

Family First Provider Readiness Assessment Survey (Prevention Services)

October 2019

North Carolina Department of Health and Human Services
Family First Provider Readiness Assessment Survey (Prevention Services)

Purpose of the survey:

The Family First Prevention Services Act (Family First) represents landmark legislation that gives states the option to use federal title IV-E funding for evidence-based prevention services/programs for families of children who, without these services, would likely enter foster care, as well as pregnant and parenting youth in foster care. Prevention services include:

- Mental health treatment provided by a clinician
- Substance use disorder prevention and treatment services provided by a clinician
- In-home, parenting skill-based programs, which include parenting skills training, parent education and individual and family counseling.

The purpose of this Provider Readiness Assessment Survey is to help the North Carolina Department of Health and Human Services (NC DHHS) understand the array of prevention services (of the types described above) across the state, identify gaps in services, and inform decisions about what evidenced-based programs should be in the Title IV-E five year prevention plan to meet the needs of North Carolina's children and families. Chapin Hall at the University of Chicago developed this Provider Readiness Assessment Survey in partnership with NC DHHS and its Family First Leadership Advisory Team to inform planning and decision-making processes related to Family First implementation.

The Provider Readiness Assessment Survey is designed to gather information across three domains. The three domains in the survey are:

- Domain A: Evidence-based programs (EBPs)
- Domain B: Trauma-informed approach
- Domain C: Continuous Quality Improvement and data use

Administering the Survey

The Provider Readiness Assessment Survey is web-based. Agencies will be able to complete the survey online between **October 22, 2019 and November 5, 2019** via a link that will be emailed right before the survey goes live. **Only ONE Provider Readiness Assessment Survey should be completed per agency.** This PDF version of the survey is being provided to agencies in advance of the open survey period to support the engagement of agency staff in the survey process and gather input on survey responses prior to entering online.

To ensure the success of the survey's administration, agencies can take the following steps before completing the online survey:

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1. Identify a diverse representation of staff (i.e., executive leaders, clinicians, program managers, and direct service staff) to participate in the process.
2. Schedule a series of meetings or plan to use existing meeting structures to discuss the survey.
3. Share a copy of the survey tool with participants in advance so they can familiarize themselves with the questions and come prepared to engage in the discussion about responses.
4. Strive for consensus around how the items are answered.
5. Determine who will be responsible for completing and submitting the online instrument.

To facilitate the survey's administration, NC DHHS and Chapin Hall will conduct instructional webinars for the provider community on October 18, 2019 and October 21, 2019 before the survey goes live. While the survey is open, NC DHHS and Chapin Hall staff will be available to provide additional assistance and guidance.

Benefits

Your provider agency is encouraged to participate in this web-based online survey; your participation is voluntary. While you will not receive direct benefits from participating, the survey provides an opportunity for your agency to impact the content and implementation of North Carolina's Family First prevention plan. Implementation of Family First offers several significant opportunities:

- Transforming the child welfare focus from foster care to prevention and increased family stability and well-being
- Investing in evidence-based interventions
- Applying a trauma responsive lens to the continuum of prevention services, and
- Partnering across systems (mental health, substance use disorder, juvenile justice, early childhood, health, etc.) to align prevention efforts

Contact

If you have any questions about the survey, please contact Alycia Blackwell Pittman at FFPSA@dhhs.nc.gov.

THANK YOU!

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1. Agency name
2. Agency address
3. At the agency level, what payment sources does your agency accept for clinical service delivery to children and adults? Check all that apply.
 - ☐ Medicaid
 - ☐ Medicare
 - ☐ State Child Health Insurance Program (Health Choice)
 - ☐ Private health care insurance
 - ☐ Military health care coverage
 - ☐ State/local coverage/IPRS coverage
 - ☐ Self-pay
 - ☐ Provider agency support (pro bono provision of services)
 - ☐ Grant or charitable support
 - ☐ Unknown
 - ☐ Other (please specify): _____
4. Name and Title of the Contact Person for this survey
5. Direct Phone Number of the Contact Person for this survey
6. Email Address of the Contact Person for this survey

DOMAIN A: EVIDENCE-BASED PROGRAMS (EBPs)

