

THREE MODELS OF IMPLEMENTATION FOR TREATMENT FOSTER CARE OREGON

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Introductions

- Name
- Agency/practice
- Implementation experience
- Experience with TFCO (formerly known as MTFC)

TFCO Background

- The TFCO model is based on more than 40 years of longitudinal research on the development of antisocial behavior
- Juvenile justice, mental health, and child welfare systems refer youth to TFCO due to severe emotional and behavioral problems
 - TFCO is an evidence-based alternative to congregate care
- TFCO youth:
 - High level of need for treatment services in an out-of-home placement
 - Many TFCO youth have a history of failing prior treatment programs and often have co-morbid diagnoses
- TFCO was formerly branded as Multidimensional Treatment Foster Care (MTFC)



Primary Goals of TFCCO

1. To create opportunities for youth to learn and practice new skills to live successfully in their communities.
2. To prepare the youths' biological parents or other aftercare resources to provide effective parenting that will interrupt coercive family processes and increase the chance for positive reintegration into the family following treatment.

The TFCO Model

- TFCO was designed to address risk factors for antisocial behavior by providing:
 - High rates of supervision including daily (M–F) telephone contact with TFCO parents using the Parent Daily Report checklist
 - Support for caretakers including weekly foster parent group meetings led by the Team Leaders focused on supervision, training in parenting practices, and support
 - 6-9 months of individualized treatment including behavior management program implemented daily in the home by the foster parent, therapy for the youth, and skills coaching
 - Support for the aftercare family including therapy focused on parent management strategies
 - Close monitoring of school attendance, performance, and homework completion
 - Case management to coordinate TFCO, family, peer, and school settings with 24-hour on-call and psychiatric consultation



TFCO Outcomes from Oregon Studies

Study	Main Findings: TFCO compared to Group Care
Chamberlain & Reid, 1998	At 12 months, TFCO boys: <ul style="list-style-type: none"> - Had fewer criminal referrals - Spent fewer days incarcerated and less time running away - Had lower rates of self-reported delinquent behavior
Eddy & Chamberlain, 2000	Supervision, discipline, positive adult–youth relationship, and deviant peer association mediated the effects of TFCO treatment
Leve & Chamberlain, 2005	At 12 months, TFCO girls: <ul style="list-style-type: none"> - Had fewer associations with delinquent peers Associating with delinquent peers mediated the effects of TFCO treatment
Leve et al., 2005	At 12 months, TFCO girls: <ul style="list-style-type: none"> - Had fewer criminal referrals - Spent fewer days in locked settings - Had lower ratings of caregiver-reported delinquency
Leve & Chamberlain, 2007	At 12 months, TFCO girls: <ul style="list-style-type: none"> - Had higher rates of homework completion - Attended school at a higher rate Homework completion mediated the effects of TFCO treatment

Study	Main Findings: TFCO compared to Group Care
Eddy et al., 2004	At 24 months, TFCO boys: <ul style="list-style-type: none"> - Were less likely to commit violent offenses
Chamberlain et al., 2007	At 24 months, TFCO girls: <ul style="list-style-type: none"> - Had lower ratings of self-reported delinquency - Had fewer criminal referrals - Spent fewer days in locked settings
Kerr et al., 2009	At 24 months postbaseline, TFCO girls: <ul style="list-style-type: none"> - Had fewer pregnancies
Smith et al., 2010	At 12 months postbaseline, TFCO boys: <ul style="list-style-type: none"> - Had lower levels of self-reported drug use At 18 months postbaseline, TFCO boys: <ul style="list-style-type: none"> - Had lower levels of self-reported tobacco, marijuana, and other drug use
Harold et al., 2013	At 24 months postbaseline, TFCO girls: <ul style="list-style-type: none"> - Had reduced depressive symptoms
Kerr et al., 2014	In early adulthood, TFCO girls: <ul style="list-style-type: none"> - Maintained initial reduced depressive symptoms - Had reduced rates of suicidal ideation
Rhoades et al., 2014	In early adulthood, TFCO girls: <ul style="list-style-type: none"> - Had a decreased rate of drug use - Had increased resilience to the influence of partners' drug use



Scale-Up and Implementation Research

- Scaling up interventions into county-, state-, or country-level contexts:
 - A complex task that requires collaboration with a range of stakeholders including policy makers, system leaders, managers, practitioners and consumers
- Three models used to scale up TFCO:
 - The Rolling Cohorts Model
 - Independent County/Site Implementation
 - Community Development Teams



The Rolling Cohorts Model



- Implementation in England
 - Negative outcomes for “looked after” teens in England include increased psychiatric disorders, more days absent from school, and less stability in home placements
- In 2003 national policy changes focused on the needs of children and adolescents in care
 - TFCO was identified as a cost-effective, evidence-based practice to increase positive outcomes for adolescents
 - Funds were allocated for local authorities and agencies (e.g., health, education, and youth justice partnerships) to bid for 4-year grants to cover the cost of implementation start-up
 - Funded jointly by Juvenile Justice and the Minister of Education

The Rolling Cohorts Model

- National Implementation Team
 - To help build program capacity and sustainability
 - To act as a bridge between researchers and practitioners
 - To provide support and training to local authorities and agencies.
 - Year 1: Six sites were awarded grants, attended training, and of the six, five began implementation.
 - Year 2: Four additional sites received funding
 - Year 3: Six additional sites received funding
 - Year 4: Four additional sites received funding (one withdrew)
- Funding multiple sites each year allowed for:
 - Group training
 - The National Team facilitated the exchange of information and networking across the country between current and new sites

The Rolling Cohorts Model

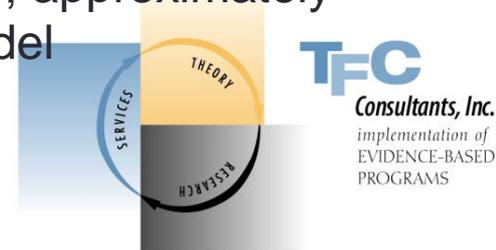
- The Rolling Cohorts model successfully established TFCO in England:
 - 18 out of 20 sites that were awarded grants implemented TFCO
 - The English government has developed a detailed cost-saving financial model with recommendations for the minimum number of occupied foster placements per site

Lessons Learned and Cultural Considerations

- **Pre-implementation planning is essential**
 - Cohort 1 was funded before they completed pre-implementation planning
 - 6 months of talking about talking about talking about implementing...
 - Lot's of ideas not in line with TFCO
 - E.g., we don't need a recruiter but we do need a school specialist
 - Cohort 2 was required to complete pre-implementation before receiving funding and applied lessons learned from Cohort 1
 - Cohort 2 placed twice as many youth as cohort 1

Independent County/Site Implementation

- Independent County/Site Implementation is the standard implementation model
 - Counties/agencies independently work with the purveyor company to implement the EBP in their communities
 - This is the most common or traditional method of implementing TFCO and other evidence-based models
 - TFCO requires an intensive initial 18 months of training and consultation followed by an application process to certify a site as having met fidelity and outcomes criteria similar to those achieved in the randomized controlled trials
 - There are over 40 certified TFCO programs worldwide; approximately 70% of these have implemented TFCO under this model (www.tfcOregon.com)



Community Development Teams

- Community Development Team (CDT) model (Sosna & Marsenich, 2006)
 - Designed to help public service systems in California implement evidence-based practices
 - Served as a state training and technical assistance center with well-established relationships with state child service providers (mental health, juvenile justice, child welfare)

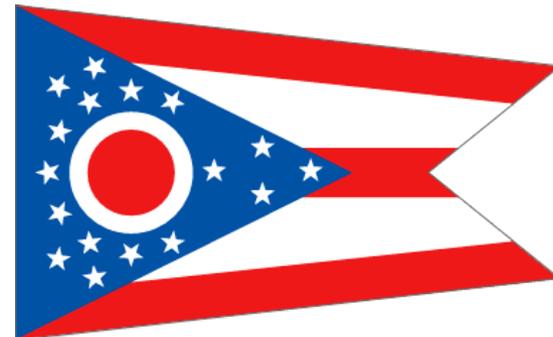


Community Development Teams

- The CDT model is collaborative and relies heavily on building peer-to-peer networks of adopters who, with support from TFC Consultants, Inc., work together to develop TFCO implementation plans and overcome barriers (Chamberlain et al., 2012)
- CDT Model:
 - Multicounty development team meetings attended by two CIMH technical assistance providers and key stakeholders from each county (i.e., consumers, practitioners, and system leaders).
 - CDT meetings: structured yet informal
 - Focus on: discussions about state and county needs and policies; problem solving of barriers to implementation; review of fidelity data; highlighting successes; and providing support and feedback about progress and problems

Randomized Trial: IND vs CDT

- Large-scale randomized implementation study in 51 counties in California and Ohio
- Designed to examine whether participation in the CDT process resulted in **improved implementation** of TFCO outcomes for participating counties



Randomized Trial: IND vs CDT

- Results:
 - The CDT strategy (compared to independent implementation) **did not lead to higher numbers of counties implementing or to counties implementing faster**
 - Being in the CDT condition **did increase the number of placements per site and the quality of the implementation**
 - TFCO programs in the CDT condition placed over twice as many youth in their programs during the study period
 - TFCO programs in the CDT condition were more likely to be certified as meeting fidelity criteria
 - Conclusion: CDT counties had more **robust and sustainable** TFCO programs compared to those who implemented independently (Brown et al., 2014)

Lessons Learned and Cultural Considerations

- Things don't always go as planned...

- **Katie A. in California**

- Class action suit on July 18, 2002, alleging violations of federal Medicaid laws, the American with Disabilities Act, Section 504 of the Rehabilitation Act and California Government Code Section 11135. The suit sought to improve the provision of mental health and supportive services for children and youth in, or at imminent risk of placement in, foster care in California.

(<http://www.dhcs.ca.gov/Pages/KatieAImplementation.aspx>)

- **Impact of budget changes**

- Recession in 2008

- **Agency turnover**

- Administrators, supervisors, clinical staff

Lessons Learned and Cultural Considerations

- **What it takes to sustain an EBP**
 - **Fit with current policy**
 - What are the leaders looking for?
 - E.g., an alternative to group care
 - **Fiscal targets and considerations**
 - TFCO foster parents are paid 20% more than regular parents
 - They have one youth placed at a time vs. regular foster parents who often have more than one youth placed in their home
 - More is asked of them: Daily point and level system, weekly meetings, etc.
 - Making TFCO cost-neutral or cost-efficient
 - Does the number of youth NOT placed in more costly settings offset the cost for the training and personnel to run TFCO for the agency's budget?
 - Implementation timing might not fit with budget cycles
 - **Administrative rules**
 - TFCO team leaders provide 24/7 on-call
 - **Fidelity of implementation**
 - Observation-based fidelity monitoring



Lessons Learned and Cultural Considerations

- Applying lessons learned to new implementations
 - In the olden days of the original Independent County/Site Implementation model:
 - We tell you how to do staffing and how to fit the model into your setting
 - The current implementation strategy: Chicago
 - Initial meeting with the agencies to learn about their strengths: *They are the experts of their site*
 - Staffing, recruitment, training, existing roles, fit with policy targets, etc.
 - Next step: Readiness activities to map the TFCO model onto their strengths
 - Maximize their strengths
 - Collaborative problem solving to ensure fidelity of implementation

TFCO Sites Today

Sixty-nine TFCO sites worldwide - including both certified and “in progress” teams



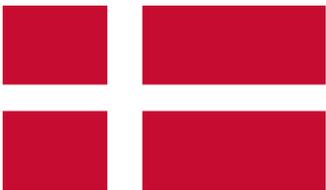
The United States



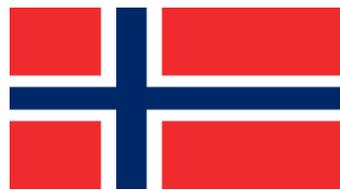
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New Zealand



Denmark



Norway



The Netherlands



Sweden

Practical Applications

- Studies comparing implementation strategies are limited, difficult to conduct, and expensive
- It is important to leverage real world (often system-initiated) implementations to evaluate key factors and strategies related to successful/unsuccessful implementation
 - Examples from your setting:
- **Take-home message(s)**

Acknowledgements

- R01 MH 54257 NIMH: Female Delinquency: Treatment Processes & Outcomes. Principal Investigator, Patricia Chamberlain
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