

Advancing EBPs in Juvenile Justice

International Community Corrections
Association

September 14, 2011

Center for Innovative Practices

- CIP is a publicly and privately funded technical assistance center located at Case Western Reserve University, as part of the Begun Center for Violence Prevention.
- Created in 2000 as part of Ohio's Centers of Excellence approach to dissemination of evidence based practices. In today's jargon we would be considered a "purveyor" organization.
- To identify and promote the use of specific evidence based behavioral interventions (e.g., MST) for youth and their families
- To develop partnerships and affiliations with Evidence Based Practice/Best Practice developers and other relevant organizations in order to implement strategies
- Increase awareness of and access to EBP/BP
- Assist communities in development of EBP/BP
- To participate in state and local program and policy discussions & recommendations

CIP Initiatives

- Multisystemic Therapy
- Intensive Home Based Treatment-IHBT
- Integrated Co-Occurring Treatment-ICT
- Co-Occurring Disorders (MH/SA) in youth-COD
- Behavioral Health and Juvenile Justice
- Resilience
- Evaluation and research technical assistance
- Consultation and planning

CIP Role

- Commiserate
- Irritate
- Motivate
- Advocate
- Evaluate

Today's Discussion

1. What can be the 'deal breakers' in the selection and implementation of EBP/PP?
2. What practical lessons have we learned about the organizational, clinical, and fiscal realities of evidence-based/informed practices?

Note: most examples will relate to more 'model' oriented programs

What Do We Mean By Evidence-Based?

For purposes of today's discussion

A program or practice that has been demonstrated through scientific studies to be effective in improving outcomes for a specific population.

Practice Based Evidence

- There are many ‘effective practices’ that may not have been tested against the most stringent research standards; however, an ‘evidence base’ for those practices still should be established. Sometimes referred to as **Practice Based Evidence.**

Practice Elements

- ‘Also referred to as the common elements approach, this model demonstrates the feasibility of coding and identifying the specific techniques and procedures (e.g., relaxation, exposure, time out) that make up evidence-based protocols for specific problem areas, thereby producing sample aggregate profiles of these procedures.’

Chorpita, B. et. al. J . AM. ACAD. CHILD ADOLESC. PSYCHIATRY, 46:5, MAY 2007

Core Components of Evidence Based and Promising Practices

- Some Level of Evidence of effectiveness
- Reliability of Treatment Application
- Treatment 'Manual' and Uniform Training
- Treatment Fidelity
- Coaching, Consultation, Quality Assurance and Support
- Validity: Strong theoretical and research basis
- Consumer responsiveness
- True clinical sample of intended treatment population
- Ethical delivery of service
- A balanced focus on strengths as well as needs

Why Do We Care So Much About EBPs



- Science Update • September 27, 2010

National Survey Confirms that Youth are Disproportionately Affected by Mental Disorders

- About 20 percent of U.S. youth during their lifetime are affected by some type of mental disorder to an extent that they have difficulty functioning, according to a new NIMH survey published in the October 2010 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*. **The data support the observation from surveys of adults that mental disorders most commonly start in early life.**

NIMH Study

- According to the NCS-A researchers, the percentage of youth suffering from mental disorders is **even higher than the most frequent major physical conditions in adolescence, including asthma or diabetes.** The results reiterate the importance of developing prevention strategies and promoting early intervention for at-risk children and adolescents.

NIMH Study

Results of the Study

- Overall, nearly **half of the sample reported having met diagnostic criteria for at least one disorder over a lifetime**, and about 20 percent reported that they suffered from a mental disorder with symptoms severe enough to impair their daily lives. In addition,
- 11 percent reported being severely impaired by a mood disorder (e.g., depression or bipolar disorder),
- 10 percent reported being severely impaired by a behavior disorder such as attention deficit hyperactivity disorder or conduct disorder,
- 8 percent reported being severely impaired by at least one type of anxiety disorder.
- In addition, about **40 percent of those who reported having a disorder also met criteria for having at least one additional disorder**. Those with a mood disorder were more likely than others to report having a coexisting disorder.
- Underscoring the notion that mental disorders manifest early in life, the **researchers also found that symptoms of anxiety disorders tended to emerge by age 6, behavior disorders by age 11, mood disorders by age 13, and substance use disorders by age 15.**

Key Selection Elements-First Step to Effective Implementation

What are the key elements in
selecting an evidence-
based/informed practice?

Defining the Targets

What issue or concern are we trying to address?

Why is this a driving issue?

Who else thinks so?

