

Initial Outer Context Considerations

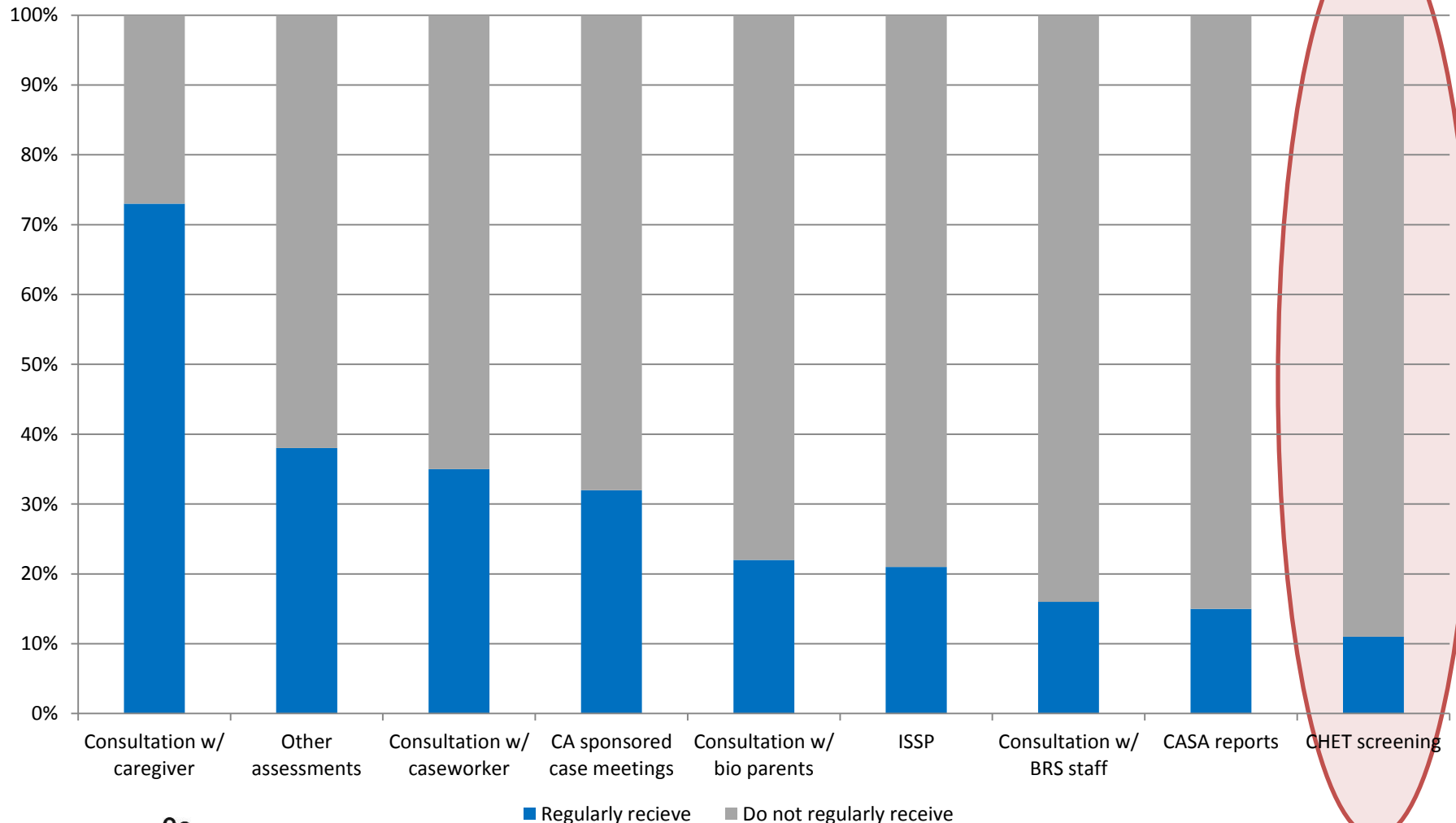
- **Economic, political and social contexts influenced planning and implementation at the beginning and throughout the project.**
 - Braam Settlement
 - “Implementation fatigue” at the system level
 - WISE; other initiatives happening at the same time
 - Leadership changes
 - Just coming out of the recession
 - ACF focus on trauma screening and psychotropic medications
 - Anticipated movement to one managed care organization for children/youth in foster care

Initial Inner Context Considerations

- **“...structural, political, and cultural contexts through which the implementation process will proceed” – Damschroder et al., 2009**
 - Structural characteristics:
 - Children's' Administration is a large, statewide agency divided into regional areas
 - Children's Administration serves 8,000 - 10,000 children in out of home placement in any given year.
 - Childhood Health and Education Tracking (CHET) screeners routinely evaluate children's behavioral, physical, and educational health at entry into care (for those staying in care longer than 30 days)
 - Networks and communication:
 - Survey results during planning year revealed mixed relationships with mental health service providers at the local level
 - Culture:
 - Busy work lives for employees; child mental health and other crises destabilize work flow; dedication to improving the lives of children in care

