



IMPLEMENTATION WITHIN THE CHILD WELFARE SYSTEM: IMPROVING SERVICES FOR FAMILIES WITH EVIDENCE

Lisa Saldana, PhD

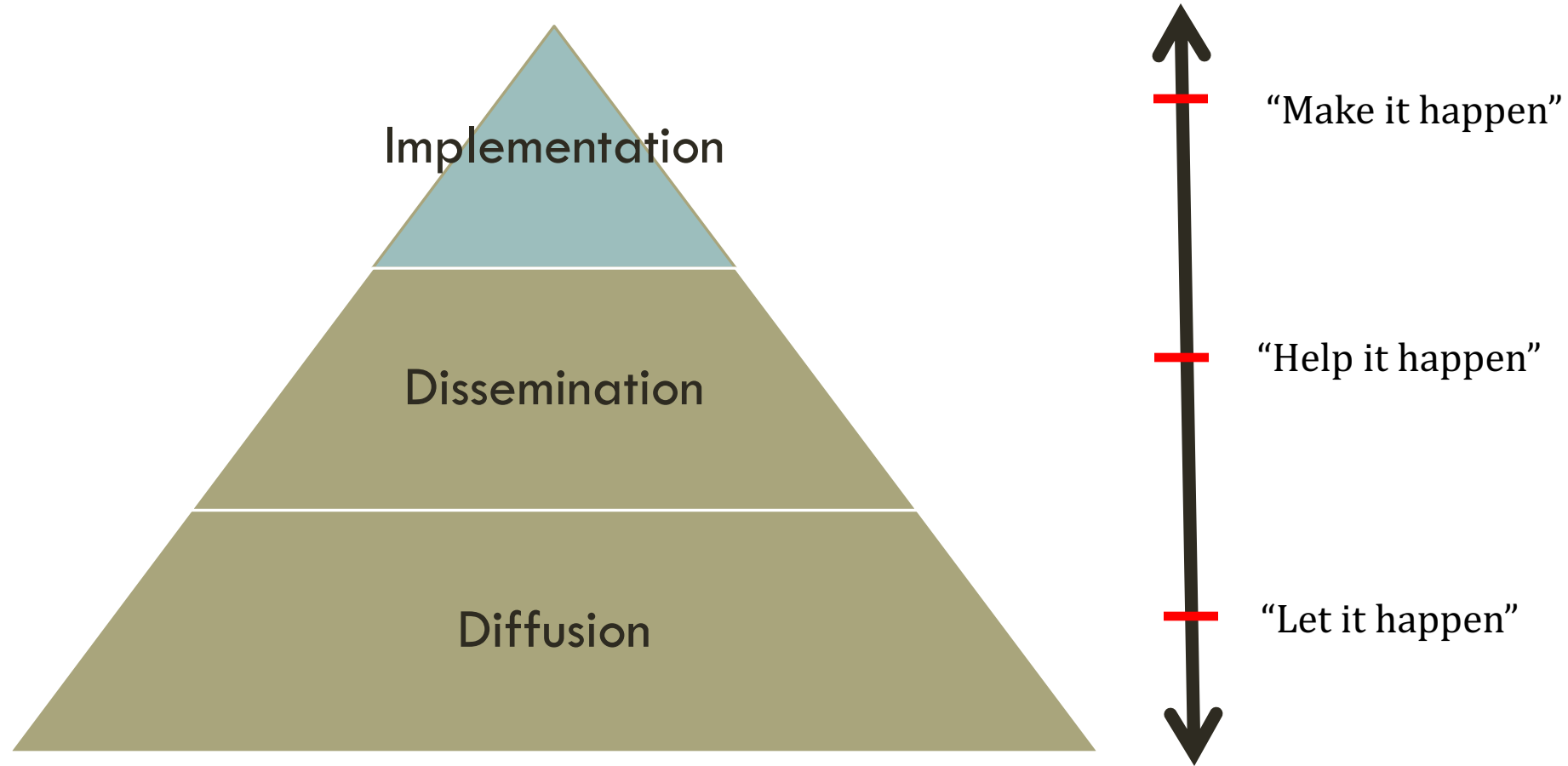
Leveraging Systems to Improve and Expand Child Sexual Abuse Prevention

Penn State Child Study Center

January 14, 2022



DEFINITIONS



(Greenhalgh et al., 2004; Lomas, 1993)



CHILD WELFARE CONTEXT



Child welfare systems (CWSs) employ thousands of social service staff and providers across states to serve a highly vulnerable population—families that are system-involved for myriad social determinants of health.

It is widely recognized that the CWS workforce is under-resourced, over-extended, and in need of evidence-based support.

Poorly trained staff and limited staff supervision hinder the delivery of effective practices within the CWS.

More research is needed linking practice outcomes to workforce issues, particularly regarding organizational change strategies

Research is needed to help CWS organizations employ improvement strategies and adoption of evidence-based programs that are well developed, well implemented, and sustainable.

IOM (Institute of Medicine) and NRC (National Research Council). 2014. *New directions in child abuse and neglect research*. Washington, DC: The National Academies Press.

CHILD WELFARE SYSTEMS

Federal Administration



System Leadership



Agency Leadership



Program Leadership



Supervisor



Caseworker / Staff



Bio and Foster Families



Children

IMPLEMENTATION PROCESS AND HEALTH EQUITY

Elements of Implementation Science that can Support Advancements in Health Equity

- Focus on reach from the very beginning
- Design and select interventions for vulnerable populations and low-resource communities with implementation in mind
- Implement what works and develop implementation strategies that can help reduce inequities in care

Implementation Process Models:

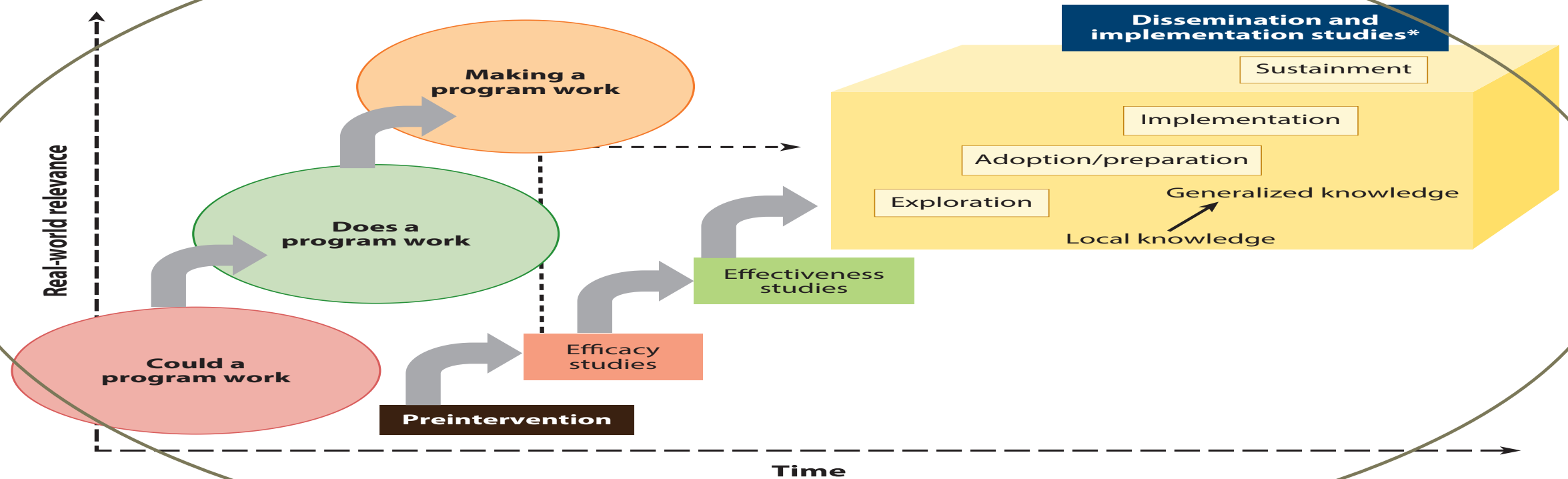
- Describe and/or guide the process of translating research into practice
- Recognize a temporal sequence of implementation endeavors
- Specify steps (stages, phases) of implementation



Baumann, A.A., Cabassa, L.J. (2020). Reframing implementation science to address inequities in healthcare delivery. *BMC Health Serv Res* 20, 190

Nilson, P. (2015). Making sense of implementation theories, models, and frameworks. *Implementation Science*, 10, 53.