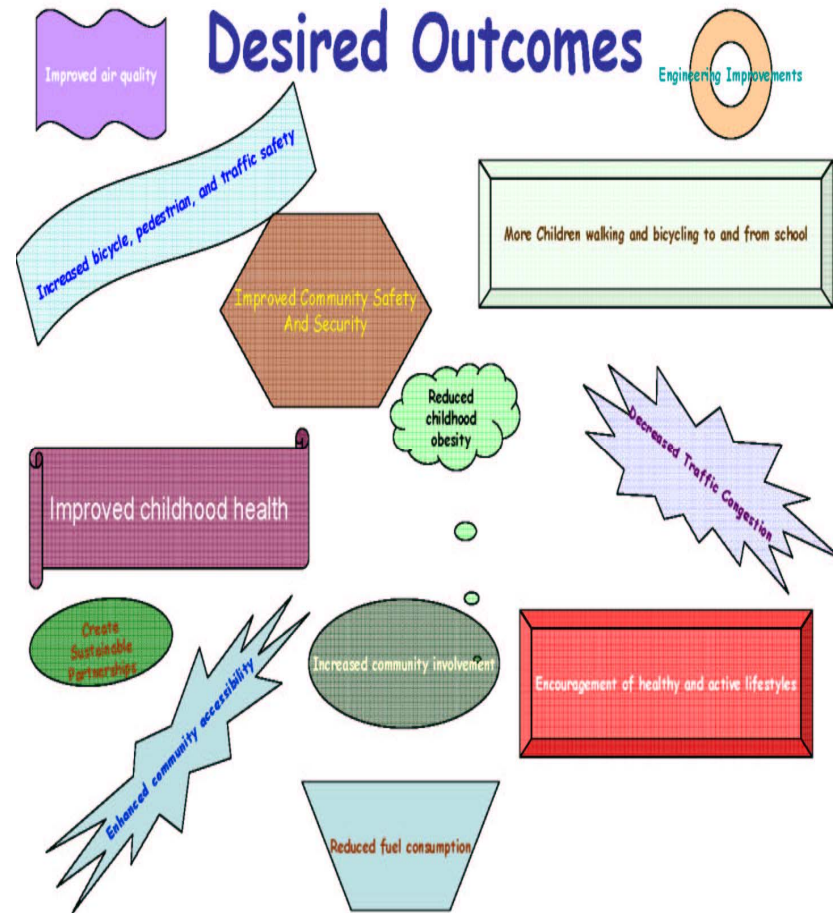
What do we already know?

What have we already tried?



What Outcomes are We Trying to Achieve?

- How are we defining “outcomes?”
- Are they shared by others?
- Are we looking for multiple outcomes or just one?
- How do we know?
- How will we use the outcomes information we collect? Clinically? Organizationally?



Key Elements of Selection

- A clear vision and perspective
- Clearly understood 'drivers' to the EBP activity
- A targeted set of circumstances or populations
- A complete invitation list: who are the partners and stakeholders, the champions and leaders
- Identify what stakes they have and why
- An identified set of optimal and shared outcomes
- Realistic assessment of resources/energy to move forward

Challenges and Barriers to Selection

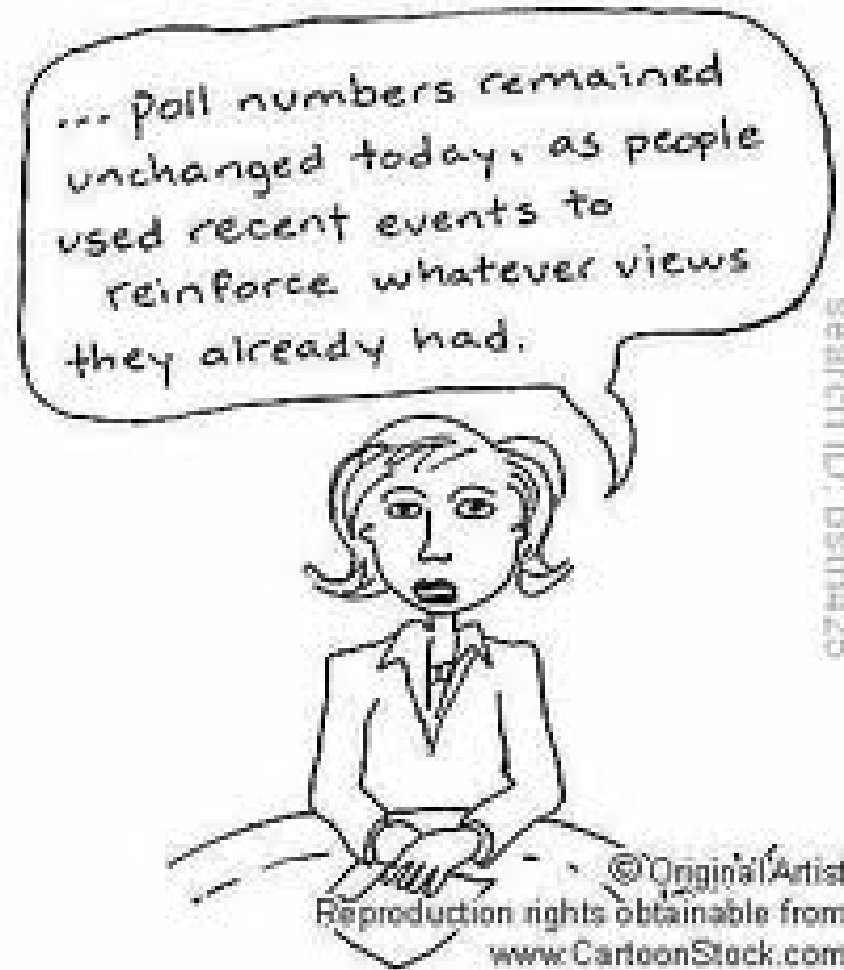
The 'driver' is external to the organization

