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# EBP Implementation: State, County & Provider Perspectives

2017 PEI EBP Practices Symposium

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# Agenda

- State or Large System Perspective
- Key Components EBP Implementation
- County or Local Perspective
- Supervisor & Provider Perspective
- Outcome Evaluation



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# State–Large System Perspective

- 1999-CIMH (now CIBHS) began to evaluate Evidence-based Practices in response to:
  - CSOC experience & research
  - Growing body of knowledge & interest
  - National agenda to close gap btwn science & service
- Little to no robust EBP implementation in Children’s MH in California



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# CIMH First Steps

- **First CIMH EBP report is published 2002 -**
  - *Evidence-based Practices in Mental Health Services for Foster Youth* – Lynne Marsenich LCSW
- **Consistent w/ implementation research we learn:**
  - Dissemination of information does not lead to uptake.
  - Traditional Training does not change practice.
  - National EBP trainers are not prepared to best assure successful implementation in diverse localities
  - Local systems are not prepared to evaluate, select, implement & sustain practices
  - Capacity to monitor adherence & practice outcomes is limited



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# The CIMH Model Evolves: Community Development Teams

- **CIMH Provides Organizational & Implementation Support**

- Monitors implementation
- Identifies & addresses barriers to implementation
- Supports evaluation
- Promotes research in the area of empirically supported practices
- Liaison between Researchers/Developers – Local Agencies – State Agencies



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# CIMH Dissemination of EBPs - 2008

- **MTFC** - June 2003
- **IY** - April 2004
- **FFT** - July 2004
- **ART** - January 2005
- **MDFT** - February 2006
- **DTQI** - October 2005
- **NIMH IY Grant** - October 2006
- **NIMH MTFC Grant** - October 2006
- **LA Katie A** - March 2007
  - MTFC, MST, FFT, IY, TF CBT
- **TF CBT** - March 2007
- **Wraparound** - March 2007



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# EBP Implementation: It's 2 Challenges

- Selecting an Evidence-based Practice
- Implementing ANY Practice as Designed – Fidelity or Model Adherent Implementation



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# Selecting an EBP

- What outcomes?
- For whom?
- What is the level of evidence?
  - Need to know the research methodology
  - Higher levels: more confidence we can replicate (w/high model adherence) similar outcomes.
  - Consider lower levels of science when there is no better alternative to meet your needs.
- Be cautious of promotion in advance of research



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# Implementing & Sustaining

- Traditional
- Postgraduate training
- Medi-Cal compliance
- Generalist
- Quantity of service
- Evidence-Based
- Practice-specific training
- Model adherence
- Specialist
- Service effectiveness



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# Implementation Plans

- EBP Selection inc. Stakeholder input (Consumers, Family Members, Staff, others.)
- Integration into service system
- Staffing
- Supervision
- Funding
- Assuring fidelity & outcome evaluation
- Administrative oversight



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# Assuring Fidelity

- Training & supervision is an ongoing process
- Learning a practice:
  - Intensive initial training & booster trainings
  - Periodic (weekly) supervision
  - Monitoring (Fidelity & Outcomes)
- **Continuing training & supervision needs to be routine**
- Administrative support:
  - Champions
  - Coordination of referrals,
  - Elimination of barriers
  - Resources



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# Successful Implementation of FFT in Napa

## Provider & Supervisor Perspective

- 1) Have invested players at all levels, Managers, Supervisors, providers, consumers
- 2) Have adequate training & engaged consultants
- 3) Identify key referral sources to keep EBP alive
- 4) Be open & curious to conduct cultural adaptations of the model to match community being served



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# An EBP Based Children's System

- **Externalizing Behavior Disorder**
- **Trauma**
- **Anxiety Disorder**
- **Mood Disorder**
- **Thought Disorder**



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# An EBP Based Children's System

- **Externalizing Behavior Disorder**
  - Parent Training (Children)
  - Family Therapy (Adolescents)
  - Child/Youth Therapy
  - Out of Home Placement
- **Trauma**
  - Child/Youth Therapy
- **Anxiety Disorder**
  - Child/Youth Therapy
- **Mood Disorder**
  - Child/Youth Therapy
- **Thought Disorder**
  - Family Therapy
  - Youth Therapy
  - Medication



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# Napa County - Child & Family

## – Externalizing Behavior Disorder

- Parent-Child Interaction Therapy (PCIT)[2-7]
- Functional Family Therapy (FFT) [11-18]
- Triple P Parenting – Level 4 [0-12]
- Aggression Replacement Training (ART)

## – Trauma

- Trauma-Focused CBT (TF CBT) [3-18]
- Child Parent Psychotherapy(CPP) [0-5]

## – Anxiety

- Trauma-Focused CBT (TF CBT) [3-18]
- CBT

## – Depression

- Trauma-Focused CBT (TF CBT) [3-18]
- CBT

## – ]Thought Disorder

- CBT- Psychosis
- Early Detection & Intervention to Prevent Psychosis (EDIPP)



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# An EBP Based Adult System

- **Engagement**
- **Thought Disorder**
- **Personality Disorder**
  - **Borderline Personality Disorder**
- **Anxiety Disorder**
- **Mood Disorder**
- **Trauma**
- **Co-Occurring Condition**



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# Napa County - Adult System

## Engagement

Motivational Interviewing (MI)

## Thought Disorder

CBT for Psychosis (CBT-p)

## Trauma

Prolonged Exposure Therapy

## Personality Disorder

Dialectical Behavior Therapy (DBT)

## Mood (depression/bipolar)

CBT for Depression

## Co-Occurring

Integrated Dual Diagnosis Treatment (IDDT)

## Anxiety

CBT for Anxiety

## Recovery-Based Services

Strengths-Model Case Management

Supported Employment

Medication Algorithms



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# Palette of Measures (POM)

- CIBHS Community Development Team Dashboards



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# Aggregate Program Performance Dashboard Report

Table 1. TF-CBT Status (N=19,069)	
Entry Rate	Dropout Rate
98.7% (n=18,815)	29.1% (n=5,483)

Note1: Entry Rate is defined as children who were referred to TF-CBT and have a first session documented.