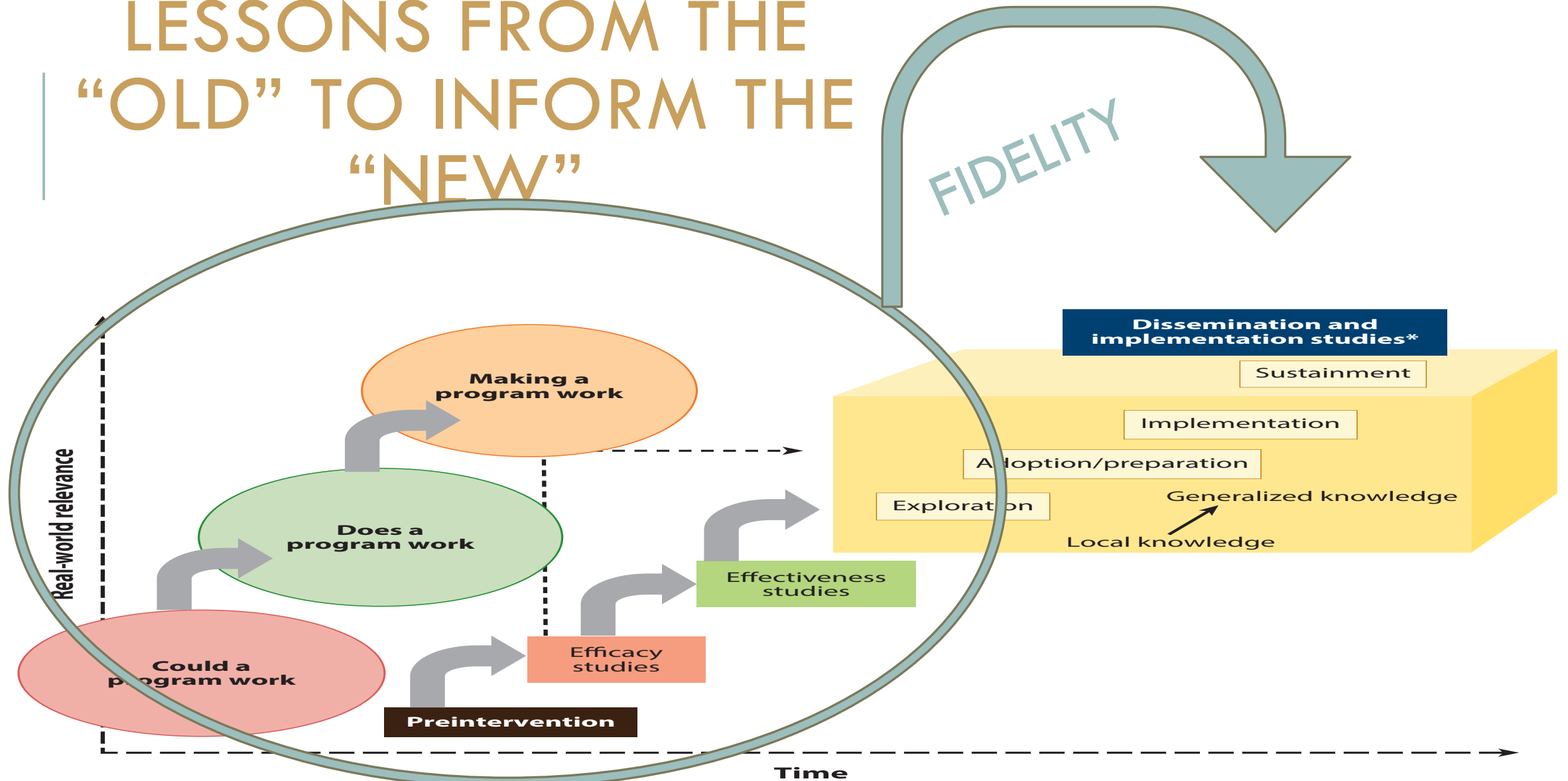
INTERVENTIONS DEVELOPED FOR SCALE-UP MUST CONSIDER IMPLEMENTATION FROM THE GET-GO



*These dissemination and implementation stages include systematic monitoring, evaluation, and adaptation as required.

Brown, C. H., Curran, G., Palinkas, L., Aarons, A., et al., 2017
Annu. Rev. Public Health 2017. 38:1–22

LESSONS FROM THE “OLD” TO INFORM THE “NEW”



*These dissemination and implementation stages include systematic monitoring, evaluation, and adaptation as required.

Brown, C. H., Curran, G., Palinkas, L., Aarons, A., et al., 2017
Annu. Rev. Public Health 2017. 38:1–22

BALANCING INTERVENTION AND IMPLEMENTATION FIDELITY



Primary goal of implementation is to implement interventions to achieve positive clinical outcomes. To do so, must understand what makes:

An **intervention** work

- The key ingredients for achieving clinical outcomes
- Often interventions designed for targeted populations

An **implementation** work

- The key ingredients for achieving implementation outcomes
- Often implementations designed for targeted contexts

