Collaboration in Kentucky: Moving from Implementation to Integration

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ADVANCED METRICS

UNIVERSITY OF LOUISVILLE

advanced metrics

Learning Objectives

1. Understand the implementation model used to engage partners that supported this initiative.
2. Analyze and discuss clinical and systemic outcomes that provide a foundation for continued improvement of services in child welfare.
3. Develop an understanding of the barriers faced during implementation and strategies developed to rise above them.


Grant Funding
• 2013
Development of Steering Committee
• 2014-2015
• Needs Assessment
• Tool Selection
Early Implementation
• Spring 2016
Technology
• September 2016
Statewide Implementation
• June 2018
Integration and Sustainability
Project SAFESPACE

Intervention Strategies Implemented

1. Screening to determine BH referral, and inform functional assessment	• SDQ, Young Child PTSD Checklist, Upsetting Events Survey, Child PTSD Symptom Scale & CRAFFT • Completed by CW worker within 10 days of entry into care
2. Functional Assessment, and Progress Monitoring for youth in custody	• Standardized assessment by BH clinician using KY CANS to determine if treatment needed and inform EBT selection • Repeated every 90 days to monitor progress
3. Data-Informed Case Planning	• BH clinician provides CANS report to CW through web interface • CW worker uses data to inform case planning
4. Evidence Based/informed Child Trauma Treatment	• Data used to select most appropriate treatment modalities • Information on treatment modalities planned and provided included on CANS report
5. Service Array Reconfiguration	• Data from screening, assessment, treatment used and progress monitoring integration with TWIST data to inform capacity building and decision-making on a system's level

