Michigan: Outcome Data, State-Provider-University Collaboration, & Individualized Site Visits Advance Provider Interest in EBPs

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State Participants

- STATE:
  Michigan Department of Community Health
  - Jim Wotring, MSW, Director, Programs for Children with a Serious Emotional Disturbance
- UNIVERSITY:
  Eastern Michigan University, LOF Project
  - Kay Hodges, PhD
- PARENT ADVOCATES:
  Association for Children's Mental Health
  - Amy Winans
- PROVIDER DIRECTORS:
  Michigan Association of Community Mental Health Boards

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Other Partners

- CBT Training for Depression
  - Joan Asarnow, Ph.D & Margaret Rea, Ph.D.
- PMT Training (Parent Management Training)
  - Oregon Social Learning Center (OSLC), Marion Forgatch, PhD
- USF Consultant
  - University of South Florida, Dean Fixsen, Ph.D

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Sponsored by R24 Funding

- Publication of Guide to EBPs for Parents and Families
  - Association for Children's Mental Health
- Site visits to Providers
  - Heidi L. Wale, MS
- Planning and Grant Writing
  - Marion Forgatch, Ph.D. (OSLC)

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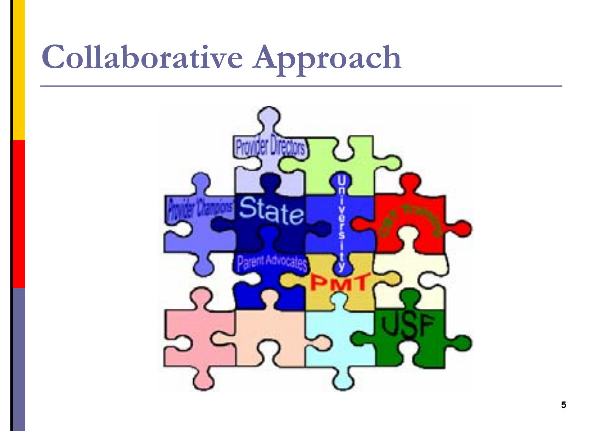
Collaborative Approach



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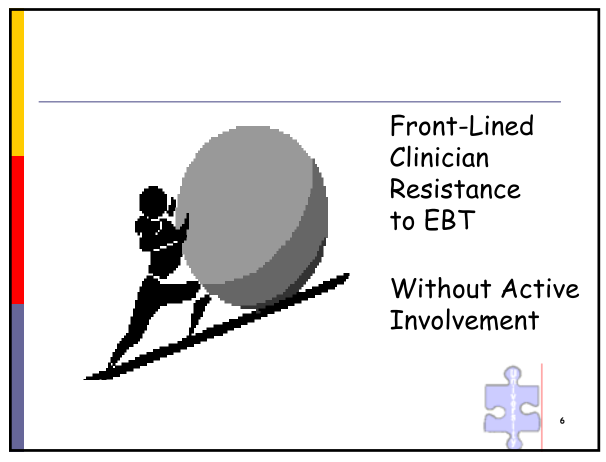

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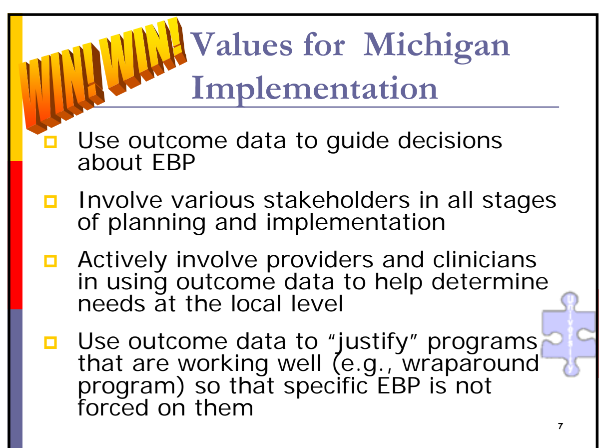

The Historical Context for EBT Implementation

- The Level of Functioning Project
  - Began in 1996
- A Partnership Among:
  - STATE: Provides support and leadership (visionary, attentive & responsive)
  - PROVIDERS: Submit data monthly, receive ongoing feedback monthly (became local champions & experts)
  - UNIVERSITY: Analyze data (responsive to provider requests)

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LOF Arrangement

- No Shame No Blame
- Hold responsible for data but no "punishments"
- Produce reports Providers find relevant
- Data Privacy: Only compare sites to statewide averages (not to each other)
  - Case mix issues

