

A Partnership to Expand Evidence-Based, Trauma-Informed Systems in Rural Central Maine

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Objectives

- 1) Gain understanding of the complexity but practical nature of implementing a similar program
- 2) Learn directly from service providers about the successes and challenges of bringing new evidence-based strategies to the state
- 3) Be ready to seek out community and state partners to begin their own work

Agenda

- Introductions
- Project Overview
- Maine's Trauma-Informed Network
- Strategy in Choosing the Right EBPs
- Data Usage
- Project Sustainability & Next Steps
- Audience Homework



Presenters



Kim Magoon, M.S., Evaluation Supervisor, Public Consulting Group LLC

Background: Lead Evaluator for the Central Maine Youth Trauma Initiative (CMYTI). 5 years of experience in program evaluation, specializing in child welfare and public health. Additional 10 years of experience in case and residential management for people with developmental and intellectual disabilities in Colorado and Kentucky.



Liam Shaw, LCSW, MBA, Manager of Outpatient Pediatric Behavioral Health, Edmund N. Ervin Pediatric Center, MaineGeneral Medical Center

Background: Project Director and Principal Investigator for CMYTI. 26 years of mental health experience and has extensive training in the Attachment & Biobehavioral Catchup Model (ABC), Positive Parent Program (PPP), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Structural Family Therapy, and Client Directed Outcome Informed Services (CDOI). Also an Adjunct Instructor for Kennebec Valley Community College's Mental Health Program since 2011.




Pat McKenzie, LCSW, Clinical Administrator of Outpatient and Substance Use Disorder Treatment at Kennebec Behavioral Health

Background: Community Partner for CMYTI. 35 years of experience in providing and supervising trauma informed models of care for children and adults. Practice informed by training in Structural, Narrative, and Solution Focused models of family and individual therapy. Deeply committed to collaborative models of social work practice and evidence-based treatment.

