

# Early Implementation Study: Hillsborough County Children's Services

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# Presentation Objectives

- Overview of Hillsborough County Children's Services and current organizational issues
- Describe the study's purpose, methodology, and procedures
- Review key findings regarding organizational change and implementation of evidence-based programs
- Discuss recommendations for improvement, future research, and limitations of the current study
- Explain the implications for adolescent behavioral health

# Hillsborough County Children's Services

**Serving Hillsborough County for over 40 years**

## **Mission**

*To empower and protect children, young adults  
and families within Hillsborough County.*

## **Vision**

*Our vision is to be the nationally acclaimed  
premier provider in prevention, intervention and  
regulatory services.<sup>1</sup>*

1. Hillsborough County Children's Services (n.d.). About the Children's Services Division. Mission and Vision.  
Retrieved from <http://hillsboroughcounty.org/childrensservices/>

# Hillsborough County Children's Services<sup>2</sup>

Serves **at-risk youth** experiencing:

- Mental health and substance abuse disorders
  - Anxiety, depression, ADHD, ODD
- Behavioral problems
  - Truancy, non-compliance with parents, running away from home, and poor peer relations
- Grief, loss, or family issues
- Homelessness
- Domestic violence

2. Hillsborough County Children's Services (n.d.). Children in Need of Services (CINS)/Families in Need of Services (FINS) Retrieved from <http://hillsboroughcounty.org/index.aspx?NID=1046>

# Child in Need of Services/Families in Need of Services (CINS/FINS)<sup>2</sup>

- **Short-term residential**
  - Youth ages 10-17
- Services:
  - Psychosocial assessment & physical health screening
  - Counseling
  - Educational support and tutoring
  - Recreational activities
  - Volunteer work/community service
  - Family night and parent support
  - Continuity of care (community services for aftercare, 30 and 60 day follow-up)

# Child in Need of Services/Families in Need of Services (CINS/FINS)<sup>2</sup>

- **Non-residential program**
  - Youth ages 7-17
- Services:
  - Psychosocial assessment
  - Outpatient individual and family therapy
  - Continuity of care (community services for aftercare, 30 and 60 day follow-up)
- **Case Staffing Committee**
  - Parents seeking services for their children
  - Formal request for their child's case to be brought to the attention of a judge for assistance

# Residential Group Care (RGC) Program<sup>3</sup>

- Dependent youth ages 11-17 who cannot remain safely in their home
- Services:
  - Therapeutic Behavioral On Site Services (TBOSS)
  - Medical and nutrition
  - Case Management
  - Behavioral Analysis
  - Recreational Therapy
  - Independent living skills
  - Educational and vocational certifications

3. Hillsborough County Children's Services (n.d.). Residential Group Care. Retrieved from

# Recent Changes at Children's Services

- New directors
- Initial implementation of evidence-based programs
  - Seeking Safety, Trauma-Focused Cognitive Behavioral Therapy, Brief and Strategic Family Therapy
- Policy and procedure revisions
- New hires (New hiring requirements)
- Terminations
- Evolving population of youth served
  - Increased trauma



# Purpose

- Evaluate constructs of organizational readiness for change
- Assess suitability of interventions for the population served within the different programs
- Investigate implementation facilitators/barriers to ease the transition process
- Explore the impact of organizational climate on sustainability of the newly adopted EBPs

# Research Questions

1. Are these evidence-based programs appropriate or inappropriate for the population served, as well as within different service settings (i.e. residential, outpatient)?
2. Are more experienced, long-term employees less enthusiastic about change, less willing to change, and do they perceive more barriers to change?
3. Does leadership have a different perception of the change process than staff?