Science of Implementation

Phase 1: Engagement

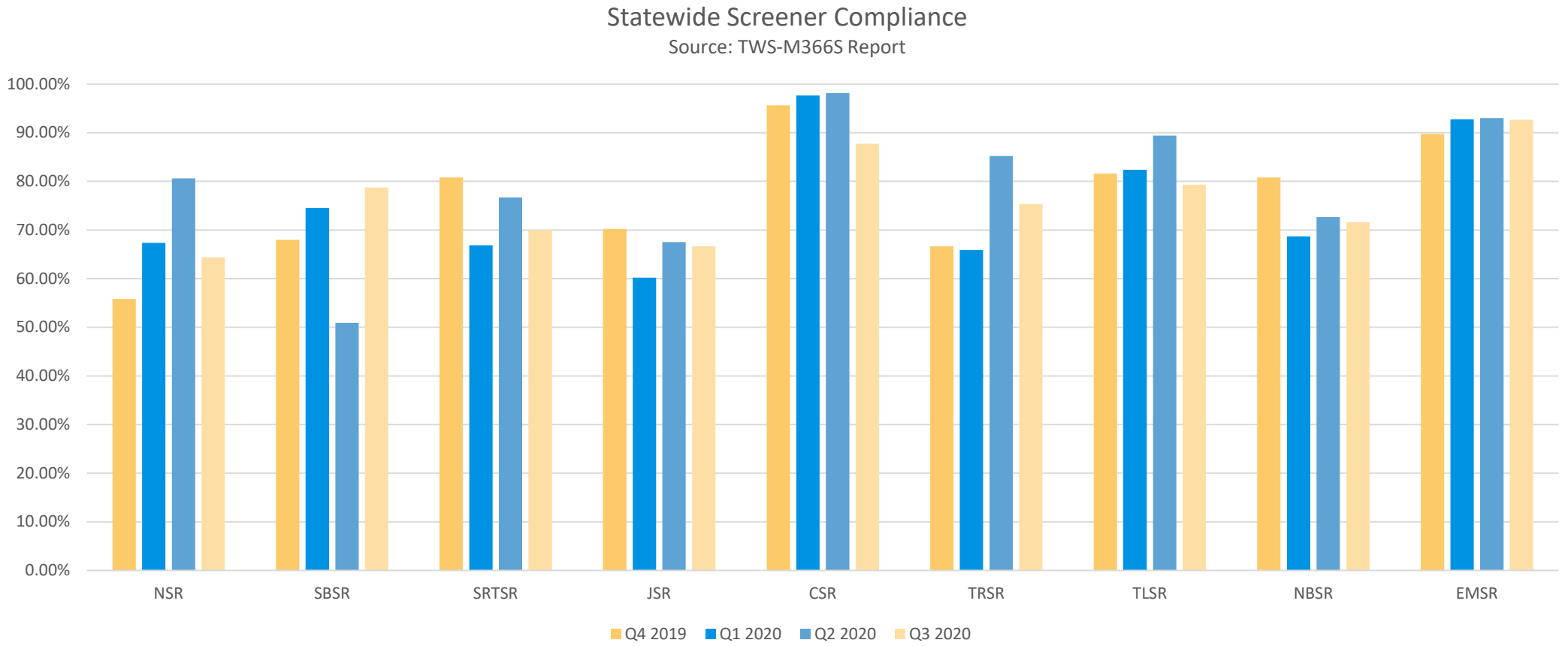
Phase 2: Implementation

Phase 3: Feed Back Loops

Phase 4: Sustainability

Outcomes

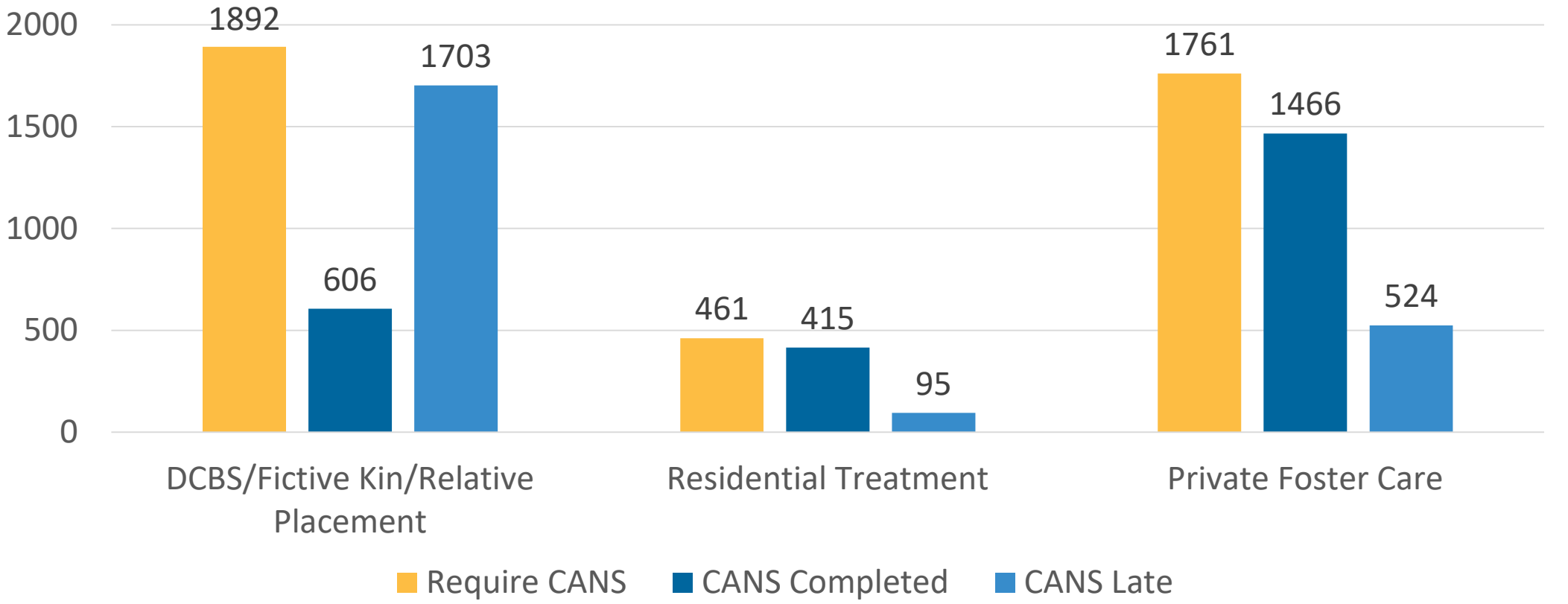
Screening Compliance



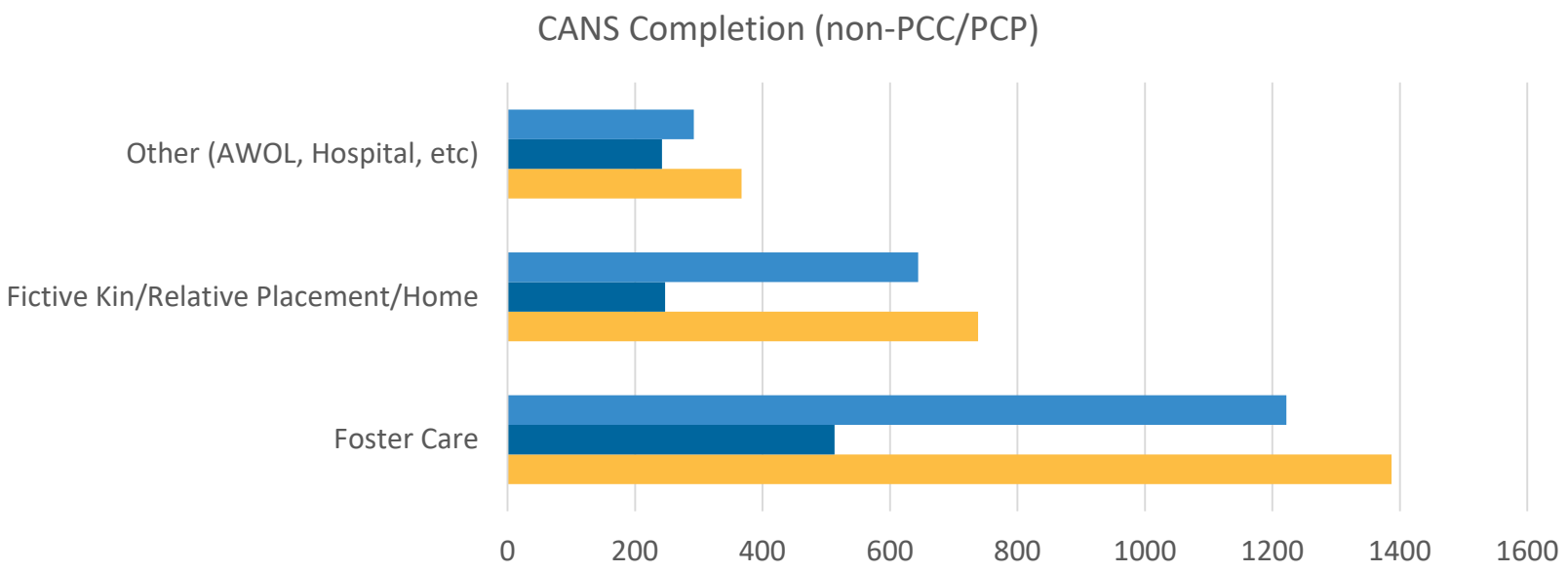
Screening Compliance

Region	# Children Screener Required	# Children with at least 1 screener	Past Due Screener	% Completed	Average of Days to Screener Completion
EMSR	396	393	5	98.74%	34.32
JSR	766	726	55	92.82%	84.94