BALANCING INTERVENTION FIDELITY AND IMPLEMENTATION CONTEXT

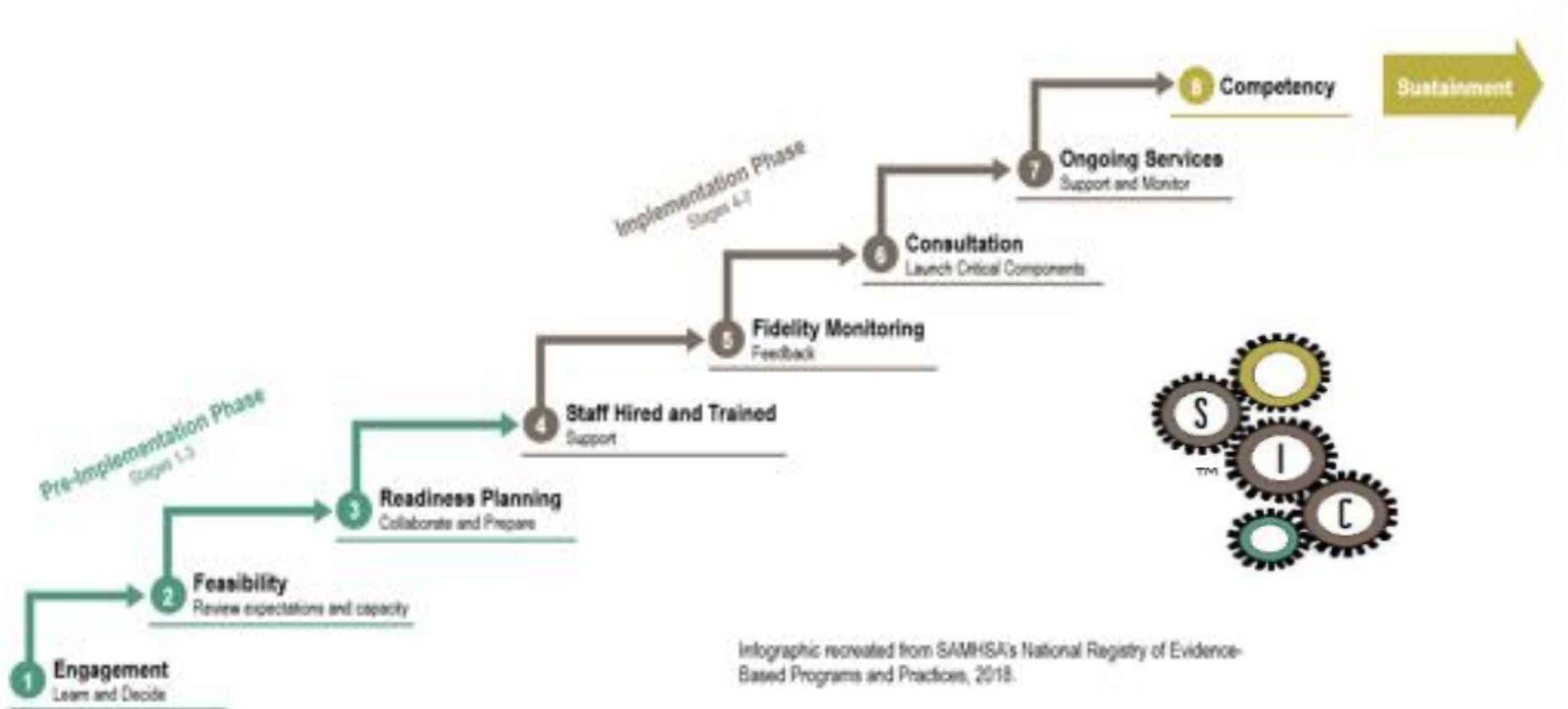


DECREASE INTERVENTION ADAPTATION WITH HIGH IMPLEMENTATION FIDELITY



STAGES OF IMPLEMENTATION COMPLETION

[HTTPS://WWW.OSLC.ORG/SIC/](https://www.oslc.org/sic/)



STAGES OF IMPLEMENTATION COMPLETION®

Stages:		Activity Completion Date:
1	Engagement	Interest Indicated
2	Consideration of Feasibility	Feasibility Questionnaire Program Champion Identified
3	Readiness Planning	Stakeholder Meeting Communication Plan
4	Staff Hired and Trained	First Supervisor Selected Supervisor Training
5	Fidelity Monitoring in Place	Fidelity Training Conducted Recording Equipment Tested
6	Services and Consultation Begin	First Intake Assessment First Intervention Session
7	Ongoing Program Delivery and Fidelity Monitoring	Supervisor Development Plan Financial Viability Plan review
8	Competency (certification)	Rated Competent for Sustainment

Note: Implementation activities populate the 8 stages within 3 phases. Stages 1-3 are Pre-Implementation, Stages 4-7 Implementation, and Stage 8 is achievement of program competency for Sustainment.

UNIVERSAL SIC- 46 ITEMS ACROSS 8 STAGES (IMPLEMENTATION PROCESS FIDELITY)

Stage 1 – Engagement		
1_01	Date site is informed/learns services/program available	<ul style="list-style-type: none"> Agency or System identifies that a Program is available for Scale-up. Site might have proactively sought out information Information might have been purposefully disseminated to site
1_02	Date of interest indicated	<ul style="list-style-type: none"> Site reaches out to purveyor or developer group requesting initial information Site reaches out to purveyor or developer group express a desire to assess program fit
1_03	Date agreed to consider implementation	<ul style="list-style-type: none"> Site notifies purveyor or developer that they want to move forward with a potential implementation plan Site chooses the EBP from a list of practices available to implement Site agrees to talk with other relevant parties within the system or organization to determine if they would support adoption
1_04	Date initial cost information sent	<ul style="list-style-type: none"> Site expresses high enough interest that the purveyor or developer provides information regarding the costing structure for implementation General cost and resource information is provided to the site (not necessarily specific to site structure).

Stage 2 – Consideration of Feasibility		
2_01	Date of 1st site planning contact	<ul style="list-style-type: none"> Date of first discussion to describe the implementation process and expectations in detail Date of first discussion where implementation is outlined including negotiation to fit implementation plan within the parameters of the site's rollout
2_02	Date Stakeholder meeting #1	<ul style="list-style-type: none"> Date of first meeting with leadership and key members involved in the implementation process Meeting is most often in person, but can also occur via videoconference or teleconference Concrete information is provided to key members of site's initiative and expectations are clearly defined Key steps necessary to achieve positive outcomes are described
2_03	Date Feasibility Questionnaire completed	<ul style="list-style-type: none"> Documentation of feasibility is sometimes recorded by the site and sometimes by the purveyor Regardless, a dialogue occurs to address if it is feasible for site to implement the EBP using the typical implementation strategy Concrete expectations (e.g., regarding population served, flexible scheduling, collaboration with psychiatrist) are outlined and the value of specific needs clarified.
2_04	Date liaison/Program Champion representative identified to purveyor	<ul style="list-style-type: none"> Identification of the site's employee or team member responsible for taking the lead on the implementation efforts with the purveyor.

Stage 3 – Readiness Planning		
3_01	Date of cost calculator / funding plan review	<ul style="list-style-type: none"> Site and Purveyor look over program cost projections Site is provided with estimates for program costs and calculations are reviewed with purveyor specific to site
3_02	Date of staff sequence, timeline, hire plan review	<ul style="list-style-type: none"> Job titles, FTE and roles are discussed for the varying program positions. Purveyor provides a staffing timeline to make sure roles are filled in an efficient manner; e.g. therapist hired prior but close to training.
3_03	Date of recruitment review	<ul style="list-style-type: none"> Reviewing recruitment of non FTE positions essential to the implementation; e.g. foster parents, skills coaches... Might involve preparing pamphlets, advertising, attending community gatherings... The date should be the start of this process as it will continue and evolve over the entire implementation.

Stage 3 – Readiness Planning (continued)		
3_04	Date of referral criteria review	<ul style="list-style-type: none"> Establishing the source of the target population of the implementation efforts. Might involve preparing pamphlets, advertising, establishing locations to present on the intervention... The date should be the start of this process as it will continue and evolve over the entire implementation.
3_05	Date of communication plan review	<ul style="list-style-type: none"> Establishment of a plan for relaying information to necessary personnel; e.g. Crisis situation, weekly team meeting...
3_06	Date Stakeholder #2 and/or leadership meeting	<ul style="list-style-type: none"> Meeting where final questions about site needs and requirements are addressed with site's Executives, Purveyor and possibly Key Community Stakeholders.
3_07	Date written implementation plan completed	<ul style="list-style-type: none"> Finalized written plan establishing protocols, goals, policies and timelines for the implementation.
3_08	Date Service Provider selected	<ul style="list-style-type: none"> (Optional) Occurs when a System or Funder works through the earlier implementation activities and then selects a provider. (RFP)
3_09	Date of signed contract received	<ul style="list-style-type: none"> Execution of the implementation contract terms.
3_10	Date of initial materials sent	<ul style="list-style-type: none"> Providing the sites with the necessary literature, manuals and tools to get their clinical staff familiar with the model prior to training. Every Implementation process is unique and this activity might happen long in advance of establishing a contract.

Stage 4 – Staff Hired & Intro Training		
4_01	Date 1st clinical staff hired	<ul style="list-style-type: none"> Occurs either when the first clinical staff member is hired, reassigned or identified as being part of the implementation.
4_02	Date Program Supervisor trained	<ul style="list-style-type: none"> Team supervisor or leader is trained in the model.
4_03	Date initial clinical training held	<ul style="list-style-type: none"> Date when the clinical teams starts training or when the first clinical staff member receives training.
4_04	Date field team training held	<ul style="list-style-type: none"> The training of those members involved in the implementation that were identified in activity 3_03.
4_05	Date expert consultant assigned to site	<ul style="list-style-type: none"> Point when the team is paired with a purveyor designated expert to guide the freshly trained team through the implementation process with a goal of reaching fidelity within the model.