Welcome to Maine





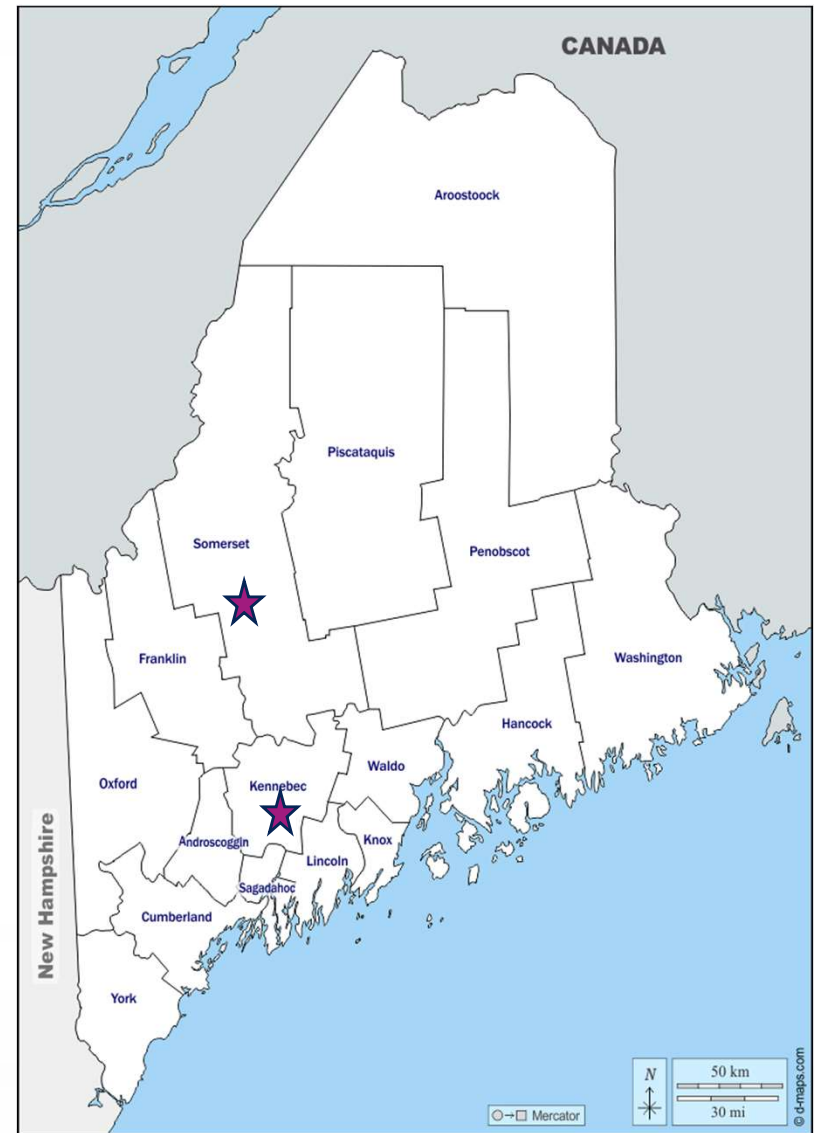


**What is one question you want to
have answered before we leave
today?**

Project Overview

Central Maine Youth Trauma Initiative (CMYTI)

- The Edmund N. Ervin Pediatric Center was one of ten applicants to be chosen to become a Category III site for the National Child Traumatic Stress Network (NCTSN)
- NCTSN was created as a part of the Children's Health act to raise the standard of care and increase access to services for children and families that experience or witness traumatic events. NCTSN is administered by SAMHSA and coordinated by UCLA-Duke University National Center for Child Stress
- The grant provides funding for 5-years (June 2020-May 2025)
- The grant is focused on Kennebec and Somerset counties



CMYTI Goals



- Increase the utilization of effective, evidence-based trauma-focused therapies, including:
 - Parent Child Interaction Therapy (PCIT)
 - Trauma-Focused Cognitive Behavioral Therapy (TFCBT)
 - Attachment and Biobehavioral Catch-up (ABC)
 - Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)



- Build capacity for trauma and resilience-informed skills and organizational structures in child-serving systems



- Support families who care for children who have experienced traumatic events, especially resource parents, through the resource parent curriculum (RPC)

Alphabet Soup Explained

- PCIT- Parent Child Interaction Therapy
- TF-CBT- Trauma-Focused Cognitive Behavioral Therapy
- ABC- Attachment and Biobehavioral Catch-up
- RPC- Resource Parent Curriculum
- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems MATCH-ADTC



CMYTI Approach

Year 1

- Train 15 therapists in Parent Child Interaction Therapy (PCIT) which is evidence-based for children ages 2-7

Year 2

- Train 38 therapists in Trauma Focused Cognitive Behavioral Therapy (TF-CBT) which is evidence-based for children ages 7-18

Year 3

- Train 7 therapists in the Attachment and Biobehavioral Catchup (ABC) Model which is evidence-based for children ages 0-2

Year 4 and 5

- Provide training in Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)



CMYTI Partners

Clinician Organizations	Over eight organizations allow clinicians to participate in the evidence-based practice training and implementation
Proprietors of evidence-based interventions	Provide clinician training and data sharing
Office of Child and Family Services (OCFS)	Coordinates on the resource parent curriculum and is payer of last resort for TF-CBT
Long Island Jewish Medical Center, STRYDD Center at Northwell Health System	Provides expertise in supporting trauma recovery for youth with intellectual and disabilities by raising community awareness and building clinician capacity
MaineCare	Provides reimbursement for PCIT and TF-CBT services

