NC CHILD TREATMENT PROGRAM | CENTER FOR CHILD & FAMILY HEALTH

NC CTP Readiness Assessment

This Readiness Assessment was designed to help organizations **assess** and **improve** their readiness to participate in an NC CTP Learning Collaborative. This is a tool for organizational planning purposes only and should not be submitted to NC CTP. However, if you have questions or would like to schedule a consultation call, please visit ncchildtreatmentprogram.org/contact-us.

To assist you in completing this Assessment, see ncchildtreatmentprogram.org/evidencebasedtreatments for more information on the treatment model you are considering. **Before applying to an NC CTP Learning Collaborative, it is recommended that readiness items 1 and 2 be *Completed* and items 3-10 be *In Progress* or *Completed*.** Please review the following pages for common challenges, resources, and questions to consider for each readiness area to guide your organization's decision-making.

EBT Being Considered: ______________________________

Readiness Item	Not Done	In Progress	Done
1. **Referrals**: Our organization receives a regular flow of referrals for the population served by this EBT, OR has a clear action plan in place to initiate referrals.			
2. **Organizational Capacity**: Our organizational leadership team actively supports this EBT and has explicitly agreed to allocate the necessary time and materials for clinicians to implement it.			
3. **Screening and Assessment**: All agency clients are screened for trauma exposures and posttraumatic reactions using a standard protocol, and receive standardized assessment measures of client functioning for all agency clients, administered at intake, prior to anticipated termination, and during treatment as needed.			
4. **Family and Client Engagement**: Therapists/staff engage caregivers and clients to promote active participation from initial contact through treatment completion.			
5. **Supervision**: Our organization can provide EBT-specific peer or individual supervision at least once a month to promote competency and prevent drift.			
6. **Fidelity Monitoring**: Our organization utilizes a documentation and monitoring system to support skillful delivery of treatment and ensure the EBT is provided with fidelity to all clients.			
7. **Staffing**: Our organization has procedures in place for selecting, training, and retaining staff and supervisors to continue providing the EBT with skill and fidelity. (Note: We recommend that organizations select at least two clinicians and one senior leader per implementation site.)			

© 2023 Center for Child & Family Health

Improving Readiness

READINESS ITEM:

1. **Referrals:** Our organization receives a regular flow of referrals for the population served by this EBT, OR has a clear action plan in place to initiate referrals.

Common challenges for organizations

- Too few referrals for the specific EBT when needed for training.
- Insufficient training and engagement of staff and external referral sources.
- Lack of clear policies for identifying potentially appropriate clients and assigning the referrals to trained clinicians

Questions to consider to guide decision-making and planning

- How many clients appropriate for this model do you estimate your organization receives within a month?
- Why do you think this model is a good fit for your setting and client populations served?
- How will you increase and/or sustain an appropriate number of referrals?
- What staff and external referral sources need to be engaged to increase referrals? What training or support is needed?

READINESS ITEM:

2. **Organizational Capacity:** Our organizational leadership team actively supports this EBT and has explicitly agreed to allocate the necessary time and materials for clinicians to implement it.

Common challenges for organizations

- Clinicians' productivity or administrative expectations prevent them from dedicating adequate time to learning a new practice and meeting training requirements.
- After training, clinicians' productivity or administrative expectations prevent them from having time for EBT session planning, supervision, and fidelity monitoring.
- Staff lack adequate materials, space, or technology to provide the EBT.
- In NC EBT reimbursement rates vary by model and Medicaid payer, making it difficult for agencies in some regions to cover the cost of providing the EBT.
- Senior leaders have specific questions they want to answer to support implementation or sustainment of the EBT, but don't have the time, knowledge, or authority to create a realistic data system to answer them.

Recommended resources

NC Child Treatment Program Time Model Series

https://www.ncchildtreatmentprogram.org/implementation-support/

Questions to consider to guide decision-making and planning

- How will your organization pay the cost of tuition for the training?
- What adjustments can be made to ensure clinicians have protected time during training for in person learning sessions, consultation calls, session preparation, and documentation? What accommodations need to be made in anticipation of reduced productivity?
- What process will be used to ensure clinicians have the materials needed to implement the EBT?
- How will your organization cover the long-term cost of providing the EBT, taking into account the clinician, administrative, and supervision time necessary to sustain the program?
- How might you advocate for higher rates from the Medicaid payers and insurance companies you contract with, if they do not provide cost-based or enhanced rates for the EBT you're considering?
- Are there additional funding strategies that can be explored (e.g., grants, contracts, donations, etc.) that can support funding for this EBT program?
- What data would be most meaningful to your executive leadership, funders, and community partners in measuring the impact of this EBT?