The items in this domain refer to the implementation of evidence-based programs (EBPs). EBPs represent a range of multi-component interventions seeking to affect various outcomes, which have been experimentally evaluated and deemed effective in meeting specified goals. *(Child Trends Research-to- Results Brief, Publication #2007-14, What is Evidence-based Practice, Allison J.R. Metz, Ph.D., Rachele Espiritu, Ph.D. and Kristin A. Moore, Ph.D.) and (Children's Bureau Information Transmittal: ACYF-CB-IM-18-09, Attachment C - Clearinghouse Initial Criteria).*

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Instructions: In the web-based version of the survey, you will be asked to select, from a drop-down menu, ALL of the EBP's your agency currently provides in each of the three (3) service categories below. You will then be directed to respond to seven (7) questions about EACH EBP selected.

Mental Health EBP's:

- ☐ Parent-Child Interaction Therapy
- ☐ Trauma-Focused Cognitive Behavioral Therapy
- ☐ Multi Systemic Therapy
- ☐ Functional Family Therapy
- ☐ Attachment and Bio-behavioral Catch-Up
- ☐ Brief Strategic Family Therapy
- ☐ Child Parent Psychotherapy
- ☐ Incredible Years
- ☐ Multidimensional Family Therapy
- ☐ Triple P – Positive Parenting Program
- ☐ Circle of Parents
- ☐ High Fidelity Wrap-around
- ☐ Child First
- ☐ MATCH
- ☐ Strengthening Families (Ages 6-11)
- ☐ Eco-Structural Therapy
- ☐ Problematic Sexual Behavior Cognitive Behavioral Therapy (PSB-CBT)
- ☐ Cognitive Processing Therapy (CPT)
- ☐ Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

Substance Use Disorder EBP's:

- ☐ Motivational Interviewing
- ☐ Multi Systemic Therapy
- ☐ Families Facing the Future
- ☐ Methadone Maintenance Therapy
- ☐ Brief Strategic Family Therapy
- ☐ Family Behavior Therapy
- ☐ Multidimensional Family Therapy
- ☐ Seeking Safety
- ☐ Strengthening Families (Ages 6-11)
- ☐ The Seven Challenges
- ☐ Community Reinforcement Approach
- ☐ Motivational Enhancement Therapy
- ☐ Matrix

In-Home Parent Skill-based

- ☐ Nurse-Family Partnership
- ☐ Family Connects
- ☐ Healthy Families America
- ☐ Parents as Teachers
- ☐ Attachment and Bio-behavioral Catch-Up
- ☐ Brief Strategic Family Therapy
- ☐ Homebuilders
- ☐ Multidimensional Family Therapy
- ☐ Nurturing Parenting
- ☐ SafeCare
- ☐ Child First
- ☐ Solution-Based casework

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Instructions: For EACH EBP your agency provides, please answer the following seven (7) questions:

1. For each EBP selected, please indicate the county(ies) in which the EBP is provided (select all that apply).

- | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|
| ☐ All | ☐ Forsyth | ☐ Orange |
| ☐ Alamance | ☐ Franklin | ☐ Pamlico |
| ☐ Alexander | ☐ Gaston | ☐ Pasquotank |
| ☐ Alleghany | ☐ Gates | ☐ Pender |
| ☐ Anson | ☐ Graham | ☐ Perquimans |
| ☐ Ashe | ☐ Granville | ☐ Person |
| ☐ Avery | ☐ Greene | ☐ Pitt |
| ☐ Beaufort | ☐ Guilford | ☐ Polk |
| ☐ Bertie | ☐ Halifax | ☐ Randolph |
| ☐ Bladen | ☐ Harnett | ☐ Richmond |
| ☐ Brunswick | ☐ Haywood | ☐ Robeson |
| ☐ Buncombe | ☐ Henderson | ☐ Rockingham |
| ☐ Burke | ☐ Hertford | ☐ Rowan |
| ☐ Cabarrus | ☐ Hoke | ☐ Rutherford |
| ☐ Caldwell | ☐ Hyde | ☐ Sampson |
| ☐ Camden | ☐ Iredell | ☐ Scotland |
| ☐ Carteret | ☐ Jackson | ☐ Stanly |
| ☐ Caswell | ☐ Johnston | ☐ Stokes |
| ☐ Catawba | ☐ Jones | ☐ Surry |
| ☐ Chatham | ☐ Lee | ☐ Swain |
| ☐ Cherokee | ☐ Lenoir | ☐ Transylvania |
| ☐ Chowan | ☐ Lincoln | ☐ Tyrrell |
| ☐ Clay | ☐ McDowell | ☐ Union |
| ☐ Cleveland | ☐ Macon | ☐ Vance |
| ☐ Columbus | ☐ Madison | ☐ Wake |
| ☐ Craven | ☐ Martin | ☐ Warren |
| ☐ Cumberland | ☐ Mecklenburg | ☐ Washington |
| ☐ Currituck | ☐ Mitchell | ☐ Watauga |
| ☐ Dare | ☐ Montgomery | ☐ Wayne |
| ☐ Davidson | ☐ Moore | ☐ Wilkes |
| ☐ Davie | ☐ Nash | ☐ Wilson |
| ☐ Duplin | ☐ New Hanover | ☐ Yadkin |
| ☐ Durham | ☐ Northampton | ☐ Yancey |
| ☐ Edgecombe | ☐ Onslow | |