Results from Year 1 Survey of Mental Health Providers

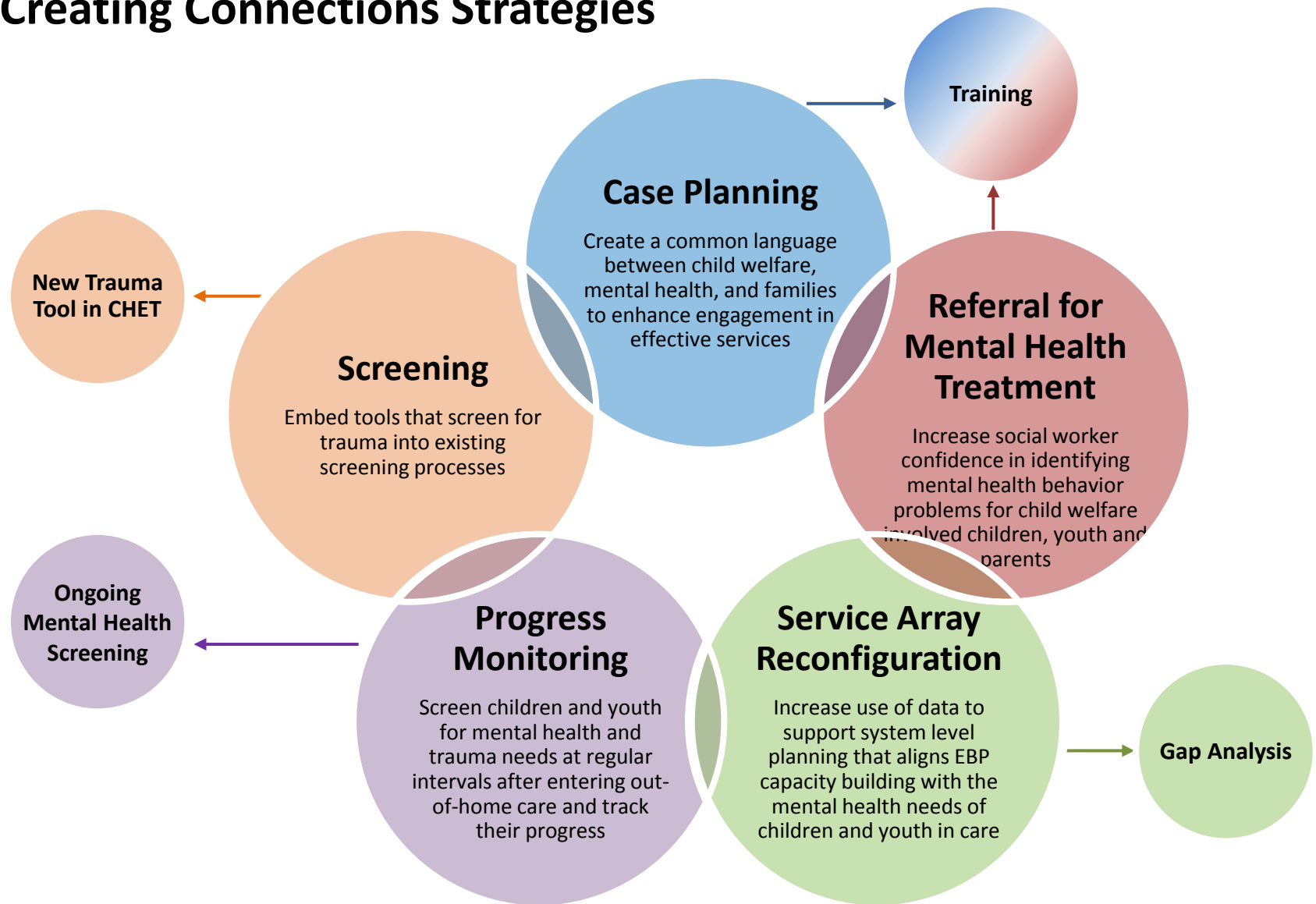
Of the following sources of information, which do you receive or use regularly to get information about State Dependent children and youth for your case assessment and planning?



Creating Connections Project Plan: Trauma symptoms identification

- **Population of focus:**
 - Children and youth placed in foster care (expected for >30 days)
- **Trauma screen:**
 - Screen for Child Anxiety Related Emotional Disorders (SCARED):
brief anxiety subscale (5 items) and trauma subscale (4 items)
- **Schedule:**
 - Within first 30 days of care, and every 6 months
- **Training:**
 - Trauma screening tool
 - Training occurred during a 2-day training conference
 - Statewide technical assistance plus ongoing consultation
 - Linking children/youth with appropriate services
 - Training for new and existing social workers on how to use screening results for case planning

Creating Connections Strategies



Implementing the SCARED Trauma Tool

CHET: Child Health and Education Tracking

OMH Screening: Ongoing Mental Health Screening

OMH Screening



30 Days

6 months

12 months

ASQ-SE, PSC-17, **SCARED**, GAIN-SS, among others
(In person)

ASQ-SE, PSC-17, **SCARED**, GAIN-SS (Telephonic)
[pilot testing 3 trauma-symptom questions]

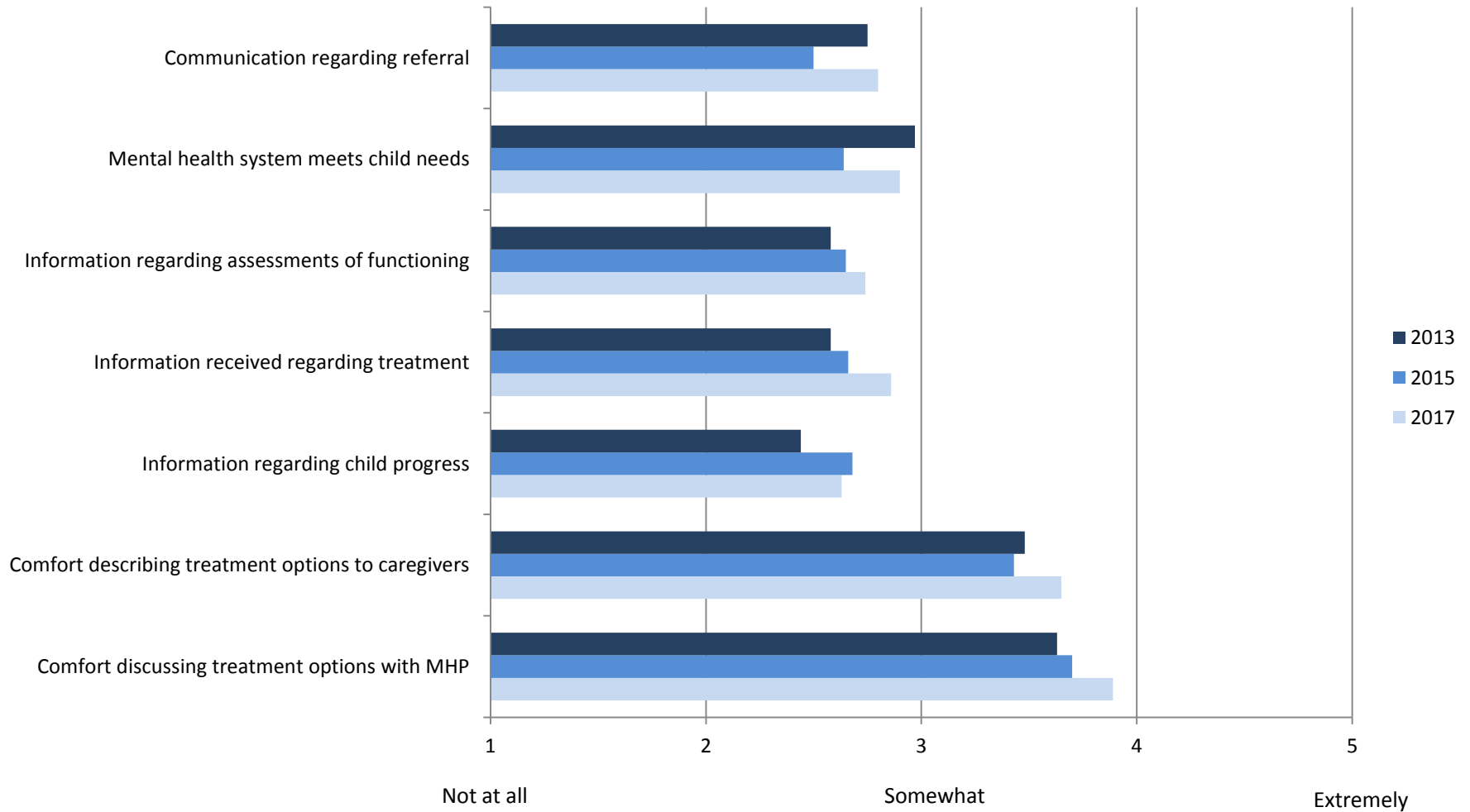
Re-screening, same tools as 6-month screen

Methods to track progress and impact

- **Self-report surveys**
 - Y1, Y3, and Y5 from CA caseworkers and MH providers
 - Y2 and Y4 surveys at CHET conferences
- **Administrative data analysis**
 - Received data on over 10,000 children/youth entering out-of-home care from 2010-2015
 - Examined demographics, experiences, and outcomes

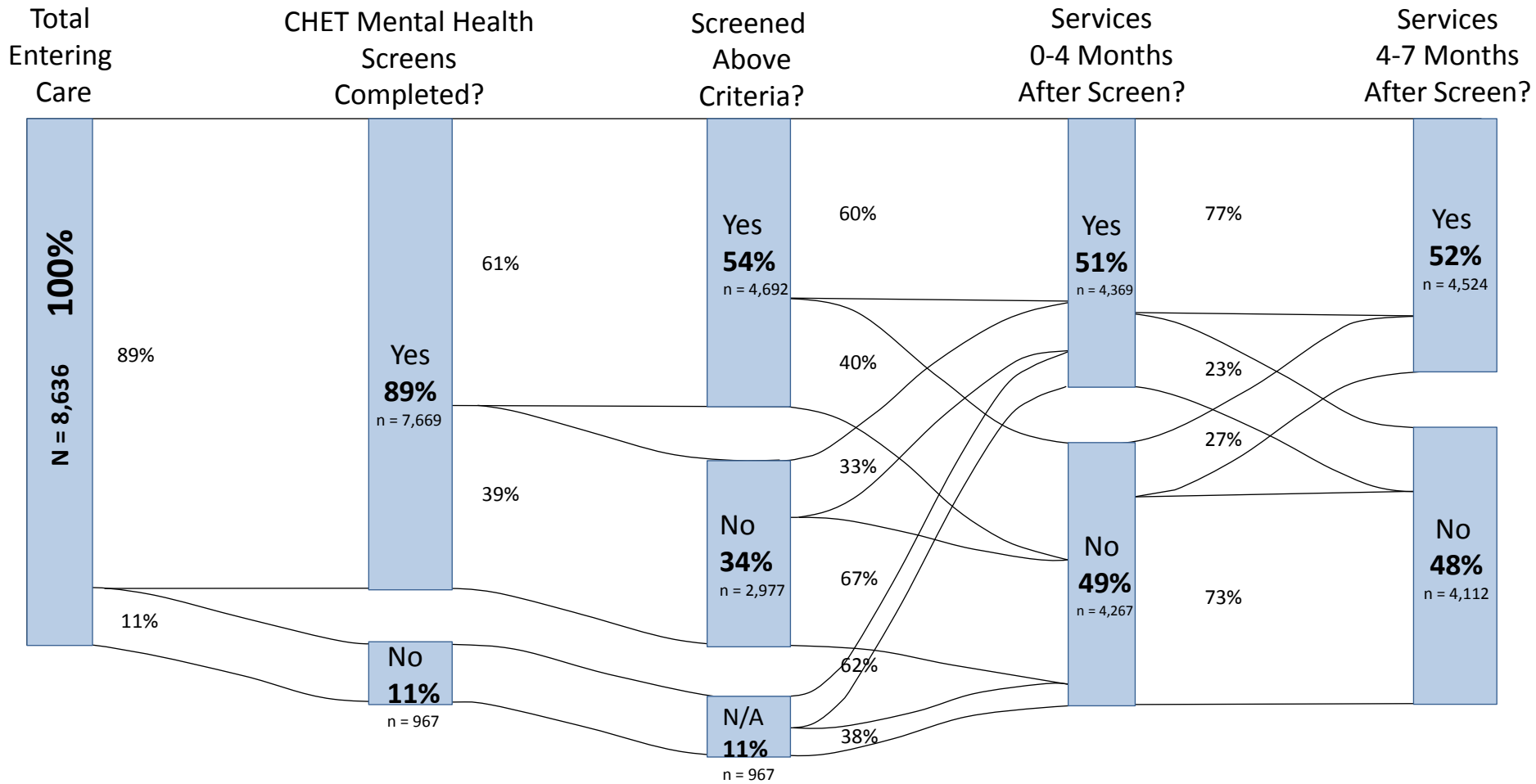
Results from Year 1/3/5 Surveys with Child Welfare Personnel

Social worker satisfaction with mental health services, communication with therapists, and screening



Pathway of Youth Aged 3-17 Entering Foster Care in Washington State between July 2010 and July 2014

PRELIMINARY DATA – Prior to the Introduction of the Trauma Screening Tool



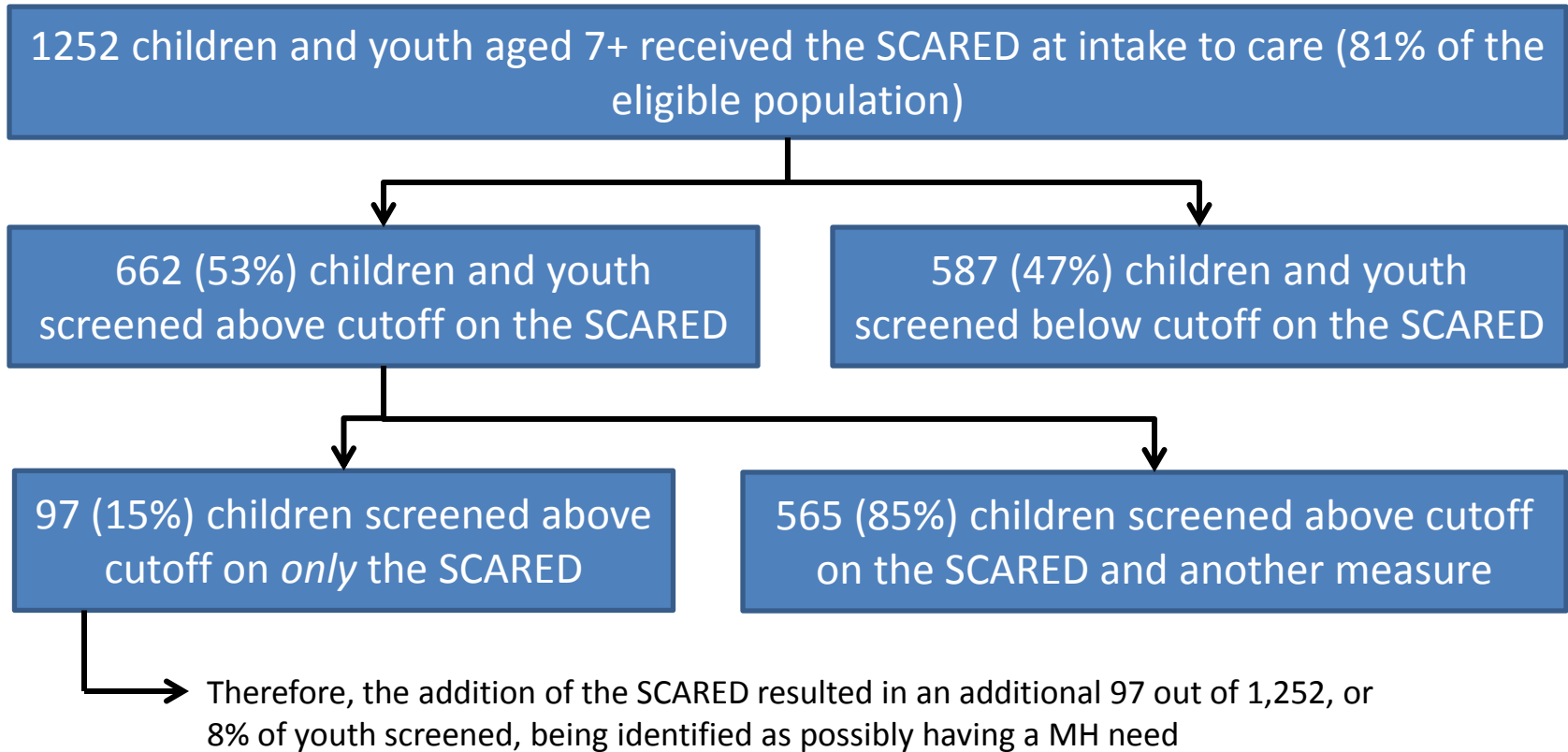
Note: Study population is all children aged 3-17.5 entering out of home care for 30 days or more between July 2010 and July 2014. "Screened above criteria" indicates that the youth scored above established clinically significant criteria at least on mental health measure by at least one reporter (e.g. self-report, parent, teacher), indicating further assessment may be warranted. Mental health service receipt includes at least one mental health service on at least one occasion during the time period (e.g. assessment, outpatient therapy, hospitalization).

Complexities of implementation

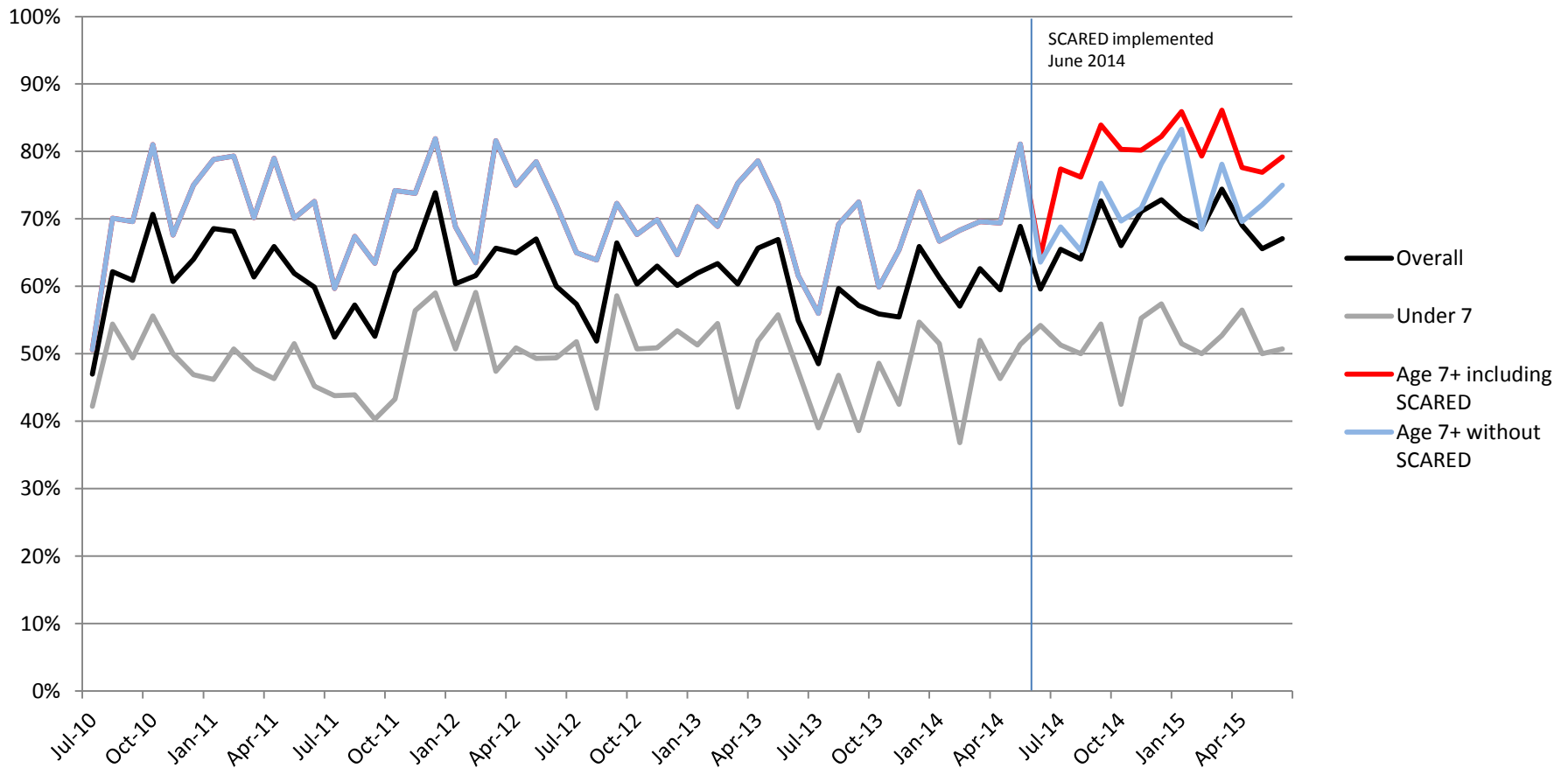
- Choosing a screening tool that is feasible, acceptable, and effective
- Staff required to implement new screening tool
- Adapting database structure to accommodate screening measure
 - We crashed the database...
 - Influenced later database development
- Embedding training within Alliance for Child Welfare Excellence (WA state's child welfare academy) training
 - Limited project control, enhanced sustainability
- Informing and sustaining management understanding and support
- Development of Ongoing Mental Health Screening program
- Budget modifications to accommodate emerging and evolving strategies