Limited ownership of the process and goal

The 'goal' is to get the grant

Selection process is not informed **by implementation factors**

Selection is done unilaterally with expectation for others to agree



What Enhances the Selection Process

- A guided and mapped out process
- Use of solid data and information
- Sufficient time
- Right mix of partners and stakeholders and champions
- Multiple stakeholders see the value



Levels of Evidence Continuum

- No evidence
- Expert Consensus
- Formal Evaluation
- Comparison studies
- Outcomes
- Quasi-experimental
- Randomized Controlled
- Meta-analysis
- Randomized controlled with replication
- Replicable in real world settings

Identification and Selection of EBPs: Some Important Considerations

- Identifying an impact area and/or a specific population of youth and families with a specific set of behaviors, challenges, or conditions to be addressed
- Utilizing available selection tools, resources, and research
- Determining what 'level of evidence' is needed or sufficient
- Assessing feasibility that the EIP can actually be adopted, implemented, and sustained with fidelity (includes financing and workforce issues)

Feasibility: Can We Do This?

Feasibility must include a close review of at least:

- Adoptability of the program with fidelity
- Room for adaptability based on local circumstances
- Compatibility of the potential provider with the unique characteristics/requirements of the model
- Adequate funding strategies: at least 3 year budget
- Cultural relevance and consumer salience
- The 'fit' of the program within the local systems of care structure

From Selection to Implementation

Assess the **Potential Match Equation**

Community Needs +

Cross System Support +

Community Resources +

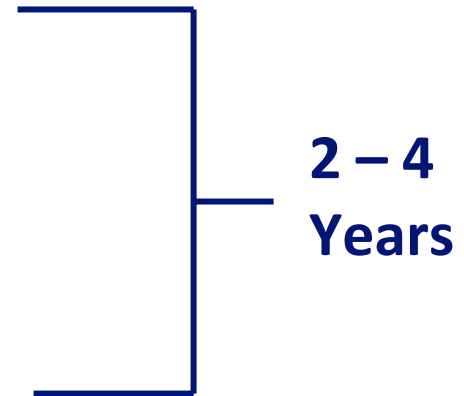
Readiness +

Options for evidence-based/best practice = **Decision to proceed (or not).**

Stages of Implementation

Major Implementation Initiatives occur in stages:

- **Exploration**
- **Installation**
- **Initial Implementation**
- **Full Implementation**
- **Innovation**
- **Sustainability**



Implementation Reality

- Not an event but an ongoing process
- Typically takes 2-4 years to take hold
- The treatment effectiveness is in direct proportion to the effectiveness of implementation at **ALL** levels

National Implementation Research
Network



Essential Equation NIRN

Effective intervention practices and programs

+

Effective implementation practices

=

Good outcomes for children and their families

No other combination of factors reliably produces desired outcomes for children, families, and caregivers

Facets of Implementation Climate Expected to Impact Success: IDARP Study *

- **Goal Clarity**
- **Top Management Support**
- **Access to Training**
- **Resources for Ongoing Implementation**
- **Performance Monitoring**
- **Removal of Obstacles**
- **Reinforcement/Rewards for Implementers**
- **Freedom to Express Doubts**

* Innovation, Diffusion, and Adoption Research Project (IDARP) The decision to adopt evidence-based and other innovative mental health practices: Risky business? Psychiatric Services. & Panzano PC, Roth D, Crane-Ross D, et al: The innovation diffusion and adoption research project (IDARP). New Research in Mental Health 16: The Ohio Department of Mental Health Office of Program Evaluation and Research, Columbus, OH, 2004.

Implementation Anticipation

- What will implementation of an EBP mean to the local system of care
- What organizational changes will need to be made to accommodate
- What intersystem relationships/processes need to be created/changed/modified
- Can we identify the challenges that will be inevitable
- Do our system stakeholders have the patience needed for successful implementation



Sustainability

- Can we afford it without 'special' funding and/or when special funding ends
- Can we identify ways to embed the service within the local financing
- Can we 'repurpose' existing funds
- What is the collective public youth serving systems' investment strategy to maximize funds
- What is the cost-benefit
- What happens to the 'savings'



Systems Intervention

Systems Can Trump Programs!

- Patrick McCarthy, Annie E. Casey Foundation

Goes on at:

- practice
- program
- agency
- and systems levels



Implementation Reality: Considerable Challenges

- **Clinical & Programmatic**
- **Systemic**
- **Financial**



Clinical & Programmatic Challenges

- Changing practices for both clinicians and organizations
- Rigorous supervision/coaching; ongoing training
- Focus on Quality Improvement and Assurance
- Staffing; training; retraining
- Outcomes driven

Systemic Challenges

- The allure of ‘the list’
- Identifying and selecting practices within a context of a community planning process
- Shift to an outcomes /results based (qualitative) system
- Developing local evaluation capacity
- Going to scale...making effective practices the rule

Financial Challenges

- ‘Bridge’ funding to finance start up
- Reinvesting current resources to new programs
- Anticipating all the costs: what funds will pay for what, e.g., Medicaid does not pay for staff training
- Mechanics of reimbursement and limitations of fee for service
- Potential ‘conflict’ with productivity approach

Factors that Inhibit Development

- ‘Over-promise’ of the intervention
- Expectation of “instant” results
- Lack of adequate advance strategic planning
- Limited champions
- Limited stakeholders at the table
- High level of resistance to change
- Workforce issues
- Organizational issues
- Short term plan for financing

Factors that Facilitate Development

- Interventions selected on solid data
- Outcomes that impact JJ, BH and CW
- Feasibility: what can and will the local system support
- ‘Real world’ data to capture clinical and cost effectiveness
- Diversion from more costly, more restrictive level of care
- Systems that are ‘saving’ reinvest some funds back into the program
- Full table of participants

Risks to Anticipate or Manage

- Overpromise of the intervention
- Beware the 'list'
- Shortcutting the process
- The EBP is seen as the latest 'trophy' but the eye is always on the next
- "Productivity" is not a good fit with many EBPs
- Collaboration has a price
- Multiple resource streams needed



Risks to Anticipate or Manage

- Not all the 'costs' of doing EBP implementation are reimbursable
- Be transparent about 'hidden' costs
- Be able to share program outcomes whenever asked
- Keep your referral basis educated...they turnover too



Opportunities to Create or Pursue

- Make the service/intervention an indispensable part of the system of care
- Compensation in proportion to the responsibility
- Engagement can be strengthened when treatment approaches are direct, solution focused, strength based
- Supervision is the cornerstone to effective sustainability
- Roadmap for treatment...support to therapists

Opportunities to Create or Pursue

- Empower front line folks that interface on referrals, case conferences, team decision making...helps create an investment
- Educate each level of stakeholders from Funders/Policy Makers to Intersystem/Organizational Leadership to Direct Care/Line staff and their colleagues in the field

Summary

- Investigate need
- Identify change agents, stakeholders, and champions
- Identify Programs and Practices that look promising to meet target needs
- Establish key outcomes across stakeholders
- Measure qualitatively and quantitatively, including \$\$
- Begin 'sustainability planning' from the beginning
- Use multiple funding sources from multiple systems
- The case needs to be built on:

Evidence + Effectiveness + Relevance + Cost

Resources and Tools

Evidence Based Practice Attitude Scale--EBPAS

Gregory A. Aarons

A brief survey that assesses the attitudes of an organization in regard to the implementation of EBPs

- Assesses on 4 domains:

- (1) intuitive appeal of EBP,

- (2) likelihood of adopting EBP given requirements to do so

- (3) openness to new practices,

- (4) perceived divergence of usual practice with research-based/academically developed interventions

