



THE OHIO STATE UNIVERSITY

Development and Pilot Test of the Collaborating Across Systems for Program Implementation (CASPI) Toolkit

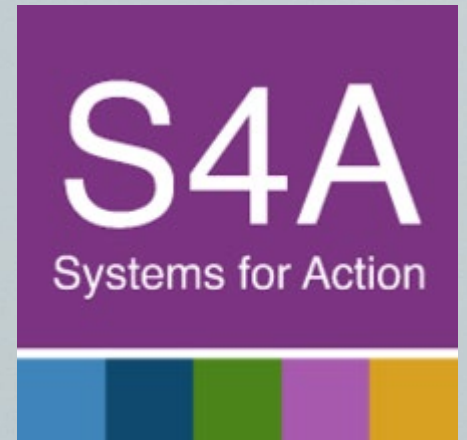
Systems for Action Research-in-Progress Webinar

Alicia Bunger, PhD, MSW

Elizabeth Solinger, MACPR, CCRP

Division of General Internal Medicine;
Department of Internal Medicine;
CATALYST Center
College of Medicine

April 30, 2025





Acknowledgements

- Public Children Service Association of Ohio (PCSAO)
- Ohio Association of County Behavioral Health Authorities (OACBHA)
- The Ohio Council of Behavioral Health and Family Services Providers
- National Institute on Drug Abuse (R34DA046913)
- Robert Wood Johnson Foundation; Systems for Action (S4A 76434)

* The views expressed in this presentation are those of the authors and do not reflect the official stance of our funders.

Our Team

- Alicia Bunger, MSW, PhD; OSU
- Emmeline Chuang, PhD; UC-Berkeley
- Amanda Girth, MBA, PhD; OSU
- Kathryn Lancaster, PhD, MPH; OSU
- Fawn Gadel, JD; PCSAO
- Marla Himmeger, LSW, PCSAO
- Jennifer Millisor, MPA, PCSAO
- Cheri Walter, MA, LICDC, OACBHA
- Teresa Lampl, The Ohio Council
- Tina Willauer, MPA, Children & Family Futures
- *With Much Gratitude to...*

Agenda

1. SOME CONTEXT

2. WHAT WE LEARNED ABOUT SYSTEM ALIGNMENT

3. DEVELOPING THE CASPI TOOLKIT

4. WELL, HOW USEFUL IS IT? WAS IT USED?

A room filled with numerous colorful balloons in shades of red, yellow, blue, green, and orange. The balloons are scattered throughout the space, some near a window on the left and others floating in the air. The scene is brightly lit, suggesting a festive or celebratory atmosphere.

1. Some Context

Substance Misuse Affects Families

Ohio & Opioids...

- **1st** in absolute numbers of heroin- and synthetic opioid-related deaths
- **1st** in heroin-related, age-adjusted death rates;
- **5th** in synthetic opioid-related, age-adjusted death rates
- Ohio overdose death rate >3x national rate



High numbers of children entering foster care in Ohio due to caregiver substance misuse (PCSAO, 2016; Radel, Baldwin, Crouse, Ghertner, & Waters, 2018).



60% of CW parents struggle with substance misuse; 75% of foster care placements attributed to parental substance misuse (Barth et al 2006; Young Gardner & Dennis, 1998)



Caregivers' SUD treatment needs often go unmet (GAO, 2018)

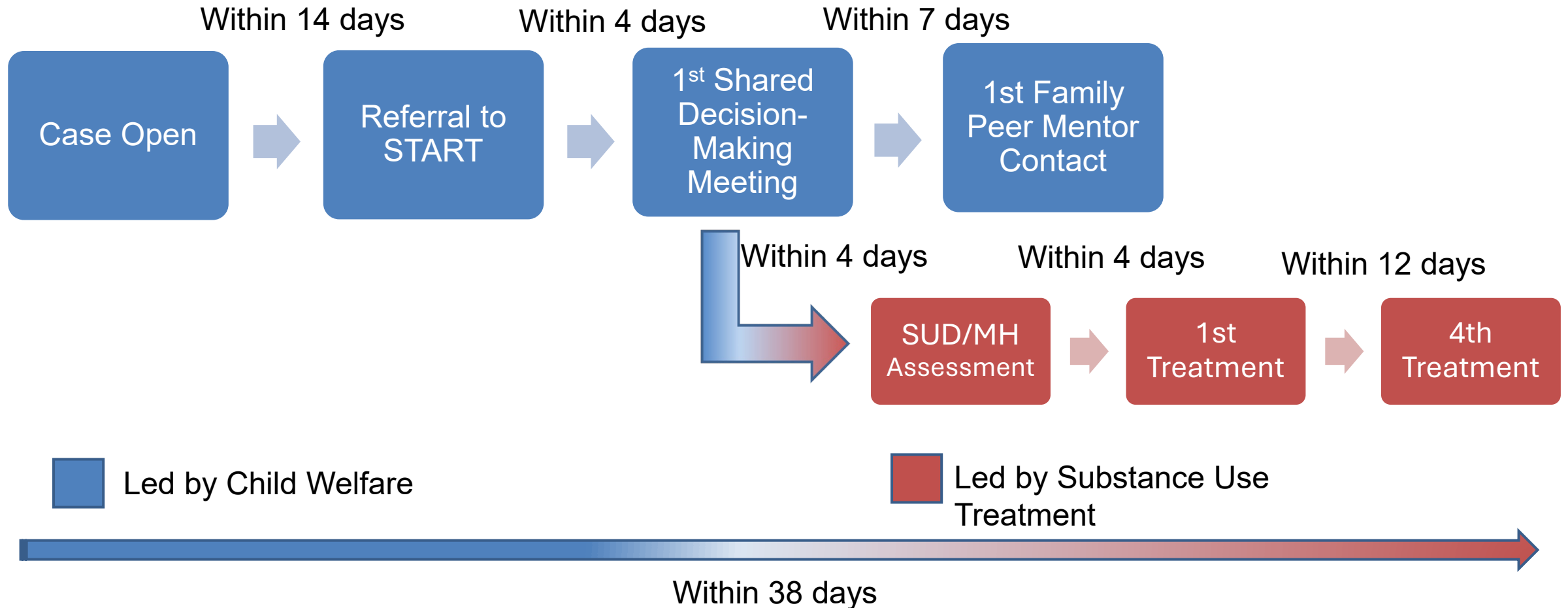


High likelihood of substantiated allegations, foster care placement, and failure to reunify (Freisthler et al, 2017; Wulczyn, et al, 2019; Lloyd, Akin, & Brook, 2017)

Sobriety Treatment & Recovery Teams (START)

Child welfare intervention for families affected by child maltreatment and parental substance use disorder (SUD)

- ✓ Expedites parents' access to treatment
- ✓ Improved treatment retention
- ✓ Higher levels of sobriety
- ✓ Keeps families together during and after the intervention



What Kind of Collaboration Does it Take to Implement START?