NSR	541	510	46	91.5%	49.63
NBSR	930	905	56	93.98%	46.18
SRTSR	842	830	50	94.06%	34.17
SBSR	981	967	43	95.62%	46.31
CSR	611	604	14	97.71%	23.28
TLSR	673	659	24	96.43%	43.73
TRSR	1028	1005	45	95.62%	39.65
Grand Total	**6768**	**6599**	**338**	**95.01%**	**45.17**

CANS Compliance



CANS Compliance

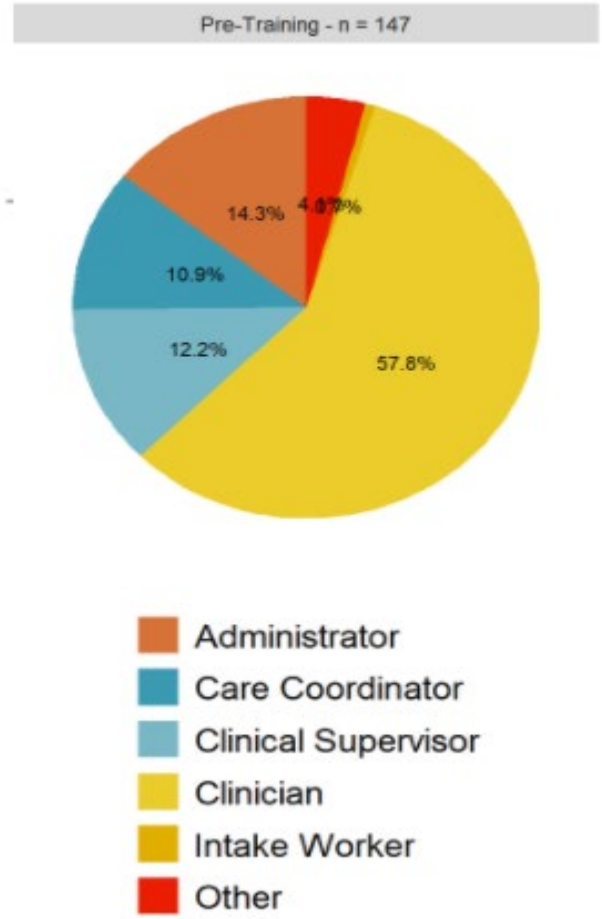


	Foster Care	Fictive Kin/Relative Placement/Home	Other (AWOL, Hospital, etc)
# Late CANS	1222	644	292
# Children with at least 1 CANS	513	247	242
# Children CANS Required	1387	738	367

