Implementing Interventions in Child Welfare and Juvenile Justice Systems

Patricia Chamberlain, Ph.D.*
Center for Research to Practice &
Oregon Social Learning Center

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Committee on Prevention of Mental Disorders & Substance Use

* Chamberlain is a partner in TFC Consultants who implement MTFC

Overview

- Common issues and barriers faced across systems
- Examples of structures and strategies to scale up interventions
- Randomized trial testing 2 methods of implementation
- Collecting Data on Implementations
  - User friendly
  - Use what's already there

Feasibility & Readiness: Setting the Tone for Success

- "Who initiates" dictates the starting place of the conversation (policy maker, system leader, private agency director, researcher, result of a legal intervention)
- Top down and bottom-up buy in
- Map the "fit" between the intervention and the mission of the site
- Assess how the activities/structures of the intervention relate to daily duties & requirements (paperwork, court appearances, home visits, on-call)
- Plan for sustainability (leadership turnover, funding ends)

Implementation

- Staff selection, training & timing with referrals
- Ongoing supervision that supports fidelity, continued professional development & prevents drift
- Mechanisms for ongoing clinical and administrative problem solving
- Methods & measures for evaluating quality and outcomes *that are realistic in a service context*
- Certification, licensing or other performance-based transition to independence

Examples of Strategies to “Scale-Up” : MTFC and KEEP

- Rolling Cohort – UK
- Cascading Dissemination - San Diego
- University/Agency Partnership – Sweden
- Community Development Teams - Randomized trial in California

Note:

- MTFC- integrated foster care and clinical treatment for youth and families; “high end” juvenile justice and mental health referred population
- KEEP- preventive intervention to > skills of state-supported “regular” foster parents. Based on Parent Management Training and MTFC, a universal intervention for all foster families receiving a new child

UK Site Development

- UK Implementation is funded by the Department for Education and Skills (DfES)
  - DfES is a Ministerial team that works across governments in the UK (Helen Jones: MTFC Implementation)
- Since 2003, 19 sites within 4 “rounds” or cohorts have been implemented

Rolling Cohorts with Local Training and Support

Local training and oversight provided by
The National Team at the Maudsley Hospital

Rosemarie Roberts, Project Manager
Dr. Stephen Scott, Psychiatrist

- Team members intensively trained in Oregon
- National Team collaborates with Oregon
  - On-site training for staff and foster parents multiple times per year
  - Video tape review (quarterly)
  - Consultation calls (weekly)
- National Team members work directly with the sites
  - Meet with local authorities to set up referrals and funding
  - Help hire staff
  - Attend weekly foster parent and team clinical meetings

Contrast of Cohorts #1 and #4

Round #1: 5 teams

- Provided funding prior to training
- Resistance to the model
- Long delay between initial training and first placements
- Problems recruiting foster caregivers
- Added staff positions to deal with UK system
  - Education Worker
  - Mental health specialist
  - MTFC supervisor
- Low number of youth placed (only 15 "graduates" in June 2006)

Round #4: 4 teams

- Shorter lag between staff training and placements
- Foster parent recruitment done prior to staff training
- Focus on fidelity and model adherence
- Have been able to cut back on "added" staff positions
- Teams have approved long-term funding plans

Cascading Dissemination of a Foster Parent Intervention: KEEP

- Collaboration with:
  - San Diego Department of Health and Human Services (Mary Harris, Director)
  - Child and Adolescent Services Research Center (Landsverk & Price)
  - OSLC

Targets permanency –Parent management training for foster parents

Cascading Dissemination of a Foster Parent Intervention

(NIMH Services Research Branch R01 MH60195)

Phase 1

Development of the intervention Oregon 3 County Study (*N* = 70)

Phase 2

Original developers train and supervise Cohort 1 Interventionists in San Diego (*n* = 508).

Phase 3

Cohort 1 Interventionists from San Diego train Cohort 2 Interventionists (*n* = 192).

Developers supervise Cohort 1's supervision of Cohort 2, but have no direct contact with Cohort 2 Interventionists.