2. What payment sources does your agency accept for program support/infrastructure for this EBP?

- ☐ NC DSS
- ☐ NC DPH
- ☐ NC DMH
- ☐ County government
- ☐ LME/MCO

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- ☐ Medicaid
 - ☐ MCHVIE
 - ☐ Governors Crime Commission
 - ☐ United Way
 - ☐ Private foundations
 - ☐ Smart Start
 - ☐ Unsure
 - ☐ Other, specify _____
3. What are the age groups of the intended target population for the EBP (select all that apply)
- ☐ All ages
 - ☐ Infants (Birth - 1)
 - ☐ Toddlers (2 – 3)
 - ☐ Pre-schoolers (4 - 5)
 - ☐ School age: (6-12)
 - ☐ School age: (13 – 17)
 - ☐ Adults (18 and over)
4. What is the maximum number of clients (individuals or families based on the EBP model) you are able to serve annually at your current staffing level?
5. What factors would allow you to increase your capacity to deliver the EBP? (Select all that apply)?
- ☐ Funding
 - ☐ Infrastructure
 - ☐ Clinical supervisory staff
 - ☐ Clinical staff
 - ☐ Administrative staff
 - ☐ Access to trainings
 - ☐ Funding for trainings
 - ☐ Cost-based reimbursement for service delivery
 - ☐ Billing/coding strategies that support delivery
 - ☐ Reimbursement for fidelity monitoring
 - ☐ Other, specify: _____
6. Are there target populations or specific eligibility criteria for the EBP?
- ☐ Yes, specify _____
 - ☐ No
7. Does the agency regularly monitor fidelity to the EBP using reliable and valid tools and measures?
- ☐ Yes
 - ☐ No

For EBPs not listed above that your agency provides, please write the name of the EBP(s) below and answer the following ten (10) questions. You may write in up to 3 EBPs.

EBP 1: _____

EBP 2: _____

EBP 3: _____

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1. Please indicate what service category the EBP falls under:

- ☐ Mental Health
- ☐ Substance Use Disorder
- ☐ In-Home Parent Skill-Based

2. For each EBP indicated, please indicate the county(ies) in which the EBP is provided.

(Select all that apply)

- | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|
| ☐ All | ☐ Forsyth | ☐ Orange |
| ☐ Alamance | ☐ Franklin | ☐ Pamlico |
| ☐ Alexander | ☐ Gaston | ☐ Pasquotank |
| ☐ Alleghany | ☐ Gates | ☐ Pender |
| ☐ Anson | ☐ Graham | ☐ Perquimans |
| ☐ Ashe | ☐ Granville | ☐ Person |
| ☐ Avery | ☐ Greene | ☐ Pitt |
| ☐ Beaufort | ☐ Guilford | ☐ Polk |
| ☐ Bertie | ☐ Halifax | ☐ Randolph |
| ☐ Bladen | ☐ Harnett | ☐ Richmond |
| ☐ Brunswick | ☐ Haywood | ☐ Robeson |
| ☐ Buncombe | ☐ Henderson | ☐ Rockingham |
| ☐ Burke | ☐ Hertford | ☐ Rowan |
| ☐ Cabarrus | ☐ Hoke | ☐ Rutherford |
| ☐ Caldwell | ☐ Hyde | ☐ Sampson |
| ☐ Camden | ☐ Iredell | ☐ Scotland |
| ☐ Carteret | ☐ Jackson | ☐ Stanly |
| ☐ Caswell | ☐ Johnston | ☐ Stokes |
| ☐ Catawba | ☐ Jones | ☐ Surry |
| ☐ Chatham | ☐ Lee | ☐ Swain |
| ☐ Cherokee | ☐ Lenoir | ☐ Transylvania |
| ☐ Chowan | ☐ Lincoln | ☐ Tyrrell |
| ☐ Clay | ☐ McDowell | ☐ Union |
| ☐ Cleveland | ☐ Macon | ☐ Vance |
| ☐ Columbus | ☐ Madison | ☐ Wake |
| ☐ Craven | ☐ Martin | ☐ Warren |
| ☐ Cumberland | ☐ Mecklenburg | ☐ Washington |
| ☐ Currituck | ☐ Mitchell | ☐ Watauga |
| ☐ Dare | ☐ Montgomery | ☐ Wayne |
| ☐ Davidson | ☐ Moore | ☐ Wilkes |
| ☐ Davie | ☐ Nash | ☐ Wilson |
| ☐ Duplin | ☐ New Hanover | ☐ Yadkin |
| ☐ Durham | ☐ Northampton | ☐ Yancey |
| ☐ Edgecombe | ☐ Onslow | |

3. What payment sources does your agency accept for program support/infrastructure for this EBP?

- ☐ NC DSS
- ☐ NC DPH
- ☐ NC DMH
- ☐ County government

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- ☐ LME/MCO
 - ☐ Medicaid
 - ☐ MCHVIE
 - ☐ Governors Crime Commission
 - ☐ United Way
 - ☐ Private foundations
 - ☐ Smart Start
 - ☐ Unsure
 - ☐ Other, specify_____
4. What are the age groups of the intended target population for the EBP (select all that apply)
- ☐ All ages
 - ☐ Infants (Birth - 1)
 - ☐ Toddlers (2 – 3)
 - ☐ Pre-schoolers (4 - 5)
 - ☐ School age: (6-12)
 - ☐ School age: (13 – 17)
 - ☐ Adults (18 and over)
5. What is the maximum number of clients (individuals or families based on the EBP model) you are able to serve annually at your current staffing level?
6. What factors would allow you to increase your capacity to deliver the EBP? (Select all that apply)?
- ☐ Funding
 - ☐ Infrastructure
 - ☐ Clinical supervisory staff
 - ☐ Clinical staff
 - ☐ Administrative staff
 - ☐ Access to trainings
 - ☐ Funding for trainings
 - ☐ Cost-based reimbursement for service delivery
 - ☐ Billing/coding strategies that support delivery
 - ☐ Reimbursement for fidelity monitoring
 - ☐ Other, specify: _____
7. Are there target populations or specific eligibility criteria for the EBP?
- ☐ Yes, specify _____
 - ☐ No
8. Does the agency regularly monitor fidelity to the EBP using reliable and valid tools and measures?
- ☐ Yes
 - ☐ No
9. Are there books, manuals, or other writings that specify the components of the practice protocol and describe how to administer the practice?
- ☐ Yes
 - ☐ No
10. Is the EBP intended to have an impact on one or more of the following target outcomes?
- ☐ Child Safety
 - ☐ Child Permanency
 - ☐ Child Well-Being
 - ☐ Adult Well-Being

DOMAIN B: TRAUMA-INFORMED APPROACH

The items in this domain refer to the implementation of services or programs under an organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma specific interventions to address trauma's consequences and facilitate healing. (Children's Bureau Information Transmittal: ACYF-CB-IM-18-02)