Note2: Dropout Rate is defined as children who stopped participating prior to successfully completing TF-CBT.

Table 2. Client Demographics – Children Who Entered TF-CBT (n=18,815)										
Age (in years)	Gender		Ethnicity					Primary Axis I Diagnosis		
	Female	Male	African-American	Asian/ Pacific Islander	Caucasian	Hispanic/ Latino	Other	PTSD	Other Anxiety/ Mood/ Adjustment	Other
11.3 (n=18650)	55.5% (n=10444)	44.4% (n=8353)	14.7% (n=1772)	1.2% (n=229)	8.8% (n=1660)	71.6% (n=13477)	3.4% (n=636)	25.8% (n=4859)	54.5% (n=10260)	18.4% (n=3413)

Note 1: Percentages may not total 100 due to missing data.

Note 2: Age calculated as the difference between the date of the first session and child's date of birth.



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# Aggregate Dashboard Report Cont.



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<b>Table 3. Process Data – Children Who Entered TF-CBT (n=18,815)</b>	
<b>Clients With At Least One* Valid UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI) Completed Prior to TF-CBT</b>	<b>Clients With At Least One* Valid Youth Outcome Questionnaire (YOQ or YOQ-SR) Completed Prior to TF-CBT</b>
82.1% (n=15,091)	81.9% (n=14,917)

\*Including parent/caregiver report and/or child/youth self-report. A measure is valid if it has been administered within the appropriate age range and has a valid score; and, the denominator only includes children within the valid age range for a particular measure.

‡Please see Appendix A. for a description of the UCLA Post-Traumatic Stress Disorder Reaction Index and the Youth Outcome Questionnaires.

<b>Table 4. Service Delivery Data – Children Who Completed TF-CBT (n=7,267)</b>	
<b>Average Length of Therapy</b>	<b>Average Number of Sessions</b>
32.3 weeks (±16.7) Range 1 – 156 weeks (n=7,105)	25.3 (±14.5) Range 1 – 311 sessions (n=7,106)

Note 1: Completion of TF-CBT is defined as having a “yes” documented for completion status.

Note 2: Duration is calculated as the difference between the date of the last session and the date of the first session.

# Aggregate Dashboard Report Cont.



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<b>Table 5. Outcome Data<sup>±</sup> – Clients who Completed TF-CBT (n=7,267)</b>					
<b>Youth Outcome Questionnaire (YOQ and YOQ-SR) Total Score</b>					
	<b>Percent Improvement<sup>±</sup> from the Average Pre-TF-CBT Score to the Average Post-TF-CBT Score</b>	<b>Effect Size Estimate<sup>±</sup> (Cohen's <i>d</i>)</b>	<b>Percent of Clients Showing Reliable Change<sup>±</sup> from Pre-TF-CBT to Post-TF-CBT</b>		
			<b>Positive Change</b>	<b>No Change</b>	<b>Negative Change</b>
<b>Parent/Caregiver</b>	40.7%* (n=3,840) [pre=50.7]	.61	51.8% (n=1,991)	39.8% (n=1,528)	8.4% (n=321)
<b>Child/Youth</b>	37.0%* (n=1,714) [pre=51.9]	.60	49.2% (n=843)	43.5% (n=746)	7.3% (n=125)
<b>PTSD-RI Total Score</b>					
	<b>Percent Improvement<sup>±</sup> from the Average Pre-TF-CBT Score to the Average Post-TF-CBT Score</b>	<b>Effect Size Estimate<sup>±</sup> (Cohen's <i>d</i>)</b>	<b>Percent of Clients Showing Reliable Change<sup>±</sup> from Pre-TF-CBT to Post-TF-CBT</b>		
			<b>Positive Change</b>	<b>No Change</b>	<b>Negative Change</b>
<b>Parent/Caregiver</b>	41.0%* (n=3,572) [pre=22.6]	.62	32.0% (n=1,144)	64.2% (n=2,293)	3.8% (n=135)
<b>Child/Youth</b>	43.4%* (n=3,947) [pre=26.5]	.78	39.9% (n=1,574)	57.3% (n=2,261)	2.8% (n=112)

<sup>±</sup>Please see Appendix A. for a description of the TF-CBT outcome measures and the outcome indicators (percent improvement in average scores; effect size estimate; and, percent of clients showing reliable change).

Note 1: Possible YOQ and YOQ-SR Total Scores range from -16 – 240, with a clinical cutpoint of 47 for parent/caregiver report and 46 for youth self-report. Possible PTSD-RI scores range from 0 – 68 with a clinical cutpoint of 38 or higher.

Note 2: Follow-up analyses of aggregate data revealed no significant differences in entry rate, dropout rate, duration of therapy, number of sessions, or change in outcomes by gender or ethnicity.