Late CANS # Children with at least 1 CANS # Children CANS Required

CHQ-In Results

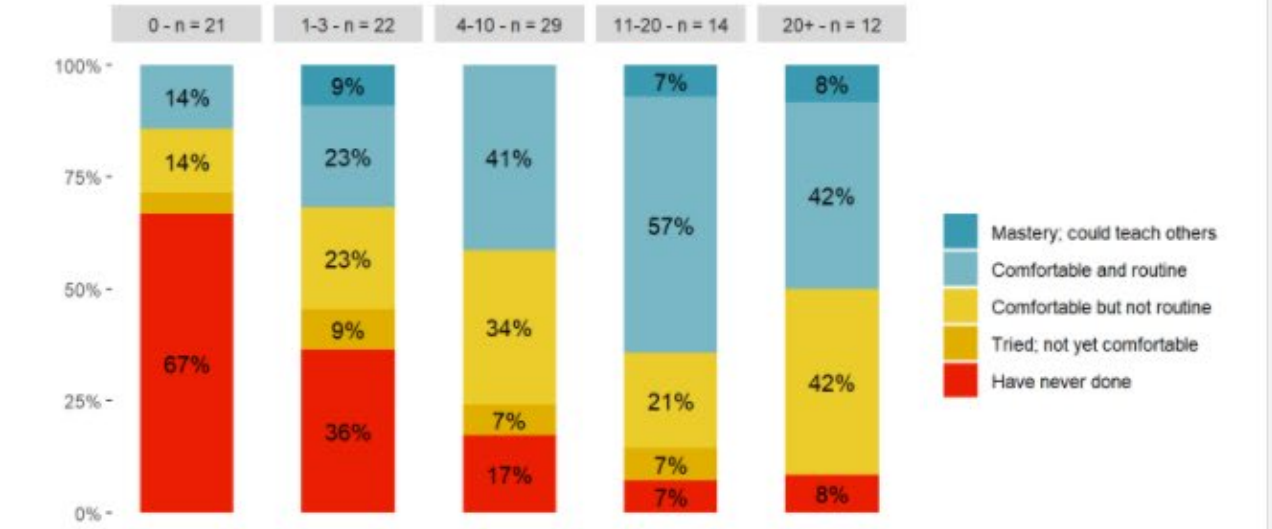
Primary Role



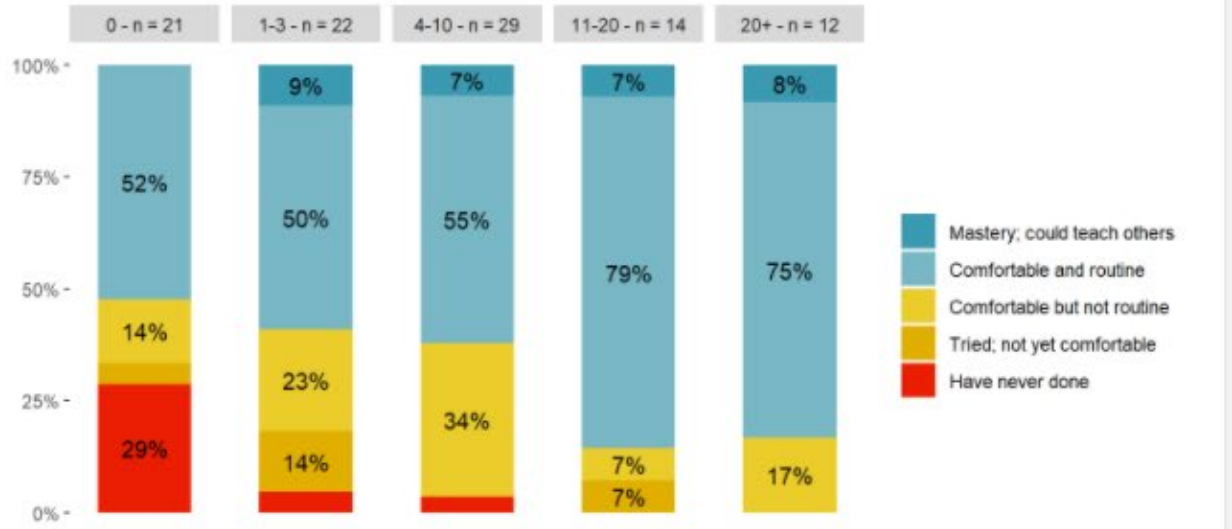
OF THE TOTAL 148 RESPONDENTS, 116 COMPLETED ALL OF THE TCOM MASTERY QUESTIONS

General TCOM Practice

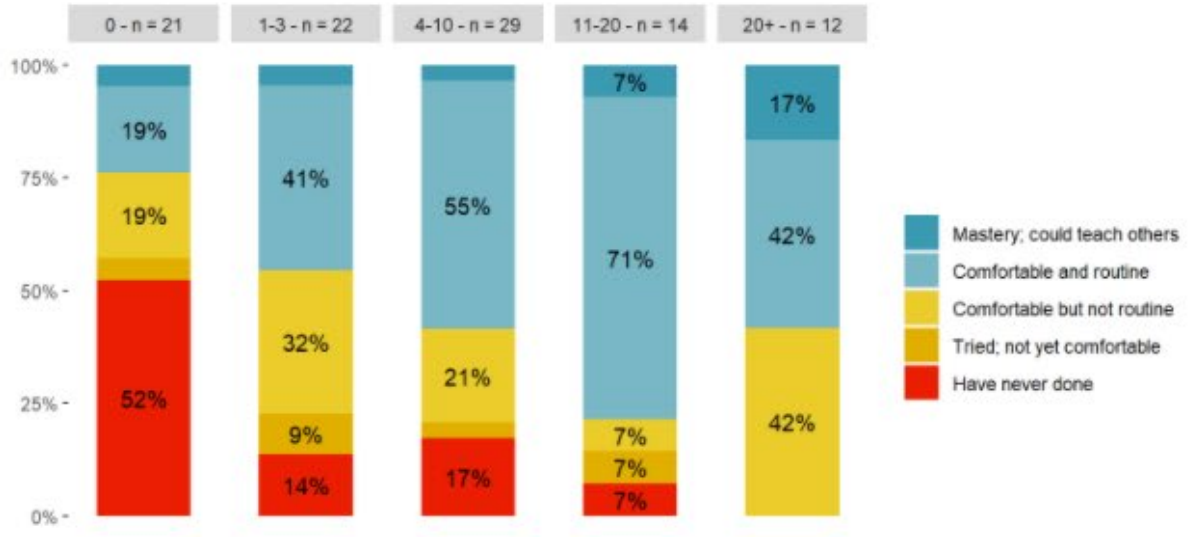