State Health Authority Yardstick: SHAY

<http://www.ncbi.nlm.nih.gov/pubmed/19306060>

- EBP Plan
- Financing: Adequacy
- Financing: Start-up and Conversion Costs
- Training: Ongoing Consultation & Technical Support
- Training: Quality
- Training: Infrastructure / Sustainability
- Training: Penetration
- SMHA Leadership: Commissioner Level
- SMHA Leadership: EBP Leader
- Policy and Regulations: Non-SMHA
- Policy and Regulations: SMHA
- Policy and Regulations: SMHA EBP Program Standards
- Quality Improvement: Fidelity Assessment
- Quality Improvement: Client Outcome
- Stakeholders: Aver. Score (Consumer, Family, Provider)

National Implementation Research Network: NIRN

<http://www.fpg.unc.edu/~nirn/>

- The mission of the National Implementation Research Network (NIRN) is to close the gap between science and service by improving the science and practice of implementation in relation to evidence-based programs and practices.

Turning Knowledge into Practice

<http://www.tacinc.org/Pubs/2010%20EBP%20guidebook.pdf>

- A Manual for Behavioral Health Administrators and Practitioners About Understanding and Implementing Evidence-Based Practices
Winter 2010 edition

<http://nrepp.samhsa.gov/>

- National Registry for Evidence Based Programs and Practices **NREPP** is a searchable online registry of [more than 160 interventions](#) supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment. We connect members of the public to intervention developers so they can learn how to implement these approaches in their communities.

<http://www.promisingpractices.net/>

- Sometimes referred to as a "best practices" site or a "model program" site, PPN is both of those things and much more. In addition to providing information on [Programs that Work](#), PPN also links to additional research information in all areas related to child well-being, including their physical and mental health, academic success, and economic security. These additional resources include [Research in Brief](#), [Resources and Tools](#) and [Expert Perspectives](#). To promote successful implementation of best practices and model programs, PPN also screens and posts evidence-based information on effective [Service Delivery](#).

<http://www.ojjdp.gov/mpg/Default.aspx>

- The Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide (MPG) is designed to assist practitioners and communities in implementing evidence-based prevention and intervention programs that can make a difference in the lives of children and communities. The MPG database of evidence-based programs covers the entire continuum of youth services from prevention through sanctions to reentry. The MPG can be used to assist juvenile justice practitioners, administrators, and researchers to enhance accountability, ensure public safety, and reduce recidivism. The MPG is an easy-to-use tool that offers a database of scientifically-proven programs that address a range of issues, including substance abuse, mental health, and education programs.

<http://www.practicewise.com/web/>

- *What Works in Children's Mental Health*
- PracticeWise offers innovative tools and services to help clinicians and organizations improve the quality of behavioral health care for children and adolescents. We strive to bring science and evidence seamlessly into the process of clinical care, whether through child-specific dynamic summaries of the best available research studies, clinical dashboards for visualization of clinical progress and history, or clinical protocols and summaries representing the most common components of evidence-based practices.

Maryland: Prioritizing Evidence-Based Practices

Number of youth
High risk population
Expensive population
Family perception
Provider perception
Agency perception

Need

Resources

Program cost
Funding mechanisms
Grants
Demonstration projects
Community support
Shared departments
Existing providers
On-going costs of EBP replication & sustainability
Administrative & system supports needed

Ease of Implementation

Buy-in
Competing interests
Training requirements
Cost of implementation
Local vs. national resources

Evidence

Effect sizes
Number of studies
Efficacy
Effectiveness
Cost effectiveness
Generalizability
Relevance (age, urban/rural, cultural)
Fidelity instruments

MH Focus

Sole focus
Primary, but shared focus
Combined focus
Secondary focus
DD/DA/LD interests

EBP Name			
	High	Medium	Low
Need			
Resources			
Evidence			
Implementation			
MH Focus			
Total Score:			

Score is the sum of the five ratings. High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or 4.

The Child & Family Evidence-Based Practices Consortium

- *A collaboration of researchers, state administrators, policy-makers, providers, and consultants—seeking to promote the implementation and dissemination of evidence-based and promising practices in the area of child/family behavioral health. These individuals and organizations help to bridge the gap between research, policy, and practice. The Consortium provides a forum for sharing information about strategies, successes, and challenges in assisting states and local areas to incorporate evidence-based practices into their service systems. It also provides opportunities for collaboration among states to advance the knowledge and practice base.*
- For More Information contact David Bernstein, MSW
Chair, CFEBP Consortium
bernstei@mscd.edu

Thanks To

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- Ohio Department of Mental Health
- Phyllis Panzano
- CIP staff

Contact Information

- Patrick J. Kanary, Director
Center for Innovative Practices
Begun Center for Violence Prevention
Mandel School of Applied Social Sciences
Case Western Reserve University
Cleveland, OH
patrick.kanary@case.edu
216-368-0160