4th step in the Cascade

- CASRC team trains and supervises interventionists from a local agency (Social Advocates for Youth: SAY)
- County contracts with SAY to provide KEEP, CASRC supervises
- San Diego County won the *2007 National Association of Counties Achievement Award* for its Project KEEP Implementation

Processes & Adaptations

- Initial collaboration with San Diego foster parent associations
- Translation to Spanish and linguistic adaptations
- Included kin caregivers
- Delivered intervention in neighborhoods
- SAY needed more emphasis on recruitment

MTFC in Sweden

- University of Lund (Kjell Hansson)
- Institute for Evidence-Based Social Work, National Board of Health and Welfare (Pia Westermark)
- Familjeforum AB (Per Schluer)

- University and Institute do evaluation and expert consultation in collaboration with Oregon
- Familijeform trains and monitors sites

4 Swedish sites certified as MTFC programs
2 research papers produced on MTFC in Sweden

Community Development Teams

- California Institute for Mental Health (CiMH: Bill Carter, Lynne Marsenich & Todd Sosna)
- CIMH collaborated with Oregon to implement MTFC in 10 "early adopting communities" in California in 2003
- Used CDT approach:
  - Creates support structure for communities who are implementing the same practice
  - Peer-to-peer exchange
  - Group and individual consultation and technical assistance

NIMH Study: "Scaling up MTFC in California" 2006-2011

- Collaborators
  - Center for Research to Practice (Chamberlain, Reid, Fisher, Leve)
  - California Institute for Mental Health (Marsenich)
  - University of South Florida (Brown, Wang)
  - TFC Consultants (Bouwman)

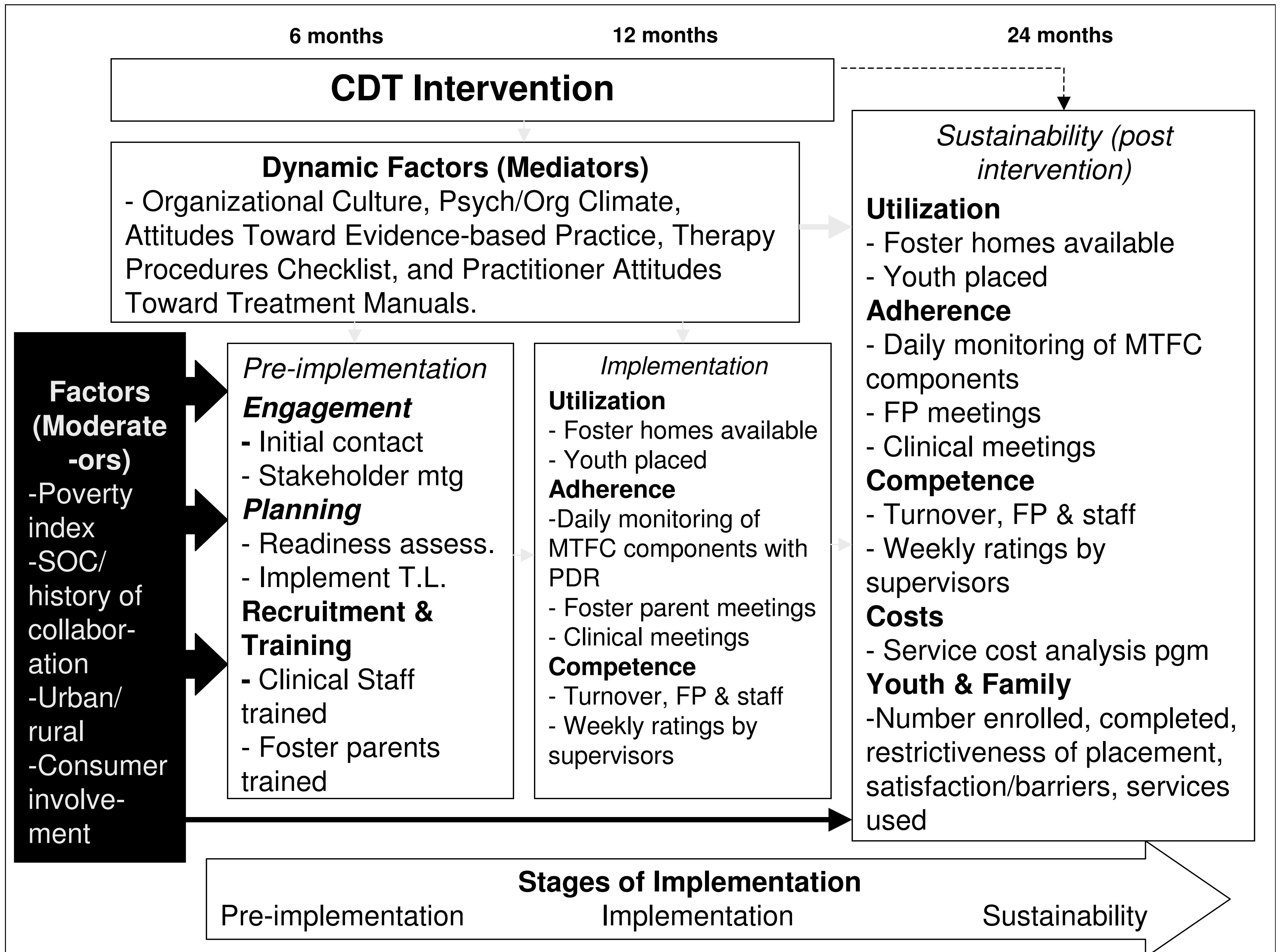
- Randomizes 40 counties into 2 conditions:
  - CDT
  - Individual consultation services "as usual"