Stage 5 – Fidelity Monitoring Processes in Place		
5_01	Date fidelity system training held	<ul style="list-style-type: none"> Purveyor organization trains the site on the necessary implementation tracking to observe when implementation reaches fidelity. This may involve video recording and uploading, entering information in an online database...
5_02	Dates of 1st "developer" / Program Admin call	<ul style="list-style-type: none"> This call would be in excess of clinical consultation calls with the purveyor, but more on the line of addressing the site's leadership hurdles with the implementation.
5_03	Date fidelity technology equipment ready and/or first/test video uploaded	<ul style="list-style-type: none"> Likely occurs prior to training (5_01) and this would be the date when all the necessary technology components of supervision are in place; e.g. internet, video equipment, computers...
5_04	Date IT technician identified	<ul style="list-style-type: none"> With technology being heavily intervened into every implementation, this would be the date when the team IT person is established.

STAKEHOLDER ENGAGEMENT IS EMBEDDED IN IMPLEMENTATION AND ESSENTIAL ACROSS LEVELS

Helps Maintain Both
Implementation and Intervention
Fidelity

Stages of Implementation Completion (SIC) – Variable Descriptions

Stage 1 – Engagement	
Date site is informed/learns services/program available	<ul style="list-style-type: none">Agency or System identifies that a Program is available for Scale-up.Site might have proactively sought out informationInformation might have been purposefully disseminated to site
Date of Interest Indicated	<ul style="list-style-type: none">Site reaches out to purveyor or developer group requesting initial informationSite reaches out to purveyor or developer group express a desire to assess program fit
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Stage 2 – Consideration of Feasibility	
Date of 1st site planning contact	<ul style="list-style-type: none">Date of first discussion to describe the implementation process and expectations in detailDate of first discussion where implementation is outlined including negotiation to fit implementation plan within the parameters of the site's rollout
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May 2018

Multi-Levelled
Stakeholder
Engagement is a
Mechanism of Action
Regardless of
Intervention Being
Scaled-Up

Stage 3 – Readiness Planning (continued)	
Date of communication plan review	<ul style="list-style-type: none">Establishment of a plan for relaying information to necessary personnel; e.g. Crisis situation, weekly team meeting...
Date Stakeholder #2 and/or leadership meeting	<ul style="list-style-type: none">Meeting where final questions about site needs and requirements are addressed with site's Executives, Purveyor and possibly Key Community Stakeholders.



CASE EXAMPLE

A photograph of a man and a young girl riding a yellow bicycle together outdoors. The man, wearing a black tank top and glasses, is sitting behind the girl, holding the handlebars. The girl, wearing a blue tank top, is smiling and looking forward. They are on a paved path with green grass and trees in the background.

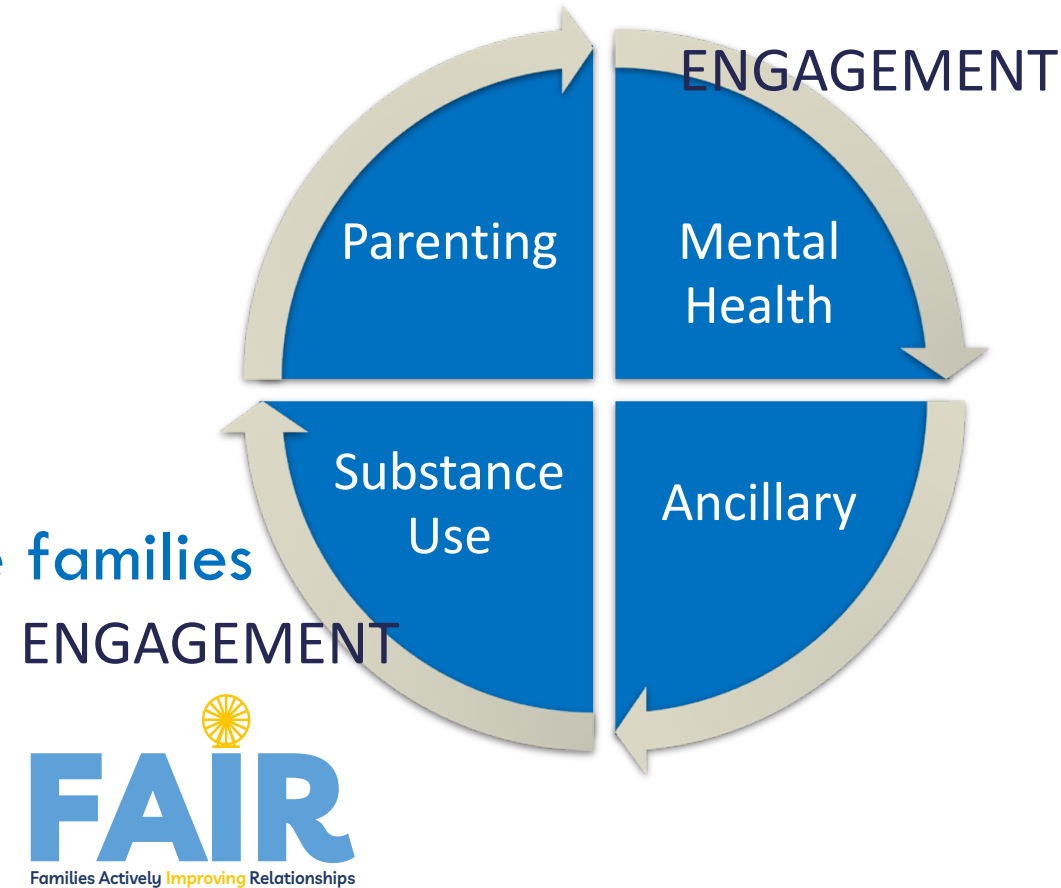
FAIR (FAMILIES ACTIVELY IMPROVING RELATIONSHIPS)

FAIR (Families Actively Improving Relationships) is an intensive, outpatient, home- and community-based program designed for parents experiencing challenges related to parenting, substance use, and mental health problems. Our model is strengths-based, trauma-informed, and integrates treatment for mental health, substance use, and parent-training into each session.

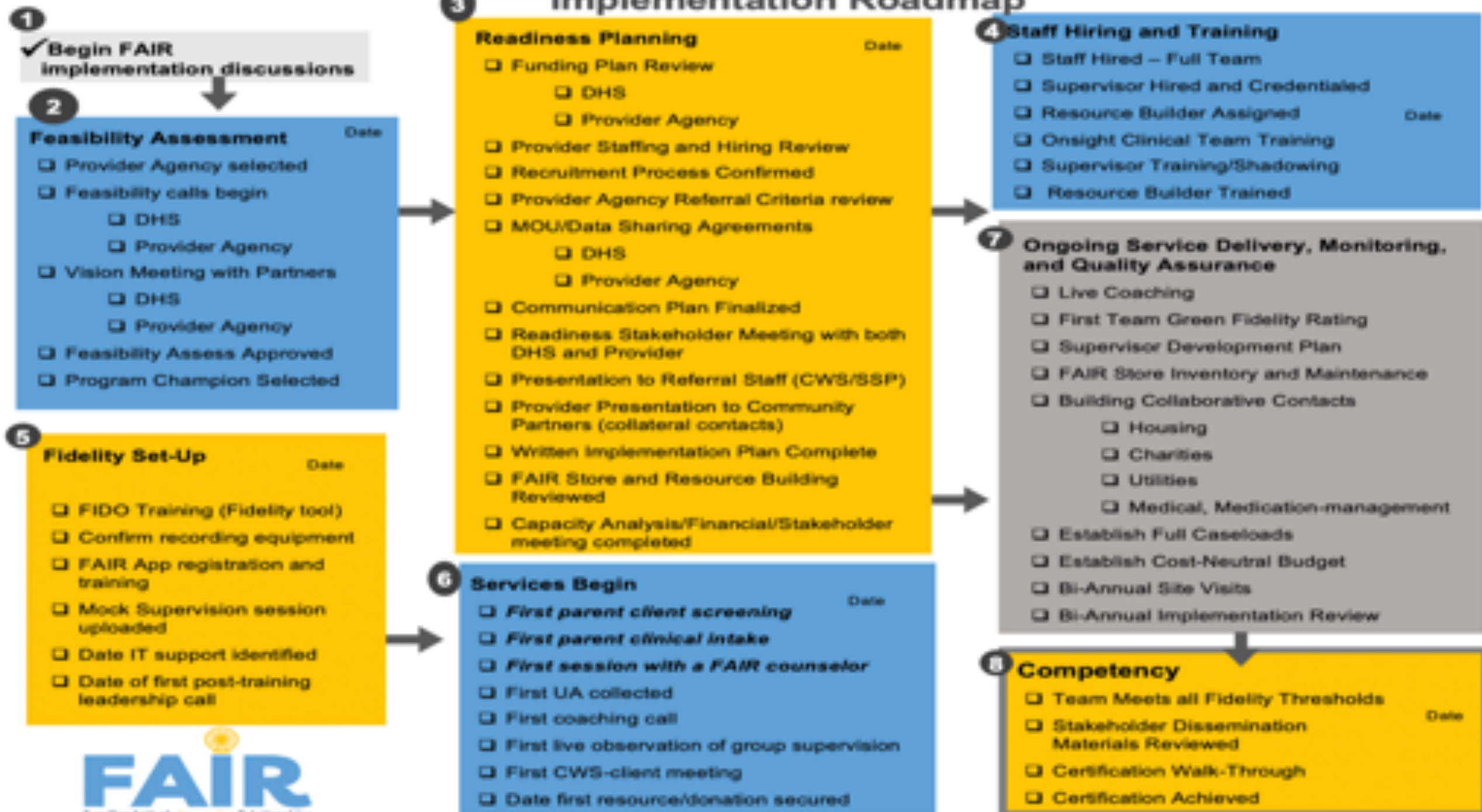
[Learn More](#)