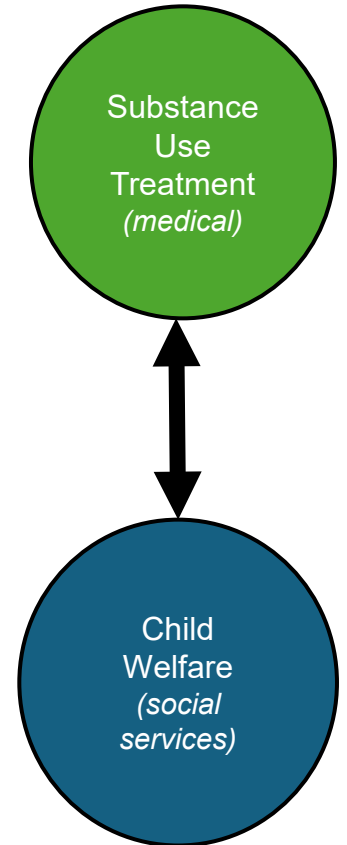
Collaboration Strategies are Implementation Strategies

- Relationships across child welfare and behavioral health systems are important for START.
- Collaboration can be challenging and look different in every county.



What Types of Collaboration Strategies are Effective?

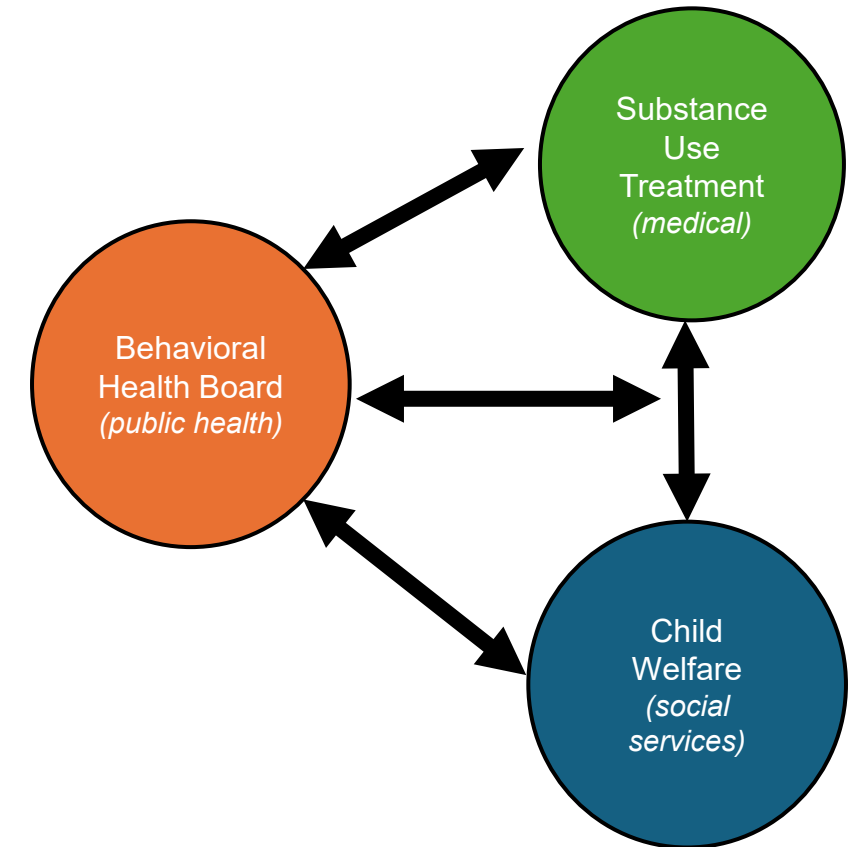
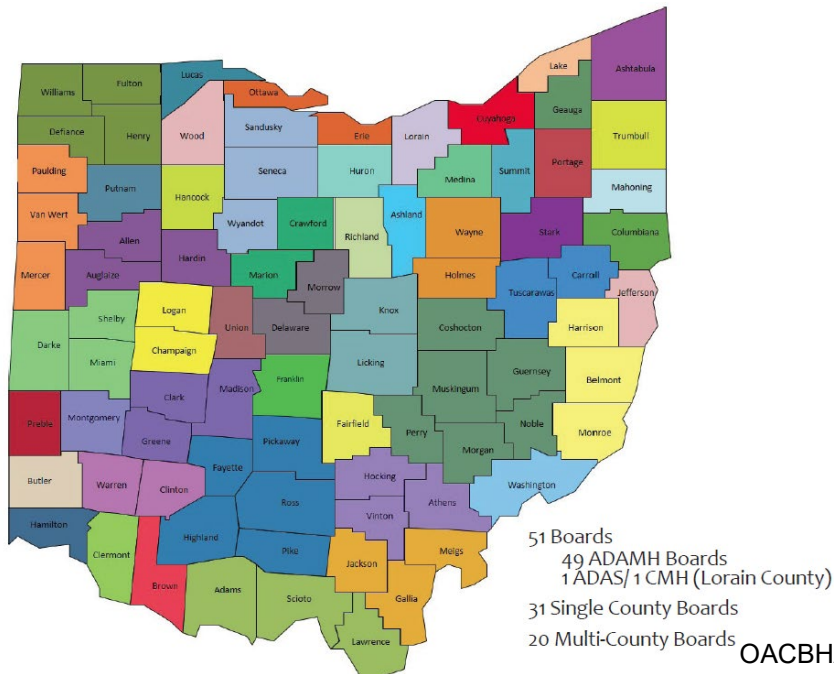
Collaborating to Implement Cross-System Interventions in Child Welfare and Substance Use (R34DA046913; 2019-2022):
Examine collaborative strategies associated with START implementation, and develop and pilot a decision support guide - *Collaborating Across Systems for Program Implementation (CASPI)* (Cohort 1 counties)



Can Regional Coordinating Bodies Align Systems?!

Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards (n=50)

- Centralized county/regional administrative entities; Quasi-governmental
 - Serves a public health function in behavioral health
 - Manage local networks of behavioral health providers (network administrative organization)



Context

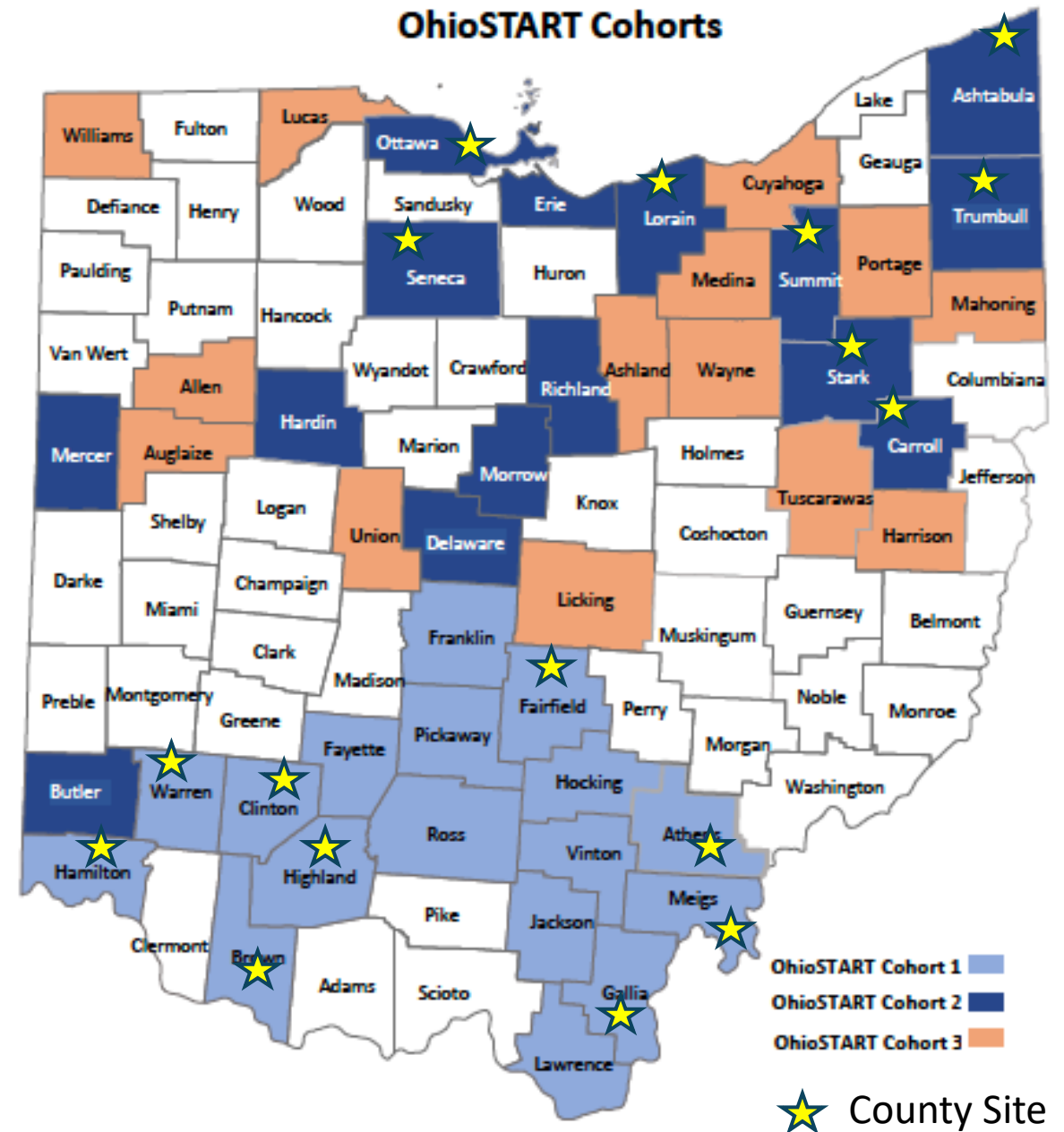
Cohorts 1 & 2 = 17 Counties

Small (pop<100,000; 61%)