In my work with individuals and their families I explain to others why we are using the tool(s) and how it helps build consensus.



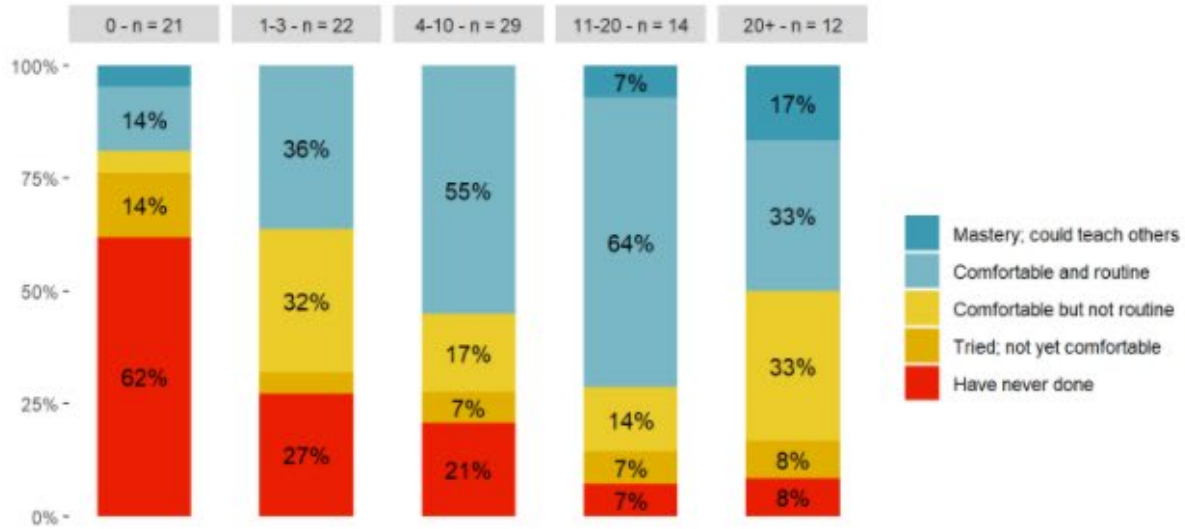
In my work with individuals and their families I work to create a common (consensus) understanding of needs and strengths.



In my work with individuals and their families I use the tool(s) to understand progress over time.