  *First matched into 3 equivalent cohorts to deal with feasibility (6 equivalent groups randomized to 2 conditions)

  *Wait-list feature

Which produces better implementation of MTFC?

- Fidelity to model
- Tests mediators and moderators
- # youth placed/outcomes

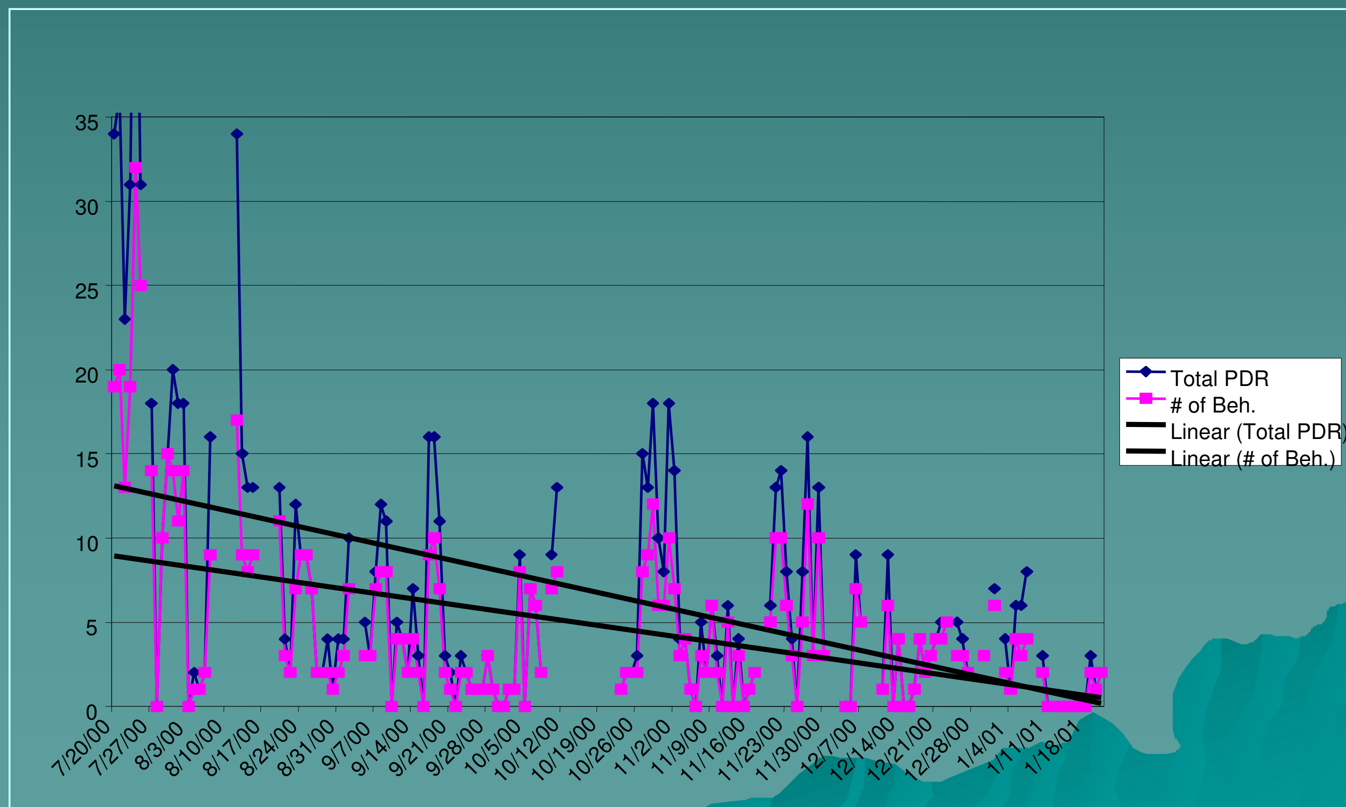

6 months
12 months
24 months
CDT Intervention
Dynamic Factors (Mediators)
- Organizational Culture, Psych/Org Climate, Attitudes Toward Evidence-based Practice, Therapy Procedures Checklist, and Practitioner Attitudes Toward Treatment Manuals.
Factors (Moderate-ors)
-Poverty index
-SOC/ history of collabor-ation
-Urban/ rural
-Consumer involve-ment
Pre-implementation
Engagement
- Initial contact
- Stakeholder mtg
Planning
- Readiness assess.
- Implement T.L.
Recruitment & Training
- Clinical Staff trained
- Foster parents trained
Implementation
Utilization
- Foster homes available
- Youth placed
Adherence
-Daily monitoring of MTFC components with PDR
- Foster parent meetings
- Clinical meetings
Competence
- Turnover, FP & staff
- Weekly ratings by supervisors
Sustainability (post intervention)
Utilization
- Foster homes available
- Youth placed
Adherence
- Daily monitoring of MTFC components
- FP meetings
- Clinical meetings
Competence
- Turnover, FP & staff
- Weekly ratings by supervisors
Costs
- Service cost analysis pgm
Youth & Family
-Number enrolled, completed, restrictiveness of placement, satisfaction/barriers, services used
Stages of Implementation
Pre-implementation
Implementation
Sustainability

Measuring Implementation

- Feasible (example of child and parent outcomes)
- Meaningful to research and service organizations (example of county outcomes)
- Capitalize on existing system data (example of Child Welfare system data)

