

In November 2015, the New Jersey Department of Children and Families Children's System of Care [CSOC] launched Promising Path to Success [PPS]. PPS integrates the evidenced based approach of *Six Core Strategies for Reducing Seclusion and Restraint*® [6CS] with the *Nurtured Heart Approach*® [NHA] and coaching from the Behavioral Research and Training Institute [BRTI] at University Behavioral Health Care. The goal of this initiative is to build the inner wealth of youth and families while supporting system partners in creating healthier trauma-informed environments. This initiative is being implemented in five phases across the state of New Jersey. PPS specifically responds to one of SAMHSA's six strategic initiatives, specifically "to implement and study a trauma-informed approach throughout health, behavioral health, and related systems."¹

What is this brief about?

PPS dedicates resources to conduct an evaluation, which includes a return on investment analysis. This evaluation is being conducted by the Rutgers Center for State Health Policy [CSHP]. A critical component of the evaluation is to learn from the experiences of individuals implementing PPS.

To inform future statewide initiatives to enhance the system of care in New Jersey, we collected data from those individuals who implemented PPS to answer the following research question:

Based on your experiences with Promising Path to Success, what would you recommend occur in future statewide initiatives to support you, as system partners, and the youth and families with which you work?

How did we capture the experiences of providers?

This brief presents the recommendations from staff at out-of-home (OOH) treatment settings, Care Management Organizations (CMOs), and Family Support Organizations (FSOs) who led the implementation of PPS within their respective programs and/or agencies. Agency and program leaders were interviewed after transition meetings were complete at the end of their respective phase. Accordingly, our team conducted in-person or phone interviews with a total of 55 key informants from 29 OOH treatment settings, 2 CMOs, and 2 FSOs.

To identify the individual(s) most knowledgeable about a specific program's implementation effort, the PPS' intervention team at the University Behavioral Health Council (UBHC) Behavioral Research and Training Institute (BRTI) identified a key informant who then identified program and/or agency staff who were *most knowledgeable* about the implementation of Promising Path to Success within their respective programs. Among other topics, the interview inquired about recommendations for future statewide initiatives. Qualitative data were systematically reviewed by at least two analysts to identify themes. All presented themes were endorsed by at least five participants. Additional quotes available upon request.

Our analyses identified providers' recommendations that were (1) specific to expansion of PPS in New Jersey and (2) more generally informative to future statewide initiatives seeking to implement a state or county-wide initiative to build delivery systems responsive to the trauma experienced by children and adolescents. These are summarized, in turn, below:

In the following table (Table 1), respondents identified the following opportunities to expand upon the achievements of PPS:

1. Establish a learning collaborative and centralized resources to create shared learning opportunities across the system of care.
2. Additional training to build provider capacity to respond to the diverse types of trauma to which children may be exposed.
3. Strengthen ability of OOH treatment agencies, FSOs, CMOs to train parents/caregiver in NHA or provide additional training directly to parents/caregivers.
4. Invest additional resources to train police and law enforcement agencies in trauma-informed approaches.
5. Build capacity of OOH treatment agencies or directly train schools and academic settings.
6. Sustain the coaching and training made available through PPS.

Table 1. Key Elements for Future Statewide Initiatives to Expand upon PPS: Provider Perspectives

