Program Integrity and Effectiveness

Managing and Adapting Practice

Introduction Meeting

April 21, 2010
Topics

- Community Development Team model
- Program integrity (and drift)
- Implementation and sustainability

- Program performance evaluation
What is a MAP Advanced Therapist?

- Uses the following tools in a direct service capacity:
  - PWEBS Database
  - PracticeWise Clinical Dashboards
  - PracticeWise Practitioner Guides
- Has received the MAP Direct Services and Advanced Direct Services Curriculum
- Has successfully passed independent Advanced Therapist Promotion Review
What Does Training Look Like?

• Five Day Training
  – Orientation, Tool Use, Clinical Rehearsal, Integrative Reasoning

• Twelve Months of Consultation Calls
  – 6 therapists per group
  – 24 calls total (every other week)

• Two 1-Day Booster Sessions

• Clinical Review
  – 2 audiotapes with feedback
What are the Costs?

• Advanced Direct Services Curriculum costs are
  – Tuition per Trainee: $2,900
  – Materials Costs per Trainee: $180 to $205
  – Venue Fees per Trainee: $590 (can be waived)

• Range: $3,080 to $3,695

• Community Development Team costs are
  – Per Trainee: $600

• Range: $3,680 to $4,270
Community Development Teams

• Organizational development (dissemination) model
• Close the science-to-practice gap
• Currently the focus of an NIMH funded research trial
CDT Goals

• Develop organizational infrastructure to implement and sustain EBPs
  – Establish
  – Sustain
  – Model adherence (integrity or quality)
CDT What You Get

• Planning
  – Step 1
  – Learn about the model, training protocol, expectations, strategies for success
  – Step 2
  – Develop implementation plans
• Coordinate training protocol and training events (activities) with national training centers
CDT What You Get

• Administrator “champions” monthly call
  – Referrals
  – Funding
  – Coordination with other programs (wraparound, FSP, EBPs)
  – Participation in training
  – Successes and challenges
• Individual technical assistance calls
• Program performance evaluation
Why Consider CDT

• Implementing and sustaining innovative programs is challenging

• Development Teams are particularly useful when first establishing a new program
  – If an agency has relatively little experience sustaining EBPs
  – Would like some help in planning, starting, supporting, sustaining
Why Consider CDT

• Agencies can also work with CIMH to directly develop organizational capacity, independent of any specific evidence-based practice

• Regardless--Deliberate (focused) ongoing organizational support is needed to establish/sustain programs and achieve the full benefit of research informed practice
Implementation is Challenging

- Semelweiss’ story (puerperal fever)
Program Drift
Drift

- Bridges
- Cars
- Teeth
- Suits
- Roofs
- Streets
- Research informed treatments
Program Effectiveness

• What we do
• How well we do it
• When outcomes are less than optimal
  – How much is attributable to not selecting/using the most effective intervention
  – How much is attributable to the complexity of mental health disorders
  – How much is attributable to factors that impinge on clients
  – How much is attributable to an effective intervention not being used well
Program Effectiveness

• Effectiveness research has drawn attention to what we do
• Dissemination research is drawing attention to the importance of how well we do it
• As our clinical work becomes increasingly research informed, we want to be sure that our service systems are increasingly adherence (integrity)-focused
• What have we learned from work in California
  – 7 EBPs, 200+ sites, 41 counties, 145 agencies
Establishing a Program

• Designate an administrator/manager lead to champion learning and using the model

• Develop a concrete intervention-specific implementation plan
  – Understand the model (treatment target--intended outcomes)
  – Prepare staff, managers, referrals, oversight

• Start small
  – Establish the program
  – Learn from your experiences
  – Expand as needed
Establishing a Program

- Select providers/staff based on a full understanding of the intervention requirements
- Focus on fidelity from the outset
- Arrange for thorough training protocols
- Initiate program performance evaluation from the outset
- Maintain momentum (expect and plan for interrupted progression)
<table>
<thead>
<tr>
<th>TRAINING COMPONENTS</th>
<th>Knowledge</th>
<th>Skill Demonstration</th>
<th>Use in the Classroom</th>
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<tr>
<td>+Demonstration in Training</td>
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<tr>
<td>+ Practice &amp; Feedback in Training</td>
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<td>+ Coaching in Classroom</td>
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Joyce and Showers, 2002

As presented by Karen Blase at CIMH planning meeting 2007
Thorough Training Protocols

- Initial training
- Booster training(s)
- Consultation (coaching) calls
- Audio or videotape reviews
- Fidelity tools (self-learning)
Sustaining a Program

- Ongoing administrative focus (active champion)
- Regular intervention-specific clinical supervision
- Program performance evaluation
- Replacement/expansion and booster training activities
Program Performance
“Dashboard” Reports
Program Performance Reports

• Monitor and support program integrity
• Program manager and clinical staff are the primary target audiences
• Answers that question:
  – “Are programs achieving expected outcomes?”
  – “Are children/families benefiting from treatment?”
Program Indicators

- Date of referral
- Date of first session
- Date of last session
- Total number of sessions
- Completion status
- Age, gender, ethnicity, primary diagnosis
- Pre-measure #1 and #2
- Post-measure #1 and #2
Relevant and Sensitive Measures

- **Relevant**—to treatment goals
- **Sensitive**—to change that is realistically expected to occur concurrent with or immediately after a course of treatment
- Typically a standardized tool completed by the youth or caregiver
Performance Results

• **Entry rate** -- Of those referred how many have at least a single session/contact

• **Completion rate** -- Of those who have at least a single session/contact how many complete a full course of the intervention
Performance Results

- **Recipients** -- Age, gender, ethnicity, diagnosis
- **Level of care** -- Number of sessions, duration of services
- **Improvements** -- New skills, less problems, accomplishments
- **Versatility** -- Entry, completion, and improvement across diverse clientele
Dashboard Reports

- Entry
- Completion rates
- Average age
- Gender % and Ethnicity %
- Diagnoses %
- Average number of sessions
- % change on relevant-sensitive measures

- Entry, completion and change by gender, ethnicity and diagnosis
Palette of Measures

• Identify a set of relevant and sensitive measures, organized by disorder (or presenting problem or treatment target):
  – Disruptive disorders
  – Depressive disorders
  – Trauma related disorders

• Use 2 measures, pre- and post-, a course of treatment
  – One highly specific
  – One more general
Palette of Measures

• Select the measure(s) based on the treatment target and intended outcome
• Use the same 2 measures, within and across programs (and providers) whenever the treatment target and intended outcomes are the same

• Compatible with the MAP model
Possible Measures

• Disruptive disorders
  – Eyberg Child Behavior Inventory
  – Youth Outcome Questionnaire

• Depressive disorders
  – Center for Epidemiologic Studies of Depression Scale
  – Youth Outcome Questionnaire

• Trauma related disorders
  – Posttraumatic Stress Disorder Reaction Index
  – Youth Outcome Questionnaire
Palette of Measures Project

• New project beginning in June
• Develop infrastructure for system-wide program performance evaluation
  – Recommended measures organized by treatment targets and intended outcomes
  – Pre-formatted databases
  – Program performance report templates
  – Training and assistance with analysis
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