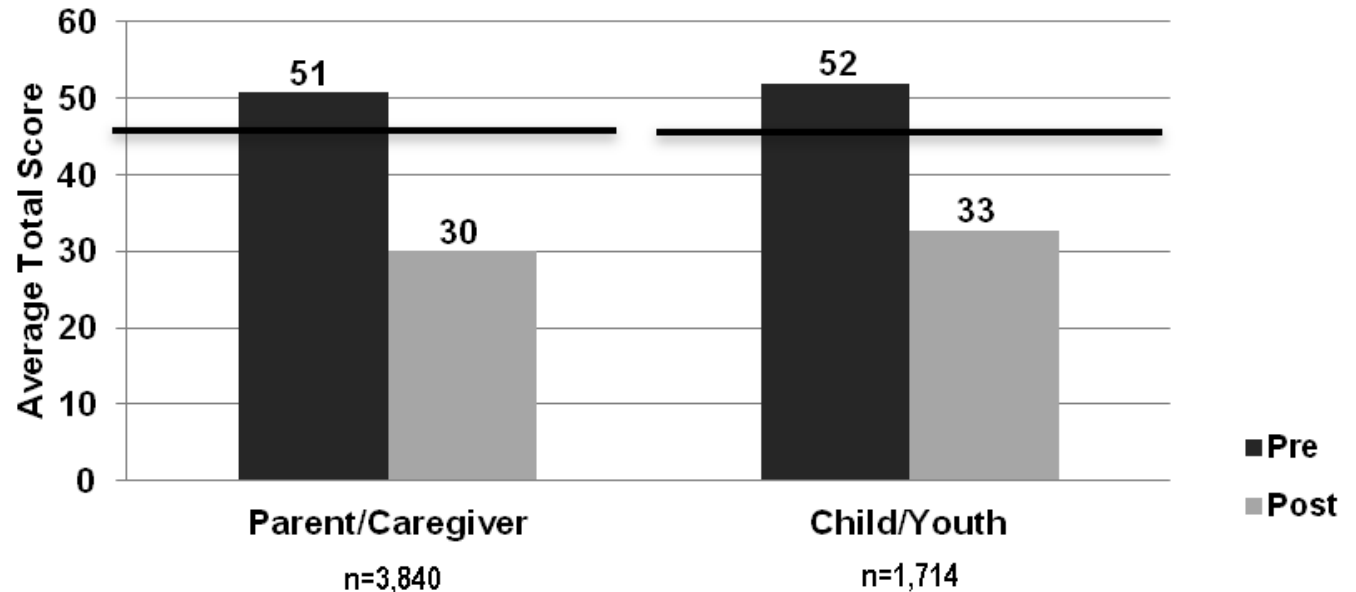
\*Paired t-test indicates a statistically significant difference,  $p \leq .01$ .

# Aggregate Dashboard Report Cont.

Graph 1. TF-CBT Outcomes: YOQ and YOQ-SR Total Scores – Children who Completed TF-CBT (n=7,267)

## Youth Outcome Questionnaires

Total Score - TF-CBT:  
Aggregate Data



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# Aggregate Dashboard Report Cont.

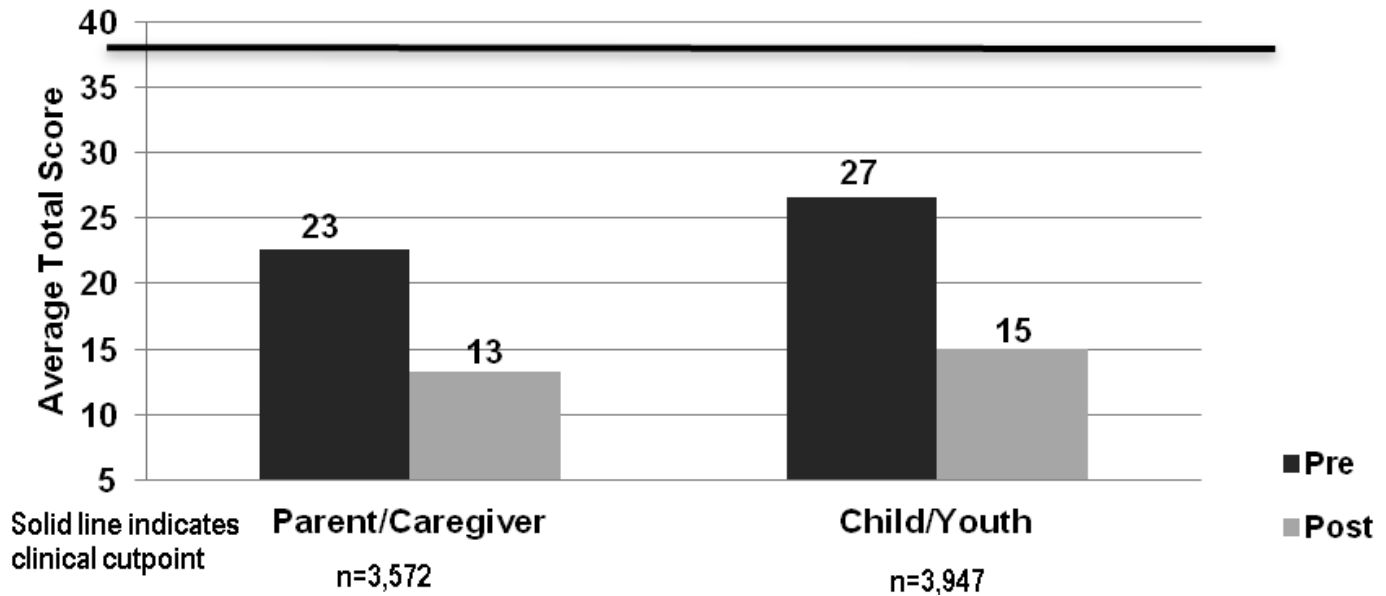
Graph 2. TF-CBT Outcomes: PTSD-RI Total Severity Score – Children who Completed TF-CBT (n=7,267)