PLAN FOR IMPLEMENTATION STARTING WITH INTERVENTION DEVELOPMENT

- ☀️ FAIR is a complex, multi-faceted intervention
- ☀️ Flexible Scheduling
- ☀️ Non-traditional treatment sessions
- ☀️ Engagement of traditionally difficult-to-engage families
- ☀️ Involves partnerships with ODHS systems
- ☀️ Collaboration with community service providers
- ☀️ **Collaboration with resource building opportunities – Essential for Cont. Mgt.**



Implementation Roadmap



3

Implementation Roadmap

Readiness Planning

Date

- ☐ Funding Plan Review
 - ☐ DHS
 - ☐ Provider Agency
- ☐ Provider Staffing and Hiring
- ☐ Recruitment Process Confirmed
- ☐ Provider Agency Referral Criteria review
- ☐ MOU/Data Sharing Agreements
 - ☐ DHS
 - ☐ Provider Agency
- ☐ Communication Plan Finalized
- ☐ Readiness Stakeholder Meeting with both DHS and Provider
- ☐ Presentation to Referral Staff (CWS/SSP)
- ☐ Provider Presentation to Community Partners (collateral contacts)
- ☐ Written Implementation Plan Complete
- ☐ FAIR Store and Resource Building Reviewed
- ☐ Capacity Analysis/Financial/Stakeholder meeting completed

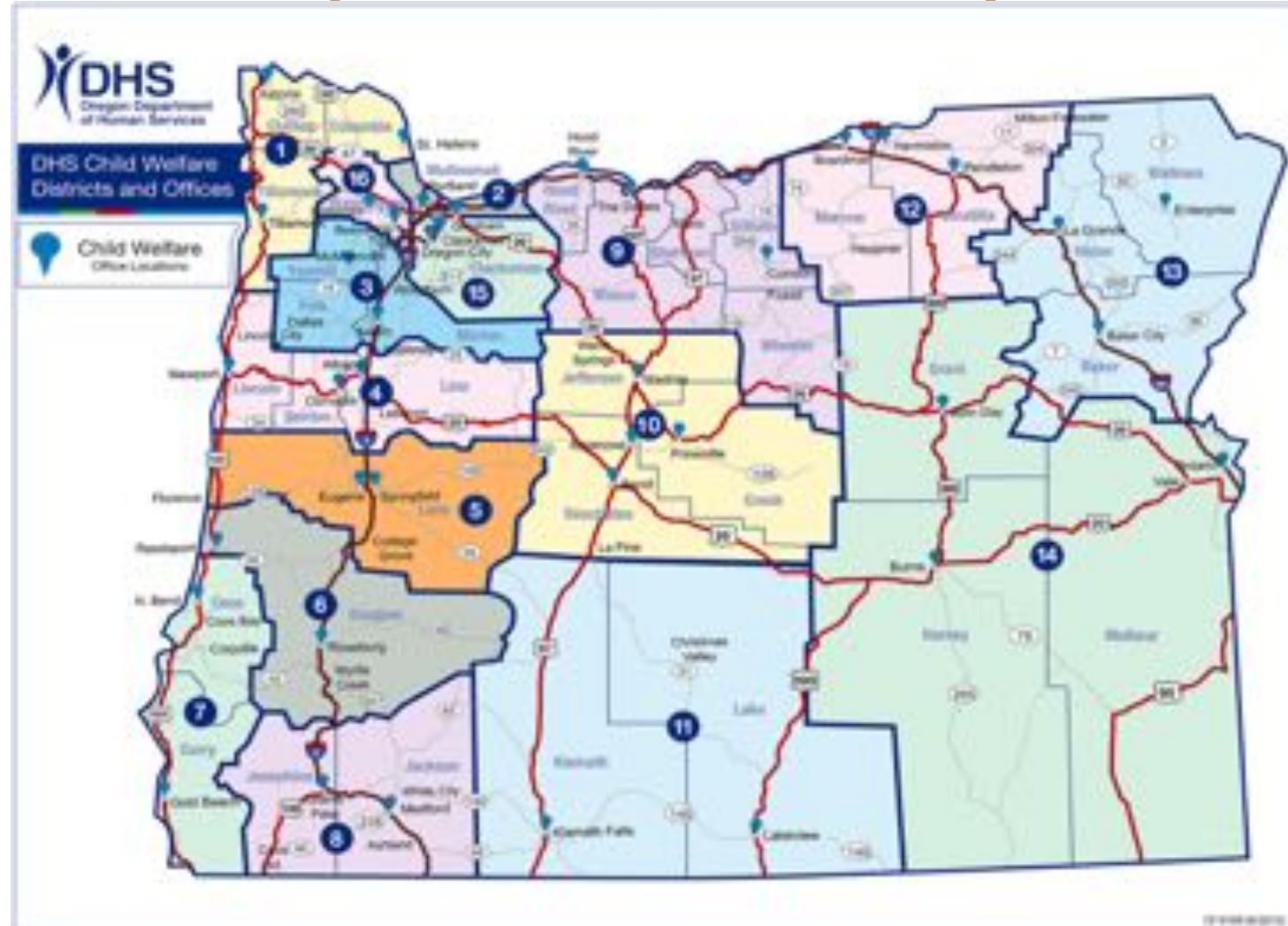
4 St

Funding
 Contracting with Medicaid for Reimbursement
 Mileage Estimates
 Credentialing/Licensing/Staffing Needs
 Securing FAIR Store Donations for Contingency Management



PRE-IMPLEMENTATION STAKEHOLDER ENGAGEMENT (SIC STAGE 1)