# Qualitative Methodology and Procedures

## **Individual Interviews:**

- 23 participants
- In person and telephonic

## **Procedures:**

- Audio recorded
- Transcribed
- Categorized and analyzed
- Aggregated data to determine themes

# Who Did We Talk To?

- 6 direct care staff members (tenured and new)
- 5 clinicians
- 2 directors
- 2 administrators
- 2 county analysts
- 2 RSCs
- 2 nurses
- 1 manager
- 1 case manager

# Topics Covered

- Staff attitudes
  - Organization's past, present, and future
  - Clientele served
- Organizational climate
  - Incentives
  - Expectations
  - Morale
- Leadership support
  - Resources
  - Time

# Topics Covered (*Con't*)

- Adoption of evidence-based programs
  - Trauma-Focused CBT, Seeking Safety, and Brief and Strategic Family Therapy
  - Usefulness with populations served
  - Outcomes
- Job security
  - Fears about policy and procedure changes
- Beliefs about sustainability
- Implementation experience
  - Past and present

# KEY FINDINGS



# Perceptions and Attitudes

## Administration

- Staff can approach Administration at any time and not face retaliation
- The children are doing better and are more stable
- All these changes can be sustainable if people are committed

## Staff

- Administration reacts to suggestions or complaints punitively
- The children are doing worse and it's because of inconsistent management
- These changes will not be sustainable without changing the culture



# Perceptions and Attitudes

## Administration

- Staff is displaying behaviors that show their lack of commitment and engagement
- The staff have had enough trainings to know how to do their job effectively
- The staff is not dedicated to the work or the clients

## Staff

- Administration does not respect their expertise and is losing out on years of institutional knowledge
- Trainings are irrelevant or inappropriate for their day-to-day tasks
- The clients are the reason for the job and their work

# Barriers to Implementation

- Difference of perception amongst staff contributes to unclear, ineffective communication
- Miscommunication breeds lack of cohesion and inconsistency
- Perceived lack of support contributing to low morale
- Beliefs that EBPs do not fit with population served or inadequate time with client to be useful
  - (e.g. client without family unsuitable for BSFT)
- Insufficient, formalized training with EBPs
- Lack of follow through on EBPs introduced

# Facilitators to Implementation

- Recognition of other the 7 Dimensions of Wellness and 6 Pillars of Character (Concurrent EBP programming)
  - Felt these were great to use with the youth
- Protective factors among staff members
  - Positivity, spirituality/faith, and self-starting attitudes
- Willingness of clinicians to provide mentorship to direct care staff to create an inclusive environment

# Suggestions for Improvement

- Physical and structural changes to improve communication issues
- Explaining the contractual obligations to increase effectiveness and accountability
  - Develop big picture understanding
- Clinical support and supervision for all employees would create a more cohesive treatment structure
- Continual employee recognition to boost morale
- Let go of the outcome!

# Post-study Outcomes and Goals

- Changes already instated within the organization
  - (e.g. consistent staff members in cottages)
- Follow up with staff to determine how they've changed as a result of this research project
- Post-interview debriefing for staff to avoid re-traumatization and offer support

# Limitations to Current Study

- Paranoia/fear, hypervigilance, lack of trust
- Constructive confrontation
- Scheduling
- Sample size
- Gossip and/or prepared responses
- Accuracy of capturing different themes

# Future Research Opportunities

- Anonymous surveys for employees to further gauge openness/willingness to change
- Evaluate Practice-Based Evidence
- Exit surveys for children and families involved in Children's Services to determine external perspectives
- Secondary data analysis to find correlates with successful client outcomes

# Implications for Translational Research in Adolescent Behavioral Health

- Similar issues in other social service settings
- By demystifying the organizational barriers, Children's Services can provide constructive feedback and set an example for other agencies
- Trickle-down effect between clients and staff
- "Therapeutic reflection" interviewing technique to examine long-term trauma could be helpful to staff retention and continuity



# Exemplary Quotes

“The people here are very dedicated- that is one of the big draws for me.”

“There isn't an individual in this building that doesn't want what's best for these kids.”

“Trustworthiness, being trustful, having trust in someone, being consistent, and having clear, open communication are some of the temples of any relationship.”

“I see this place growing and becoming stronger, once everybody's in place...the possibilities are endless.”

# References

1. Hillsborough County Children's Services (n.d.). About the Children's Services Division. Mission and Vision. Retrieved from <http://hillsboroughcounty.org/childrensservices/>
2. Hillsborough County Children's Services (n.d.). Children in Need of Services (CINS)/Families in Need of Services (FINS) Retrieved from <http://hillsboroughcounty.org/index.aspx?NID=1046>
3. Hillsborough County Children's Services (n.d.). Residential Group Care. Retrieved from <http://www.hillsboroughcounty.org/index.aspx?NID=1045>

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# Questions