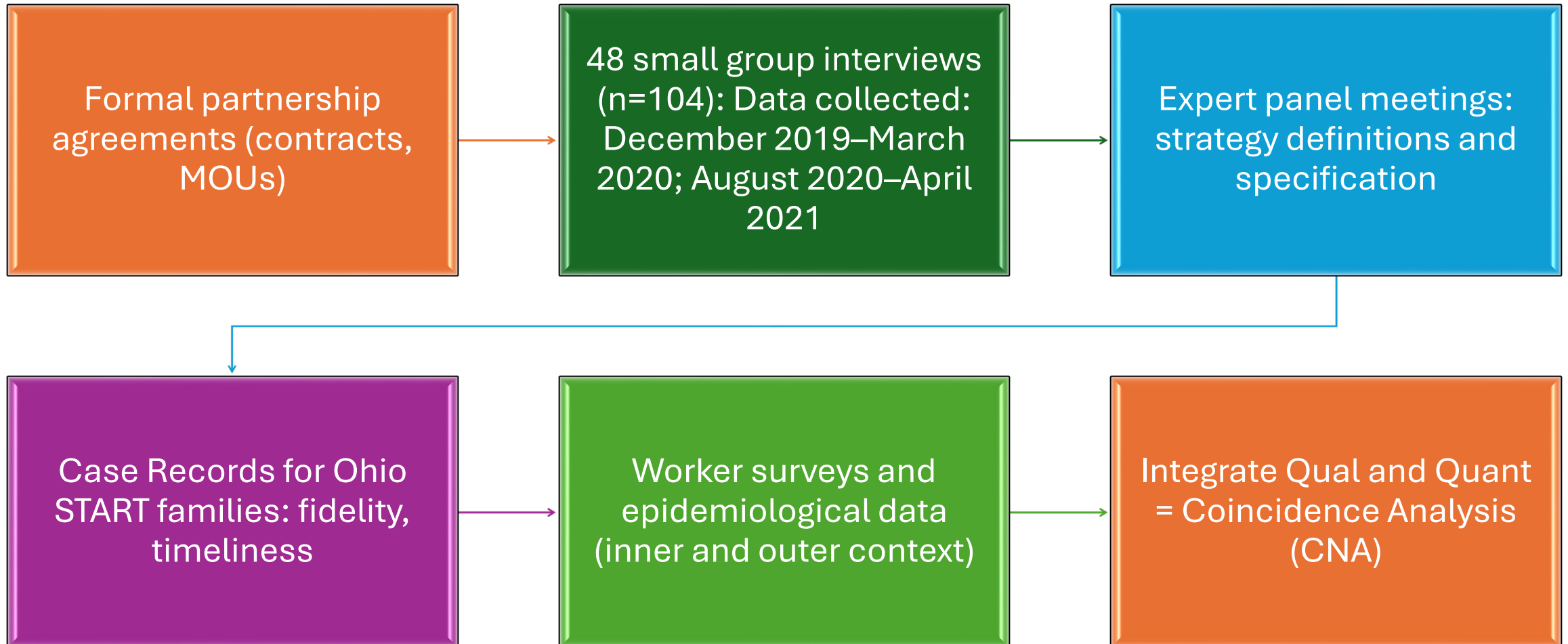
Rural (50%)

Appalachian (44%)

330 families as of Sept. 2020



Data Sources and Analysis

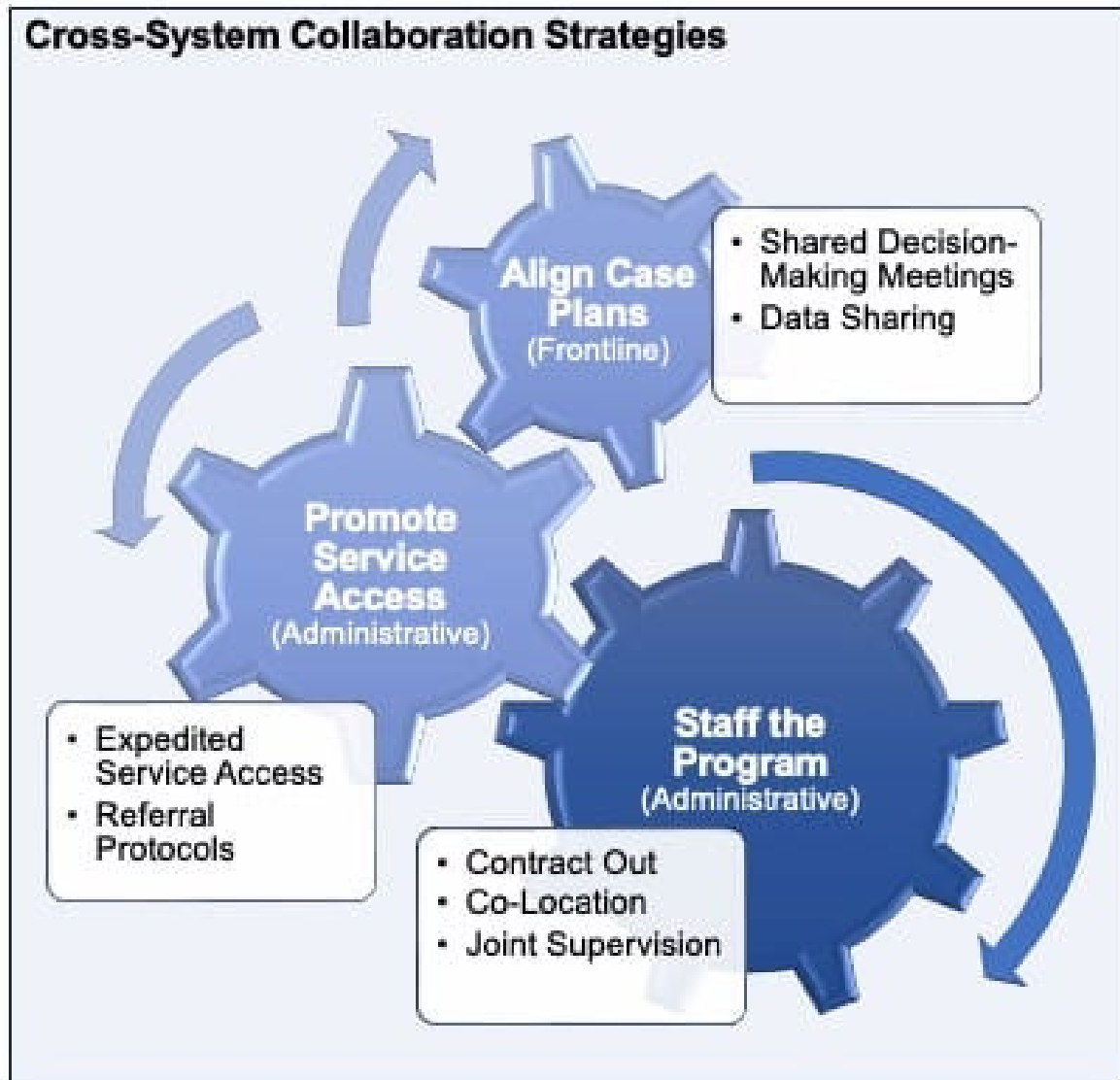


An abstract background featuring a network of blue cubes of various sizes connected by thin, golden-yellow lines. The cubes are scattered across the frame, with some appearing more prominent than others. The lines create a complex web of connections, suggesting a system or network. The overall color palette is a mix of light blue, gold, and a soft gradient of purple and pink at the bottom.

