What it Takes to Implement, and Support Uptake of an Online Training

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Topics for Today

- Description of NTI
- NTI Implementation Model
- NTI Evaluation Results
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Strategic Partnerships

PolicyWorks, Ltd.

University of Maryland School of Social Work

The Institute for Innovation & Implementation

Dave Thomas Foundation For Adoption

Children's Bureau

NICWA

National Indian Child Welfare Association

Adoption Research Program

#LeadingChange
The incidence of emotional/behavioral problems is 3 to 6 times higher for youth in foster care than those in non-custodial placements.

40% of youth adopted from foster care are diagnosed with ADD/ADHD with high incidence of pre-natal drug/alcohol exposure.

*Smith, 2006*

The American Academy of Pediatrics estimates 30% of children in foster care have severe emotional, behavioral and developmental problems.

*Barbell & Freundlich, 2002*
Studies indicate most mental health professionals lack the training to meet the diverse, complex, clinical needs of adoptive families.

65% of clinical psychologists are unable to recall any training course that focused upon adoption related issues.

Professors teaching doctorate level clinical programs spent on average 7.59 minutes per semester on the topic of adoption.

Desired Outcomes: What We All Want

Child Well-being

Available, appropriate services

Systems that collaborate

Family well-being & stability

Competent Professionals
NTI Objectives

Create

Deliver

Evaluate

Implement
Child Welfare Curriculum
20 hours
Supervisors – 23 hours
Pilot closed 1/31
- Still available in sites

Mental Health Curriculum
25 hours
+ Coaching for some users
Pilot (April 2-Sept 30, 2018)
Professional Competencies

- Understanding Children’s Mental Health Challenges
- Healing from Loss and Grief
- Impact of Trauma on Brain Development
- Re-building and Strengthening Attachment
- Supporting Positive Identity Formation
- Understanding the Impact of Race, Culture and Diversity on Adoptive & Guardianship Families
- Providing Post-Adoption Supports
- Assessment and Treatment Planning through an Adoption Lens
- Therapeutic Parenting Strategies to Address Challenging Behaviors

Additional content specifically for Mental Health Professionals
National Adoption Competency Mental Health Training for Mental Health Professionals

NTI Curriculum Demonstration
Implementation Process and Specialist Role
A. EXPLORATION
(Outreach & Engagement)

B. INSTALLATION

C. INITIAL IMPLEMENTATION

D. FULL IMPLEMENTATION

E. INSTITUTIONALIZATION
A. EXPLORATION
(Outreach & Engagement)

- Outreach to & engagement of prospective pilot site.
- Identification of target populations.
- Assessment of readiness of prospective pilot sites.
- Selection of pilot sites.
A. EXPLORATION
(Outreach & Engagement)

B. INSTALLATION
- Agreement by SiTs to engage in pilot implementation and evaluation.
- Convening of pilot site implementation teams.
- Assurance of technological capacity, enhancement of readiness and drivers
- Engagement of child welfare supervisors and training directors as key stakeholders & collaborative partners in planning and implementation.
- Scope of project determination.
- Cohort key informant identification & commitment.
- Setting timelines for completion.
- Active engagement of state implementation team.

E. INSTITUTIONALIZATION
C. INITIAL IMPLEMENTATION

- Enrollment of child welfare and mental health professionals in use of web-based training.
- Implementation and technological support/Helpdesk assistance provided to pilot states and training users.
- Use of quality improvement & evaluation data to enhance training quality (including relevance, availability, accessibility, usability, & helpfulness) and fidelity.
D. FULL IMPLEMENTATION

- Certificates issued for completion of training and coaching modules by child welfare and mental health professionals.
- Training users show a change in competence (i.e., values, knowledge, and skills) to address the mental health needs of children and families.
- Pilot sites integrate NTI training into training systems to support expected outcomes (inclusion of NTI in training array/catalogues).
E. INSTITUTIONALIZATION

- Child welfare and mental health professionals apply attained adoption mental health competence into professional adoption-related practice (i.e., change in practice, processes, use of techniques, interventions, etc.).
- Pilot sites sustain use of training.
- Pilot sites experience CW & MH systems and cultural changes that reflect adoption competent mental health practices (e.g., change in policies, practices (intake/assessment), training requirements, collaborations between disciplines, etc.).
Group Discussion:
How have others defined and modified the stages of implementation?
Implementation Specialist Role

NTI Model

3 specialist

9 sites

Co-Creation
- Co-learning
- Brokering
- Address Power Differentials
- Co-Design
- Tailored Support

Ongoing Improvement
- Assess Need & Context
- Apply and Integrate Implementation Science Approaches
- Conduct Improvement Cycles

Sustaining Change
- Grow and Sustain Relationships
- Build Capacity
- Cultivate Leadership
- Facilitation

Evaluators conducted interviews with each Implementation Specialist throughout the pilot.

Each interview was between 30 and 90 minutes long, and we conducted a total of 47 interviews regarding 8 states and 1 tribe.

No sites were in the institutionalization stage by the end of the pilot.
Key Activities

“[I’m] just trying to... really just follow through. They have not yet made a commitment to target audiences... they’ve done some exploration, they’re still kind of decision-making.”

- Development of materials and presentations for promotion of NTI
- Communicate with stakeholders about NTI
- Initial engagement about formal agreements for pilot participation
Key Activities

“[I spend most of my time] on Outreach and Engagement strategies [with the] Implementation Team....how will we promote this..and how will we make it as accessible as we can to people, and as easy as we can for people.”