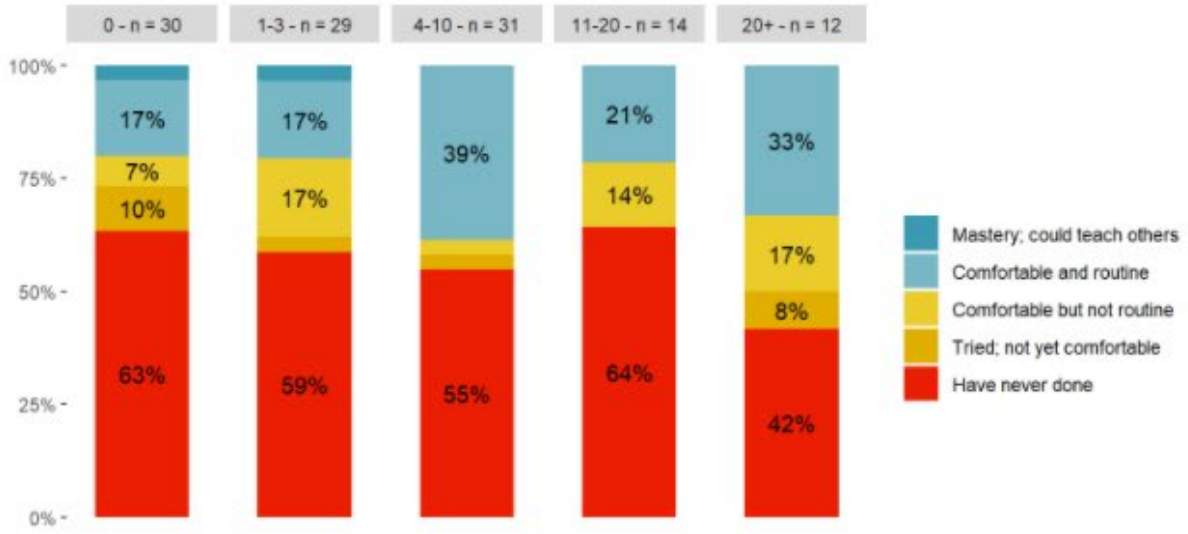


In my work with individuals and their families I use the tool(s) to celebrate success with individuals and their families.