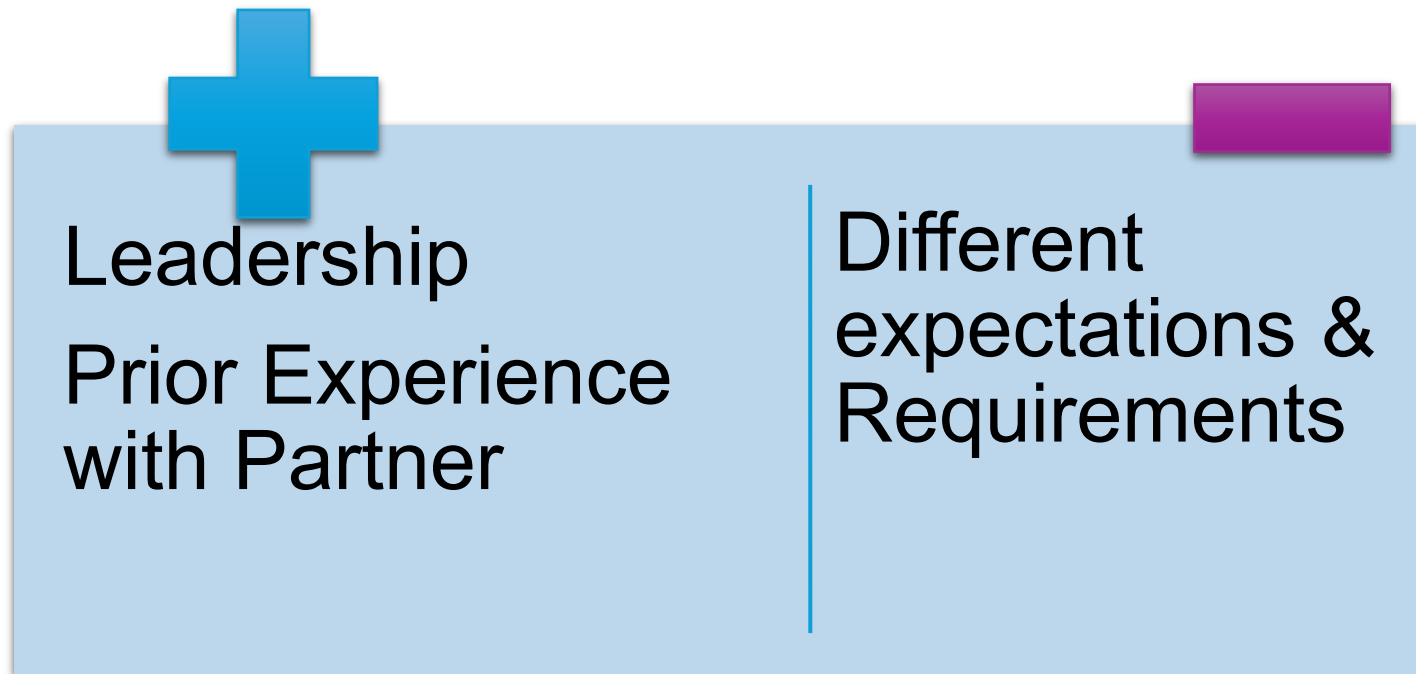
2. What We Learned About System Alignment

Public and Private Child Welfare and Behavioral Health Systems

7 Ways to Collaborate Across Systems



Cross-System Collaboration is Hard



With implementation, comes improved mutual understanding.

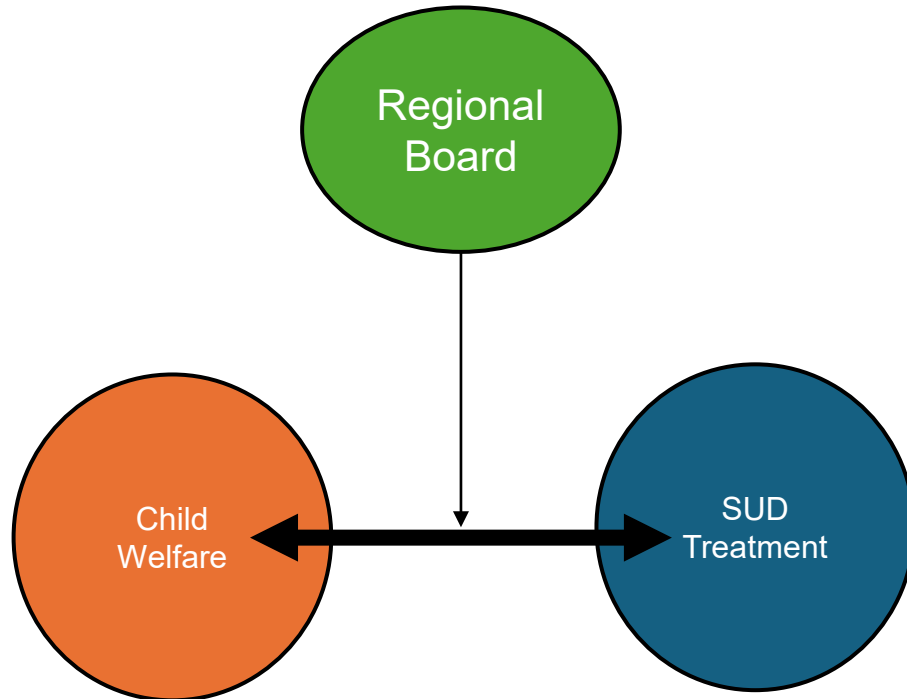
Contract Language Matters

Counties with more timely service delivery tended to have more language that specified shared collaborative purpose in contracts and MOUs.