FAIR = Multi-leveled
Parallel Process



SYSTEM LEVEL: ENGAGEMENT

System – State ODHS



SYSTEM LEVEL: ENGAGEMENT

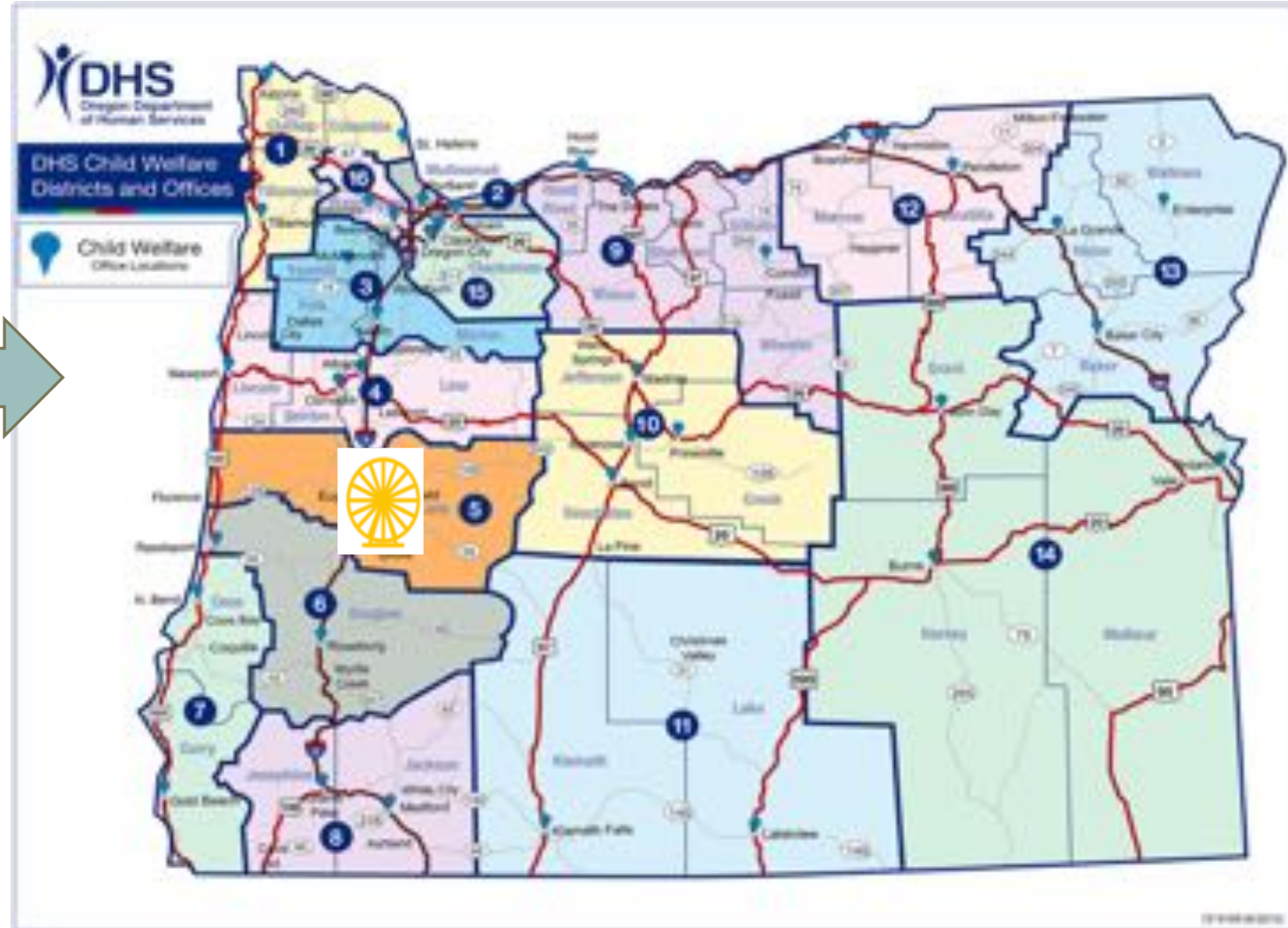
System – State ODHS



COUNTY LEVEL: ENGAGEMENT

System – State ODHS

System – County ODHS

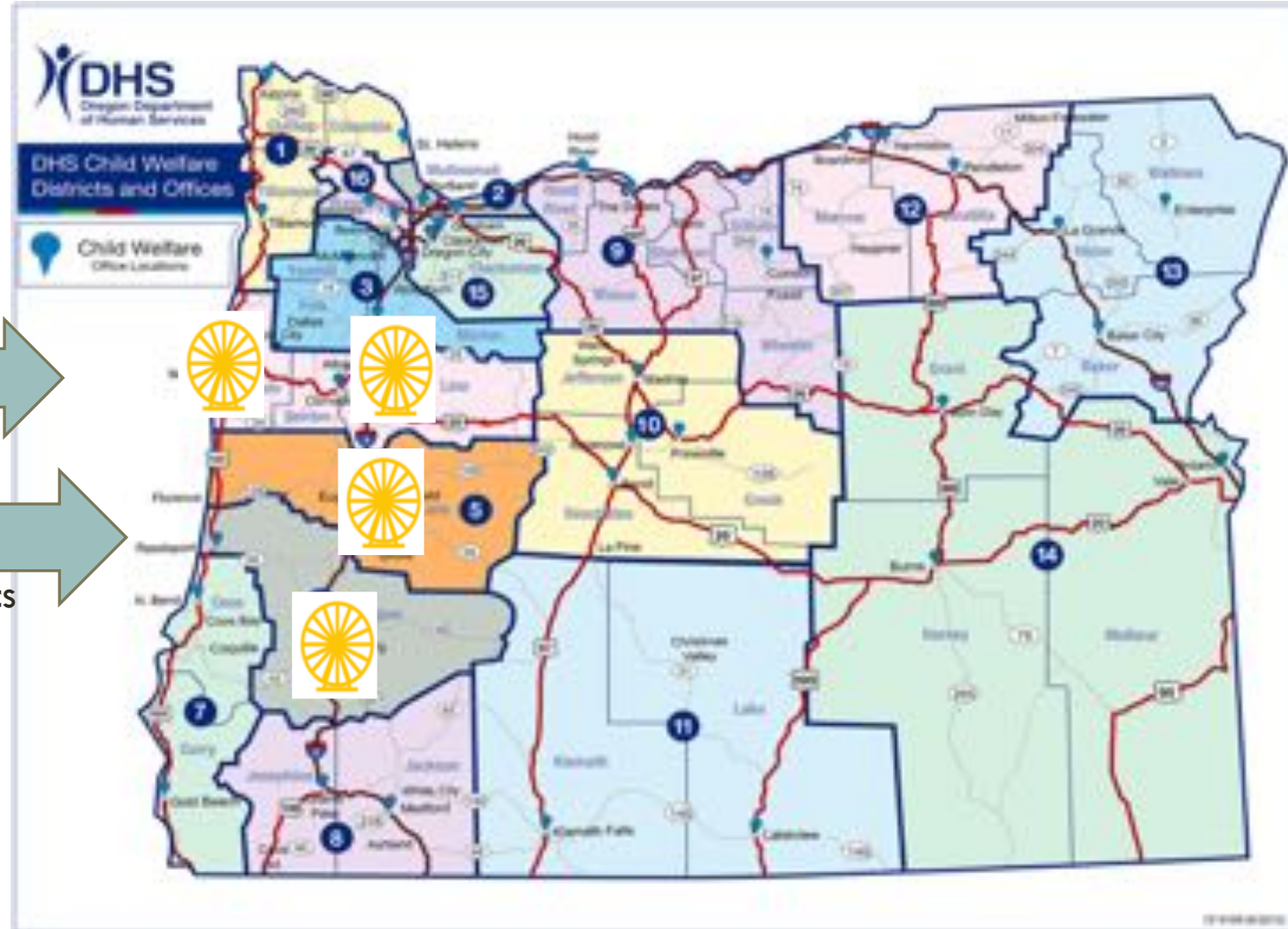


COUNTY LEVEL: ENGAGEMENT

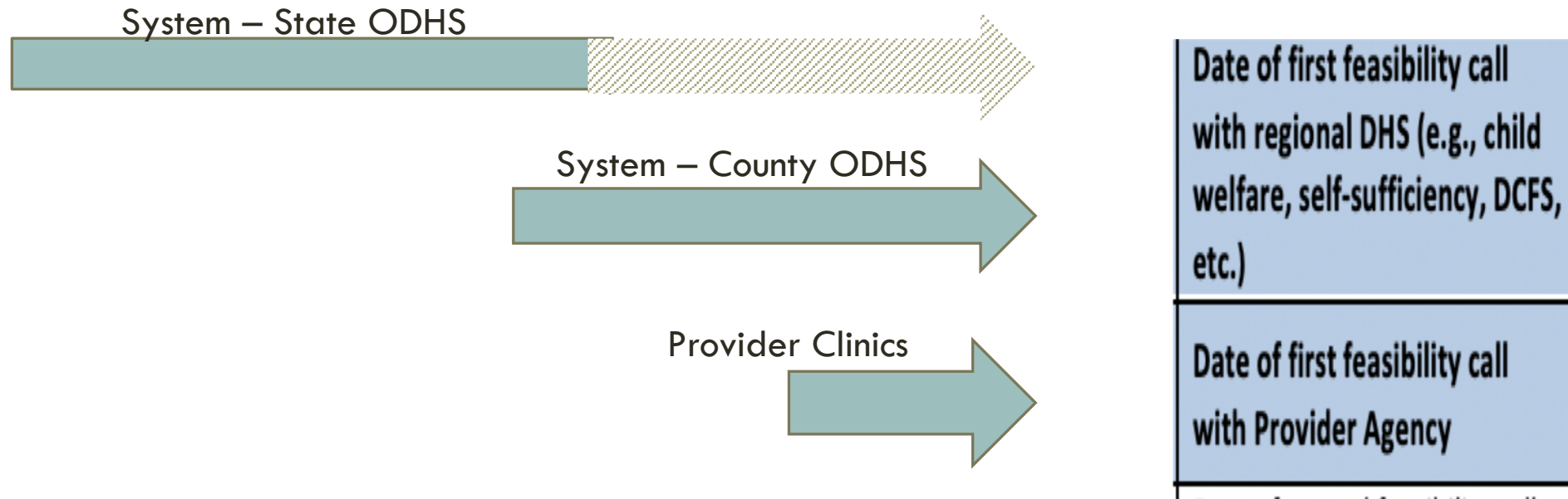
System – State ODHS

System – County ODHS

Provider Clinics



COUNTY-PROVIDER LEVEL: FEASIBILITY ASSESSMENT (SIC STAGE 2)



PROVIDER-COUNTY LEVEL: READINESS PLANNING (SIC STAGE 3)

System – State ODHS



System – County ODHS