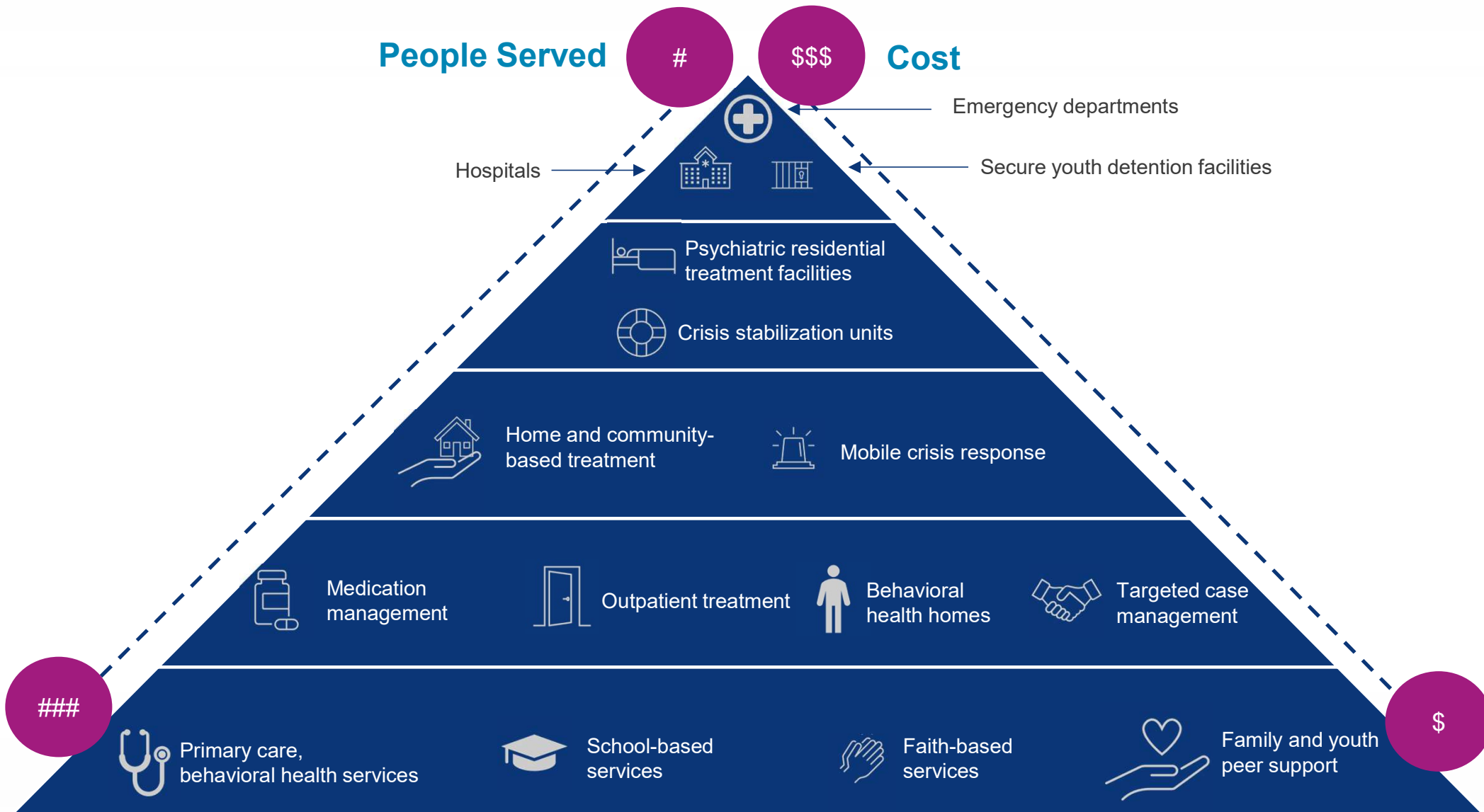
CMYTI Partnership Strengths



- Increased collaboration among organizations doing similar work
- Decreased focus on business “competition”
- Created new collaborations between stakeholders to enhance the work of CMYTI
- Broadened approach to program sustainability through a diverse pool of program champions

Maine's Trauma-Informed Network

Maine's Behavioral Health System



The Paradigm Shift

- Recentring of trauma within agencies
- Building relationships with other community partners who can bring new strengths to the table
- Shifting from traditional culture of competition and fear of acquisition to partnerships that expand capacity and knowledge

For example:

- MaineGeneral received this grant and was working with a small community partner, Kennebec Behavioral Health (KBH), to increase program reach.
- KBH is becoming a Certified Community Behavioral Health Clinic (CCBHC) to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age
- Both agencies have been able to benefit from the support they have received from the other

Strategy in Choosing the Right Evidence Base Practices

Need for Trauma-Informed Services

“Even before the COVID-19 pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the US with a reported mental, emotional, developmental, or behavioral disorder.”