“I did a detailed work plan for them with dates, , and responsibilities and timelines.”

- Organize and hold “kickoff meetings” and hosting webinars to NTI to users and leaders
- Identify members for implementation teams(SIT) and convening SIT meetings to create implementation plans
- Develop communication plan
Key Activities

“I think the activities are really helping them think through where the pivotal issues are at this point in time. I’ve really focused on the [enrollment and completion] rates, the progression rates, the problem solving to move those numbers. And then thinking about how do we support supervisors to do more of that work.”

“We’ve been doing a monthly tip sheet and trying to help people understand that the training is a lot more than launching a link.”

• Create materials to facilitate user access
• Use of data reports with SIT to benchmark progress and inform ongoing recruitment
• Work through technical difficulties
• Facilitate discussions and provide guidance on TOL
• Re-envision the training as not just relevant to adoption but permanency broadly
• “Cheerlead” and promote efforts to push user completion
Key Activities

“As the implementation specialist support goes away for these states, will they have the capacity themselves to keep organizing it, pushing it, following through?...I’m sure it’ll be hard to continue that level of diligence when it’s not your primary role.”

- Focus on plan transfer of learning
- Plan for sustainability
  - How to cover the IS responsibilities when the pilot ends
  - How to integrate the training into existing training structures
Group Discussion:

How do we move to institutionalization?
What are the key issues preventing this stage?
Evaluation Findings
NTI Reach

- **6,149** child welfare professionals enrolled across all 9 sites
- 4,613 staff and 1,536 supervisors
- **72.5%** completion rate
Participant Characteristics

- About half were state employees
- More than 85% were female
- Average age: 38 for workers; 44 for supervisors
- Age range: 20-71
- Workers averaged 7 yrs experience in child welfare, but 50% had <4 years
- Supervisors had average of 15 yrs experience
Compared to non-completers, NTI completers……

**Workers**
- Were younger
- More likely to
  - have a Bachelors degree
  - work for a state agency
  - be required to complete the training
  - have time provided by employer
  - not completed prior adoption training

**Supervisors**
- Were younger
- More likely to
  - have a Bachelors degree
  - work for a state agency
  - required to complete the training
  - less experienced
  - less supervision experience
Ratings of NTI Content: “Extremely” or “Somewhat” satisfied

<table>
<thead>
<tr>
<th>Category</th>
<th>Worker (n=1046)</th>
<th>Supervisor (n=419)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of information presented</td>
<td>81% 82%</td>
<td></td>
</tr>
<tr>
<td>Materials in the training</td>
<td>85% 88%</td>
<td></td>
</tr>
<tr>
<td>Activities in each module</td>
<td>77% 82%</td>
<td></td>
</tr>
<tr>
<td>Pre-test and post-test assessments</td>
<td>77% 79%</td>
<td></td>
</tr>
<tr>
<td>Amount of empirical research included</td>
<td>81% 86%</td>
<td></td>
</tr>
<tr>
<td>The use of experts</td>
<td>83% 88%</td>
<td></td>
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</tbody>
</table>
Participant comments

The specific notations of ways to use the coaching and activity guide makes it very easy to use and does not require significant amounts of time outside of the training to implement coaching strategies.

To me, one of the best parts of this module was the practical attachments/references. I am eager to start practicing with these tools.

The videos are my favorite parts of the training...both the 1st person accounts as well as documentaries.

It had videos, slides, interviews - many different ways of sharing the information. The way the information was presented really helped it to stick into my mind.
But did they learn anything?
NTI improved effectiveness: ‘A great deal’ or ‘A lot’

- Your job performance: 52% (Worker), 48% (Supervisor)
- Your effectiveness as a child welfare professional: 59% (Worker), 58% (Supervisor)
- Your ability to help children and families: 63% (Worker), 62% (Supervisor)
- Your ability to collaborate with colleagues: 58% (Worker), 59% (Supervisor)

Worker (n=1112)  Supervisor (n=443)
Self-perceived AMHC pre and post test score change.
Average pre and post test scores

Module 1 Module 2 Module 3 Module 4 Module 5 Module 6 Module 7 Module 8

- Case for Adoption MH Competency
- Understanding MH Needs
- Attachment and Bonding
- Race, Ethnicity, Culture, & Diversity
- Loss and Grief
- Early/Ongoing Trauma
- Positive Identity Formation
- Promoting Family Stability and Preservation

N=3870
N=1293
Impact on Child Welfare Practice

- Changes to recruitment, training, and selection of Foster/Adoptive Parents
- Improved assessments and referrals
- More honest communication and understanding with youth and caregivers
- Improved confidence and self-efficacy
Sustainability

100% of pilot sites continue to enroll users post-pilot!

The future: 662 states, tribes and territories will have FREE access to NTI in 2019!
NTI: What’s next?

2016
Planning Phase

2017
Child Welfare Available

2018
Mental Health Available

2019
National launch: final product available
Get Involved!

• Stop by the NTI booth for further demonstration of NTI

• Sign up for more information about national launch in 2019!

• Interested in bringing NTI to your State, Tribe, or Territory in 2019? Stop by our booth and let us know
- Infusion of adoption mental health competencies in professional practice

- Integration of trainings into state training systems for sustained use, free of charge, by CW and MH professionals in all States, Tribes, and Territories
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Q & A