- Collaborate
- Partnership



3 Ways for Boards to Help



Planning

- Share general information
- Participate on START Steering Committees = 7 counties (41%)

Brokering = 7 counties (41%)

- Provide information about providers during partner selection
- Provide connection to BH provider or family peer mentor

Resourcing = 4 counties (23%)

- START program = 1 county (6%)
- START clients (Hotel vouchers, food cards) = 4 counties (23%)

Boards Help When there is High Need and Low Internal Leadership Support

Coincidence analysis results

	High fidelity (n=6)		Low fidelity (n=11)	
	SP 1	SP 2	SP 3	SP 4
Board support		●		○
Communication quality			○	
Leadership support	●			○
High community need		●	○	●
# of counties in SP*	3	3	6	4
Overall Model Consistency	100%		100%	
Overall Model Coverage	83%		91%	

SP = Solution pathway
● = Presence; ○ = Absence

* 1 high fidelity county met conditions for both solution pathways

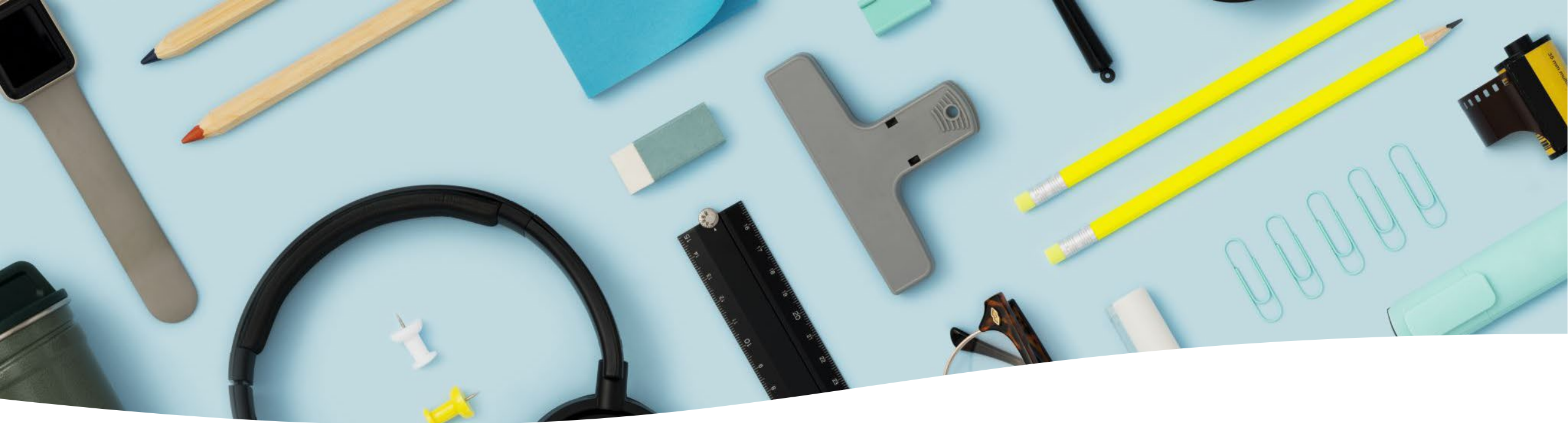
Leadership support matters for implementation.

But when internal leadership support is low, resource support from Boards can improve intervention fidelity in communities where need for intervention is high.

Chuang, E., Bunger, A., Smith, R. *et al.* Collaboration strategies affecting implementation of a cross-systems intervention for child welfare and substance use treatment: a mixed methods analysis. *Implement Sci Commun* 5, 127 (2024). <https://doi.org/10.1186/s43058-024-00666-w>



3. Developing the CASPI Toolkit



Toolkit Purpose

This toolkit was designed to offer practical guidance for:

- selecting an approach to collaboration,
- specifying the terms of a partnership agreement
- engaging external support

Collaborative Development

- Planning and adjusting plan with our partners
 - Change audience (agency leaders --> TA providers)
- Research team drafted
- Discussion, review, revise with Implementation Technical Assistance Providers





Collaborating across systems for program implementation



<https://u.osu.edu/collaborateforchange/>

Contents

1. Collaboration
Strategies

2. Contracting
Guide

3. Engaging
Behavioral Health
Boards

Contents

Collaboration strategies to staff the model

Organizations might collaborate in three ways to staff the model.

I. CONTRACT OUT FOR EXPERTISE

Contracting out for expertise involves outsourcing a staff role needed to implement a particular model to another organization. This entails an agreement that the staff person in this position is employed by another organization for purposes of supporting the model in the focal organization.

Specific application example:

Child welfare agencies outsource the family peer mentor position to their behavioral health partner. The behavioral health organization is the employer of the family peer mentor, although responsibility for hiring/supervision/administration of the family peer mentor position is shared by both the child welfare and behavioral health partners.

“So out of necessity, we were looking for partnerships within the community to provide some of the services that we were no longer able to provide the families, based on a lack of personnel.”

- Public children's services

9

1. Collaboration Strategies

2. Contracting Guide

3. Engaging Behavioral Health Boards

Contents

Designing

OVERVIEW

- Objectives:**

 - Identify the elements and language that need to be included in the contract
 - Review the guiding questions to determine which elements need to be codified based on the contract needs
- People:**

 - Administrators and supervisors responsible for programming/staffing decisions
 - Procurement staff and HR staff
 - Supervisors/coordinators to capture front-line perspectives
 - Other community partners and/or funders able to influence model success
 - Resource: Technical assistance providers
- Goals:**

 - Drafted contract
 - Negotiate a contract that is completed and signed by all parties

CHECKLIST

Guiding questions	Considerations	What action, if any, should we take to put in place?
Identify how we will align our contracts with the model		
<ul style="list-style-type: none">• Have we identified the model-specific practices and requirements?• Have we clarified what is different about the model?	<ul style="list-style-type: none">• Unique attributes of the model staff roles, team meetings, information exchange and documentation, case coordination)• Key component of the model to include in contracts	
<ul style="list-style-type: none">• Have we specified our goals and the goals of our partners?	<ul style="list-style-type: none">• Individual goals and shared goals across all partners• Shared outcomes for clients/families	
Identify our existing capacities and resources needed		
<ul style="list-style-type: none">• Should we incorporate hiring practices into the contract?	<ul style="list-style-type: none">• Responsibility for hiring, reviewing resumes, interviews• Required and preferred qualifications for the staff role	

1. Collaboration Strategies

2. Contracting Guide

3. Engaging Behavioral Health Boards

Contents

II. BROKERING

Boards also support cross-system intervention implementation by brokering relationships among organizations and people in different organizations. This might involve helping organizations identify potential partners, facilitating introductions, and providing support for the relationships.