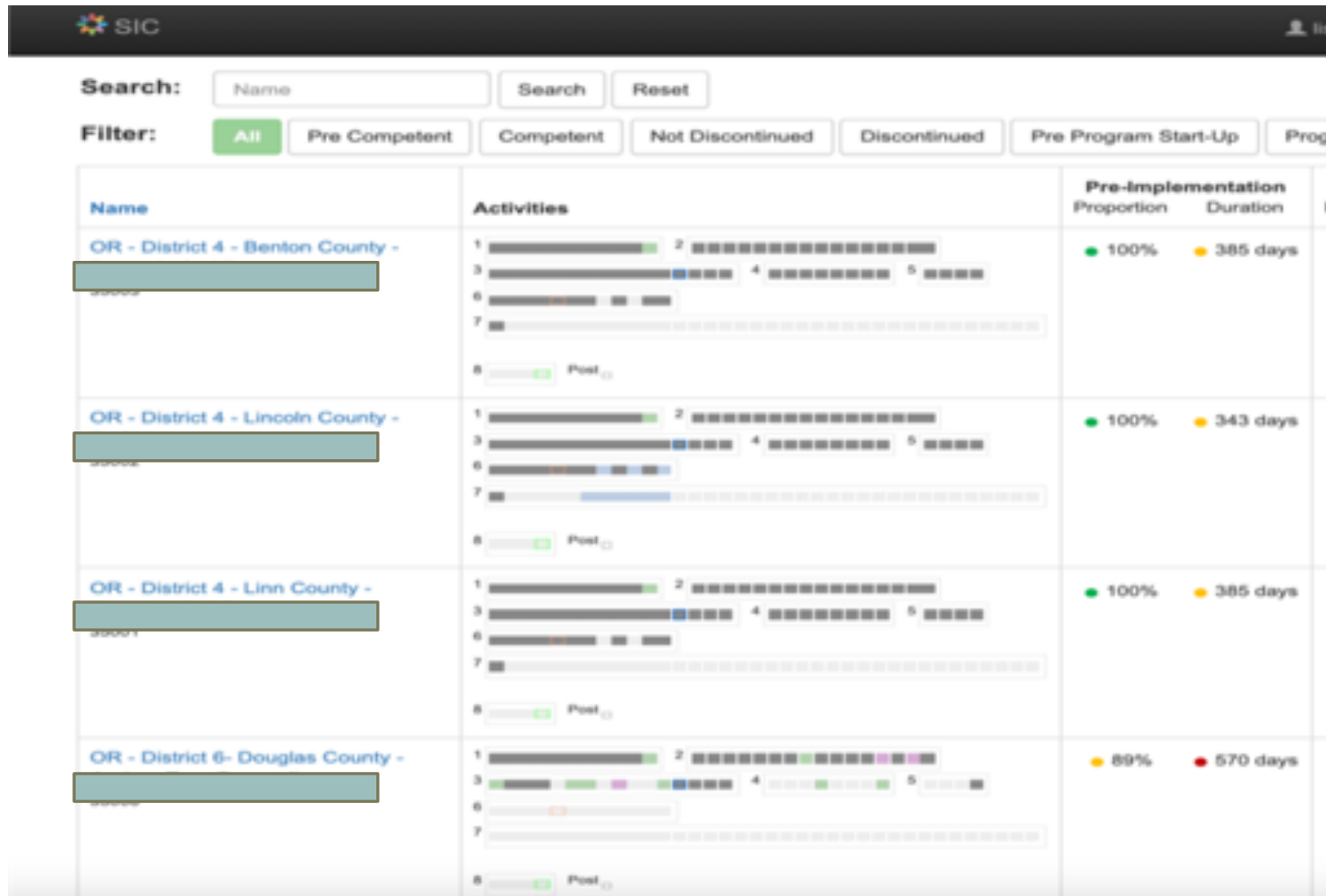


Provider Clinics



Date of Readiness Stakeholder meeting	Representatives from DHS, provider agency required; may or may not include CCO, legal representatives
Date of first Child Welfare presentation	First presentation by provider team to CW caseworker staff—introduce program and generate enthusiasm

TRACKING PRE-IMPLEMENTATION ACROSS COUNTIES





THE CLINIC AT ODI

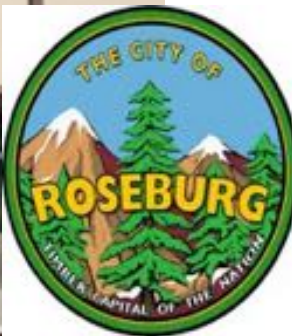
The ODI clinic opened its doors in April of 2015 and offers individual and family services in La provides services through the FAIR, SWIFT, and AFS programs.