– US Surgeon General’s Advisory. 2021.
Protecting Youth Mental Health

43% of High School students reported poor mental health including stress, anxiety and depression “most of the time or “always” during the COVID-19 pandemic

19% of High School students seriously considered suicide in the past 12 months

36% of High School students felt sad or hopeless for 2 or more weeks in the past 12 months

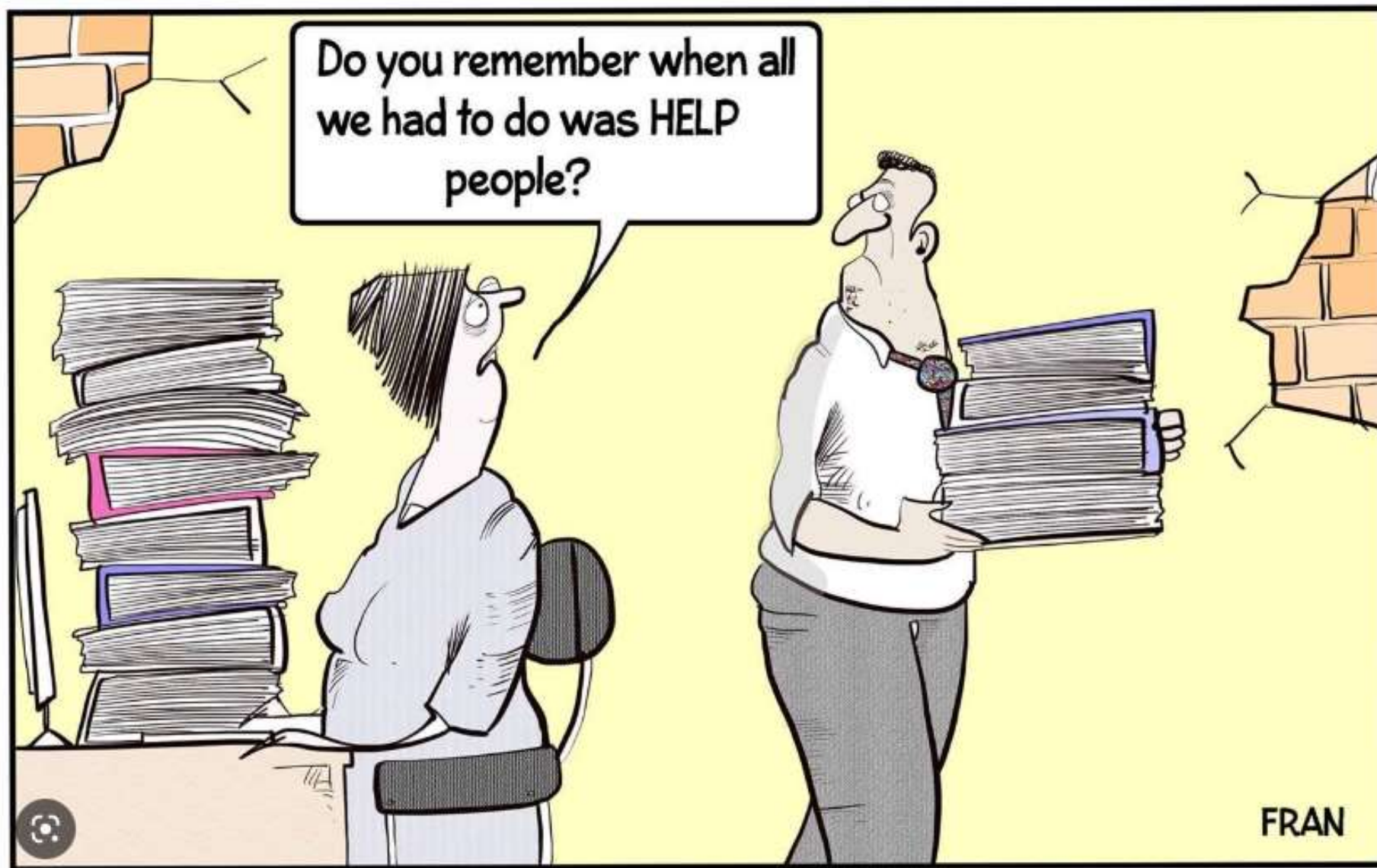


(Maine Integrated Youth Health Survey 2021)




Strategy in Timing

	Year One	Year Two	Year Three	Year Four	Year Five
Evidence-Based Trauma Treatment					
PCIT	Training	Implementation			
TF-CBT		Training	Implementation		
ABC			Training	Implementation	
MATCH-ADTC				Training	
Community Outreach and Education					
RPC	Implementation				
Trauma 101	Implementation				