READINESS ITEM:

3. **Screening and Assessment:** All agency clients are screened for trauma exposures and posttraumatic reactions using a standard protocol, and receive standardized assessment measures of client functioning for all agency clients, administered at intake, prior to anticipated termination, and during treatment as needed.

Common challenges for organizations

- Lack of adequate screening and assessment methods to identify potentially appropriate clients.
- Lack of consistent training for clinicians to have adequate current knowledge on screening and assessment skills and procedures.
- Breakdowns in staffing processes that increase difficulties with linking potentially appropriate clients to clinicians in training.
- Clinicians having challenges in completing standardized assessment measures as part of a comprehensive assessment.
- Agencies struggle to monitor pre- and post-treatment outcomes for clients after training, particularly at an aggregated team or program level, since their Electronic Health Record system doesn't include the selected measures OR clinicians do not routinely enter scores.

Questions to guide decision-making and planning

- o How do or will you screen and further assess clients to determine who may be appropriate for this treatment?
- o What steps are included in the receipt and processing of referrals? What changes are needed to ensure clients are identified for this EBT and referred to clinicians in training?
- o Who needs to be engaged to ensure that any screening conducted will effectively inform decision-making for further assessment and consideration for this EBT? What training or support is needed?
- o Do you currently use empirically-supported assessments at your agency? Are your clinicians trained to administer and interpret any empirically-supported assessments? If not, what additional time, training, or support might they need to do this?
- o Who needs to be engaged to ensure that standardized assessment measures are effectively completed as part of the comprehensive assessment process? What training or support is needed?

READINESS ITEM:

4. **Family and Client Engagement:** Therapists/staff engage caregivers and clients to promote active participation from initial contact through treatment completion.

Common challenges for organizations

- o Families referred for services do not follow through to initiate treatment.
- o Families who begin treatment drop out before successful completion.
- o Caregivers and/or clients attend treatment sessions but do not actively engage in work during or between sessions.
- o Agency policies do not allow enough flexibility to meet families' needs (e.g., scheduling, frequency and length of sessions, rescheduling and cancellation policies, treatment duration).

Recommended resources

NCTSN Family Engagement and Involvement in Trauma Mental Health
https://www.nctsn.org/sites/default/files/resources/fact-sheet/cac_family_engagement_and_involvement_in_trauma_mental_health.pdf

NCTSN Webinar Series: Family Systems (strategies for adapting trauma EBPs for family trauma and working with multilingual and partially-acculturated families)
https://www.nctsn.org/resources/family-systems

Questions to consider to guide decision-making and planning

- How does your organization support families in being able to initiate and complete treatment?
- How do you support caregivers being actively engaged in treatment?
- How does your organization measure or monitor client engagement?
- What patterns do you notice in client engagement across clinicians and programs?
- How is client engagement addressed and supported through supervision at your agency?
- How does supervision address tailoring services based on family history, culture, and developmental capacities of children and caregivers?
- What efforts are ongoing at your organization to maintain trauma-informed services across programs?
- Who needs to be engaged to promote family and client engagement initiatives? What training or support is needed?

READINESS ITEM:

5. **Supervision:** Our organization can provide EBT-specific peer or individual supervision at least once a month to promote competency and prevent drift.

Common challenges for organizations

- Clinicians struggle with implementing an EBT because they have not yet mastered foundational clinical competencies.
- Clinicians don't have access to regular clinical supervision to support their learning and clinical uptake of the model.
- Once clinicians complete training, they don't receive regular clinical support or supervision to ensure they maintain fidelity to the model.
- After completing training, agencies lack the resources to support EBT-specific ongoing supervision requirements.

Recommended resources

American Psychological Association (APA) Guidelines for Clinical Supervision in Health Service Psychology https://www.apa.org/about/policy/guidelines-supervision.pdf

National Association of Social Workers (NASW) Best Practice Standards in Social Work Supervision https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLbl4BuwI%3D&portalid=0

National Child Traumatic Stress Network (NCTSN) Implementation of Evidence-Based Treatment (EBT selection and fidelity monitoring) https://www.nctsn.org/sites/default/files/resources/fact-sheet/cac_implementation_of_evidence-based_treatment.pdf

Questions to consider to guide decision-making and planning

- How will your organization provide regular clinical support for learning and sustaining this model to all trained clinicians, regardless of licensure status?
- Who needs to be engaged to promote and sustain training, supervision, and fidelity monitoring for the EBT? What training or support is needed?
- If applicable: How do you ensure that clinicians providing EBTs/EBPs at your organization continue to maintain fidelity to the model(s)?
- Will your agency need additional funding or staffing allocation to support the EBT's ongoing supervision requirements?

READINESS ITEM:

6. **Fidelity Monitoring:** Our organization utilizes a documentation and monitoring system to support skillful delivery of treatment and ensure the EBT is provided with fidelity to all clients.

Common challenges for organizations

- Agencies don't have the capacity or time to monitor fidelity after training (e.g., through peer or individual supervision), to confirm that fidelity items are being integrated into standard practice for the EBT.
- Agency documentation and monitoring systems typically don't include tracking of necessary components or fidelity items for the EBT.

Questions to consider to guide decision-making and planning

- What is the most efficient way that you can track fidelity to the EBT being implemented?
- If you offer other EBTs, how do you monitor fidelity to those models after training?
- What data is already collected by the agency to evaluate client and family engagement, fidelity to EBTs, and/or treatment outcomes? What tailoring might we want to do to understand the data for clients receiving this EBT comparted to other treatments?

READINESS ITEM:

7. **Staffing:** Our organization has procedures in place for selecting, training, and retaining staff and supervisors to continue providing the EBT with skill and fidelity. (Note: We recommend that organizations select at least two clinicians and one senior leader per implementation site.)

Common challenges for organizations

- Clinicians are instructed by their leadership to participate in training for an EBT, but they are not motivated to learn the model or are otherwise not a good fit for the clinical approach or prepared for the demands of the training.
- One clinician at a site is learning the model but has limited or no contact with other practicing clinicians for peer-to-peer learning and support.
- Staff selected to be senior leaders for a Learning Collaborative do not have necessary clinical or administrative oversight of the clinicians being trained, which makes it difficult for them to provide support.

- Senior leaders tasked with implementing the EBT do not have the authority or influence to make needed changes or adjustments, or struggle to engage other senior leaders who can make these decisions.
- Senior leaders do not know enough about the EBT or otherwise have limited capacity, opportunity, or motivation to engage stakeholders and create a climate for successful implementation.

Questions to consider to guide decision-making and planning

- Who will be the best fit to learn the specific EBT(s) being explored, based on the recommended clinician selection criteria?
- What is your internal organizational process for selecting or encouraging clinicians to apply for training?
- How engaged has your organization's leadership team been in exploring the potential benefits and costs of implementing this EBT?
- What leaders and decision makers (internal and external) need to be engaged in key decision-making and planning?
- Who will be the best fit to serve as a senior leader for the specific EBT(s) being explored, based on the recommended organizational and clinician criteria?

Development of the NC CTP Readiness Assessment

This tool is based on NC CTP experience with statewide dissemination of mental health EBTs since 2006, and on a review of the implementation science literature. The following are primary sources:

Aarons, G.A., Ehrhart, M.G., & Farahnak, L.R. (2014). The Implementation Leadership Scale (ILS): Development of a Brief Measure of Unit Level Implementation Leadership. *Implementation Science.*

Damschroder, L., J., Aron, D.C., Keith, R.E., Kirsch, S. R., Alexander, J.A., and Lowery, J.C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*, 4:50. doi:10.1186/1748-5908-4-50

Ebert, L., Markiewicz, J., Amaya-Jackson, L., & Agosti, J. (2010). TF-CBT Learning Collaborative Change Framework. v2.25.10. Los Angeles, CA & Durham, NC: NCCTS.

© 2023 Center for Child & Family Health