Example application:

Boards share information about local behavioral health agencies and the evidence-based interventions they deliver to help child welfare agencies identify potential partners who can provide needed treatment for families. Board representatives might also facilitate introductions, and help negotiate around specific model elements (e.g., asking for priority status/expedited service delivery). In some circumstances, Boards might be involved in helping to create, negotiate, and execute formal contracts or partnerships. Given their connections to peer support groups, Boards might also be very helpful for recruiting or identifying potential peer mentors.

“Our board in the beginning was critical with our development. They really did get us connected to [a behavioral health provider] to have that peer connection. We would have spent much more time in the beginning without them finding that connection.”

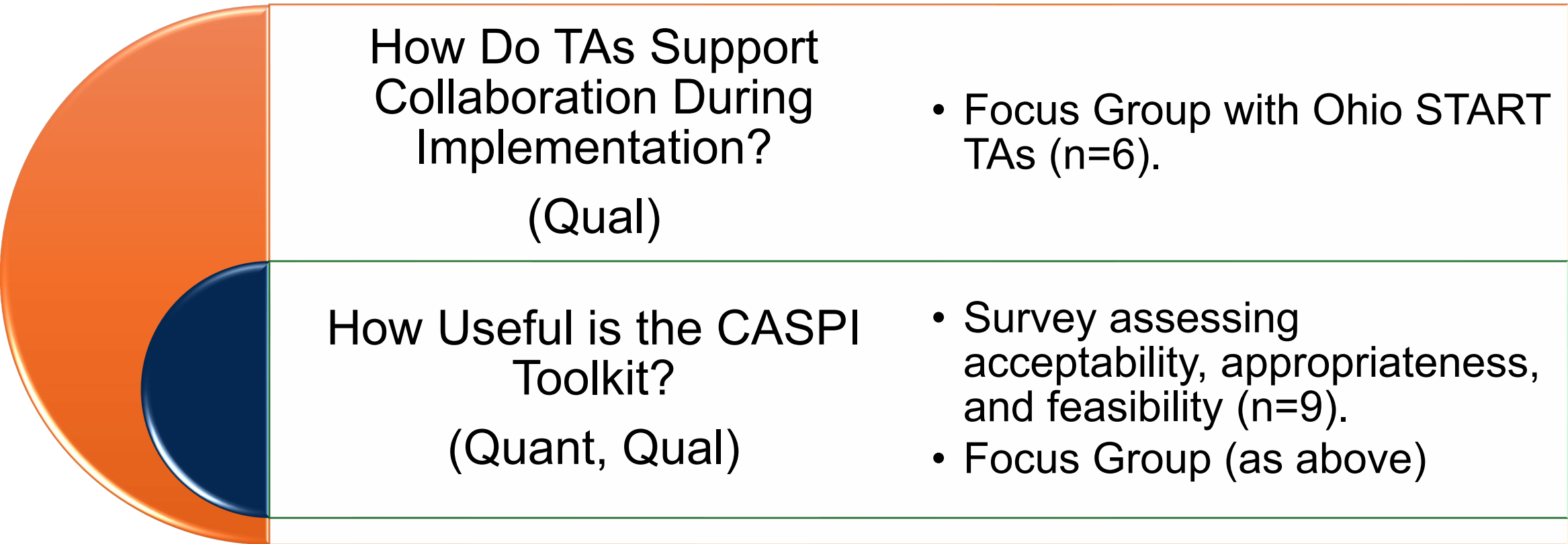
- Child Welfare agency in medium-sized county

1. Collaboration Strategies

2. Contracting Guide

3. Engaging Behavioral Health Boards

Methods for Exploring CASPI Usefulness





4. Well, how useful is it?

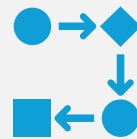
Collaboration Happens in Every Phase



Preparation: Identify collaboration gaps, select partners



Implementation: Build communication, manage conflict, align workflows



Sustainment: Revisit and re-establish partnerships, adapt to change

Toolkit Ratings: Strong Support

Likes

- Comprehensive and consistent way of approaching collaboration
- Contracting guide
- Real world quotes, Steps, timelines, checklists
- Non-technical language and Glossary
- White space for note taking
- Online version allows for virtual coaching (printable version useful for ISPs) and different learning styles

Areas for Improvement

- Not used, forgotten
- Limited guidance for how to use when coaching
- Length is overwhelming for implementers

Domain	Average (SD)
Acceptability	4.3 (0.65)
Appropriateness	4.1 (0.58)
Feasibility	4.1 (0.63)

Strategy Relevance: What Resonated Most

Top-rated strategies:

Shared decision-making meetings (26.4/28)

Data sharing, expedited access agreements

Moderate:

Referral protocols, joint supervision

Lower-rated (but still valuable):

Contracting out, co-location

What We Heard in the Focus Group



TOOLKIT
SUPPORTS WORK
ACROSS ALL
PHASES



GREAT CONTENT—
BUT OFTEN
FORGOTTEN



POTENTIAL USES:
WORKSHEETS IN
MEETINGS, QUICK
REFRESHERS



STRONG INTEREST
IN INTEGRATING IT
INTO TA
WORKFLOWS

Why Isn't It Being Used (Yet)?