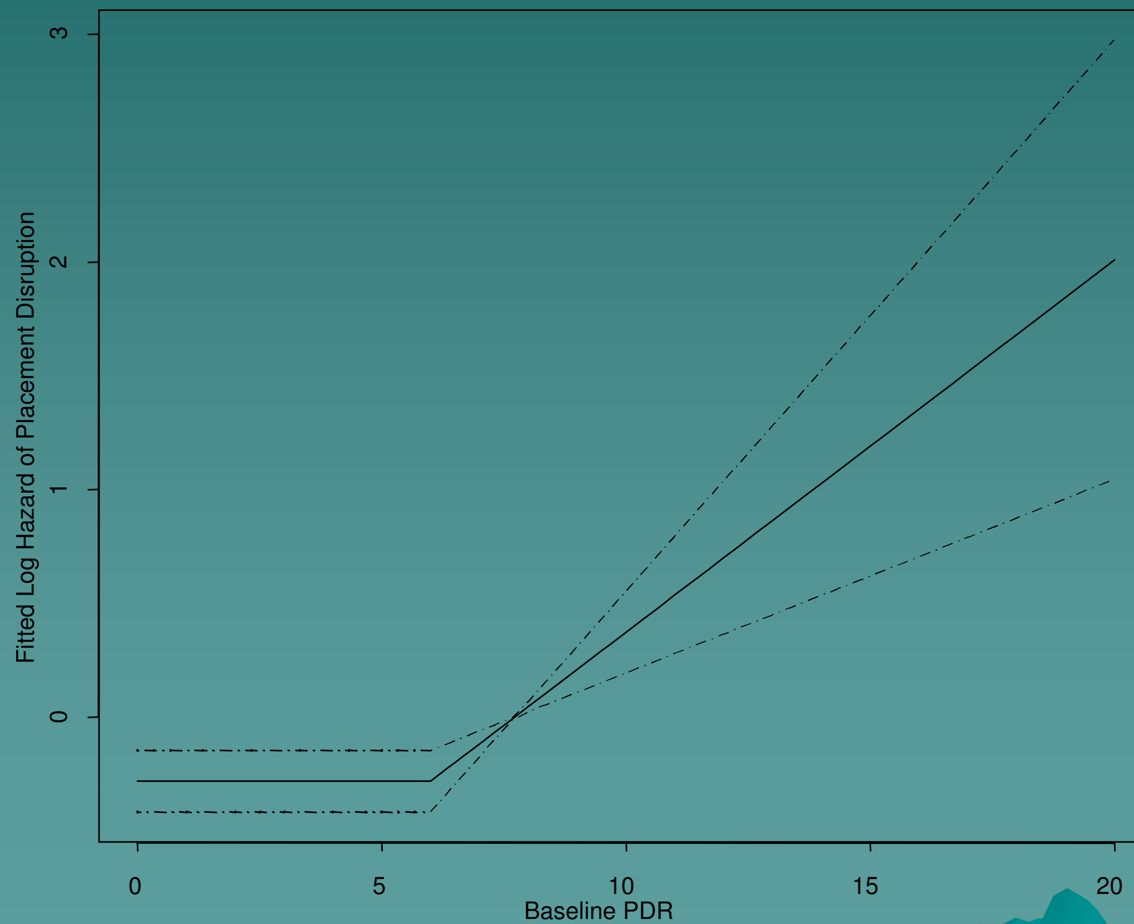
Parent Daily Report : Telephone repeated measure of child behavior and parent stress

- 5-10 minute telephone call
- Behavior checklist format:
  - 0 = behavior did not occur
  - 1= behavior occurred, was not stressful
  - 2 = behavior occurred, was stressful
- WEBPDR:
  - Data entry, management, and analysis all on-line
  - Facilitates off-site consultation



PDR Scores at Baseline Predict Placement Disruption

After 6 behaviors, every additional behavior on the PDR increases the probability of disruption by 17%