Data Usage

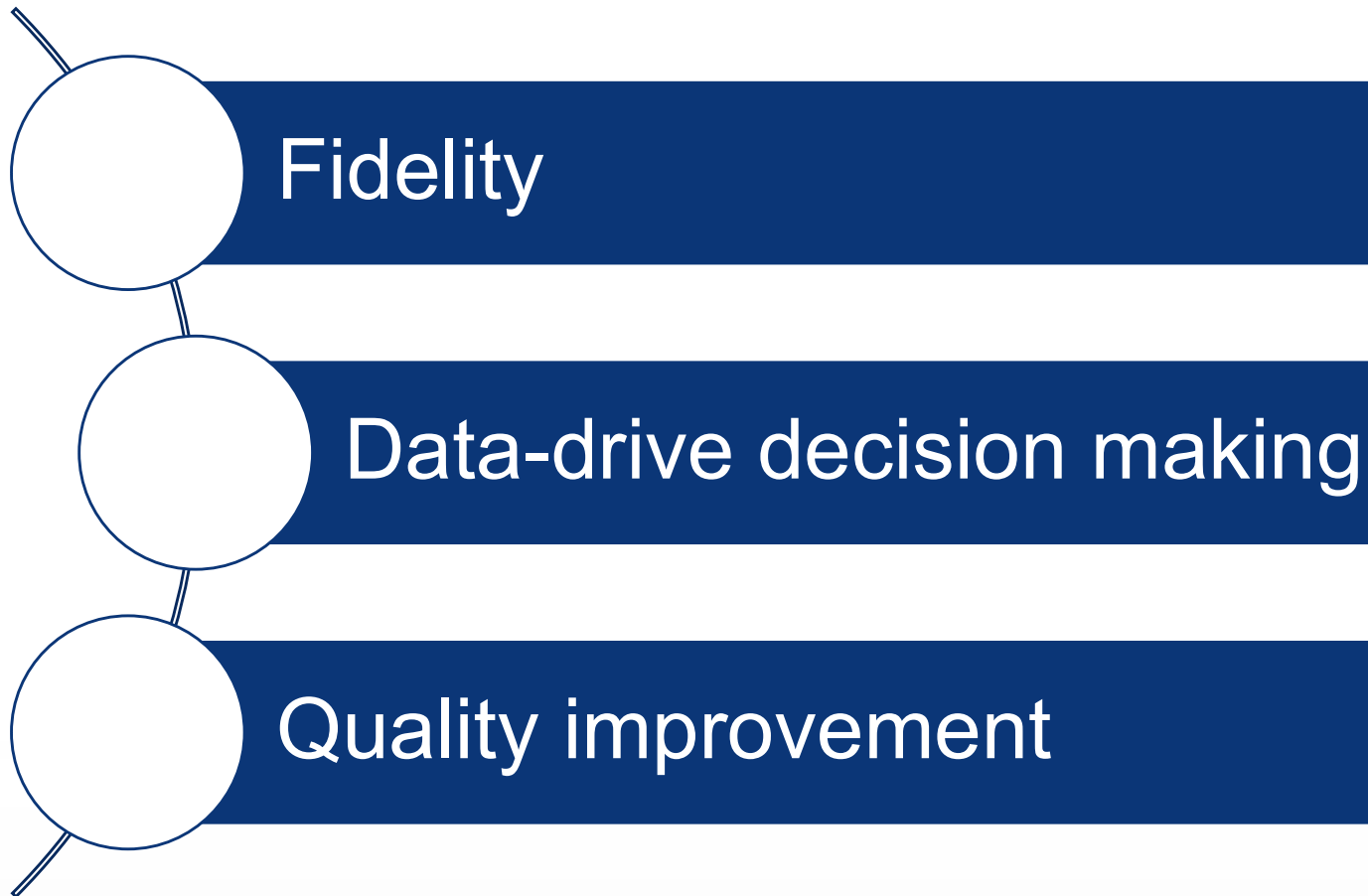


Reasons to Evaluate

Define the problem or need		Show program benefits to the community	Report to funders
Identify available resources and readiness to address a need	Track outcomes and fidelity		
Track changes over time	Guide program or agency planning	Determine if a program works	Review cost efficiency
Identify program gaps	Build a better program		Identify or address disparities

Keeping People Accountable

Evaluation keeps providers accountable to the results they want to see.



