

Promoting Effective Behavioral Health Practices in a Statewide System of Care

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Connecticut Center for Effective Practice
Child Health and Development Institute of Connecticut, Inc.

Topical Discussion presented March 3, 2009
22nd Annual Research Conference: A System of Care for Children's Mental Health:
Expanding the Research Base



Presentation Goals



- Provide an overview of CCEP and three current initiatives to support the development and implementation of effective community-based programs in Connecticut's system of care
 - Descriptive Analysis and Needs Assessment of Outpatient Services
 - Trauma-Focused CBT Learning Collaborative
 - Wraparound Demonstration Project
- Discuss the role of intermediary agencies in promoting effective programs and services
- Explore challenges, barriers, and successful approaches to system of care development
- Exchange information with audience members on similar efforts and lessons learned
- Discuss sustainability of similar efforts in other states



Achieving the Vision of Effective Programs and Services for Children and Families



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CCEP Vision and Mission

The purpose of the Connecticut Center for Effective Practice (CCEP) is to enhance Connecticut's capacity to improve the effectiveness of treatment provided to all children with serious and complex emotional, behavioral and addictive disorders through development, training, dissemination, evaluation and expansion of effective models of practice.





Connecticut Center for Effective Practice (CCEP)

Five members of advisory group:

- Department of Children and Families (DCF)
- Court Support Services Divisions (CSSD)
- University of Connecticut Health Services (UCHC), Department of Psychiatry
- Yale University School of Medicine
 - Yale Child Study Center
 - The Consultation Center
- FAVOR (family advocacy)

Funding sources:


- State agencies, private foundations, grants



Achieving the Vision

Four overarching strategic goals of CCEP:

1. Identification, adoption, and implementation of evidence-based and best practices
1. Research, evaluation and quality assurance of new and existing services
1. Education and raising public awareness about evidence-based and best practices
1. Development of infrastructure, systems and mechanisms for implementation and sustainability





Outpatient Services: Descriptive Analysis and Needs Assessment

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Outpatient Descriptive Analysis and Needs Assessment

Overview

- Project funded by Connecticut Department of Children and Families
- Statewide network of 26 Child Guidance Clinics (CGCs)
- More children are seen each year this level of care than any other program or service
 - Funding has been flat with relatively little attention from the State
- In the past, efforts to document needs have led to increased support and funding





Outpatient Descriptive Analysis and Needs Assessment

Project Goals

1. Identify existing strengths of outpatient services
2. Identify existing needs of children, families, providers
3. Provide recommendations to the Connecticut DCF, providers, and other stakeholders to replicate strengths and to address identified needs

Areas of Inquiry

1. Characteristics of agencies, clinicians, and children/families
2. Client/case complexity
3. Service delivery (e.g., screening/assessment, evidence-based practices)
4. Staffing and workforce development
5. Data collection, analysis, and application





Outpatient Descriptive Analysis and Needs Assessment

Methods

Project development was collaborative and co-constructed with State and provider community



1. Online surveys
 - Survey Gizmo
 - Parallel versions developed for clinicians and outpatient directors
2. On-site interviews with outpatient providers
3. Focus groups
 - Connecticut Community Providers Association
 - Connecticut Dept. of Children and Families leadership
 - Parent and family consumer and advocacy groups
4. Secondary data analysis



Outpatient Descriptive Analysis and Needs Assessment

Overview of Preliminary Findings



- Providers continue to do admirable work to provide a range of supports and services in difficult circumstances
- The outpatient population has increasingly complex needs
- The "business of mental health" versus "quality of care"
- Variable screening and assessment practices
- Graduate preparation for service delivery
- Reliance on interns and trainees for service delivery
- Increasing penetration of EBPs (e.g. TF-CBT)
 - The challenge of sustainable training and supervision of EBPs
- Achieving buy-in for systems change from "top-down"
- Meeting the demand for use of data collection and analysis



Outpatient Descriptive Analysis and Needs Assessment

Recommendations

- Explore ways to increase reimbursement for case management
- Expand internal capacity and referral network for assessing and treating "specialty populations"
- Expand penetration of EBPs (especially for younger children)
- Develop graduate curricula to prepare clinicians to deliver EBPs
- Support enhanced supervision of interns and trainees
- Support efforts to develop an enhanced data collection and reporting system





The Connecticut Family and Community Partnership Wraparound Initiative

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Key Contributors

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Administered through a collaborative agreement between the Department of Mental Health and Addiction Services (DMHAS), the Connecticut Department of Children and Families (DCF), and the Judicial Branch Court Support Services Division (CSSD)



Project Description



The **Wraparound approach** to service delivery is **strength-based and family-driven** and seeks to ensure services in a **system of care work together** to provide youth with the best possible care

The current initiative seeks to demonstrate high-fidelity Wraparound through **comprehensive training, consultation, and evaluation** in two communities in Connecticut over the course of two years (Sept. 2008 – Sept. 2010).