Recommendation	Rationale	Illustrative Quote
<p>(1) Establish a learning collaborative and centralized resources to create shared learning opportunities across the system of care.</p>	<p>Respondents recommended opportunities to facilitate additional peer-to-peer learning. Annual meetings and learning collaboratives were articulated as a promising way to learn from the experiences of other programs and to further the goal for a statewide culture of trauma-informed services across the CSOC.</p>	<p><i>“Maybe if we had an annual meeting where we can kinda share information with each other. Like what we are doing maybe someone else is not doing and vice versa, and we can share and build upon that and ...make it stronger. You know, just coming together and sharing different ideas and brainstorming on how we can continue to work in the fashion that we’ve been working in.”</i> <i>-Phase 2, Respondent from OOH</i> <i>“...our coach had shared with me an example of a revised behavior mod system that somebody, another agency had put into place in one of their homes, “Oh, this is exactly what I was looking for [sic] the past several months,’ like some sort of idea or base to jump from to do .. for our own homes.”</i> <i>-Phase 3, Respondent from OOH</i> <i>“Something that the Rutgers' staff has done for NHA is on the Nurtured Heart, the trainer website, there's a blog I guess is what it's called and there's a portal for the New Jersey trainers that has some really good ... so like if, what's his face, if [Colleague] comes in from the UK and he show's these three videos and everyone's like, “Oh my god, that's so great”, you don't have to remember, well what was the name of that video in the premier? You don't have to search for it. It's there and available for you. I think for the Six ... so I think that's been extremely helpful. I think for the Six Core Strategies, I think it would be helpful if there were something similar.”</i> <i>-Phase 2, Respondent from OOH</i></p>
<p>(2) Additional training to build provider capacity to respond to the diverse types of trauma to which children may be exposed.</p>	<p>Respondents routinely recommended additional training to be responsive to the various types of trauma exposure.</p>	<p><i>“I also think, when it comes to all the populations, I think there needs to be more emphasis on trauma informed care. A little bit more advancement into how to deal with kids who been sexually molested since they were five years old. Kids who have been involved in human trafficking and stuff like that. There needs to be a lot more trauma informed care...So, my motto has always been, you can't help what you can't see.”</i> <i>- Phase 2, Respondent from OOH</i></p>
<p>(3) Strengthen ability of OOH treatment agencies, FSOs, CMOs to train parents/caregiver in NHA or provide additional training directly to parents/caregivers.</p>	<p>Respondents routinely reported the need for additional parental awareness and training in NHA to build strength in families to be trauma-informed and facilitate consistency for children across settings.</p>	<p><i>“Depending on how the kids come in and the new kids that we have, so I won't be redundant to the parents. I try to implement, we do a Nurtured Heart training, just give them the basics about the language, so there's consistency. So we're educating the kids and we're doing this, same as we said before, but if the parents are not educated, if they're not understanding that trauma is a big issue with a lot of these kids, the brain changes, they need to really understand that for them to kinda accept what's going on and to be able to say, okay, that makes sense.”</i> <i>- Phase 2, Respondent from OOH</i> <i>“I guess reaching out to the families and taking this information to them as well and implementing this same training that we get, I think that the parents need to be able to go to a particular facility where they can get that training once a month...”</i> <i>- Phase 3, Respondent from OOH</i></p>

<p>(4) Invest additional resources to train police and law enforcement agencies in trauma-informed approaches.</p>	<p>Given periodic engagement of police and law enforcement across system of care, respondents identified opportunities to extend trauma-informed training to these partners in police and law enforcement agencies.</p>	<p><i>“And actually, we are working with one [police] department to deal with specific training for our homes ... how we usually work with and how we do our processes. But actually having them, the local police departments be a part of it would be good, and then it would be nice, actually, to even have the majors or committee members in time to start to be incorporated as well.”</i> - Phase 2, Respondent from OOH</p>
<p>(5) Build capacity of OOH treatment agencies or directly train schools and academic settings.</p>	<p>Given the extensive amount of time youth spend in schools, respondents identified opportunities to extend NHA training to staff in schools.</p>	<p><i>“I would love to see schools be a part of [NHA].”</i> -Phase 2, Respondent from OOH</p>
<p>(6) Sustain the coaching and training made available through PPS.</p>	<p>Respondents requested additional and ongoing training available through PPS. Participants articulated that this was important to reinforce and sustain the achievements of PPS.</p>	<p><i>“The other piece of that is, if there was additional funding for [BRTI] trainers. So they’ve ben great but if we could even have more of that training. We were meeting monthly, and then we were meeting quarterly, and now we meet quarterly as well, but really, if you keep that intensity of training...I know from [colleague’s name]’s standpoint, someone might look at me sideways because it’s also taking time out of our schedule to continue to be trained, but that was very helpful in the beginning and it would be good to keep that going longer.”</i> -Phase 3, Respondent from OOH</p>

In the following table (Table 2), respondents identified the following recommendations for consideration when implementing future statewide initiatives to promote trauma-informed systems of care:

1. Broadly communicate and disseminate the goals and implementation process of statewide initiatives to reach all key stakeholders across the system of care and other youth-serving partners.
2. Plan to accommodate challenges when implementing agency-wide trainings, such as the need to accommodate diverse staffing schedules.
3. Generate plans to mitigate well-known challenges within the system of care, such as minimizing the impact of high staff turnover among program staff.
4. Provide additional resources to facilitate ongoing quality assurance and improvement.
5. Provide additional budgetary and human resources to facilitate implementation.