1. Is there trauma-informed training for all direct service staff?

- ☐ Yes; select all that apply
 - ☐ During the initial training process
 - ☐ There is ongoing training on trauma
 - ☐ Training includes effects of secondary traumatic stress and the importance of self-care
 - ☐ Training includes basic education in the maintenance of personal and professional boundaries (e.g. confidentiality, dual relationships, sexual harassment)
 - ☐ Training includes information on family-driven and youth guided care.
- ☐ No
- ☐ Additional Comments:

2. Are there trauma-informed program/service policies and procedures?

- ☐ Yes; select all that apply
 - ☐ Policies regarding confidentiality and access to information are clear, provide adequate protection for the privacy of youth and are communicated to families
 - ☐ There is a clearly written, easily accessible statement of youth and family rights and grievance procedures
 - ☐ There are policies, procedures and resources available to support staff to communicate effectively and convey information in a manner that is easily understood by diverse audiences (i.e. limited English proficiency, those who have low literacy skills, individuals with disabilities, and those who are deaf or hard of hearing)
 - ☐ There are policies and procedures in place to support staff to engage with children and families in a way that is sensitive to their unique culture and identity.
 - ☐ Training includes effects of secondary traumatic stress and the importance of self-care
 - ☐ There are policies and procedures in place to promote family-driven care.
- ☐ No
- ☐ Additional Comments:

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3. Are there trauma-informed program or service tools and processes?

- ☐ Yes; select all that apply
 - ☐ There is a consistent screening process in place to identify individuals who have been exposed to trauma
 - ☐ A trauma assessment is administered by a clinical service provider for the purpose of gathering specific information about events identified in the initial screening.
 - ☐ Trauma specific assessment tools are used to inform service planning.
 - ☐ Trauma-informed safety plans are written for all children, youth and families (i.e., triggers, behaviors when over-stressed, strategies to lower stress, support people for child).
- ☐ No
- ☐ Additional Comments:

Additional comments regarding using a trauma-informed approach at your agency:

DOMAIN C: CONTINUOUS QUALITY IMPROVEMENT

The items in this domain refer to the use of data and evidence to identify, monitor and address areas needing improvement related to service delivery and client outcomes.

1. Are there designated staff charged with implementing and overseeing agency CQI processes?
 - ☐ Yes
 - ☐ No
2. Is there training available for all staff to understand the agency's CQI process, why it is relevant to their work, and ways in which they can be active participants in program monitoring and improvement?
 - ☐ Yes
 - ☐ No
3. Does your agency have a CQI team/committee (or equivalent structure) that meets regularly to discuss program data and performance quality?
 - ☐ Yes; select all that apply
 - ☐ TEAM level CQI team/committee (or equivalent structure)
 - ☐ PROGRAM level CQI team/committee (or equivalent structure)
 - ☐ EXECUTIVE level CQI team/committee (or equivalent structure)
 - ☐ No
4. Does the agency maintain an automated information management system?
 - ☐ Yes; select all the data types collected, maintained or reported
 - ☐ demographic data on the children, youth and families served
 - ☐ demographic data includes race and ethnicity
 - ☐ services provided to children, youth and families
 - ☐ progress made by children, youth and families
 - ☐ generates process performance reports
 - ☐ generates outcomes reports
 - ☐ No
5. Is there an established case record review process that monitors practice?
 - ☐ Yes; select all that apply
 - ☐ Monitor progress toward specific child and family outcomes.
 - ☐ Identify opportunities for practice improvement.
 - ☐ Conducted on a prescribed frequency.
 - ☐ No
6. Is data analyzed for patterns and trends in child and family outcomes?
 - ☐ Yes; select all that apply
 - ☐ Analyzed relevant to the agency's strategic plan.

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☐ Conducted on a prescribed frequency.

☐ No

7. Does the agency's Executive leadership use data to understand overall system/agency performance and effectiveness of programs and services?

☐ Yes

☐ No

8. Does the agency engage in improvement activities in response to identified performance issues?

☐ Yes; select all that apply

☐ Action plans/interventions/solutions developed and implemented to address areas needing improvement

☐ Action plans and interventions are monitored, and adjustments made as needed based on what is learned through the monitoring process.

☐ Results of action plans and interventions are shared and evaluated to inform ongoing planning and performance measurement.

☐ No

Additional comments regarding CQI at your agency: