California Institute for Behavioral Health Solutions: Evidence-Based Practices Symposium

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www.cebc4cw.org
Learning Objectives

• Effectively utilize the CEBC website to identify programs for children, youth, and parents.

• Differentiate the four phases of implementation.

• Identify potential sources of data for informing the selection process.

• Apply concrete steps to navigating and completing the Exploration Phase of implementation.
In 2004, the California Department of Social Services, Office of Child Abuse Prevention contracted with the Chadwick Center for Children and Families, Rady Children’s Hospital-San Diego in cooperation with the Child and Adolescent Services Research Center to create the CEBC.

The CEBC website was launched on 6/15/2006.
CEBC Mission

To advance the effective implementation of evidence-based practices (EBPs) for children and families involved with the child welfare system

- Program Registry
- Selecting & Implementing Programs
Welcome to the CEBC:
California Evidence-Based Clearinghouse for Child Welfare

The mission of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) is to advance the effective implementation of evidence-based practices for children and families involved with the child welfare system.

- Searchable database of child welfare related programs.
- Description and information on research evidence for specific programs.

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- Guidance on how to make critical decisions regarding selecting and implementing programs
- Tools and materials to provide support for choosing, implementing and sustaining a program.

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Guide to CEBC for Mental Health Agencies:

http://www.cebc4cw.org/home/using-the-cebc/
CEBC Team

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CEBC Advisory Committee

- California DSS - Child and Family Services Division
- County Child Welfare Departments
- County Welfare Directors Association of California
- California Child Welfare Training Organizations
- Public & Private Community Partners
- National Child Welfare Consultants

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The CEBC Scientific Panel

- Richard P. Barth, PhD - University of Maryland
- Lucy Berliner, MSW - Harborview Clinic for Sexual Assault & Traumatic Stress
- Lauren Brookman-Frazee - University of California, San Diego
- Stan Huey, Jr., PhD - University of Southern California
- Laurel Leslie, MD, MPH - Tufts University School of Medicine
- Benjamin E. Saunders, PhD - Medical University South Carolina
- Haluk Soydan, PhD - University of Southern California
- Shannon Dorsey - University of Washington

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Implementation Science Panel

- Greg Aarons, PhD - University of California, San Diego
- Lauren Brookman-Frazee, PhD - University of California, San Diego
- Patti Chamberlain, PhD - Oregon Social Learning Center
- Larry Palinkas, PhD - University of Southern California, School of Social Work
- Sonja Schoenwald, PhD - Medical University of South Carolina
- Shannon Dorsey - University of Washington

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Which EBPs are you familiar or use at your agency?
CEBC’s Definition of EBP

- Programs that can be replicated with a manual and/or training
- Must be implemented with *fidelity* to achieve intended results
- Programs have varying levels of supporting research evidence
EBPs Today

• Integrated into diverse fields
• The term EBP is sometimes used as a marketing buzz-word/phrase
  – May have no supporting research evidence
  – May have research evidence but the findings may not be strong enough to label program “evidence-based”

NOTE:
NOT ALL PROGRAMS LISTED ON THE CEBC HAVE RESEARCH STUDIES

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The CEBC Scientific Rating Scale

NR
Not Able To Be Rated
- Has no research, or
- Research doesn’t fit scale criteria

WELL-SUPPORTED  Supported  Promising  No Effect  CONCERNING
1 2 3 4 5
Number of Programs by Rating

Total = 380 programs as of September 30, 2016
Important Considerations

• Look at the program’s research & reference section
  – Programs rated a 3 may have multiple RCTs but no follow-up
  – Programs rated NR may have research that’s non-peer reviewed

• Critically examine the components of the EBP itself
  – 1s or 2s have strong supporting research evidence but may not be a good fit for your organization
  – More on this later....
Strengths & Limitations

- Rating scale is **clear cut**
- Numbering system is **easy to follow**
- May **miss high quality research and null studies** by relying on published, peer-reviewed research
CEBC vs. Other Registries

• CEBC requires published, peer reviewed research
• CEBC requires post-intervention follow-up for top levels
• Focus on CWS specific programs
Selecting & Implementing Evidence-Based Practices
Selecting & Implementing Programs

The goal of the CEBC Selecting & Implementing Programs section is to provide guidance and resources about the implementation of Evidence-Based Practices (EBPs).

Research on implementation, both in child welfare and in related fields, is still in its early stages. The limited amount of existing implementation research in child welfare focuses on factors (e.g., research-practice partnerships, provider attitudes, technical assistance teams, organizational culture and climate) that facilitate or impede the implementation of EBPs.

Over the coming years, data from completed studies and studies currently under way will help to inform policy makers, agency directors, providers, and consumers about the best ways to facilitate implementation of evidence-based practice in real-world practice settings. Additional resources and information will continuously be added to this section of the CEBC website that will keep the consumer up-to-date on the emerging field of implementation.
What types of problems can agencies encounter when starting up an EBP?
More info on the EPIS Framework:
http://www.cebc4cw.org/implementing-programs/tools/epis/
Why Careful Selection Matters

- The success and sustainability of an EBP begins with selecting the right one
- Negative consequences of adopting an inappropriate EBP
Why Careful Selection Matters

Adopting a new program isn’t always the answer:

1) Changes to internal processes
2) Expand existing effective programs that need more capacity
3) Develop an evidence base for an existing program that seems promising
Key Steps in the Exploration Phase

• Form an Implementation Team
• Conduct a needs assessment
• Identify potential solutions
• Determine program fit
Example from “County A”

- Mid-sized county
- Mix of rural and urban areas
- Placement disruption rates
- 18.9% FY 2014-2015
- 18.1% FY 2013-2014
- 21.5% FY 2012-2013
- All higher than state average and CFSR standard
The Exploration Phase Tasks

Form an Implementation Team
Implementation Teams

• Ensures purposeful, proactive, and effective implementation

• Members include:
  – Senior level administration
  – Managers
  – Content experts
  – Client representation
  – Others deemed appropriate throughout the process
First Task for Team

- Explore the problems/areas to be addressed

- Narrow the focus
  - Where to begin?
  - How much can we cover at once?
The Exploration Phase Tasks

1. Form an Implementation Team
2. Conduct a Needs Assessment
3. (Blank)
4. (Blank)

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Conducting a Needs Assessment

Use data to examine the issues:

• Existing organizational data sources

• Collect new data as needed
  – Surveys
  – Focus groups
  – Chart reviews
Identifying & Clarifying the Problem Areas

• Identify key aspects
  • Target population demographics
    • Other co-occurring problems
    • Treatments already offered
  • Time frames
  • Locations

• Use root cause analysis as needed
Why do the placements disrupt? Parents give 7-day notice stating they can’t handle youth’s bx

Why? Usually, a precipitating incident - an argument, rule infraction, school suspension

Why? Youth have on-going histories of bx problems and conflict over rules/expectations

Why? Many of these youth have received or are receiving mental health services

Why? Externalizing bx disorder the most common diagnostic group
Partner Activity

Face back-to-back with your partner

I will read a true/false question out loud

Use your arms to make a “T” for True or “X” for False

Then quickly turn around to show your answer
True or False

If a program is listed on the CEBC it means that the program is “evidence-based”
True or False

The EPIS framework stands for
Examine, Plan, Initiate, & Support
True or False

A solution to a clinical or service problem doesn’t always require the addition of a new program
True or False

A similar agency to your own has been successful using Parent-Child Interaction Therapy (PCIT). That means PCIT is guaranteed to work for your agency.
True or False

An Implementation Team is formed during the Exploration Phase of the EPIS Framework
The Exploration Phase Tasks

- Form an Implementation Team
- Conduct a Needs Assessment
- Identify Potential Solutions
Identifying Potential Solutions

If the decision is made to adopt a new program, identify key terms that describe what you are looking for:

“Child”
“Placement Disruption”
“Externalizing Problems”
“Adolescent”
The Exploration Phase Tasks

1. Form an Implementation Team
2. Conduct a Needs Assessment
3. Identify Potential Solutions
4. Determine Program Fit
Determine Program Fit

- Ease of Use
- External Compatibility
- Financial Considerations/Relative Advantage
- Internal Compatibility
- Knowledge Requirements
- Match of Skill Set
- Observability of Benefits
- Reinvention/Adaptability
- Risk
- Training/Support
- Trialability

Greenhalgh et al., 2004.

Detailed info on each domain:

Working with Program Developers

- Working with Program Developers
  - Questions about research
  - Implementation requirements
  - Someone you can collaborate with?

- Developer contact information available in the CEBC program registry

www.cebc4cw.org
Create a Written Summary

• Document how the team came to its decision

• Create a plan with next steps

• Secure leadership buy-in
  – Overlap with Preparation Phase
EPIS Phases of Implementation

More info on the EPIS Framework:
http://www.cebc4cw.org/implementing-programs/tools/epis/

www.cebc4cw.org
The CEBC Selection & Implementation Guide

- Detailed information on each implementation phase
- Extensive technical assistance materials
- Relevant real world examples

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