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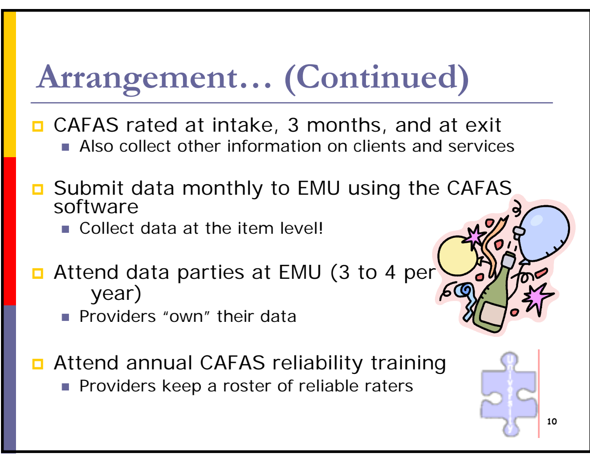

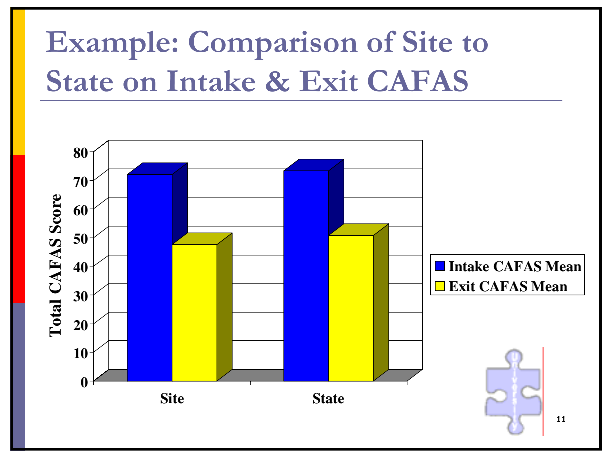

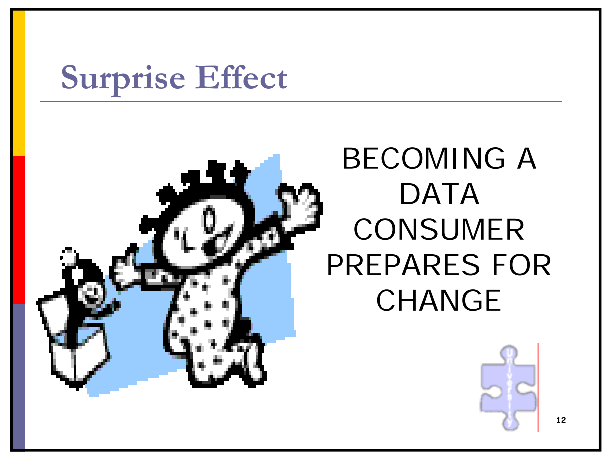

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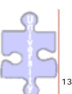
A Description of the Youth Served by Michigan Public Mental Health

Based on
9 Years of CQI Data
Collected in the LOF Project



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Recent LOF Publications

- Hodges, K., & Wotring, J. (2004). Role of monitoring outcomes in initiating implementation of evidence-based treatments at the state level. *Psychiatric Services*, 55(4), 396-400.
- Hodges, K., Xue, Y., & Wotring, J. (2004). Uses of the CAFAS to evaluate outcome for youths with SED served by public mental health. *Journal of Child and Family Studies, 13*(3), 325-339.
- Xue, Y., Hodges, K., & Wotring, J. (2004). Predictors of outcome for children with behavior problems served in public mental health. *Journal of Clinical Child & Adolescent Psychology, 33*(3), 516-523.
- Hodges, K., Xue, Y., & Wotring, J. (2004). Outcomes for children with problematic behavior in school and at home served by public mental health. *Journal of Emotional and Behavioral Disorders, 12*(2), 109-119.
- Hodges, K., & Grunwald, H. (in press). The use of propensity scores to evaluate outcome for community clinics: Identification of an exceptional home-based program. *Journal of Behavioral Health Services & Research.*
- Hodges, K. (2004). Using assessment in everyday practice for the benefit of families and practitioners. *Professional Psychology: Research and Practice*, *35*(5), 449-456.

