

Collaborating to Implement Cross-System Interventions in
Child Welfare and Substance Use

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Ohio START: Implementation and Collaboration Evaluation

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I. Objectives

The purpose of this study is to assess implementation of a regional initiative in Southern Ohio intended to address child maltreatment and opiate addiction. Specifically, we will explore the context for implementation and collaboration between behavioral health provider organizations and public child welfare agencies. The findings will be used to determine the Ohio START program's progress toward implementation, and identify effective collaboration approaches.

Our specific aims are:

Aim 6: Explore the perceived acceptability, appropriateness, and feasibility of the collaboration strategies identified.

- a. Approach: Surveys and focus group with implementation technical assistance providers
- b. Funding: NIDA

II. Background and Rationale

Ohio child welfare agencies are working at the front-lines of the current opioid epidemic. Children of opiate-using caregivers experience a greater risk for maltreatment, trauma, and mental health problems (Stith et al, 2009; Staton-Tindall, et al, 2013). As a result, especially in the southern regions of the state, public child welfare agencies have experienced an increase in the number of children brought into custody due to their parents' substance use (PCSAO, 2017).

Child welfare workers play a critical role in linking both children and their parents to needed mental health and substance use services (Stiffman, Pescosolido, & Cabassa, 2004; Bunger et al 2012; Bunger et al 2009). Although improving referrals to treatment may improve access to behavioral health services for children and youth involved in the child welfare system, the degree to which their needs are actually met depend on the regional behavioral health service delivery system's capacity. Especially in rural regions, formal services are often limited, and children and families encounter unique barriers to services including travel distances, workforce shortages, and fees (Cummings et al 2016; Belanger & Stone, 2008; Boydell et al 2006).

To address these issues, the Ohio Attorney General's office has funded the Ohio Sobriety, Treatment, and Reducing Trauma (START) project, which launched in April 2017. Ohio START will support public county child welfare agencies to address child maltreatment and parental opioid addiction. Ohio START is rolling out to Ohio county child welfare agencies in cohorts:

1. Cohort 1 began planning for implementation in April 2017 and includes 17 counties: Athens, Brown, Clinton, Fairfield, Fayette, Franklin, Gallia, Hamilton, Highland, Hocking, Jackson, Lawrence, Meigs, Pickaway, Ross, Warren, and Vinton.
2. Cohort 2 began planning in October 2018 and includes 15 counties: Ashtabula, Butler, Carroll, Delaware, Erie, Hardin, Lorain, Mercer, Morrow, Ottawa, Richland, Seneca, Stark, Summit, and Trumbull.
3. Cohort 3 will begin planning in October 2019 and will include 14 counties: Allen, Ashland, Auglaize, Cuyahoga, Harrison, Licking, Lucas, Mahoning, Medina, Portage, Tuscarawas, Union, Wayne, and Williams.
4. Cohort 4 will begin planning in October 2020 and will include 15 counties: TBD

START involves the implementation of new screening tools (a trauma screening tool to identify children and parents with behavioral health service needs, and a substance use screening to identify parents in need of substance use treatment). Successful implementation will depend on a supportive context within child

welfare agencies, as well as strong collaboration with area behavioral health providers. Collaboration strategies include contracting out for expertise, co-supervision, co-location, expedited access agreements, referral protocols, shared decision-making meetings, and information/data sharing. These strategies have been detailed in the Collaborating Across Systems for Program Implementation (CASPI) toolkit which can be found [here: u.osu.edu/collaborateforchange](http://u.osu.edu/collaborateforchange).

The College of Social Work is collaborating with the Attorney General's office, and Public Children Service Agencies of Ohio (PCSAO), to evaluate the readiness, collaboration, and implementation of Ohio START. PCSAO will play a key role in assisting the counties throughout implementation, and facilitating the evaluation. This includes providing on-site support for each county by contracted Implementation Technical Assistance (TA) providers that report to and are managed by PCSAO. This study is intended to inform the ongoing implementation and evaluation of Ohio START. Results will be used to explore participating agencies' progress implementing the program, and establishing behavioral health partners. These data will also allow a closer investigation of regional variations in services, collaboration, and organizational factors that shape these patterns.

III. Aim 6 (Exploring acceptability, appropriateness, and feasibility of collaboration strategies)

*Note, this aim is funded by our NIDA grant.

A. Research Design

This exploratory pilot is a one-group only post-test study that draws on both qualitative and quantitative data. Our goal is to better understand the usefulness of the strategies described in the toolkit, the CASPI toolkit itself for implementation support professionals, and specific areas where providers might need or want additional tools or support. The results will be used to identify strategies for which additional supports need to be developed, and refine the content, format, and dissemination of the CASPI toolkit.

B. Sample

The participants in this study will consist of up to 20 implementation support professionals who are working directly with organizations that are implementing cross-system interventions. Implementation support professionals are individual professionals (adults) who work as independent consultants to or employees of organizations that are providing implementation support to organizations that are adopting, implementing, sustaining, or improving new evidence-based interventions. Other role titles include implementation technical assistance providers, intermediaries, purveyors, or facilitators.

Inclusion criteria: Employees, contractors, or paid consultants of the Public Children Services Association of Ohio (PCSAO), or other health and human service entities (e.g., state service agencies, training organizations, organizations that develop evidence-based programs) who are currently providing implementation technical assistance or support to community-based organizations. This includes coaching, supervision, training, or other facilitation work to promote program/intervention implementation and quality.

Exclusion criteria: Individuals who do not, nor have ever worked professionally (as employees or consultants) as implementation support professionals.