Data Collection – CMYTI Database

CMYTI



Welcome to Central Maine Youth Trauma Initiative

Welcome! The CMYTI database is meant to collect information about each program enrollment, including Attachment Biobehavioral Catchup (ABC), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Parent-Child Interaction Therapy (PCIT), Resource Parent Curriculum (RPC), and Trauma 101. Please use the page header to navigate to different sections of the site. For technical assistance, please contact the PCG Help Desk at [1-800-436-4105](tel:1-800-436-4105) or evalsupport@pcgus.com

The database training manual can be located under the resources section or by clicking [here](#).

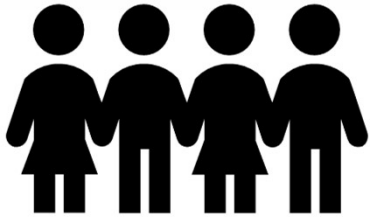
Provider Training Fidelity & Benchmarks

Criteria	PCIT	TF-CBT	ABC
Qualifications of Provider	<ul style="list-style-type: none"> • Has at least Master's level education • Attends 1 of 2 trainings offered • Has at least 2 cases successfully complete • Has 6 session video reviews by PCIT trainer • Participates in 80% or more of consultation calls until trainer signs off. 	<ul style="list-style-type: none"> • Complete web training • Complete UCLA Reaction Index Administration web training • Attest that they have at least two clients who could be potential TF-CBT cases • Sign up for the NCTSN Learning Center • Attend in-person training • Participate in at least 10 bimonthly consultation calls • Complete at least three cases successfully 	<ul style="list-style-type: none"> • Complete initial in-person training • Complete the informed consent and assessment training • Complete weekly In the Moment Commenting supervision for one year • Complete at least three cases successfully with 90% fidelity • Receive certification approval by the ABC purveyor

Program Fidelity

Criteria	PCIT	TF-CBT	ABC	RPC
Eligibility of Population	Children age 2 to 7 years	Children age 7 to 18 years	Children birth to 2 years	Foster/ adoptive, or kinship caregivers of children, birth to 21 years
Content of Service	ECBI and DPICS completed at each session	PRACTICE components implemented: <ol style="list-style-type: none"> 1. Psycho-education, 2. Relaxation, 3. Affective regulation and modulation, 4. Cognitive coping and processing, 5. Trauma narrative and cognitive processing, of the traumatic experience(s), 6. In vivo mastery of trauma reminders, 7. Conjoint sessions, 8. Enhancing future safety and development. 	Two types of curricula: <ol style="list-style-type: none"> 1. ABC Newborn (0 to 6 months) 2. ABC Infant (6 months to 24 months) 	Eight modules: <ol style="list-style-type: none"> 1. Introductions 2. Trauma 101 3. Understanding Trauma's Effects 4. Building a Safe Place 5. Dealing with Feelings & Behaviors 6. Connections & Healing 7. Becoming an Advocate 8. Taking Care of Yourself
Duration of Service	Average 14 to 25 weeks	Acute trauma: Average 12 to 16 sessions Complex trauma: Average 18 to 28 sessions	10 sessions for ABC Infant, 12 sessions for ABC Newborn	Average 4 to 8 weeks
Dosage	At least 1, 60 min session/week	At least 1, 60 to 90 min session/ week	At least 1, 60 to 90 min session/ week	At least 1, 1.5 to 2.5hr session/week
Completion	Caregivers meet criteria for mastery of Phase 1 and Phase 2	Completion of phases 1-3 of PRACTICE. Phase 1 includes PRAC. Phase 2 includes T. Phase 3 includes ICE.	Completion of all sessions with both parent/s and child showing improved outcomes from baseline.	Attendance at each of the 8 sessions

Impact on Families



Program	# Participating Children/Youth	% Successfully Completed Program
PCIT	82	44%
TF-CBT	69	33%
ABC	10	-----

PCIT

- ECBI - Average behavior score for children decreased by 12.2 points and the average problem score decreased by 10.5 points
- DPICS - Several positive changes in behavior for both successful/ unsuccessful completions.