Table 2. Provider Recommendations for Future Statewide Initiatives to Enhance the System of Care

Recommendation	Rationale	Illustrative Quote
<p>(1) Broadly communicate and disseminate the goals and implementation process of statewide initiatives to reach all key stakeholders across the system of care and other youth-serving partners.</p>	<p>Respondents routinely described the importance of and opportunities for transparency and communication about the specific components and timeline for implementation of statewide initiatives.</p>	<p><i>“Obviously I like loved the program and you know, the changes we saw, but I just didn't know it was going to roll out that way. I thought it was just a two day training and then we got the coaching and stuff like that I just thought it was going to be like a two day training and then we were going to be done. And then, you know, we got an email saying like, we're going to meet with this coach. And I'm like, ‘Oh, okay.’”</i> <i>-Phase 3, Respondent from OOH</i></p>
<p>(2) Plan to accommodate challenges when implementing agency-wide trainings, such as the need to accommodate diverse staffing schedules.</p>	<p>Respondents recommended advanced planning to address barriers to agency-wide training. For example, sites operate on a shift schedule which presented challenges in making the training available to employees who work during non-traditional work hours.</p>	<p><i>“We're 24/7 but not everybody else is, but the initiative is geared towards a 24/7 program, but then the availability of people is business hours, Monday through Friday. So, yeah maybe a little bit more flexibility with, access to people on evenings, and weekends, and support during those times as well.”</i> <i>– Phase 3, Respondent from OOH</i></p>
<p>(3) Generate plans to mitigate well-known challenges within the system of care, such as minimizing the impact of high staff turnover among program staff.</p>	<p>Respondents recommended that the training-of-trainers target those staff least likely to turn-over, including designated training staff within each program/agency. Respondents also thought creating a</p>	<p><i>“One of the things that I had wanted to ask specifically from CSOC for maintaining it was that the training department be trained because the training department has been fairly stable. So we have a way to sustain it by having training department staff trained to continue to do the training, even if there's been turnover at the site. I also continually disseminate information regarding any kind of training that's related to our work in this agency to everyone in the organization monthly. I think with our contacts within UBHC now we have a pool of people with expertise that we can call upon...”</i> <i>-Phase 2, Respondent from OOH</i></p>

	larger workforce of individuals who were certified trainers in NHA would mitigate these challenges.	<p><i>"...so the training piece becomes very challenging for us when we're limited to only being able to send two or three people to be certified Nurtured Heart trainers, twice a year. And we've had some turnover in the agency and so we haven't been able to ... So in the natural process of having new people certified, we don't get to replace the people that left the organization."</i></p> <p><i>-Phase 2, Respondent from OOH</i></p>
(4) Provide additional resources to facilitate ongoing quality assurance and improvement.	Respondents articulated opportunities to facilitate quality improvement and assurance efforts during active implementation and afterwards. Specifically, respondents' requests included tools for fidelity assessment and performance indicators.	<p><i>"I would love it if we were immediately introduced to it, here's the fidelity model for Six Core Strategies, here's the fidelity model for NHA so that we could use that on a regular basis and sort of be paired with or, I don't know, not paired with but we could somehow input that data into something where we could say, yes, we're doing really well or no we're not. We're missing something. That would be ... And, I know that that's a cost in and of itself. And neither one of them have it to my knowledge, but that would be really helpful."</i></p> <p><i>-Phase 2, Respondent form OOH</i></p>
(5) Provide additional budgetary and human resources to facilitate implementation.	Respondents articulated the need for additional budgetary and financial support to implement PPS fully, including resources to implement trauma-informed approaches such as "sensory-related items" and a "relaxation room."	<p><i>"Yeah, that's an excellent point [to colleague] because I think that part of this initiative with the sensory-related items. Like one of our programs ended up getting a grant that was something that was already in the works but besides that the situation...you know, they're in a different place, so they're trying to say "okay, how are we going to incorporate sensory-related items when we don't have money."</i></p> <p><i>-Phase 2, Respondent from OOH</i></p> <p><i>"I think that, if we had a little more money, we could have added additional things that we wanted to add ... right now, we're working on a relaxation room. And, it's taking a while to get started, because purchasing some of the things for that room, we have to fit it in the budget that we currently have. And, things come up, we haven't been able to really start that process, yet."</i></p> <p><i>-Phase 2, Respondent from OOH</i></p>

¹ Substance Abuse and Mental Health Services Administration. (2014). Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015-2018. Retrieved from Rockville, MD: 12.