C. Data Sources/Measurement/Instrumentation

This study will draw on two data sources:

Survey with TA Providers. A brief electronic survey (about 15 minutes) will be administered to participants that assesses TA providers' use and opinions about the strategies detailed in the CASPI, and the CASPI toolkit. Key constructs measured include:

- **Participant Background:** Participants will be asked 2 questions about their role as an implementation TA provider including the types of organizations they work with, and amount of time spent working as an implementation TA provider.
- **Purveyor-Strategy Fit (PSF).** Participants will be asked 7 questions about each of the 7 main collaboration strategies (49 items total) that assess the importance, feasibility, readiness, scalability, tension for change, and timeliness. Items are rated on a 4-point Likert scale (0=not at all – 3=to a great extent), and summed to create an index score for each strategy.
- **Acceptability, Appropriateness, and Feasibility of Using the CASPI Toolkit.** Participants will be asked 12 questions about the acceptability (perceived satisfaction), appropriateness (perceived fit or compatibility), and feasibility (perceived utility) of the CASPI using validated measures: Acceptability of Intervention Measure (AIM), Intervention Appropriateness Measure (IAM), and the Feasibility of Intervention Measure (FIM) [91]. Each measure contains four items, with 5-point Likert rating scales that will be averaged to generate a scaled score for each respondent.
- **Demographic Questions.** Basic demographic characteristics of each participant will be collected including gender, race, ethnicity (3 questions)

Focus Group Discussion. Focus group discussions (about an hour) with implementation support professionals will be conducted. The focus group discussion guide will prompt participants to discuss the nature of collaboration challenges they discuss with organizations that are implementing new interventions, their use of the CASPI toolkit, and recommendations for improvement.

D. Detailed Study Procedures

The study PI has been invited by partners at PCSAO to attend a regular meeting of the Implementation TA providers to discuss the CASPI toolkit. TA consultants have already received links to the online version of the toolkit on our project website since they helped draft and review content. The PI will discuss the toolkit's contents, and invite the TA providers to consider using it in their practice over the next 2 months. The PI will also introduce this study opportunity and stress the voluntary nature. [No recruitment activities will take place at this point]

Survey Recruitment –Approximately two months after the PI visits the TA providers' meeting, PCSAO will forward via email an invitation to all Implementation TA providers employed or contracted by PCSAO to participate in the survey (see recruitment email). Those who are interested in participating will be instructed to proceed to an online survey link that will take them to the informed consent page. Two email reminders will be sent to all participants (approximately 1 week after the initial recruitment email).

Focus Group Recruitment - Approximately two weeks after the survey closes, PCSAO will email all individuals who are employed or contracted as an Implementation TA provider an invitation to participate in the focus group (see recruitment email). Those who are interested

in participating will be instructed to proceed to an online survey link that will take them to a registration page.

Incentives. Those who participate in the survey will receive a \$35 gift card as an incentive – at the end of the survey, participants will be linked to a separate form (that does not link to their survey responses) where they can note their preferred email address for receiving the gift card. Those who participate in the focus group will receive a \$40 gift card.

Confidentiality Safeguards

Plans for Maintenance and Archiving: Data will be maintained throughout the duration of the project and for 7 years after to ensure adequate time for reporting and dissemination.

Informed Consent: Survey participants will be asked for their informed consent at the beginning of the survey. The informed consent information will be contained on the first page of the electronic survey and will describe the purpose of the study, its voluntary nature, and how responses will be kept confidential. Those who consent to participating will be asked to indicate that they consent. Those who do will proceed to the survey items. Those who do not choose to participate will exit the survey. We are requesting a waiver of consent documentation for this survey since the consent form would be the only document with participants' identity.

Focus group participants will be asked for their consent at the beginning of the focus group (which will be conducted on Zoom). The informed consent form will describe the nature of the study, and interview guide, and how responses will be kept confidential. The interviewer will read the informed consent script (attached) and ask each individual, "Do you agree to participate?" Upon verbal confirmation of consent, the focus group will proceed. The interviewer will also offer to send a copy of the informed consent materials via email or mail if preferred. If the participant declines, the participant will leave the focus group.

E. Validity

The sample represents a small but growing group of professionals who facilitate implementation. While their perspectives on collaboration strategies might not generalize beyond the region or Ohio START intervention broadly, their responses will be useful for refining the CASPI and designing local supports (our primary purpose for this assessment).

There is also potential for bias which may occur if participants feel like they are being evaluated and their responses may affect their relationship with the agencies they work with. This may cause the participants to present socially desirable answers. However, the informed consent describes the evaluation study and explains to the participants that all raw data are kept confidential in password protected files, all survey responses will be de-identified, and all results will be presented in aggregate form, thus preventing their employing agency, PCSAO, and other organizations from linking their responses.

F. Data Analysis

Survey. Survey responses will be aggregated. Descriptive statistics (mean, median, mode) will be calculated to reflect the general importance and usefulness of the CASPI and collaboration strategies described.

Focus Group. Focus group conversation (audio only) will be recorded on the zoom platform and professionally transcribed. Transcripts will be reviewed; we will use a content analysis approach to identify key themes and recommendations for refining the CASPI toolkit and designing future initiatives to support Implementation TA providers.

G. Timeline

Activity	2023	2024			
	Q4	Q1	Q2	Q3	Q4
Share CASPI toolkit with TA providers (PI to attend TA provider meeting)	X				
Recruitment Emails for Survey		X			
Survey Administration		X			
Analyze Survey Data		X			
Recruitment Emails for Focus Group		X			
Conduct Focus Groups			X		
Transcribe Focus Groups			X		
Develop codebook for focus groups			X		
Code focus group transcripts			X	X	
Prepare brief report and manuscripts				X	X

IV. References

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