Building a Bridge to Connect the Child Welfare and Mental Health System: Leadership Lessons Learned from Implementing the Partnering for Success Model
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Objectives

• Overview of Partnering for Success (PfS) Model
• Review Implementation Science Framework
• Discuss Leadership Lessons
Partnering for Success (PfS)

5 year cooperative agreement with the CB
Grant number 90CT7001-01-02

Goal – to increase local jurisdictions’ capacity to implement and sustain quality, accessible evidence-based treatment for children, youth and families served by the child welfare system.
• Mental Health is a critical aspect of well-being
• Untreated MH problems are associated with a range of CW outcomes
• Lack of coordinated child welfare and mental health services
• Limited understanding of CW system
Our Model: *Partnering for Success*

A cross-systems workforce competency model to improve mental health outcomes for child welfare-involved children and youth.
<table>
<thead>
<tr>
<th>Role</th>
<th>Learning Objectives</th>
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</thead>
<tbody>
<tr>
<td><strong>Child Welfare Professionals</strong></td>
<td>Build knowledge and skills in identifying children and youth in need of mental health services, types and importance of screening tools to ID mental health service needs, referring C/Y and families to appropriate services, engaging them in these services, and monitoring C/Y and family treatment outcomes.</td>
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<td><strong>Mental Health Professionals</strong></td>
<td>Build knowledge and skills in the delivery of CBT+, a model integrating evidence based approaches to treating anxiety, depression, conduct problems and trauma; enhance collaboration</td>
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<tr>
<td><strong>Leadership Learning Track</strong></td>
<td>Build knowledge in core components of the CW and MH Professional Learning Tracks to support application of Partnering for Success implementation strategies and practice innovations.</td>
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Implementation Science 101

OUR FIRST ATTEMPT AT CROWD FUNDING ISN'T GOING VERY WELL!
Formula for Success

Effective Intervention \times Effective Implementation \times Enabling Contexts = Positive Outcomes

National Implementation Research Network (www.nirn.fpg.unc.edu)
Improved outcomes for children and families

Performance Assessment

Coaching (& supervision)
Training
Selection

Competency Drivers
Organization Drivers

Integrated & Compensatory

Leadership

Facilitative Administration
Decision Support Data System

Systems Intervention

Implementation Drivers

National Implementation Research Network
© Fixsen & Blase, 2008
Managing Implementation Drivers through Implementation Teams

Implementation Team Members:

• Meet as a group regularly to support implementation
• Act as liaisons within their organizations and specific units
• Utilize continuous quality improvement processes
• Align policies, practices and financing strategies to better support implementation
• Address implementation challenges
• Ensure that all stakeholders are striving towards quality implementation
Organizational Support

*Working with Leaders to Ensure Successful Program Implementation*

- Engagement
- Self-assessment
- Preparatory activities
- Identification of site specific technical assistance needs
- Structural support for application of skills, reporting, supervision and outcome monitoring
- Customized technical assistance
Setting Goals for Effective Implementation: High Fidelity Performance Indicators (HFPI)

- Readiness: Is the organization ready for a new model?
- Adherence: Are practitioners adhering to model?
- Quality: How well do practitioners implement PfS?
- Reach: Is the intervention serving the intended target population?
- Dosage: Are participants completing treatment?
- Participant Responsiveness: Are participants engaged in and satisfied with treatment?
Partnering for Success

Model Components
NATIONAL CENTER for EVIDENCE-BASED PRACTICE in CHILD WELFARE

PARTNERING FOR SUCCESS MODEL OF CHANGE

Our goal is to increase the effectiveness of workforce practice and organizational improvements through collaborative partnerships that will build capacity and enhance professional development through utilization of evidence-based practices that will improve outcomes for children and families.

CONTENT

CHILD WELFARE PROFESSIONALS LEARNING TRACK
Build knowledge and skills in identifying children and youth in need of mental health services, types and importance of screening tools to identify MH service needs, referring C/Y and families to appropriate services, engaging them in these selected services, and monitoring C/Y and family treatment outcomes.

MENTAL HEALTH PROFESSIONALS LEARNING TRACK
Build knowledge and skills in the delivery of CBT+, a training model integrating evidence based approaches to treating anxiety, depression, conduct problems, and trauma.

LEADERSHIP LEARNING TRACK
Build knowledge in core components of the CW and MH Professional Learning Tracks to support application of Partnering for Success implementation strategies and practice innovations.

