

# Scaling up MTFC in California 2006-2012

## Collaborators:

- Center for Research to Practice (Chamberlain, Reid, Saldana, & Padgett)
- California Institute for Mental Health (Marsenich, & Sosna)
- University of Southern California (Palinkas)
- University of South Florida (Brown & Wang)

## Randomizes 40 counties into 2 conditions:

- Community Development Teams (CDT)
- Individualized services "as usual" (IS)
- Matched into 3 equivalent cohorts to deal with feasibility (6 equivalent groups)
- Then randomized to 2 conditions (CDT or IS)
- Wait-list feature

## Which produces better implementation of MTFC?

- Measured by the Stages of Implementation Completion (SIC)
- Also tests mediators and moderators

The study is funded by the following:

NIH, WT Grant Foundation, and the DHHS Children's Administration.

# What motivated the study?

-Previous involvement in numerous strategies to “scale-up” MTFC.

- Rolling Cohorts in England
- Cascading Dissemination (KEEP) in San Diego
- University/Agency Partnership in Sweden
- Community Development Teams in 10 California counties

-All worked with *early adopters who were interested in implementing evidence-based models.*

-What about the other estimated 90% of child service systems who are not early adopters?

-(Hoagwood & Olin, 2002)

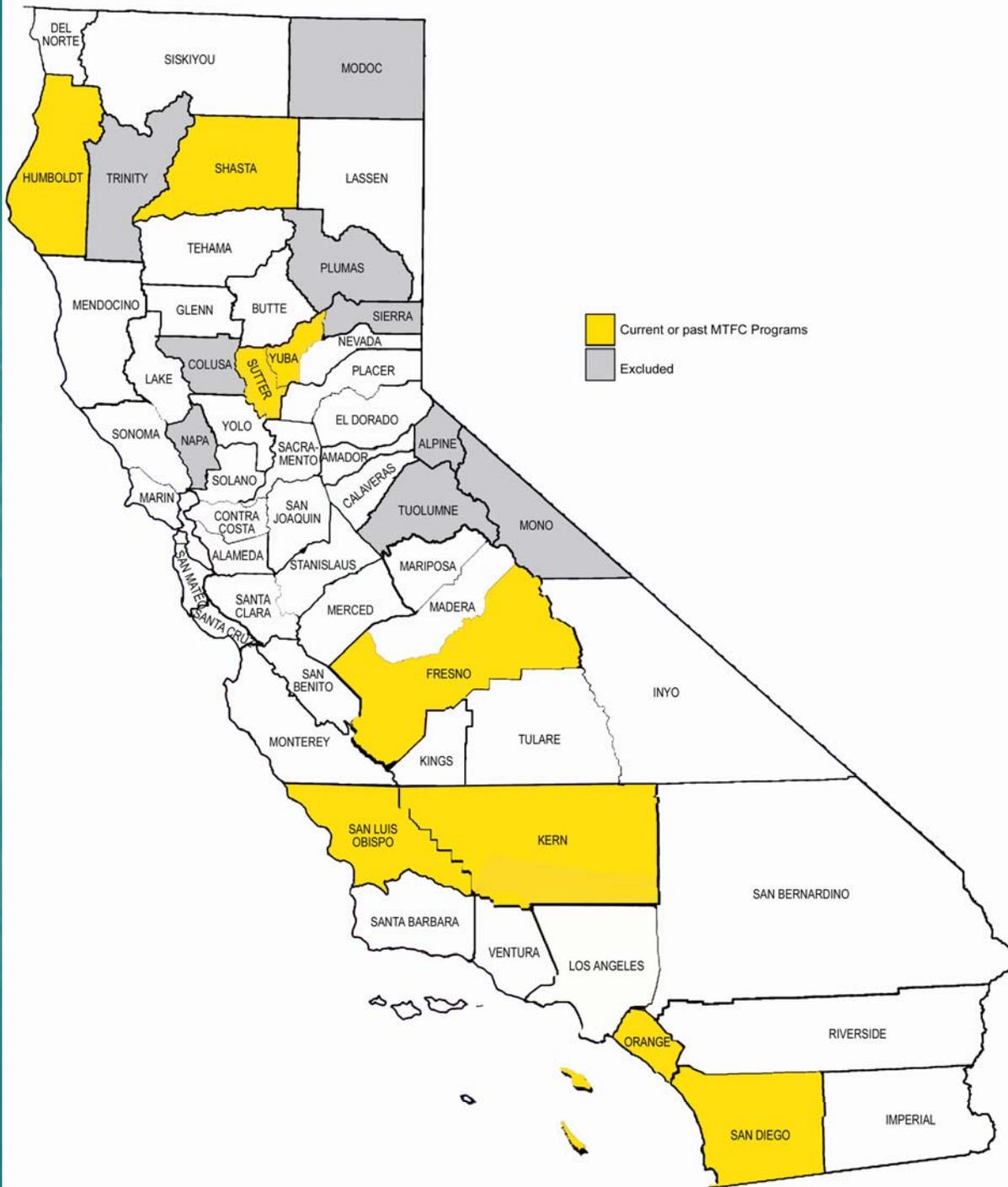
# Study Design

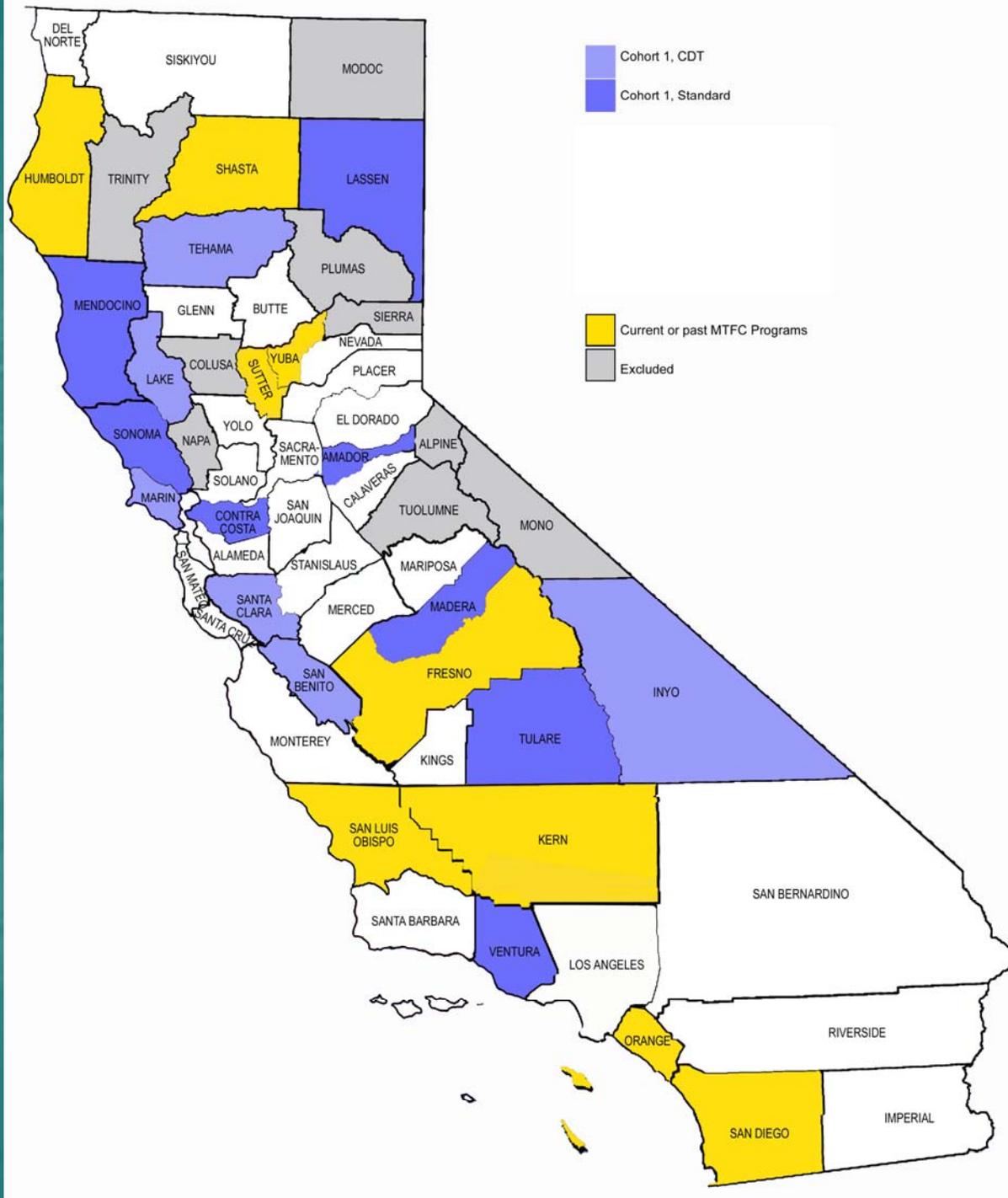
- 40 non-early adopting counties randomized to:
  - 2 implementation conditions
  - 1 of 3 time frames
  - Quantitative and qualitative measures