Toolkit was introduced briefly—didn't stick



Users unclear on when/how to apply it



Focus group reignited interest and ideas



Repetition and support are key to uptake

Next Steps for CASPI Toolkit



Develop one-pagers for quick access



Explore better ways to introduce the toolkit

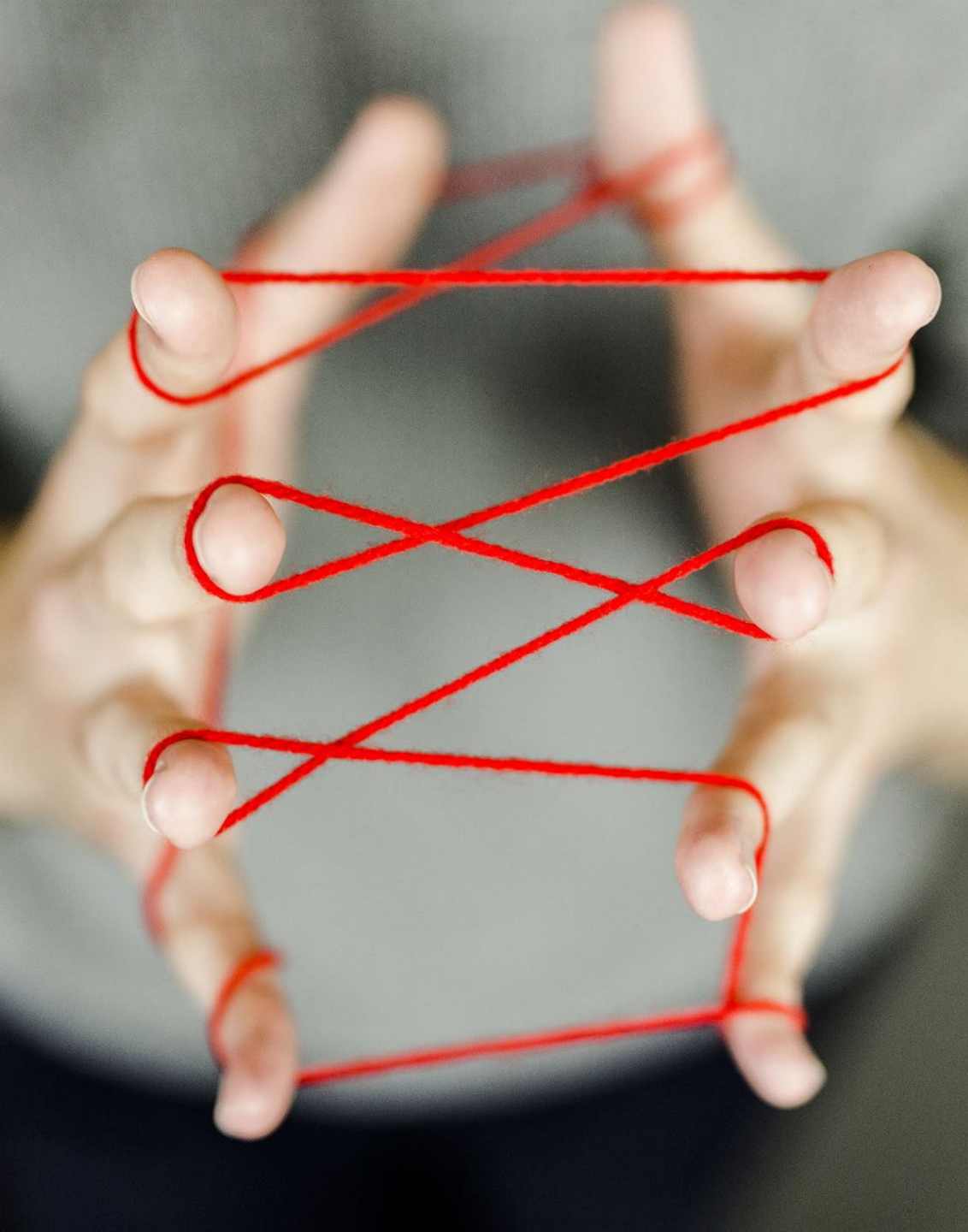


Consider adapting toolkit for other systems/sectors



Key Messages

- Collaboration coaching is central and ongoing
- Toolkit is well-designed, but needs deeper rollout
- With support, CASPI can be a powerful TA resource



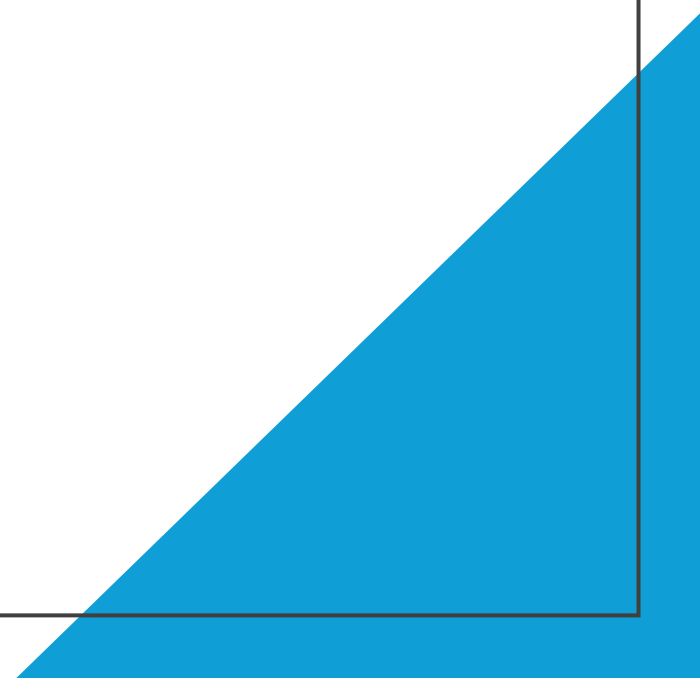
• **CONCLUSION**

- The CASPI has *potential* to support TAs who play a critical role in supporting implementation of complex, cross-system interventions.
- Additional efforts are needed to help TAs use toolkits
 - Create one page graphics or handouts to use during coaching
 - Include guidance for when and how each component can be used



THE OHIO STATE UNIVERSITY

Thanks!



Integrating Health and Social Services through a Novel Independent Practice Association

Wednesday, February 28 | 12pm ET



Integrating Health and Social Services through a Novel Independent Practice Association

Wednesday, February 28 | 12pm ET



Funding Opportunity



Learn more [here](#).

Acknowledgements

Systems for Action is a National Program Office of the Robert Wood Johnson Foundation and a collaborative effort of the Colorado School of Public Health, administered by the University of Colorado Anschutz Medical Campus, Aurora, CO.



Robert Wood Johnson
Foundation

colorado school of
public health