IMPLEMENTATION

• Organizational Readiness Activities
• Pre-work
• In-person & Networked Learning
• Clinical Consultation
• Coaching
• Customized Practicum
• On-line Decision Tools & Data Dashboards
• Fidelity Monitoring

APPROACH

• Cross-Systems Collaboration
• Evidence-based Practices
• Adult Learning
• Engagement of Families
• Data-driven Evaluation
• Organizational and Workforce Enhancement Projects
• Peer-to-Peer Consultation
• Capacity Building

SHORT-TERM OUTCOMES

↑ knowledge in linking assessments to referrals
↑ knowledge in CBT+ skills for CW
↑ knowledge CBT+ MH delivery

INTERMEDIATE OUTCOMES

↑ referrals to MH
↑ # of C/Y having access to and receiving CBT+/EBP services
↑ skills in treating C/Y in foster care
↑ capacity to deliver CBT+ with fidelity

LONG-TERM OUTCOMES

↑ Children & families served by CW & MH professionals experience positive outcomes, including improved safety, permanency & well-being outcomes

↑ knowledge of EBPs and implementation strategies and tools
↑ decision-making and leadership skills around implementation of systems and practice changes
What is CBT?

The common skills used in CBT and specific strategies for treating common clinical targets of

- anxiety,
- depression,
- trauma-specific impact and
- behavior problems
Why Choose the 4 Evidence-Based Treatments (EBTs)?

• Most common mental health problems (~80% of kids in public mental health)

• Common theoretical framework

• Best supporting evidence
EBP = Treat to the target

Anxiety
Depression
Behavior problems
Trauma
Follow the Flow Chart

Assessment

- Anxiety
  - Psychoeducation
    - About anxiety
    - The CBT Triangle
    - How Tx works

- Depression
  - Psychoeducation
    - About depression
    - The CBT Triangle
    - How Tx works

- PTSD
  - Psychoeducation
    - About trauma
    - About PTSD/PTS
    - The CBT Triangle
    - How Tx works

- Behavior Problems
  - Psychoeducation
    - FBA Principles
    - Normal development
    - Positive Parenting
    - How Tx works

Introduction/Buy In

- As needed: Mi & Engagement Work

Thoughts

- Decide where to start based on bolded components (below) for each clinical condition (these have best evidence for that condition), symptoms, and most pressing concerns.

Feelings

- Emotion Reg.
  - Relaxation
  - Secret Calming
  - Distraction
  - Mindfulness

Behaviors

- Exposure
  - Imaginal
  - In-Vivo
  - Response prevention (OCD)

- Pleasant activity scheduling
- Goal setting/steps with rewards
- Problem solving

FBA Parenting Skills

- Positive time
- Praise
- Selective attention
- Instructions
- Rewards Plan
- Consequences
# Building Effective Implementation Capacity

*How PfS was designed to address Implementation Drivers*

<table>
<thead>
<tr>
<th>Competency</th>
<th>Organization</th>
<th>Leadership</th>
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</thead>
<tbody>
<tr>
<td>• RFP Site Selection Process</td>
<td>• Organizational Readiness Assessment</td>
<td>• Leadership Pre-Work</td>
</tr>
<tr>
<td>• Pre-Work for CW &amp; MH practitioners</td>
<td>• EBP Toolkit</td>
<td>• Implementation Phase Based Leadership Track</td>
</tr>
<tr>
<td>• Evidence Based Training Curriculum</td>
<td>• PfS Kick Off Event</td>
<td>• Leadership Team</td>
</tr>
<tr>
<td>• Post Training Consultation for CW &amp; MH practitioners</td>
<td>• Implementation Team</td>
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Competency Driver: Training & Consultation

Child Welfare
- On-Line CW Modules prior to training
- In-Person 3-Day
- Practicum Assignments and Consultation Calls (Supervisors and Case Workers)

Mental Health
- On-line TF-CBT Modules prior to training
- In-Person 3-Day
- 12 Bi-weekly Clinical Supervision Calls (Clinicians & Supervisors)
Organization Drivers:
Organizational Readiness Assessment

Measures:
• Implementation Leadership Scale (Aarons, Ehrhart, & Farahnak, 2012)
• Evidence-Based Practice Attitudes Scale (Aarons et al., 2012)

Participants:
• CW & MH Leadership Team
• CW & MH Trainees
Organization Drivers:

EBP Toolkit
Organization Drivers:

PfS Kick-Off Event

- All Trainees participated
  - Both CW & MH practitioners
- Leadership & Implementation Teams assisted in the development of the agenda
- NCEBPCW representatives provided overview of the model and what to expect
- Discussed potential implementation challenges and strategies
Organization Drivers:

- Designed the referral process
- Created communication protocols
- Developed peer support opportunities
- Brought feedback to the team from participants
- Prioritized CQI indicators
- Identified policies/practices that needed to change

Implementation Team
Leadership Drivers:

Implementation Phase-Based Leadership Series

1. Exploration
2. Installation
3. Initial implementation
4. Full implementation
5. Sustainability
6. Scale-Up

Leadership Pre-Work

Active Implementation Hub Modules

Leadership Team
Partnering for Success Implementation in Baltimore County, Maryland
Baltimore County, Maryland

- Maryland is the 19th largest state by population (~6 million)
- Maryland is the 42nd largest state by sq. miles
- 3rd largest county in Maryland (832,500)
- Mix of urban, suburban, and rural settings
- Surrounds Baltimore City on 3 sides
- Child Welfare Facts:
  - 573 youth (monthly avg.) in foster care
  - ~75% under 18
  - 322 youth (monthly avg.) receiving CW In-home services
## Adherence