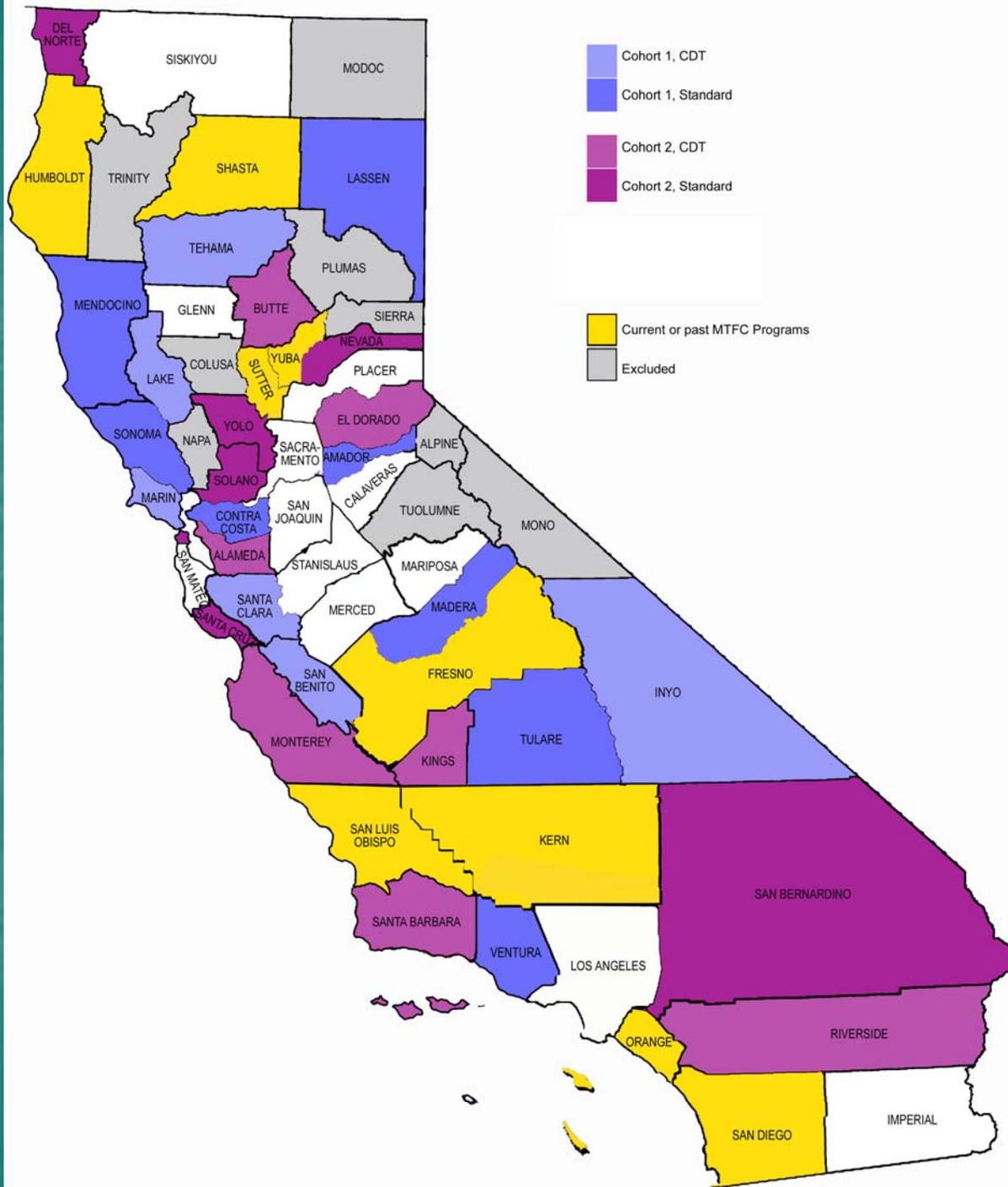
Talk today: Preliminary data from---

Qualitative study of influence of social networks on implementation

Measurement of implementation process for Cohorts #1 and #2







- Cohort 1, CDT
- Cohort 1, Standard
- Cohort 2, CDT
- Cohort 2, Standard

- Current or past MTFC Programs
- Excluded



# Influence of Social Networks on EBP Implementation

- Methods
  - Semi-structured interviews with 38 agency directors and senior administrators in 12 California counties (MTFC Cohort 1) (95% response rate)
  - Web-based survey of social network structure (n=31)

# Influence of Social Networks on EBP Implementation

## ■ Results

- Three themes related to influence of social networks in implementing MTFC in California
- Density of networks is associated with size of county
- Centrality of CIMH and professional associations (CMHDA, CPOC, CWDA) is greater in social networks of adopting counties

# Theme 1: Structure and function of influence networks

- Network determinants
  - Roles (directors, program managers)
  - Responsibility (probation, mental health, child welfare)
  - Geography (within county, neighboring counties)
  - Relationships (non-work ties, personality)
- Network operation
  - Source of information on EBPs
  - Create opportunities to adopt EBPs
  - Influence decisions to implement EBPs

- "So, we had discussions. I had discussions with Mental Health. And uhm, I talked with, actually with one of our CBO's who does provide services for both Mental Health and Child Welfare, We started to talk. And they had, had talked a little bit about, you know, doing this model also, but opted not to do it, and they came up with their own kind of a modified version. But in talking with them over the years, again, it seems like the big obstacle, just being able to retain the foster parents."
- "I've shared it with the managers, the program managers. Uhm...when we were in conversations with, with CIMH and then my managers go down there and just share with them, this approach. Uhm, then they also thought that this is, this is a gap in our service array that could be available..."
- "There's a...always checking with Orange County. LA, although quite big, they do some very progressive things as well. Uhm, and so you know which counties are kind of doing some leading edge, and, not just leading edge, but that also have uh, the evaluation component of it "
- "Todd Sosna, from CIMH kind of did a review of evidence-based practices, and what evidence-based practice is."

# Theme 2: Collaboration is critical to EBP implementation

- Within counties
    - Single agencies often lack resources to implement independently
    - Implementation requires good relations with systems partners.
  - Between counties
    - Economies of scale preclude small counties from EBP implementation
    - Desire to participate in CAL-40 as clusters of neighboring counties.
- "And we had an agreement, but Probation and uh, well, Probation has not been the issue so much, but EHSD has found that it's too difficult for them to pay for their, their match, daily match on the price of the program. So, we're having to kind of scatter around and figure out a way to cover that."
  - "And that's where I think, uhm, you know, it's the relationships you build with your system partners, so that you can, you can pretty much get to the issue right away with, without all the niceties around, how's your day..."
  - "We have, we have how many kids in high-level placements. Is it really worth investing that kind of money to bring 20 kids home, 40 kids home? And so, we pursued that. But I think, when you're looking at a big county, you know, the numbers are so big, it's so easily justifiable to say we're going to spend that kind of money, cuz it affects a thousand kids, you know. "
  - "Maybe that's where the mentorship comes from. If there's a way to form a funding source to San Joaquin County to extend a half time of one of their positions to...be our coach as we're going through it."

# Theme 3: Requirements for Effective Collaboration

- Social ties to collaboration partners
  - Sufficient and equal distribution of funds/resources
  - Common culture that includes a “can-do” philosophy
  - Common language for communication
  - Common set of priorities (i.e., meeting needs of child)
  - Willingness to seek creative solutions for problems (try something different)
  - Willingness to relinquish administrative control
  - Integrated organizational structure
  - Agreement on issues to be solved
  - Example set by leadership
  - Respect for one another
  - Familiarity with other agencies
- “I think that none of us are, well, I think that, philosophically we, we share a common belief about uhm, that we really do want to see our kids succeed. ”
  - “And then, you know, I think we each have a general, a genuine respect for one another. We have great department heads, great managers... ”
  - “I fortunately have had the experience of being a Probation officer, a Social Service worker, and a Mental Health clinician...”
  - “And living in a rural community... uh, the Director over there. She married one of my best buddies in high school. I’ve known her for 40 years...”
  - I think there has to be agreement as to what the, what the issues are. That we’re all going to bring people together, we all have to recognize that there’s, there is a problem, there is a challenge.”

# Stages of Implementation Completion (SIC)

Measures Implementation @ Multiple Levels:

System, Practitioner, Child/Family

## 8 Stages:

1. Engagement
2. Considering feasibility
3. Planning/readiness
4. Staff hired and trained
5. Fidelity monitoring process in place
6. Services and consultation begin
7. Fidelity, competence, & adherence
8. Sustainability (certification)

## Involvement:

System

System

System, Practitioner

Practitioner

Practitioner, Child/Family

Practitioner, Child/Family

Practitioner, Child/Family

System, Practitioner

# Sample Activities Within the 8 SIC Stages

- **Stage 1                    Engagement**
- 1.1     Date site is informed services/ program available
- 1.2     Date of interest indicated
  
- **Stage 2                    Consideration of feasibility**
- 2.6     Earliest potential start date for pre implementation planning
- 2.3     Date of first contact for pre implementation planning
- 2.1     Date first in-person meeting scheduled
- 2.2     Date first in-person meeting held
- 2.5     Date of initial feasibility assessment
  
- **Stage 3                    Readiness planning**
- 3.1     Date of cost / funding plan review
- 3.2     Date of staff sequence, timeline, hire plan review
- 3.3     Date of FP recruitment review
- 3.4     Date of referral criteria review
- 3.5     Date of Case management/PP interface review
- 3.6     Date of Communication plan review
- 3.7     Date timeline set
  
- **Stage 4                    Staff hired & trained**
- 4.1     Date Service Provider selected
- 4.3     Date 1st staff hired
- 4.4     Date clinical training scheduled
- 4.5     Date clinical training held
- Count of # of staff trained
- 4.6     Date FP training scheduled/held

- **Stage 5**                    **Fidelity monitoring processes in place**

- 5.1     Date data tracking system training scheduled
- 5.2     Date training held
- 5.3     Date site consultant assigned to site
- 5.6     Dates of 1st Program Admin call
- 5.7     Count Admin calls

- **Stage 6**                    **Services and Consultation to Services Begin**

- 6.1     Date of first placement
- 6.2     Date of first consult call
- 6.3     Date of first clinical meeting video review
- 6.4     Date of first foster parent meeting video review
- 6.5     Foster parent video review

- **Stage 7**                    **Model Fidelity, Staff Competence, & Adherence Tracked**

- 7.2     Dates of site visits (2)
- 7.3     Dates of implementation reviews (2)
- 7.4     Date of program reviews (2)

- **Stage 8**                    **Certification/Licensure**

- 8.2     Date of pre-certification review
- 8.3     Date of program assessment/certification application
- 8.4     Date certified



# Time, Completion Proportion, and Survival

Stage (# Activities)	N	Mean Days within Stage (SD) [range]	Proportion of Activities Completed within Stage	N and % Progressing to Next Stage
<b>1</b> (1)	44	<b>82.8</b> (127.9) [0-533]	1 - 41/44	41 (93%)*
<b>2</b> (5)	28	<b>83.67</b> (153) [0-547]	1 - 28/28 2 - 22/28 3 - 12/28 4 - 12/28 5 - 2/28	14 (50%)
<b>3</b> (8)	14	<b>41.21</b> (47.4) [1-129]	1 - 12/14 2 - 11/14 3 - 9/14 4 - 10/14 5 - 7/14 6 - 8/14 7 - 8 /14 8 - 5/14	13 (93%)
<b>4</b> (8)	12	<b>243</b> (210.7) [27-624]	1 - 6/12 2 - 2/12 3 - 9/12 4 - 12/12 5 - 9/12 6 - 9/12 7 - 8/12 8 - 7/12	9 (75%)
<b>5</b> (4)	9	<b>99.6</b> (40.83) [50-156]	1 - 7/9 2 - 6/9 3 - 5/9 4 - 9/9	6 (75%)
<b>6</b> (4)	6	<b>381.83</b> (93.26) [278-539]	1 - 6/6 2 - 6/6 3 - 6/6 4 - 6/6	5 (83%)

# References

- Chamberlain, P., Brown, C. H., Saldana, L., Reid, J., Wang, W., Marsenich, L., Sosna, T., Padgett, C., & Bouwman, G. (2008). Engaging and recruiting counties in an experiment on implementing evidence-based practice in California. *Administration and Policy in Mental Health and Mental Health Research*, 35(4), 250-260.
- Chamberlain, P., Saldana, L., Brown, H., & Leve, L. D. (in press). Implementation of multidimensional treatment foster care in California: A randomized control trial of an evidence-based practice. In M. Roberts-DeGennaro, & S. J. Fogel (Eds.), *Empirically supported interventions for community and organizational change*. Chicago: Lyceum.
- Sosna, T., & Marsenich, L. (2006). Community Development Team Model: Supporting the model adherent implementation of programs and practices. California Institute for Mental Health.