EBP Implementation: State, County & Provider Perspectives

2017 PEI EBP Practices Symposium
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Adriana Navarro LCSW, Napa County Supervising Mental Health Counselor, Children’s Full-Service Partnership, Functional Family Therapist
April 4, 2017
Agenda

• State or Large System Perspective
• Key Components EBP Implementation
• County or Local Perspective
• Supervisor & Provider Perspective
• Outcome Evaluation
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
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
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
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
  - MTFC, MST, FFT, IY, TF CBT - March 2007
- TF CBT - March 2007
- Wraparound - March 2007
EBP Implementation: It’s 2 Challenges

• Selecting an Evidence-based Practice

• Implementing ANY Practice as Designed – Fidelity or Model Adherent Implementation
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**
Implementing & Sustaining

- **Traditional**
- Postgraduate training
- Medi-Cal compliance
- Generalist
- Quantity of service

- **Evidence-Based**
- Practice-specific training
- Model adherence
- Specialist
- Service effectiveness
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
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
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
An EBP Based Children’s System

- Externalizing Behavior Disorder
- Trauma
- Anxiety Disorder
- Mood Disorder
- Thought Disorder
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
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)
An EBP Based Adult System

• Engagement
• Thought Disorder
• Personality Disorder
  – Borderline Personality Disorder
• Anxiety Disorder
• Mood Disorder
• Trauma
• Co-Occurring Condition
## Napa County - Adult System

<table>
<thead>
<tr>
<th>Engagement</th>
<th>Thought Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivational Interviewing (MI)</td>
<td>CBT for Psychosis (CBT-p)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trauma</th>
<th>Personality Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prolonged Exposure Therapy</td>
<td>Dialectical Behavior Therapy (DBT)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mood (depression/bipolar)</th>
<th>Co-Occurring</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBT for Depression</td>
<td>Integrated Dual Diagnosis Treatment (IDDT)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Anxiety</th>
<th>Recovery-Based Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBT for Anxiety</td>
<td>Strengths-Model Case Management Supported Employment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication Algorithms</th>
</tr>
</thead>
</table>
Palette of Measures (POM)

- CIBHS Community Development Team Dashboards
Aggregate Program Performance Dashboard Report

Table 1. TF-CBT Status (N=19,069)

<table>
<thead>
<tr>
<th>Entry Rate</th>
<th>Dropout Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>98.7% (n=18,815)</td>
<td>29.1% (n=5,483)</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Ethnicity</th>
<th>Primary Axis I Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (in years)</td>
<td>Female (n=18650)</td>
<td>Male (n=8353)</td>
</tr>
<tr>
<td>11.3</td>
<td>55.5% (n=10444)</td>
<td>44.4%</td>
</tr>
</tbody>
</table>

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.
Aggregate Dashboard Report Cont.

Table 3. Process Data – Children Who Entered TF-CBT (n=18,815)

<table>
<thead>
<tr>
<th>Clients With At Least One* Valid UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI) Completed Prior to TF-CBT</th>
<th>Clients With At Least One* Valid Youth Outcome Questionnaire (YOQ or YOQ-SR) Completed Prior to TF-CBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>82.1% (n=15,091)</td>
<td>81.9% (n=14,917)</td>
</tr>
</tbody>
</table>

*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.

Table 4. Service Delivery Data – Children Who Completed TF-CBT (n=7,267)

<table>
<thead>
<tr>
<th>Average Length of Therapy</th>
<th>Average Number of Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.3 weeks (±16.7) Range 1 – 156 weeks (n=7,105)</td>
<td>25.3 (±14.5) Range 1 – 311 sessions (n=7,106)</td>
</tr>
</tbody>
</table>

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.
Table 5. Outcome Data – Clients who Completed TF-CBT (n=7,267)

<table>
<thead>
<tr>
<th></th>
<th>Percent Improvement from the Average Pre-TF-CBT Score to the Average Post-TF-CBT Score</th>
<th>Effect Size Estimate (Cohen’s d)</th>
<th>Percent of Clients Showing Reliable Change from Pre-TF-CBT to Post-TF-CBT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Positive Change</td>
</tr>
<tr>
<td><strong>Parent/Caregiver</strong></td>
<td>40.7%* (n=3,840) [pre=50.7]</td>
<td>.61</td>
<td>51.8% (n=1,991)</td>
</tr>
<tr>
<td><strong>Child/Youth</strong></td>
<td>37.0%* (n=1,714) [pre=51.9]</td>
<td>.60</td>
<td>49.2% (n=843)</td>
</tr>
</tbody>
</table>

PTSD-RI Total Score

<table>
<thead>
<tr>
<th></th>
<th>Percent Improvement from the Average Pre-TF-CBT Score to the Average Post-TF-CBT Score</th>
<th>Effect Size Estimate (Cohen’s d)</th>
<th>Percent of Clients Showing Reliable Change from Pre-TF-CBT to Post-TF-CBT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Positive Change</td>
</tr>
<tr>
<td><strong>Parent/Caregiver</strong></td>
<td>41.0%* (n=3,572) [pre=22.6]</td>
<td>.62</td>
<td>32.0% (n=1,144)</td>
</tr>
<tr>
<td><strong>Child/Youth</strong></td>
<td>43.4%* (n=3,947) [pre=26.5]</td>
<td>.78</td>
<td>39.9% (n=1,574)</td>
</tr>
</tbody>
</table>

*Pair ed t-test indicates a statistically significant difference, p < .01.

**Note:** 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.
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

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Caregiver</td>
<td>51</td>
<td>30</td>
</tr>
<tr>
<td>Child/Youth</td>
<td>52</td>
<td>33</td>
</tr>
</tbody>
</table>

n=3,840

n=1,714
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

![Bar Graph]

- **Parent/Caregiver**
  - Pre: 23
  - Post: 13
  - n=3,572

- **Child/Youth**
  - Pre: 27
  - Post: 15
  - n=3,947

Solid line indicates clinical cutpoint.
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

<table>
<thead>
<tr>
<th>Parent/Caregiver (n=3,840)</th>
<th>1,991</th>
<th>1,528</th>
<th>321</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth (n=1,714)</td>
<td>843</td>
<td>746</td>
<td>125</td>
</tr>
</tbody>
</table>

Legend:
- Positive Change
- No Change
- Negative Change
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

Parent/Caregiver (n=3,572)
- Positive Change = 1,144
- No Change = 2,293
- Negative Change = 135

Youth (n=3,947)
- Positive Change = 1,574
- No Change = 2,261
- Negative Change = 112
POM Overview

• Program performance reports will include:
  – Entry rate
  – Completion rate
  – Information about clients
    • Age
    • Gender
    • Ethnicity
    • Primary language
    • Primary diagnosis
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
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
Client Search

Client Name: Doe, John

Case Number: 9375809
Primary Subunit: 5005
DOB: 05/07/1999

SAI: 378
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.