SCARED Completion Rates & Impact

CHET Screens July 2014 - July 2015:



CHET positive screening rates before and after SCARED implementation



Sample: All children/youth receiving a CHET screening between July 2010 and July 2015

Impact of embedding the trauma tool on the screening workforce (inner context)

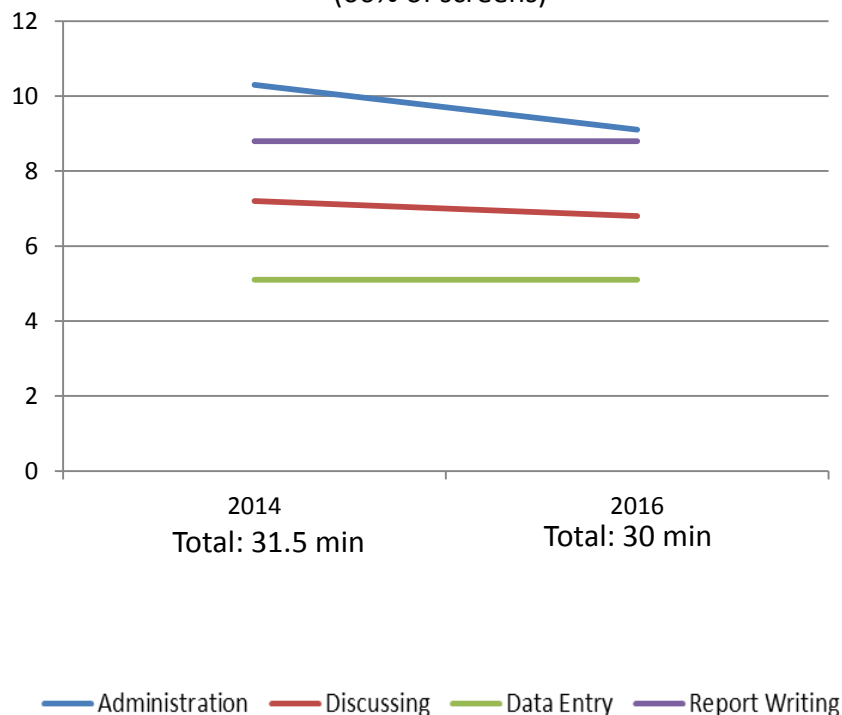
- **Screeners provided information on:**
 - Feasibility (time to administer)
 - Knowledge of screening tools
 - Perceptions of skills to deliver the tools
 - Satisfaction with the tools

Screener time needed to complete the SCARED decreased over time

How much extra time (in minutes) did the Trauma Tool require during the CHET process for...

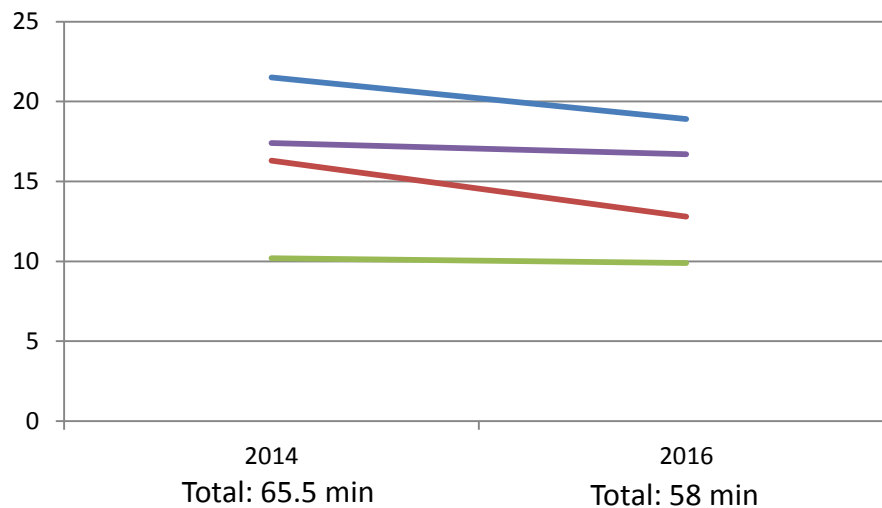
Adult report only

(66% of screens)