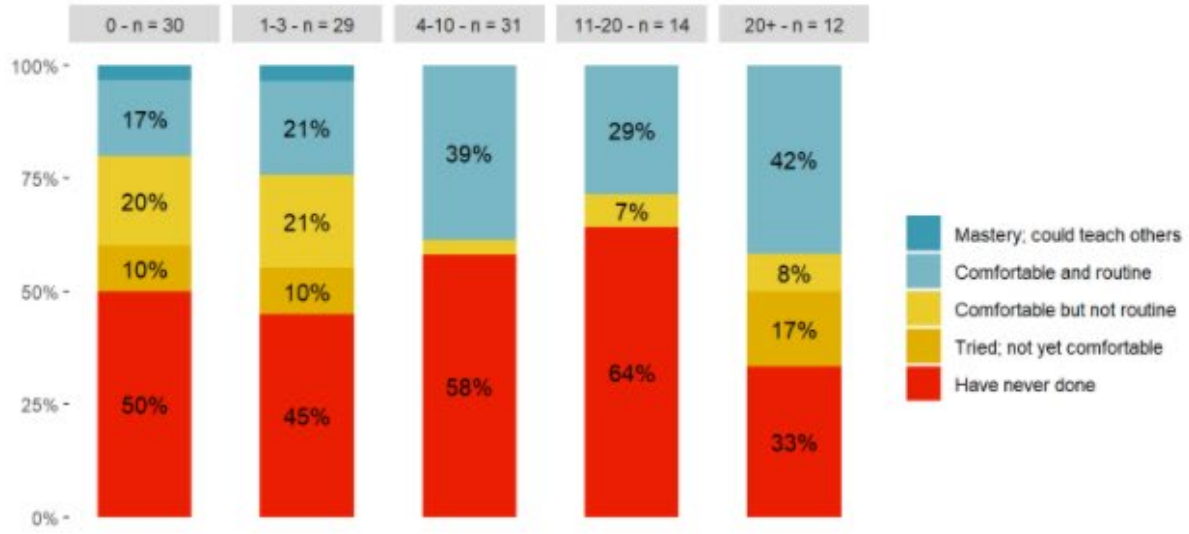


Supervision Practice

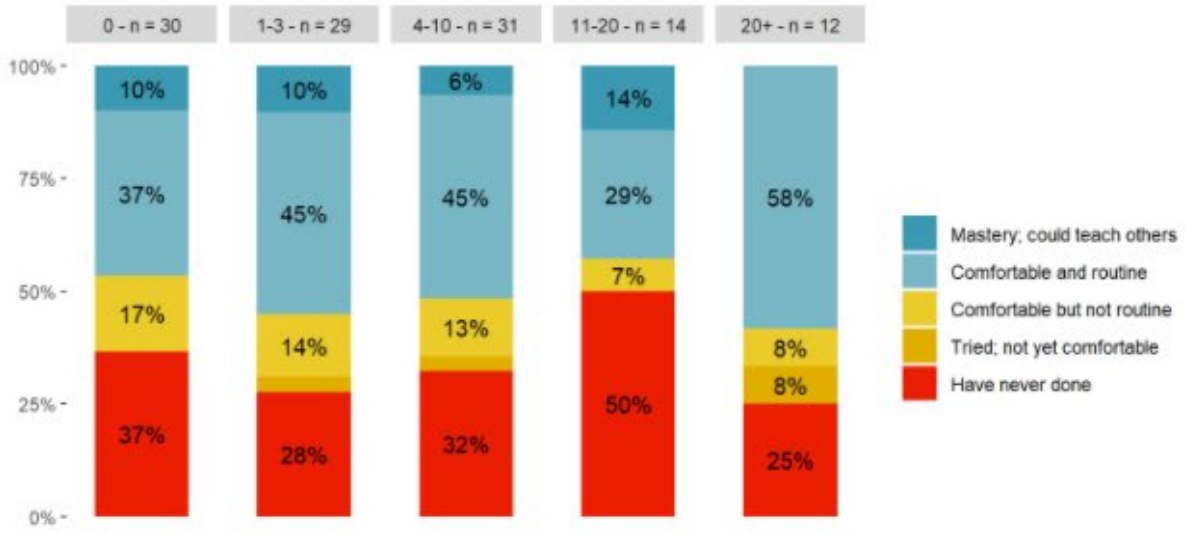
In supervision, we use the tool(s) to communicate needs at transitions.



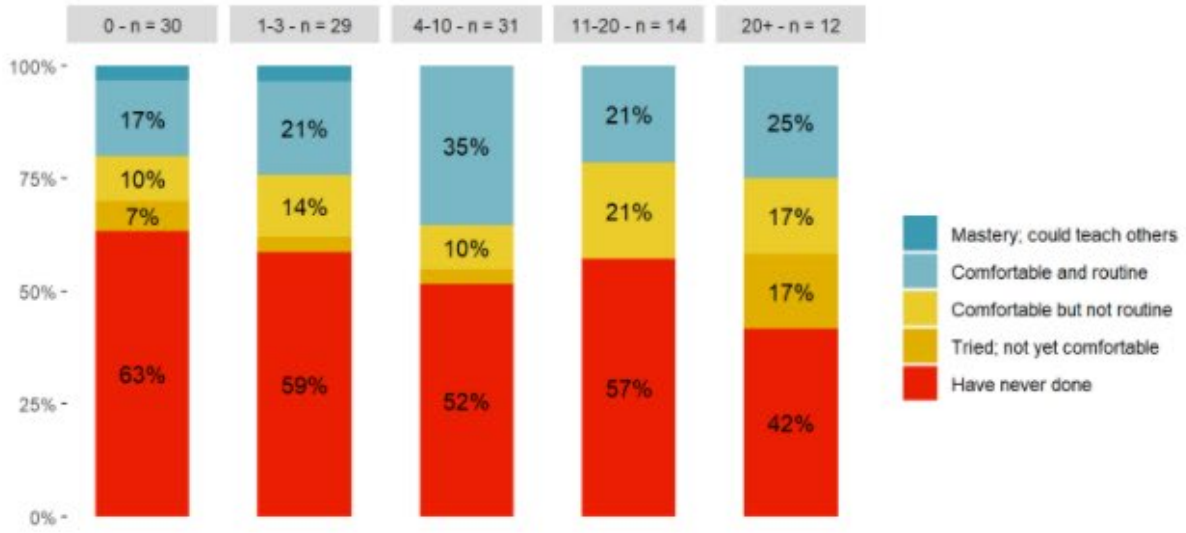
In supervision, we use the tool(s) to discuss treatment progress and things we are concerned about.