[Learn More](#) [Contact Us](#)

FAIR (Families Actively Improving Relationships)

Adolescent and Family Services (AFS)
AFS delivers a proven treatment for teens with alcohol

Student Teaching



COST OF IMPLEMENTING NEW STRATEGIES (COINS)

Children and Youth Services Review 39 (2014) 177–182



Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth



The cost of implementing new strategies (COINS): A method for mapping implementation resources using the stages of implementation completion



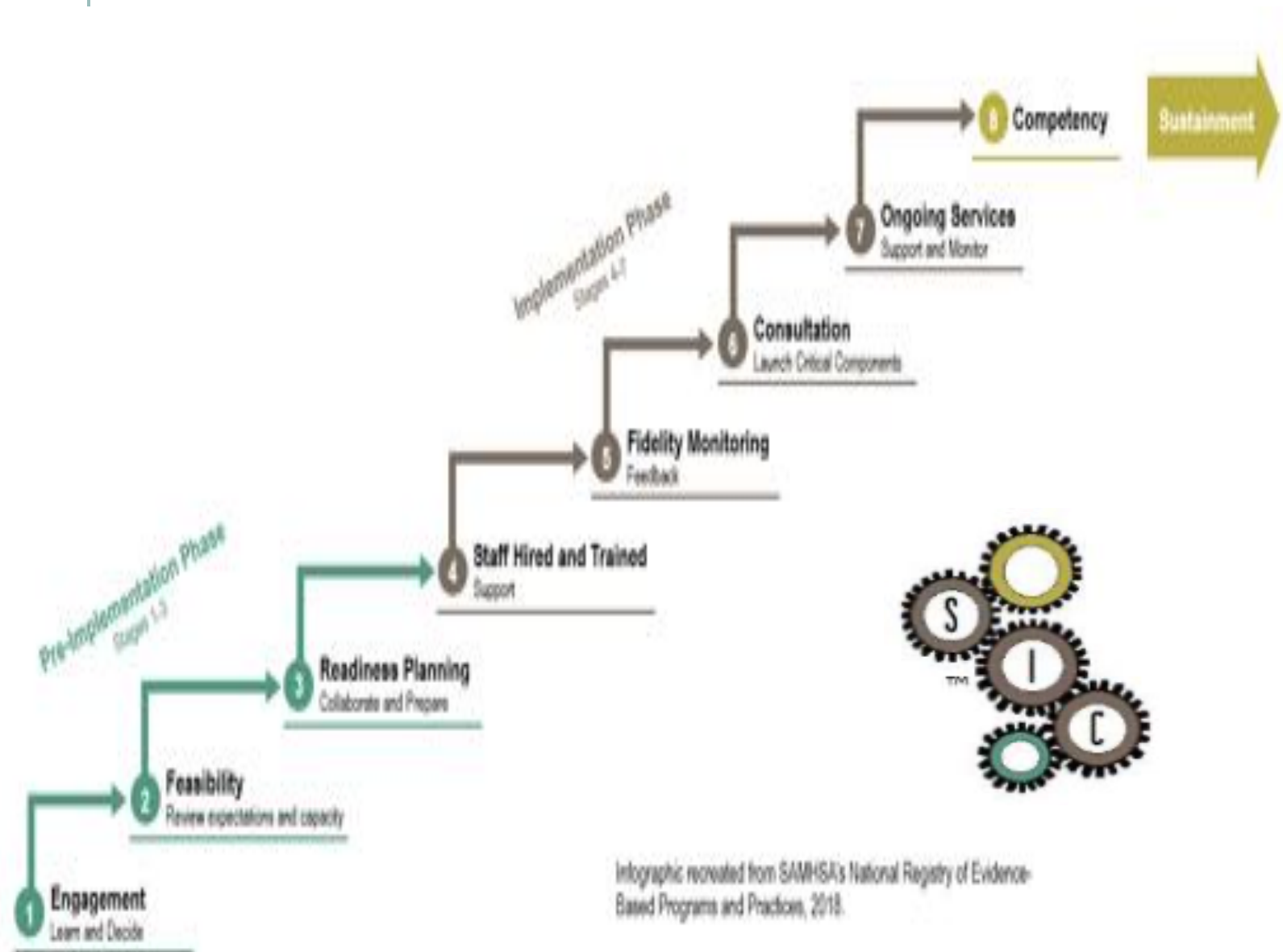
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COINS



Use the SIC as a cost mapping template

Includes direct and indirect costs

Assessment of actual receipts (e.g., travel)

Assessment of hours

Conversion of salaries to Bureau of Labor Statistics

Assessment of fixed EBP fees

WEIGHING TIME VERSUS DIRECT DOLLARS

TFCO Program Costs and Hours Involved Between Conditions			Pre-Implementation Costs and Hours by Condition						
	Stages	Description	Individual IND (Control Condition)			Community Development Team CDT (Treatment Condition)			
			Costs	County Hours	Site Hours	Costs	County Hours	Site Hours	
PRE-IMPLEMENTATION	Stage 1	1_1 Date of Interest Indicated 1_2 Date Agreed to Consider Implementation							
	Stage 2	2_1 Date of 1st County Response to 1st Planning Contact 2_2 Date Feasibility Assessment/CDT Meeting #1 Held 2_3 Date TFCO Feasibility Qnaire Completed							
	Stage 3	3_1 Date of Cost Calculator / Funding Plan Review 3_2 Date of Staff Sequence, Timeline, Hire Plan Review 3_3 Date of FP Recruitment Review 3_4 Date of Referral Criteria & Liaison Review 3_5 Date of Communication Plan Review 3_6 Date Stakeholder's Meeting / CDT Meeting #2 Held 3_7 Date Written Implementation Plan Completed 3_8 Date TFCO Service Provider Selected							
	Stage 4	4_1 Date Agency Checklist / Qnaire Completed 4_2 Date 1st TFCO Staff Hired 4_3 Date Program Supervisor Trained 4_4 Date Clinical Training Held (CDT Meeting #3) 4_5 Date Foster Parent Training held (CDT meeting #4) 4_6 Date Site Consultant Assigned to Site							
	Stage 5	5_1 Date of 1st Placement 5_2 Date of 1st Consult Call							
	Stage 6	6_1 Date of 1st Placement 6_2 Date of 1st Consult Call 6_3 Date of 1st Clinical Meeting Video Review 6_4 Date of 1st Foster Parent Meeting Video Review							
	Stage 7	7_1 Date Site Visit #1 7_2 Date Site Visit #2 7_3 Date Site Visit #3 7_4 Date Implementation Review #1 7_5 Date Implementation Review #2 7_6 Date Implementation Review #3 7_7 Date Program Assessment #1							
	Stage 8	8_1 Date of Certification Application 8_2 Date Certified							
	TOTAL			\$4,000	24 hrs	183+ hrs	\$9,900	44 hrs	36-251 hrs
				\$2,040 ^a		2-3 days	\$2,040 ^a		2-3 days
				\$1,020 ^a			\$1,020 ^a		
				\$1,020 ^a			\$1,020 ^a		
				\$1,020 ^a			\$1,020 ^a		
			\$1,840 ^a	3-4 hrs		\$1,840 ^a	3-4 hrs		
				40.80 hrs			40.80 hrs		
			\$2,050 ^a			\$2,050 ^a			

Abbreviation: TFCO, Treatment Foster Care Oregon; IND, Individual (Control); CDT, Community Development Team (Treatment)

^aTFCO Fee ^bCDT Fee

^cTravel and Lodging ^dStaff/Foster Parent Cost

CHALLENGE FOR PREVENTION



TAKE HOMES



- Scale-Up within the child welfare system should consider the stressed context
- Fidelity to the implementation process can help prepare for this context while also developing the infrastructure to maintain fidelity to the intervention
- Stakeholder engagement, across multiple system levels, is an essential implementation strategy to fully embed an intervention within a child welfare system
- Resources needed to implement an intervention need to consider all implementation costs, including personnel hours, to full prepare the system for a sustainable plan
- Scale-Up of prevention offers additional challenges when operating in systems that are responsive to crisis



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Statistician Coordinator
Adaptation Specialist
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of Mental Health

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Zoe Alley, PhD

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David Bradford, PhD
Larry Palinkas, PhD*
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Kimberly Walker		Assessor		





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on Drug Abuse



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R³ TEAM

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Project Coordinator
Data Manager
Assessment Coordinator
Microsocial Coder Supervisor
Microsocial Coder
Microsocial Coder
FIDO Programmer and User Support
FIDO Programmer

Implementation Coordinator
Coach & Trainer
Coach & Trainer
Coach & Coder
Coach & Trainer
Coach & Trainer
Coach & Trainer
Trainer