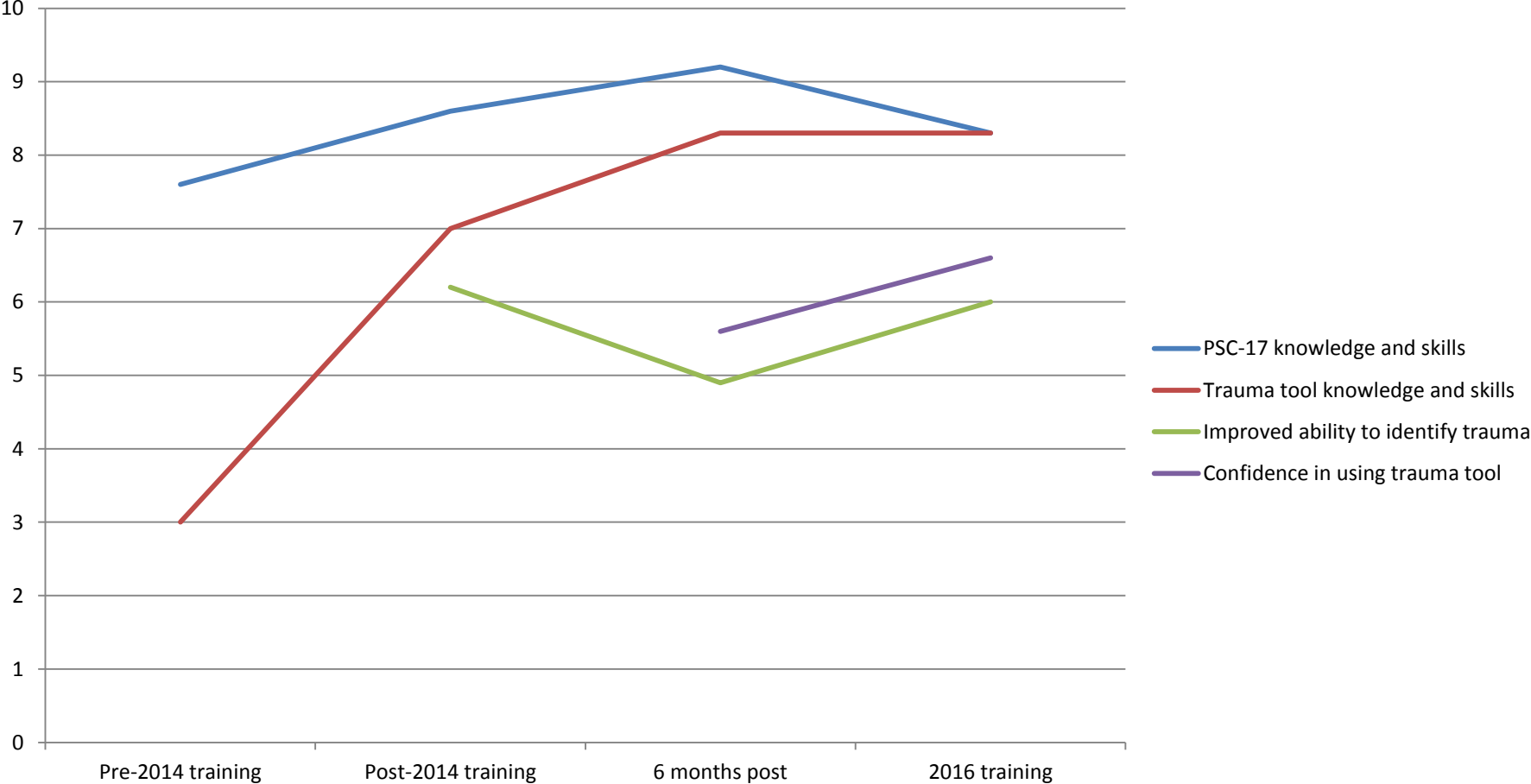


Adult + Child report

(34% of screens)



Screener knowledge, skills and comfort of SCARED increased over time



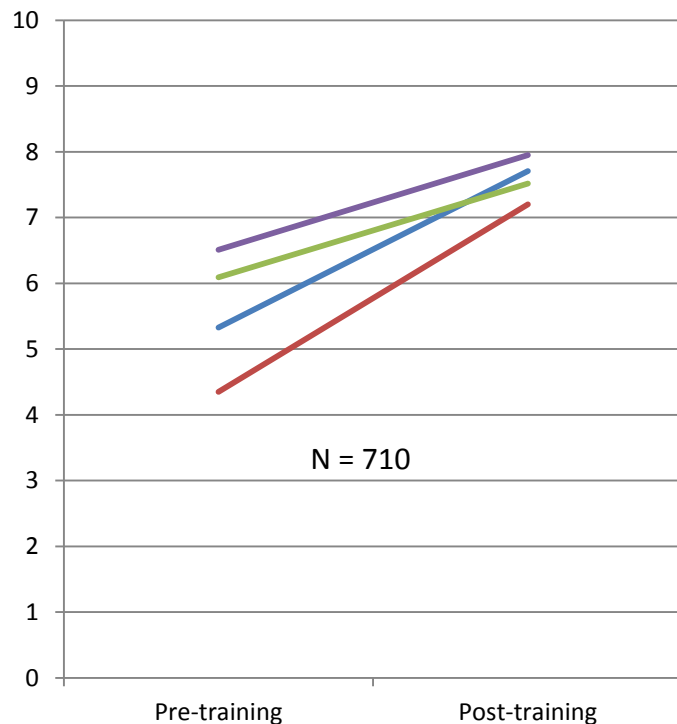
Inner Context– Service Workforce

A tale of two trainings

- **Using Screening Results to Inform Case Planning**
 - Over 1000 child welfare social workers have been trained on topics such as interpreting and using CHET results, trauma and mental health treatments
 - Required 4 hour Regional Core Training (RCT) for all newly hired social workers
 - Optional 6 hour In-service Training (IST) for any currently employed social workers
 - High satisfaction with trainings
 - Strong knowledge gain, especially with regard to how to use the trauma screening in case planning
- **Understanding the Child Welfare System and Integrating Unique Needs of Foster Care within Evidence-Based Practice Protocols**
 - Over 150 mental health providers have participated in the training
 - Includes training by parent allies and alumna of care on ‘culture of foster care’ and how to include biological families in treatment
 - High satisfaction with trainings
 - High knowledge gain

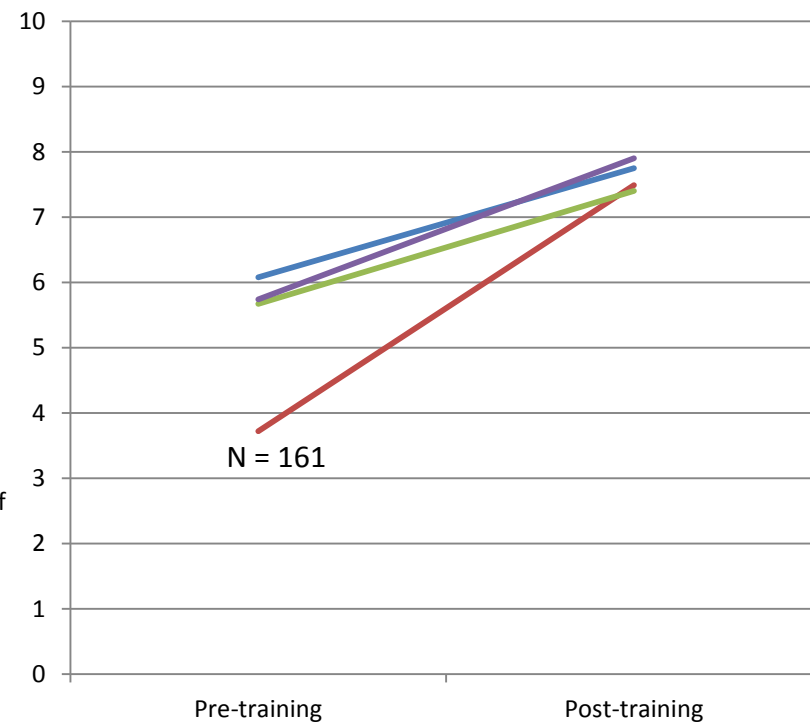
Child Welfare Training Results: Strong knowledge gain on key items

Before and after training, how knowledgeable are you in the following areas?