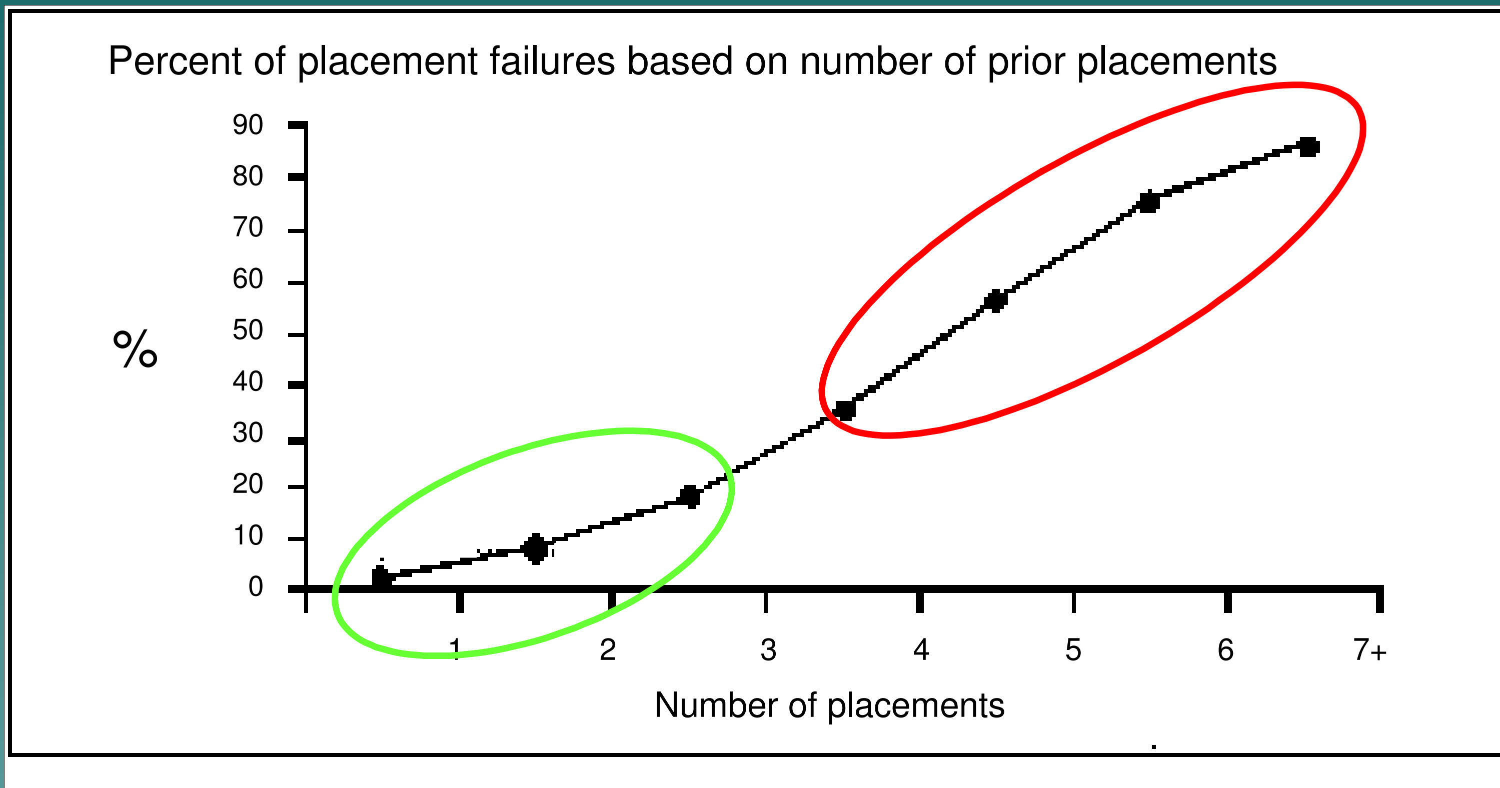
Assessment of Progression through Stages of Implementation

	Stage	Indicators
1	County Considers Adopting MTFC: Engagement	Logs of calls; Interest/motivation ratings; Signed consent; System leader measures completed
2	Stakeholders Meeting	Meeting attendance; Participant feedback; Staff impressions; Feasibility questionnaire
3	Readiness Process	Date topics covered (funding, costs, staffing, timeline, FP recruitment, referral criteria & process); Rating of interagency coordination
4	Implementation Plan	Date of agency selection; Implementation barriers identified; Written implementation plan
5	MTFC Team Hired and Foster Parents Recruited	Number of foster parents recruited; Staff hiring dates; Practitioner measures completed; Practitioner demographics

Assessment of Progression through Stages of Implementation

	Stage	Indicators
6	Clinical Staff Training and Foster Parent Certification	Training Log; Trainer impressions; Participant feedback; State/County certification of FPs
7	Foster Parents Trained and Web PDR Installed	FP training log; WebPDR training completed; FP video role play; Trainer/participant ratings
8	Youth Placed	PDR data; Point and level charts; FP rating of stress; School cards; Youth/Family measures
9	Model Fidelity and Adherence	Coding of FP meetings; Coding of clinical meetings; Site consultants weekly call data and ratings of competence, & adherence; Site visit logs and reports
10	Site Certified	Meets certification criteria; # foster homes available; Foster parent and staff turnover rates

Using System Data to Predict Risk Level



Prevention Opportunities in Child Welfare

- Foster children are at elevated risk for poor behavioral, mental health, and developmental outcomes
- They are being identified early on by surveillance systems in place in every community
- Prevention interventions have not permeated child welfare but there is a new openness…
  - Federal Reviews
  - Class action lawsuits