Project Goals

- **Reduce juvenile justice involvement** by diverting youth (ages 6-14) at-risk for initial or further involvement with this system into appropriate community-based services and supports
- **Train staff in multiple sectors** to apply the principles and practices of Wraparound in addressing youth and family needs
- **Improve collaboration** between multiple systems on behalf of youth within a community





Program Components

- **System of Care** and Infrastructure enhancement to **ensure sustainability**
- **Training staff in:**
 - **Schools, Juvenile Justice, Child Welfare, Behavioral Health, and Hospitals/EDs**
- Dedicated **youth coordinators & local coaches** in each community to ensure youth and family voice
- **Individualized coaching** to support high-fidelity Wraparound
- **Quality Assurance (QA)**, data collection, and evaluation



MacArthur School-Based Initiative

- **Goal:** Reduce the number of youth with mental health needs whom schools refer to the juvenile justice system
- **Project components:**
 - Train school staff in the principles of Wraparound, the mental health needs of youth, crisis de-escalation, and appropriate use of community referral sources
 - Provide in-vivo coaching, data collection, quality assurance, and evaluation of project goals and outcomes



Trauma Focused CBT Learning Collaborative

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TF-CBT Learning Collaborative

Goal

Disseminate TF-CBT within a statewide system of care

- ✓ Maintain fidelity
- ✓ Respect various agency culture/norms
- ✓ Build capacity to use data for improvement
- ✓ Support a sustainable TF-CBT network

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TF-CBT Learning Collaborative

- A Learning Collaborative involves...
 - A **year-long** process of learning & change
 - **3-4** in-person Learning Sessions
 - **Multiple agencies** learning together
 - **Staff at all levels** of the organization
 - Regular **consultation calls** and support
 - An emphasis on **adult-learning principles**
 - Actively **adapting EBPs** to unique settings
 - Improvement through **continuous tests of change**
 - **Use of data** to measure and drive change
 - **"Sharing relentlessly and stealing shamelessly"**

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Timeline of Training Year

The diagram shows a timeline from August 2008 to September 2009. Key events include a Pre-Work Learning Session in August 2008, followed by Learning Sessions One, Two, and Three in October, February, and June 2009 respectively. An Evaluation session occurs in September 2009. Below this, the Pre-Work Phase spans from August to September 2008, and three Action Periods (One, Two, and Three) are scheduled for late 2008, early 2009, and mid-2009.

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TF-CBT Learning Collaborative

Tools to support implementation & sustainability

1. Online data entry and scoring of client measures
2. Online data collection of monthly agency metrics
3. Private intranet site/discussion board (moderated by trainers)
4. Monthly consultation calls (for clinicians, supervisors, and senior leaders)
5. Dedicated project coordinator at each agency
6. Family Partner on each team
7. TF-CBT Fellowship program
8. Annual statewide conference

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TF-CBT Learning Collaborative

Results

- 62 staff trained across 6 agencies
- Total team size increase of 25% at 18 months
- 93% of all intakes screened for trauma
- 300+ children started TF-CBT
- 60 completed cases as of February 2009
- High fidelity

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TF-CBT Learning Collaborative

Sustainability

- TF-CBT teams continue to meet regularly
- Agencies chose to continue providing metrics
- Continued use of client symptom measures
- Senior Leaders continue to have quarterly calls
- 23 new TF-CBT team members since July 2008
- Fellowship program
- Annual TF-CBT Conference

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TF-CBT Learning Collaborative

Recommendations

- Dedicated core team meeting
- Point person/coordinator
- Buy-in at all levels is necessary
- Cultivating champions
- Making expectations clear up front
- Productivity adjustments for training
- Organizational change (not all clinical)
- Make data easy & useful
- Embed practice at the agency (capacity building)
- Plan for sustainability from day 1

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Wrap-Up and Discussion

- What approaches to building, sustaining, or evaluating statewide systems of care have been successful?
- What is the role of "intermediary agencies" in promoting best- and evidence-based practices in statewide systems of care?
- What is the future of best- and evidence-based practices in statewide systems of care?

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