TF-CBT

- UCLA Reaction Index – Both caregivers and youth had improvement across all measures from entry to discharge from the program.

Both

- PAFAS - Caregivers reported an improvement in Parent Adjustment at discharge compared to entry to the program.

Impacts on Child Welfare

- High levels of OCFS involvement at enrollment
- Families that are successfully discharged from the program PCIT program have less involvement with OCFS than those that did not complete the program and a lower percentage have children removed

Child Welfare Case Outcomes	PCIT	TF-CBT
% of families with active OCFS case at enrollment	13.7%	20.9%
Successfully Discharged Cases		
% of families with active OCFS case at discharge	5.6%	13.0%
% of families with children removed	2.8%	8.7%
Other Discharged Cases		
% of families with active OCFS case at discharge	15.2%	13.0%
% of families with children removed	4.3%	4.0%

Impact on Workforce



- Six clinicians have been certified or pending certification in PCIT
- Three clinicians are certified in TF-CBT
- Two clinicians are now certified WATR Trainers for PCIT
- Staff feel like they are growing professionally
- Clinician comradery improved
- Staff are better trained and focused on their practice not just the models

“TF-CBT training has been really valuable and other clinicians at my agency are asking to be trained.”

“At an organizational level, people know about what it means to be trauma informed. Trauma is front and center at the organization and the staff know about it.”

Project Sustainability & Next Steps



Getting People Paid



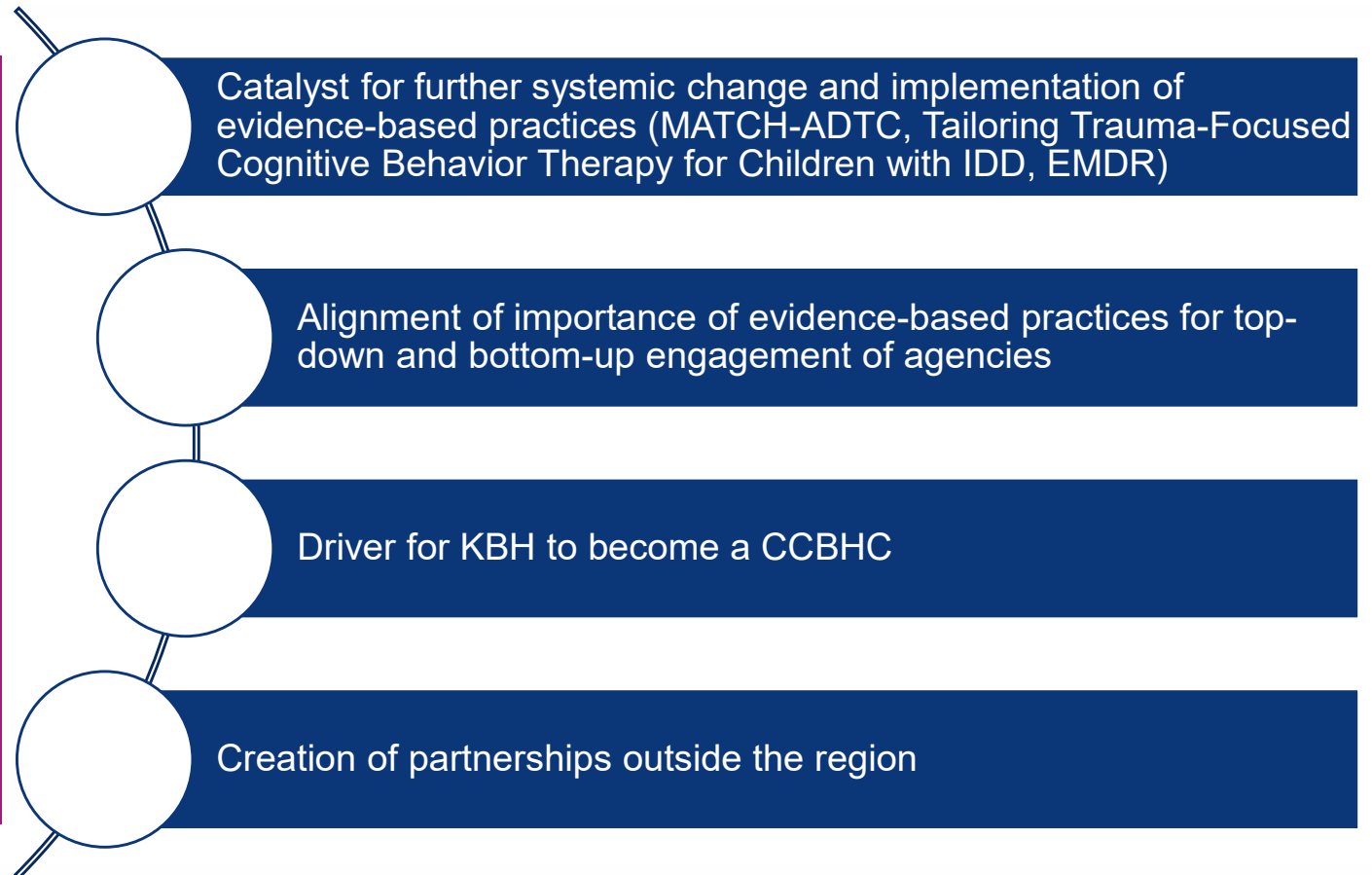
- PCIT and TF-CBT are reimbursed through MaineCare (Medicaid) and private insurance
- TF-CBT recently underwent a rate study to more accurately identify the Medicaid reimbursement rate
- Maine Office of Children and Families has included TF-CBT in their prevention plan.
 - Clinicians are reimbursed for their time spent on the training and receive ongoing clinical support, training, and consultation
- ABC is reimbursable via private insurance but not currently a MaineCare reimbursable service nor a part of the OCFS prevention plan.
 - ABC can be bundled in some services, but reimbursement remains limited