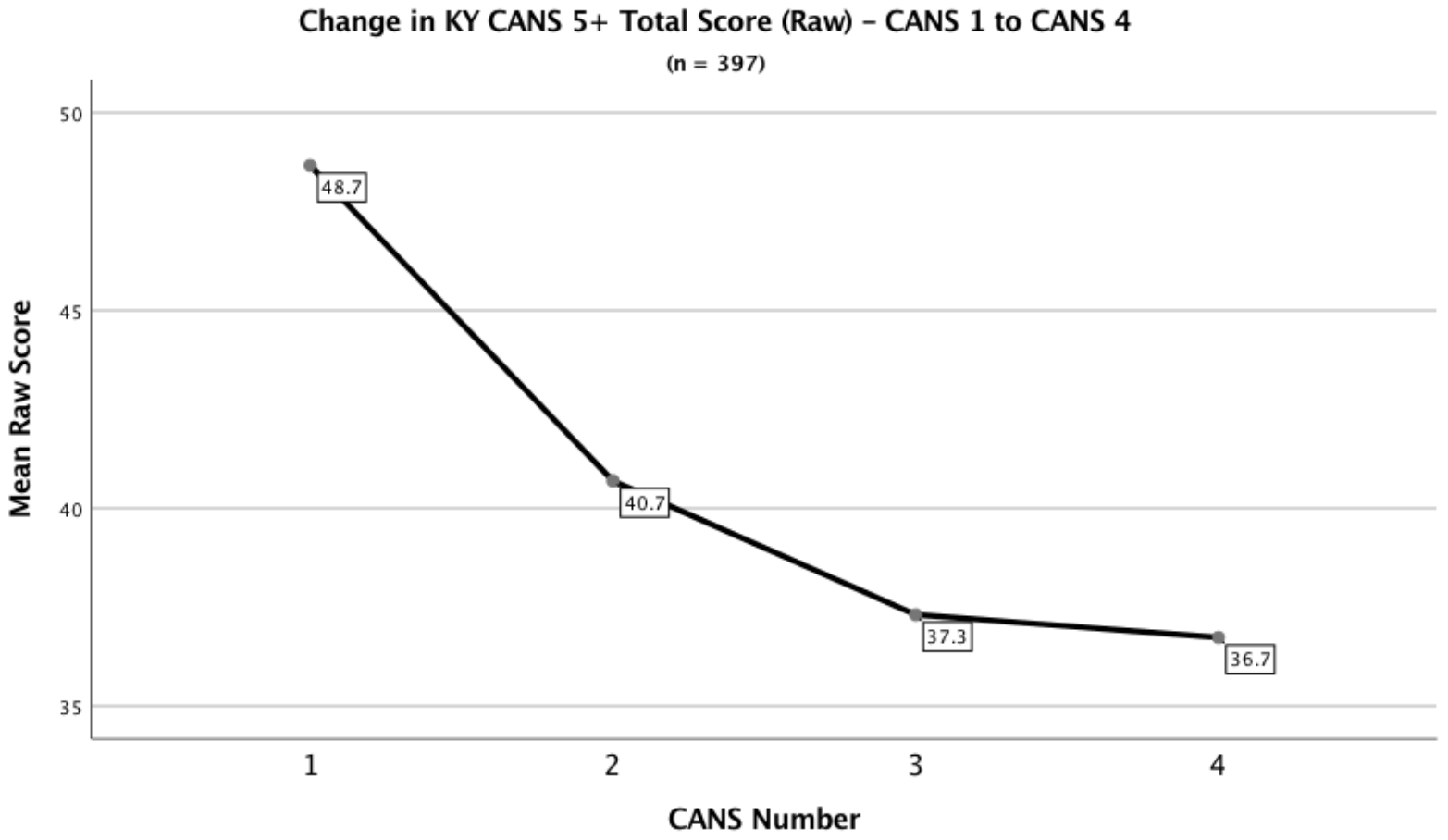
In supervision, we collaborate with co-workers to solve unexpected problems that occur with individuals and their families.



In supervision, we discuss tool(s) outcomes data and resulting opportunities for professional development.



Outcomes Evaluation: Well-Being (CANS)



TECHNOLOGICAL, RELATIONSHIP AND COLLABORATION, TIME/DISTANCE

Barriers

Implementation Barriers

- Understanding the Value of Technology
- Process and Procedure Changes
- Workforce Turnover
- Workforce Disruptions

Where are we today?

- Statewide implementation of standardized screening and assessment process
- Kentucky SOP modified to include screening process in policy
- Private Child Caring/Private Child Placing Agreements now include requirements around CANS assessment completion
- Screener training and elements of CANS training are now incorporated into the Academy for new state social workers
- Ongoing engagement and training opportunities with state social workers
- More than 1500 clinicians trained in the CANS
- More than 75 agencies able to complete CANS Assessments
- About 1000 CANS completed monthly

Where are we going?

- MCO Implementation: KY SKY
- SOC FIVE Grant through Kentucky Department for Behavioral Health and Developmental/Intellectual Disabilities (DBHDID) and Department for Community Based Services (DCBS): expansion of screening and assessment process to children with child welfare involvement
- FFPSA Implementation: algorithm developed with Praed Foundation for Qualified Residential Treatment Program (QRTP) Assessment for decision support
- Statewide Learning Collaborative and Supervisor Training

Contact Information

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