### Child Welfare Participation

<table>
<thead>
<tr>
<th>Attended in-person training</th>
<th>Participated in required number of practicum calls</th>
<th>Completed required practicums</th>
<th>Completed capstone</th>
</tr>
</thead>
<tbody>
<tr>
<td>145</td>
<td>73.2%</td>
<td>47.3%</td>
<td>n=41 (28%)</td>
</tr>
</tbody>
</table>

Of those who completed required practicum: 92.4%
## Adherence Mental Health Participation

<table>
<thead>
<tr>
<th>Attended in-person training</th>
<th>Participated in required number of consultation calls</th>
<th>Completed capstone</th>
</tr>
</thead>
<tbody>
<tr>
<td>134</td>
<td>76.4%</td>
<td>36.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(51% of those still at the agency)</td>
</tr>
</tbody>
</table>
Evaluation Context

- Multiple Levels of Intervention
- Multiple Intervention Strategies
- Outcomes across Multiple Perspectives
Evaluation

- Number of participants
- Participant characteristics
- Links between child welfare and mental health
- Treatment targets
- Treatment participation
- Clinical outcomes
Evaluation

• All therapists required to use model with at least two clients
  – Many used with more
• Thus far: Participant demographics largely matched overall CW demographics per site
  • Race and ethnicity varied by location
  • Somewhat greater number of females
    – Majority involved in the child welfare system
Participation requirements

- Two case minimum
  - One case had to be trauma
  - Once case either anxiety, depression or behavior problems
- For many sites, behavior was the least common
Quality - Knowledge

Change in Average Knowledge Assessment Scores

Pre
Post

Child Welfare
Mental Health

- 63.5% to 72.3%
- 78.9% to 83.2%
Lessons Learned

“I’m going to study this book from cover to cover. So far, I have the copyright page memorized.”

K. Spear
Competency: Selection

Site Selection Process

• Implementation sites were motivated by the opportunity that PfS could support and advance their strategic initiatives

• The site selection process provided implementation sites with the opportunity to:
  ✓ Discuss their history related to EBP implementation,
  ✓ Develop a degree of understanding of what they had learned from those experiences and how that could be applied to PfS, and
  ✓ Identify existing partnerships between CW and MH
Competency: Pre-Training Activities

• Need agency support and guided opportunities for staff to complete pre-work assignments

• CW and MH practitioners completing the assignments appeared to enter the training with greater context and receptivity to the 3-Day In-Person Joint CW and MH Training
Competency: Training

- Co-Training creates partnership opportunities
- Curriculum should be co-trained by people with CW and MH expertise
- 3 days is not enough time to sufficiently deliver and practice the curriculum
- Role definition of MH and CW practitioners is critical to learning the curriculum
- Challenges related to 3-day training for CW and MH agencies needs to be addressed prior to training
Communication of expectations needs to occur prior and throughout the Transfer of Learning Process

MH & CW Practitioner involvement needs to be closely monitored

There was greater burden on MH as opposed to CW Practitioners to move through the Transfer of Learning Process

MH & CW Supervisors play critical roles in reinforcing the transfer of learning process
Organization:

The Organizational Readiness assessment results helped the leadership and implementation teams prioritize installation activities.

- Clarifying the referral processes
- Identification of appropriate cases for PfS
- Creation of a communication protocol
- Selection of trainees
- Challenges to address at the Kick-Off
Organizational Capacity Building: Delivery System Enhancement

- Set expectations early
- Develop the referral processes, share and review again and again
- Identify appropriate cases for PfS
- Create a communication protocol
- Continuous Quality Improvement
  - MONITOR & FEEDBACK
- Integrate EBP Toolkit data with provider EHRs
PfS Kick Off
- Leadership support was critical for participation in the Kick-Off
- Leaders need to play central roles at the Kick-off
- Participation contributed to greater partnership opportunities

Implementation Team
- Diverse and representative team
- Provision of implementation plan templates
- Utilization of timely data during meetings
- Gradual transition from NCEBPCW to local facilitation
Organizational Capacity Building: Leadership

• The Leadership Track was not included in the pilot site and therefore many of the critical installation activities were not conducted until after training had occurred.

• Front loading more of the Leadership Track sessions prior to training allowed for installation issues to be addressed sooner and fostered better implementation planning.

• The team has an important and ongoing function providing strategy and guidance for implementation.
Partnering for Success

Accomplishments

• Created collaborative communications protocol
• Developed train the trainer model to sustain mental health training capacity
• Expanded to partnership to include TFC providers & additional mental health providers
• Designed informational brochure to engage families
• Provided quality mental health services for over 500 youth
Next Steps for the Partnering for Success
Thoughts for Consideration...

- Successful implementation requires time, commitment, and flexibility from all parties
- Processes are not linear
- Constant communication and effective feedback loops from field to leadership and back is essential
- Sustainability planning starts at the beginning
- Scaling up—goes back to readiness and capacity
QUESTIONS
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