Keeping the Momentum



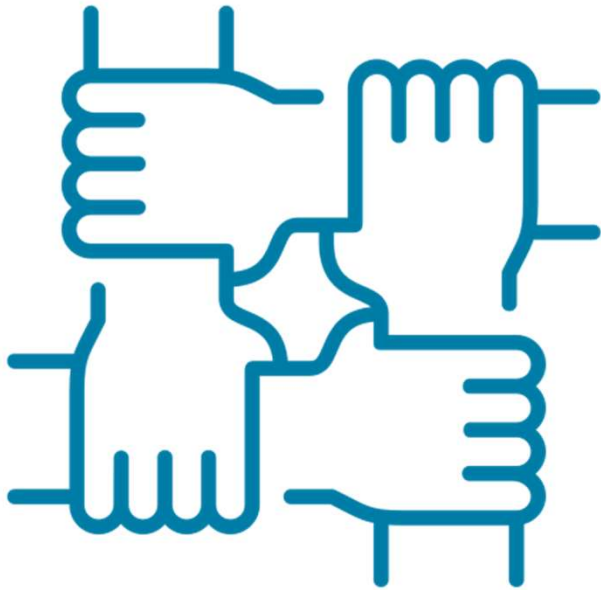
- Steering Committee
 - Key partners that can guide the grant work and with hands on ability to impact the project going forward
- Stakeholder group
 - Partners around the state that meet semi-annually to discuss the project and identify collaborations
- PCIT Workgroup
 - Group of clinicians and champions across organizations focused on improving the PCIT implementation and continuing the sustainability of the program
- TF-CBT Workgroup
 - Group of experts on the model and champions that are focused on continuing the implementation, expansion, and sustainability of the model

Synergy = Added Value



Audience Homework

Move Polite Connections to Rugged Collaborations



- What's your vision/ passion for your community?
- What do you think you need to make your vision/dream happen?
- What are your strengths?
- Who are the people in your state who you tend to naturally align with?
 - What type of partnership do you have with these people/groups?
 - Is there an opportunity to explore a deeper connection with them (e.g., write a grant together and/or work on a project together)?



“What did you take away from the meeting?”

A close-up photograph of a hand reaching upwards, with fingers slightly curled. The background is blurred, showing other people's hands also reaching up. A semi-transparent blue circle is overlaid on the right side of the image, containing the word "Questions?" in a bold, yellow, sans-serif font.

Questions?

Project Contacts

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