4-hour training

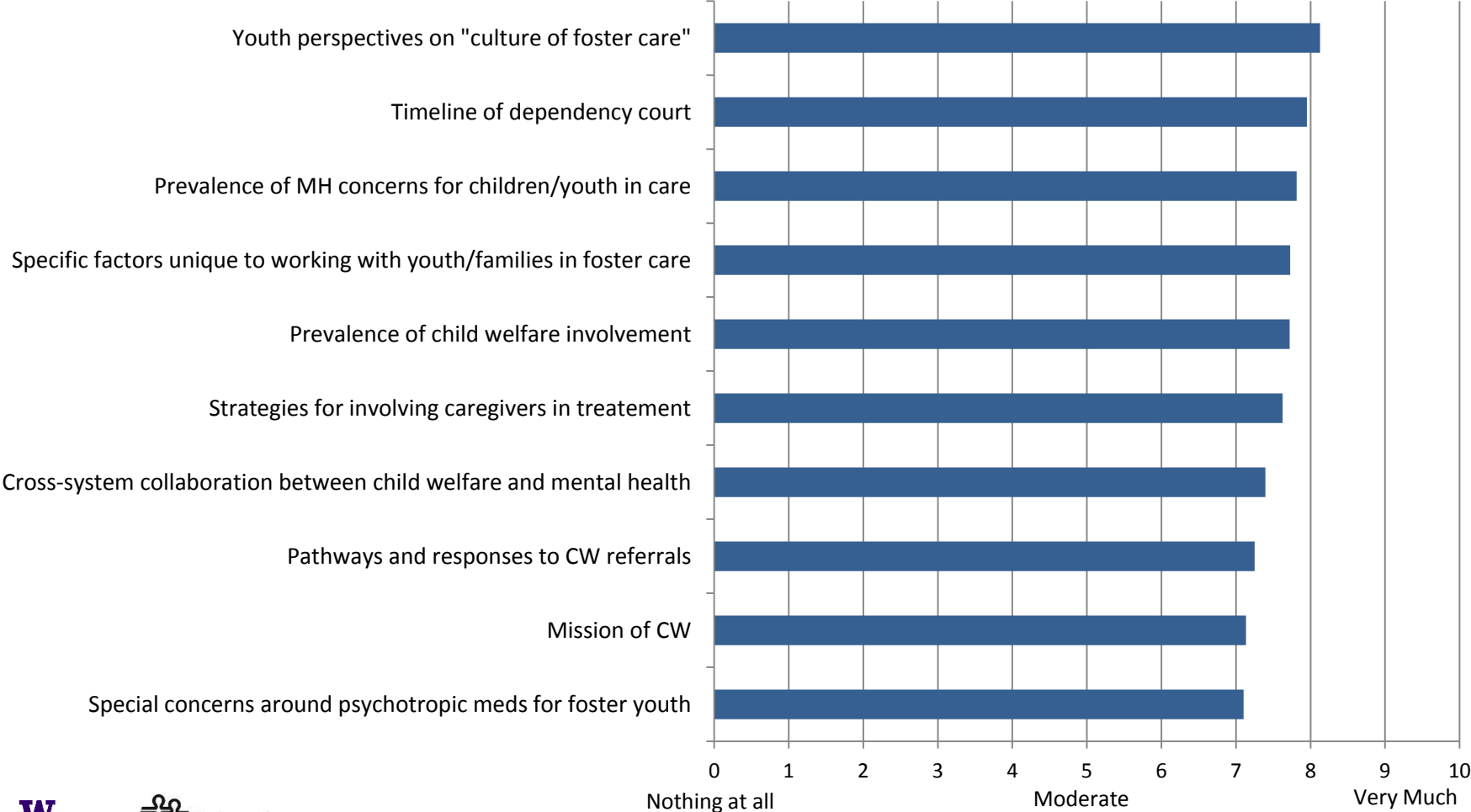
- Referring to EBPs/other services
- Use and interpret new trauma screening tool (SCARED)
- Overall knowledge
- Ask the right questions of mental health providers



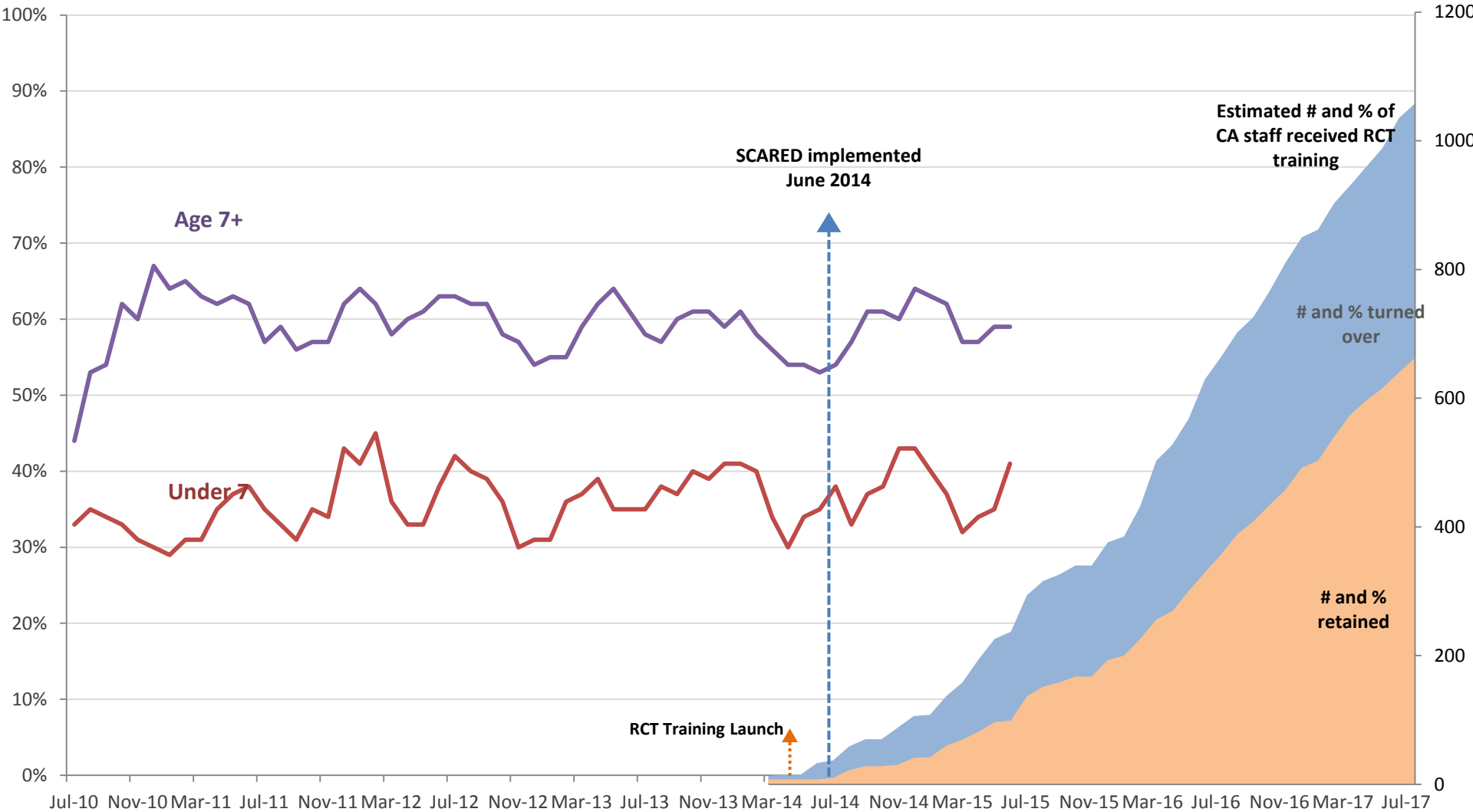
6-hour training

Mental Health Professional Training Results: Strong self-reported knowledge gain

How much knowledge did you gain in the following areas?



Percentage of children receiving MH services (split by age group): Too soon to see a difference?



At each screening time point, the percentage of children/youth who have clinically significant scores ranged from 44 to 66%

CHET screen 3239 screened* —————> 2144 (66%) clinically significant

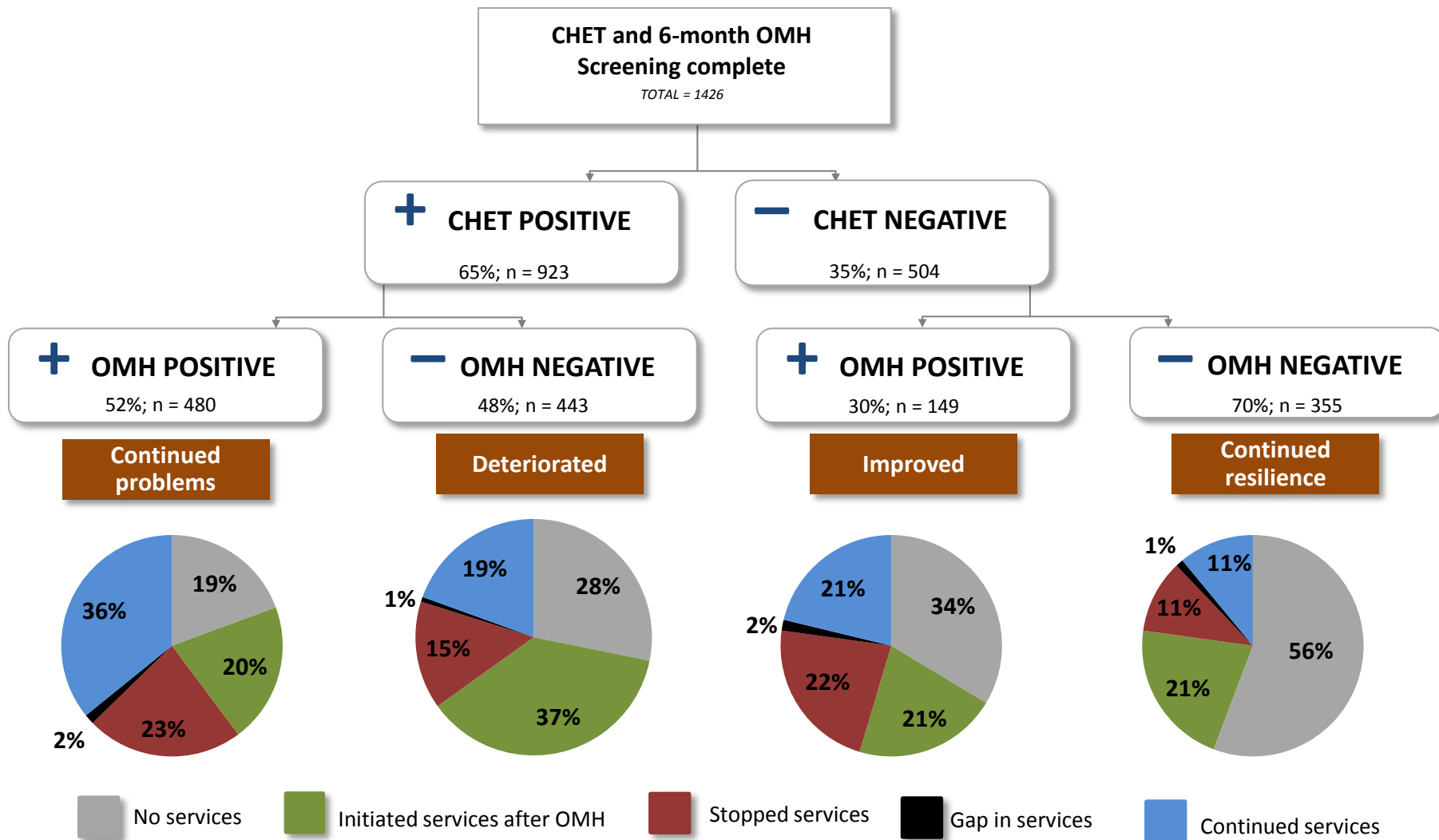
6-month OMH 1427 screened* —————> 628 (44%) clinically significant

12-month OMH 126 screened* —————> 85 (67%) *remained* clinically significant

(Only includes those who were clinically significant at 6-month screen)

*For whom we have data in this cohort. See Appendix 1 for more details on the sample and overall screening numbers.
Note: CHET start date began January 2014; 6-month screening began July, 2014; 12-month screening began December, 2015

Of those children/youth who had non-clinically significant scores on the CHET, 33% who screened clinically significant on the 6-month OMH screen received MH services after screening



Conclusion

- Context matters
- Complex initiatives across systems make it difficult to document impact
 - Context precluded experimental design
- Modest changes observed at 6 month screening
- Population level changes take additional time given inner context challenges
- Building relationships across systems enhances all efforts and encourages sustainability
- System needs to remain flexible and responsive, while keeping overall goals in mind

Translation to policy and practice

- Deeply rooted systems provide pros and cons to implementation:
 - Pre-existing structures provide major support for quick roll-out and adoption of new practices, *if* the practices fit
 - However, when practices do not fit, pre-existing structures can be barriers to implementation
 - Our recommendation: adapt the practice to fit deeply rooted systems rather than vice-versa
- Implementation practices with long logic chains and a single mechanism of change (e.g. screening and training will lead to increased identification, which will lead to increased referrals, which will lead to increased services, which will lead to improved functioning) more easily suffer from any single weak link; make implementation approaches multi-pronged and more proximal to outcomes whenever possible.

When Implementation Can't Wait: Focusing on the Impact of Context



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