## Post-Traumatic Stress Disorder

Reaction Index

Total PTSD Severity Score

TF-CBT: Aggregate Data

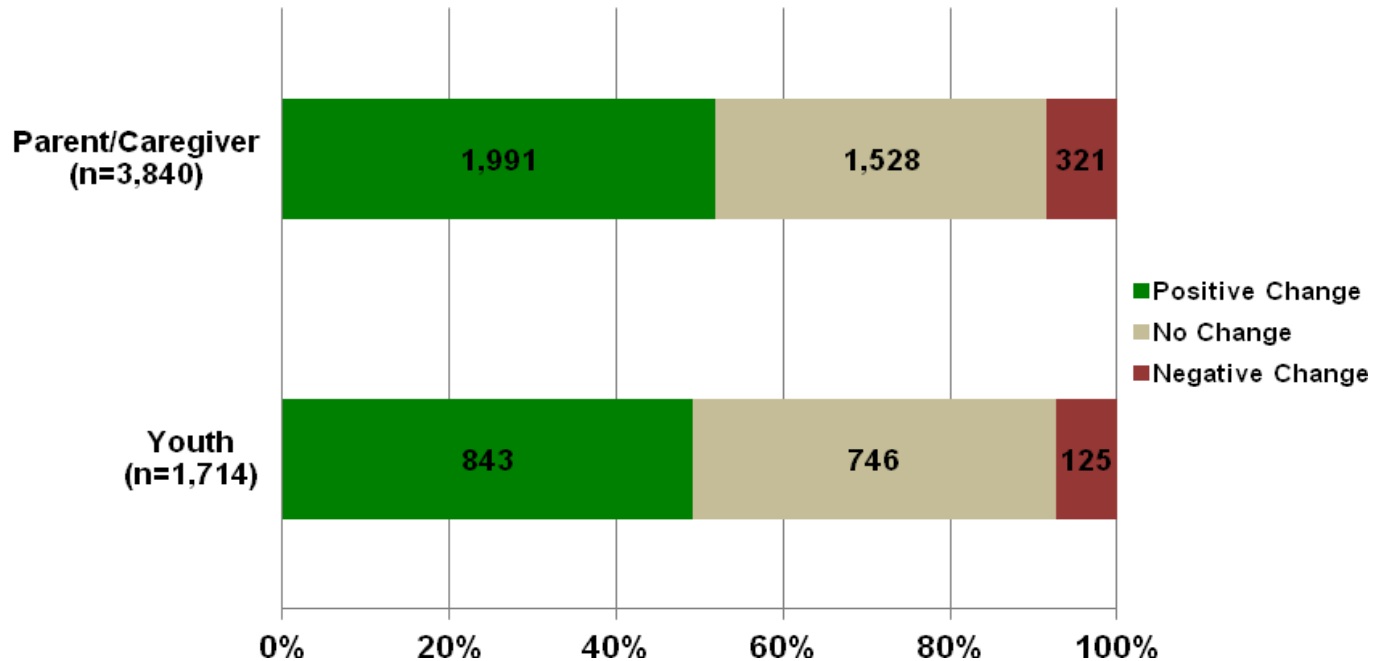


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# Aggregate Dashboard Report Cont.

Graph 3. TF-CBT Outcomes – Percent of Children Showing Reliable Change on the YOQ and YOQ-SR after Completion of TF-CBT

## Reliable Change on YOQ Total Score Pre-TF-CBT to Post-TF-CBT: Aggregate Data



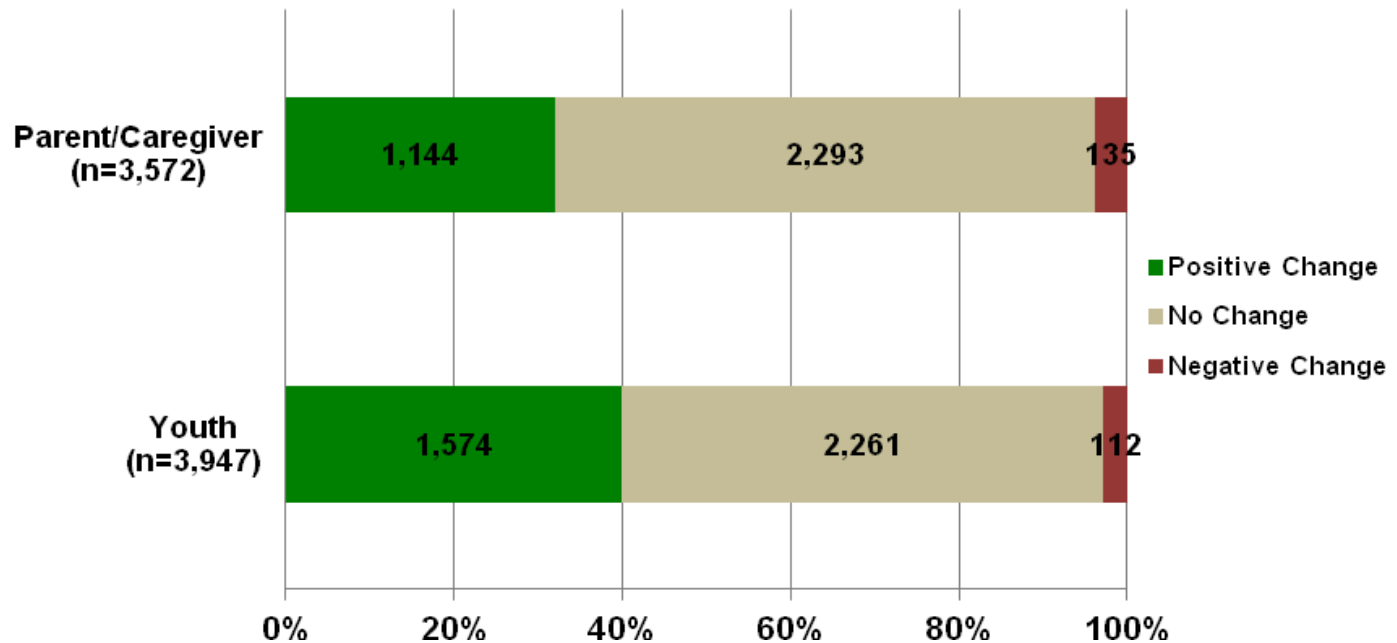
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# Aggregate Dashboard Report Cont.

Graph 4. TF-CBT Outcomes – Percent of Children Showing Reliable Change on the PTSD-RI after Completion of TF-CBT

## Reliable Change on PTSD-RI Total Score Pre-TF-CBT to Post-TF-CBT: Aggregate Data



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# POM Overview

- Program performance reports will include:
  - Entry rate
  - Completion rate
  - Information about clients
    - Age
    - Gender
    - Ethnicity
    - Primary language
    - Primary diagnosis



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# POM Overview

- Program performance:
  - Services provided
    - Number of sessions
    - Duration of services
  - Achievement of outcomes
    - Change in outcome measures pre- & post- intervention
  - Entry & completion rates, level of care, & achievement of outcomes across gender & ethnic groups



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# Palette of Measures

- **General Tool** –
  - Youth Outcome Questionnaire (YOQ)
  - Early Childhood Behavior Index (ECBI)
- **Treatment Specific Tool**
  - **Depression**
    - Center for Epidemiological Studies Depression Scale (child) (CESD)
  - **Anxiety**
    - Revised Child Anxiety & Depression Scales (child, caregiver) –(R-CADS)
  - **Trauma**
    - Post Traumatic Stress Disorder--Reaction Index (child, caregiver) (PTSD- RI)
  - **Thought Disorder**
    - ECBI



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# Palette of Measures

Computer Logon:

- Welcome
- YOQ Survey Search
- Aggregate Outcomes
- Login Management
- Log Off

## POM Report Generator ☀️



# Palette of Measures

Computer Logon:

- Welcome
- YOQ Survey Search
- Aggregate Outcomes
- Login Management
- Log Off

## ClientSearch

Client Name

Yoq Parent Report

Yoq Self Report

Case Number

Client Name

Primary Subunit

SAI

DOB



New Search

Print Results

Exit

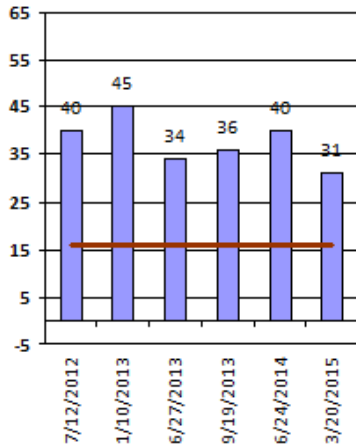
Monday, March 27, 2017

10:34:58 AM

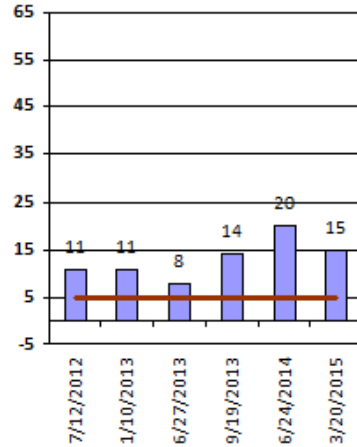
# YOQ Parent Survey Results

Doe, John

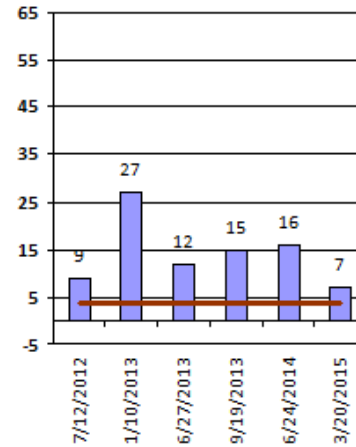
Interpersoanl Distress



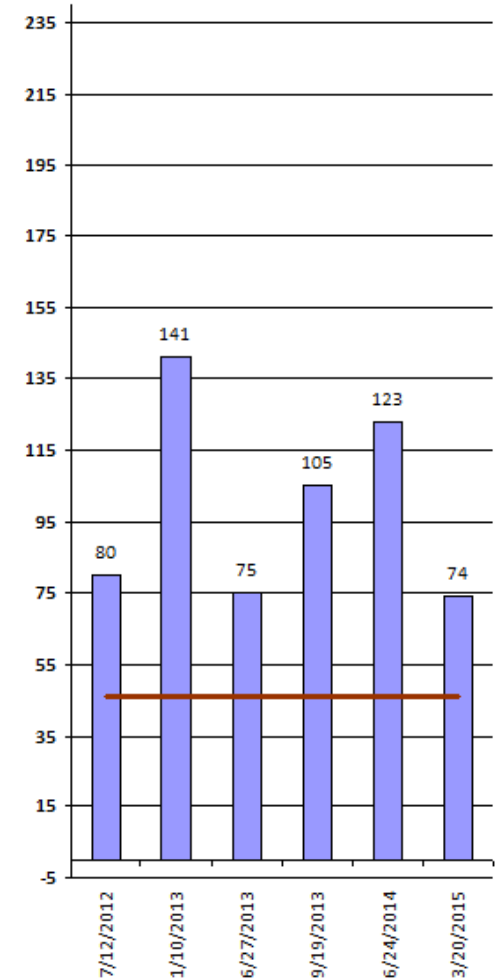
Somatic



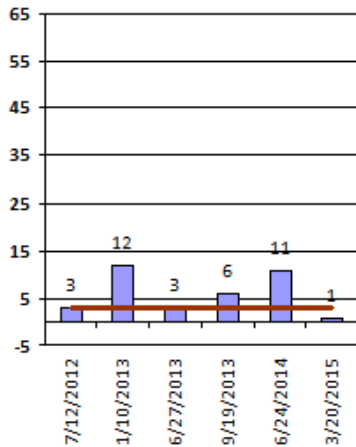
Interpersonal Relationships



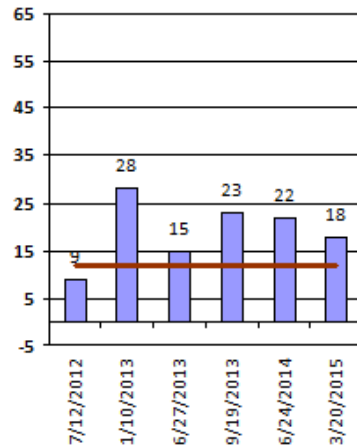
Total Score



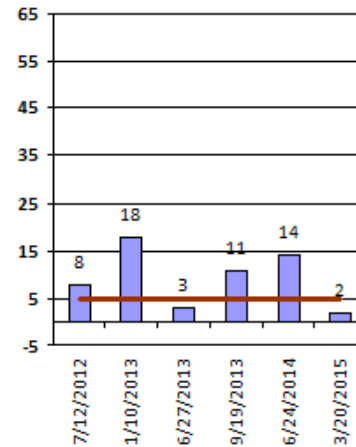
Social Problems



Behavioral Dysfunction



Critical Items

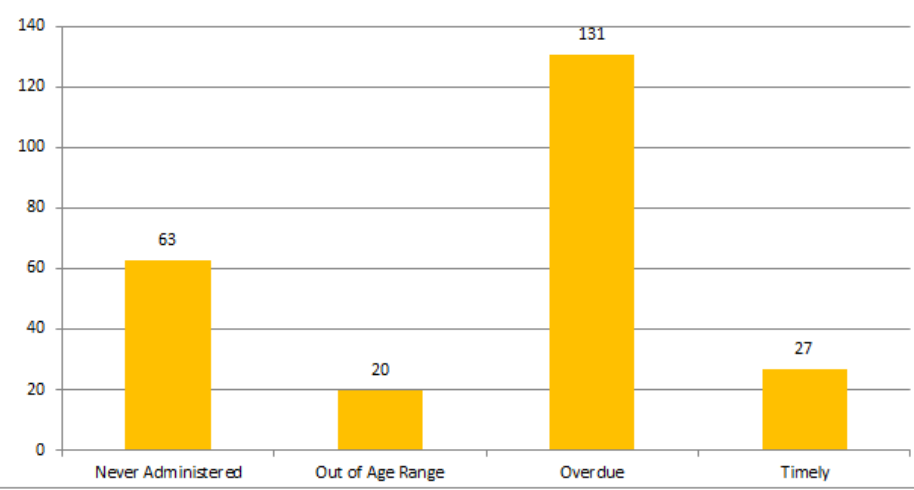




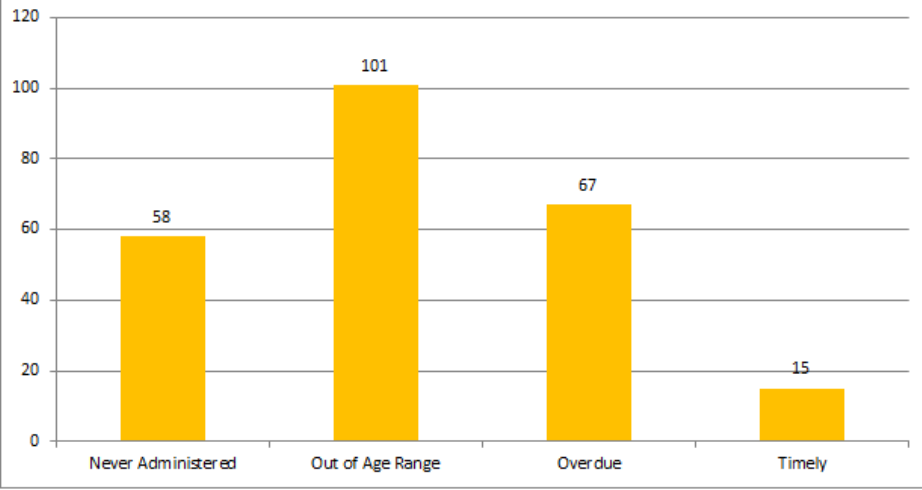
Row Labels	Count of YOQP Admin Status	% of YOQP Admin Status
Never Administered	63	26.14%
Out of Age Range	20	8.30%
Overdue	131	54.36%
Timely	27	11.20%
<b>Grand Total</b>	<b>241</b>	<b>100.00%</b>

Row Labels	Count of YOQS Admin Status	% of YOQS Admin Status
Never Administered	58	24.07%
Out of Age Range	101	41.91%
Overdue	67	27.80%
Timely	15	6.22%
<b>Grand Total</b>	<b>241</b>	<b>100.00%</b>

**YOQ Parent Survey Completion Status**



**YOQ Self Survey Completion Status**



StaffName		
BLOTZER	BROMBERG	CARRANZA
CRAIG	DEBACKER	GIBBONS
GISI	GNANADESIKAN	GODWIN
GONZALES	HANNA	IBITZ
MARIPOSA	MARTINEZ	MARTINEZ-CHAVEZ
MEDRANO	MIHEDJI	NAVARRO
O'MALLEY	PAUL	RODRIGUEZ GARCIA
TOBIE	WIENCH	AKMAN

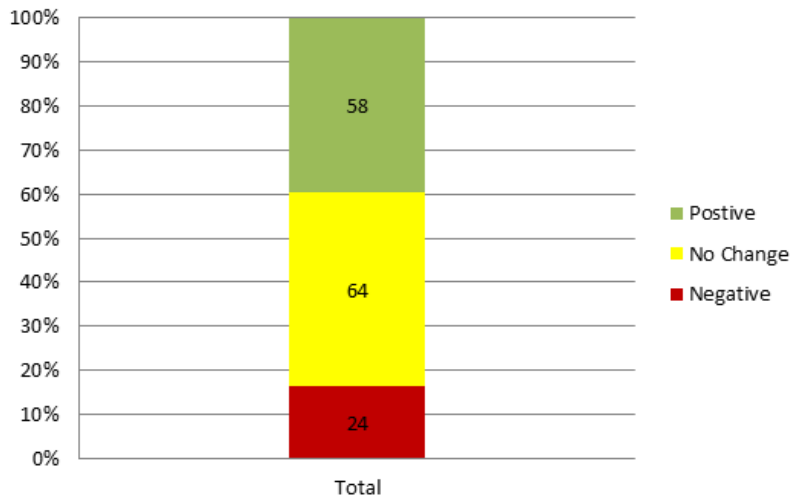
Case #					
20677	21259	21343	21911	23127	23217
23514	23531	23995	24074	24407	24633
24643	24678	24990	25014	25166	25348
25639	25678	25684	25793	25855	25928
25958	25961	25983	26040	26305	26307
26342	26476	26542	26691	100549	100700
100750	100802	100989	101020	101050	101188
101260	101265	101276	101315	101579	101593



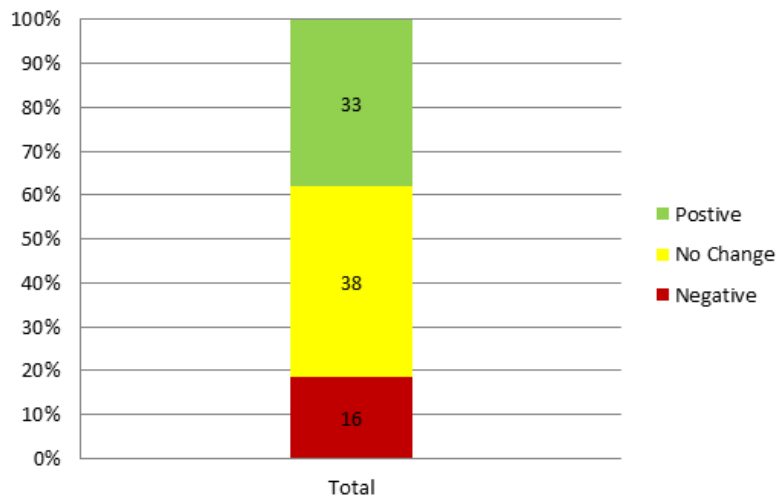
Count of YoqpRci	YoqpRci			Grand Total
	Negative	No Change	Postive	
Total	24	64	58	146

Count of YoqsRci	YoqsRci			Grand Total
	Negative	No Change	Postive	
Total	16	38	33	87

### YOQ Parent RCI Summary



### YOQ Self RCI Summary



#### Client Gender

F M (blank)

#### Client Primary Language

English Spanish Unknown (blank)

#### Dosage

0 4 8 12 16 20 24 28 32 36 40 44 48 52 56 (blank)

#### SAI Clinician Name

AKMAN BECK Bromberg CANTOR-LOPE... CARRANZA DANNER Ford FYFE GEVAS GIBBONS GNANADESIKAN GONZALES HANNA HAYES IBITZ KAIMOWITZ

#### Primary Axis

292.9 296.2 296.21 296.22 296.... 296.... 296.32 296.33 296.... 296.7 296.8 296.9 298.9 299 299.8 300 300.... 300.... 300.23 300.4 304.3 304.4 305 307.42 307.... 307.6 309 309.21 309.... 309.... 309.3 309.4 309.... 309.9 311 312.3 312.9 313.... 313.89 313.9 314 314.... 314.9 V61.8

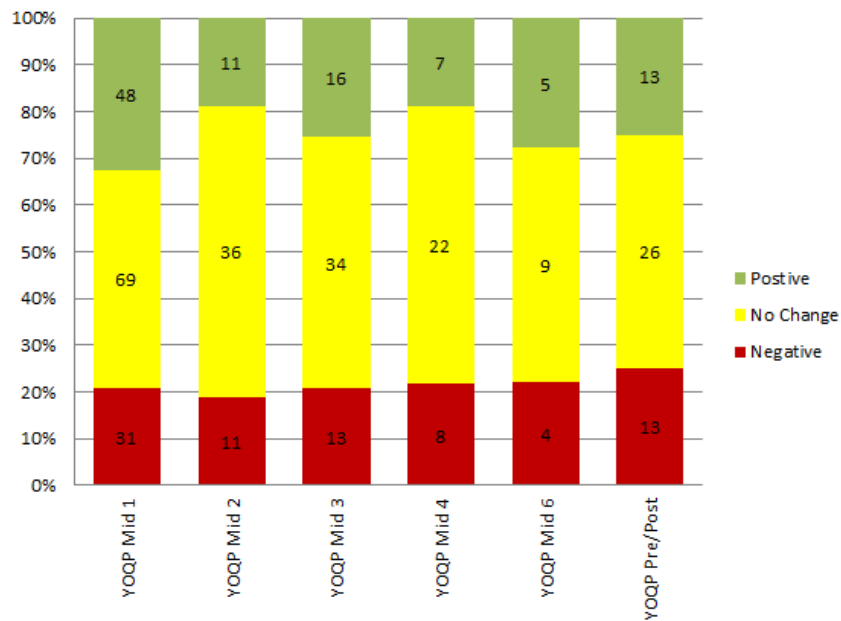
#### subunit

FSP IPN MC Other Therapy MC

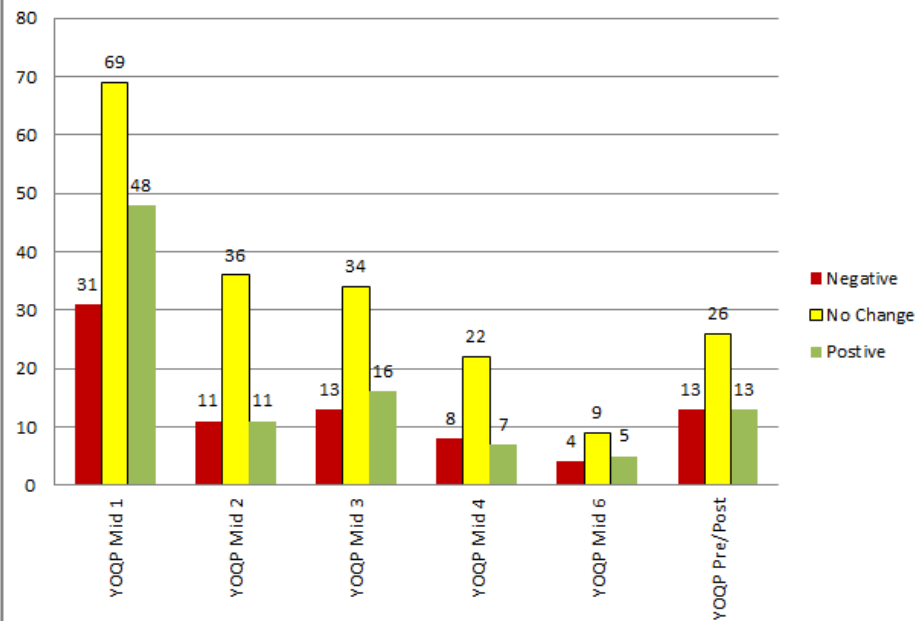
#### Client Ethnicity

AFRICAN- ASIAN/PA Hispanic Multi Ra NATIVE A OTHER Unknown WHITE (blank)

### YOQ Parent RCI Summary



### YOQ Parent RCI Summary



#### ethnicity

- ASIAN/PA
- Hispanic
- Multi Ra
- NATIVE A
- OTHER
- Unknown
- WHITE
- AFRICAN-
- (blank)

#### gender

- F
- M
- (blank)

#### language

- English
- Spanish
- Unknown
- (blank)

#### subunit

- CaseMgmt Therapy
- FSP
- IPN
- MC
- MC Other
- Therapy
- Unknown
- (blank)

#### Sort Name

- AKMAN
- ALMANZA...
- Bromberg
- CANTOR-L...
- CARRANZA
- DANNER
- Ford
- FYFE
- GARCIA
- GIBBONS
- GNANADE...
- GONZALES
- HANNA
- HAYES
- IBITZ
- Kyle
- MARTINE...
- MEDRANO
- Menjivar
- Mihedji
- NANCE
- PAUL
- PEREZ Aldea
- RODRIGUEZ

#### primaryaxis1

- 296.2
- 296.22
- 296.24
- 296.25
- 296.32
- 296.33
- 296.36
- 296.65
- 296.8
- 296.9
- 298.9
- 299
- 299.8
- 300
- 300.02
- 300.4
- 305
- 305.2
- 307.46
- 307.6
- 309
- 309.24
- 309.28
- 309.3

# Lessons Learned from Our Evaluator

- Utilize a more collaborative approach, with evaluation & program staff, in the planning, design, & implementation of the project.
- Establish a standing committee for program & evaluation staff to discuss implementation issues & quality improvement needs.
- Systematic review/analysis of the day-to-day administration of surveys, to guide fidelity efforts & increase participation.
- Regular review, with clinicians & supervisors, of aggregate outcomes to assist in increasing insight & learning.
- Ongoing training & mentoring to program staff re: outcome/data-informed decision making in clinical practice to reduce staff anxiety & distrust around psychometric tools.
- Use outcome/monitoring data in PDSA cycles for process improvements & program design to increase the practical utility of evaluation efforts.