updated versions of the manual with more specific instructions.

Multiple care managers also stated their supervisors did not provide enough HFW-focused support. Several attributed this issue to their supervisor's absence at the training. Most of the supervisors who responded to the survey had attended training (N=7 of 8) and agreed that it helped them support their HFW staff. Even so, many supervisors (N=5) still reported a need for quality assurance mechanisms to further support the model. Together, these findings suggest that supervisors understand how to be supportive of HFW generally but want to also provide the level of HFW-focused support that care managers desire.

Table 3. Representative quotes on care managers' and supervisors' views about the need for more HFW-specific instruction

Training	Supervision	Coaching Supervisors to Supervise
"I say [...] specifically about how to break down needs and goals. Everyone had a lot of questions on that section." –CM	*"[Supervisor] is not speaking to the model." –CM*	*"What should coaches look for in fidelity requirements? Training for coaches [should be different for supervisors than for CMs]." –Supervisor*
"I wasn't shown who [among facilitation team members] was supposed to do what. It was all clumped together...underlying needs, family history; don't know if I'm supposed to be doing that." -CM	*"If [Supervisor] would have been able to go to the training also that would've been great, but she couldn't." –CM*	*"[I need more help with] coaching [...] individually and as a team." –Supervisor*

Themes Unique to Training, Coaching, and Supervision

Training
Care managers said the training provided necessary and comprehensive background of HFW. However, some felt that the content that did not focus directly on HFW was irrelevant. Although the interview protocol did not specifically ask about webinars, several described aspects of webinars they found unhelpful, such as the length, redundancy of subject matter with training sessions, and inclusion of attendees at various stages in the certification process in the same webinar. More training on how to use the WRAP-NY website to document HFW was also requested.

Direct WTII coaching of care managers
Care managers found coaching helpful, particularly to the extent that it provided reassurance that their HFW practice choices lined up with model expectations. However, the subsample who participated in group coaching[1] found the strain in communication from having multiple people talking at once on the phone to be a notable barrier to coaching's utility. Some care managers also considered Implementation Support Meetings to be "coaching;" these individuals described these meetings as helpful, but also hampered by similar strains in communication.

Supervision
Several care managers said that supervision was particularly helpful when supervisors reviewed each case and provided guidance and feedback.

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[1] Care managers whose supervisor did not attend training with them, and Rensselaer county care managers.

Discussion and Next Steps

Care managers expressed many positive experiences with HFW training, coaching, and supervision, including the knowledge they gained from the training, opportunities for peer support from other care managers, and appreciation for WTII trainers' knowledge, responsiveness, and accessibility. Maintenance of the peer networking in place during training should be encouraged, as it appears to be an appreciated part of the process.

Both care managers and supervisors recognized the need for continued support to carry out the HFW practices they learned about in training. In particular, care managers desired further development of HFW-specific skills (e.g., CFT facilitation skills, development of families' support networks) and assistance with documentation on the SOC website. WTII is already planning to strengthen coaching for supervisors of care managers as one method of enhancing care managers' skills and providing continuous support, and may also create a supervisor-specific training. Revisiting coaching methods to addresses the issue of strained communication in group coaching calls is recommended. Further, while webinars may be another method for providing continued support, several care managers found them difficult for various reasons.

Supervisors also desired specific instruction in how to support care managers' implementation of HFW. Importantly, WTII has recently finished a "Practice Review Tool" designed to serve this purpose, and plans to introduce it to all HFW sites soon. Future use of this tool should enhance the supervision process for supervisor-care manager pairs. Together, care managers and supervisors recognized the need for additional tools, manuals, or other concrete mechanisms to promote adherence to model practice standards, such as incorporating fidelity tools into coaching.

Some revision to the training itself could also enhance its utility of supervision for future cohorts. Introducing the Practice Review Tool in training and building in time for supervisors and care managers to practice using the tool could increase the likelihood that supervision remains helpful after training ends. Supervising with tools could systematize practice and give care managers and supervisors needed direction to improve HFW implementation locally.

As such, these results can inform WTII's future determinations of ways to improve and supplement training and ongoing provider support within HFW. WTII is already implementing or considering several tools and practices that will likely address some of these points, and may incorporate other feedback into their next steps to strengthen their protocols even further.

Reference

Walker, J., Bertram, R., Embree, D., Lua, M., Berger Lucas, L., Vermillion, J., Martone, M., Meyer, C., Sandoval, J., & members of the NWI Workforce Work Group. (2013). Training, Coaching, and Supervision for Wraparound Facilitators: Guidelines from the National Wraparound Initiative. Portland, OR: National Wraparound Initiative.

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