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Snapshots of LOF Findings: Nine years of CQI Data

- **Who do we serve?**
  - Client Types
- **What training should the state facilitate?**
  - How many youths would be impacted?
  - What are outcomes with treatment-as-usual?
  - Could the intervention "treat and prevent"?
- **Who is less likely to get better with treatment-as-usual?**
  - Predictors of poor outcome (need extra strength!)
- **Which existing programs have exemplary outcome?**
  - Conduct propensity analyses to compare program to the state

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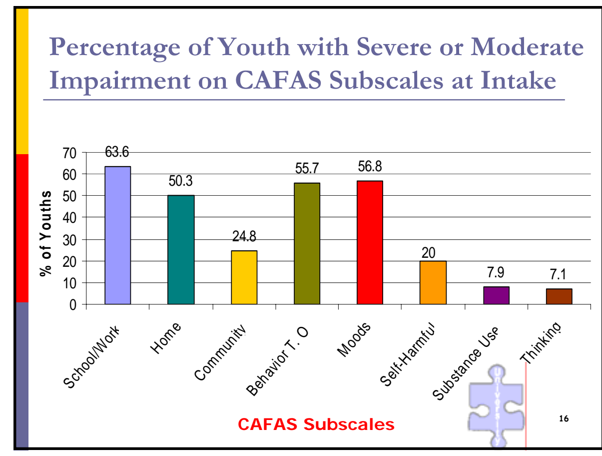
Percentage of Youth with Severe or Moderate Impairment on CAFAS Subscales at Intake



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Client Types

(Hierarchical, Based on CAFAS Profile, & Obvious at Intake)

- Thinking Problems
- Maladaptive Substance Use
- Self-Harmful Potential (includes severe depression, anxiety, or PTSD)
- Delinquency
- Behavior Problems with Moderate Mood Disturbance (Beh Prob =School, Home, Or Behavior Toward Others)
- Behavior Problems without Mood
- Moderate or Mild Mood and/or Mild Behavioral Problems

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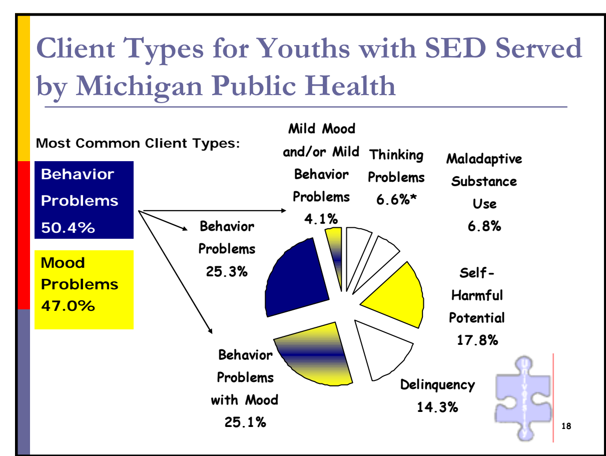
Client Types for Youths with SED Served by Michigan Public Health



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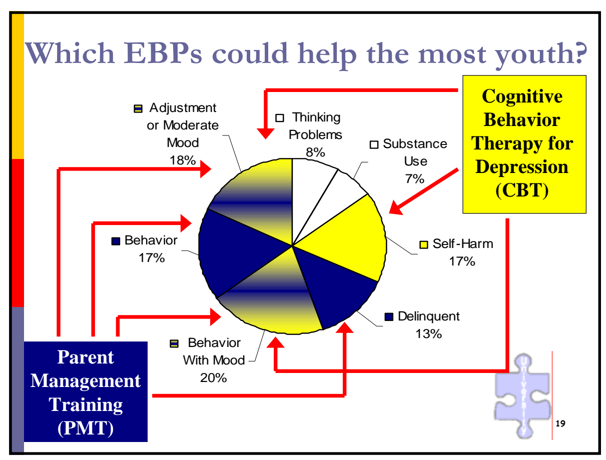

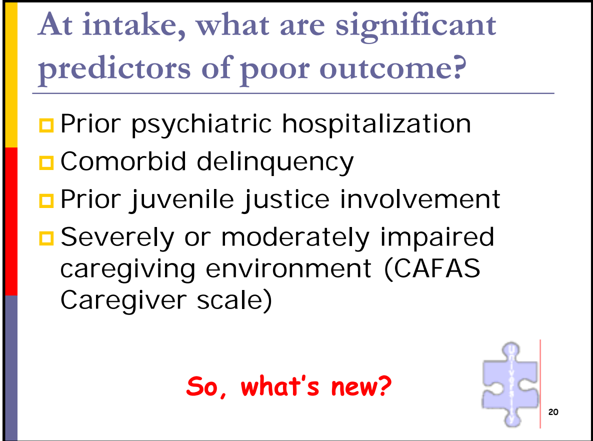

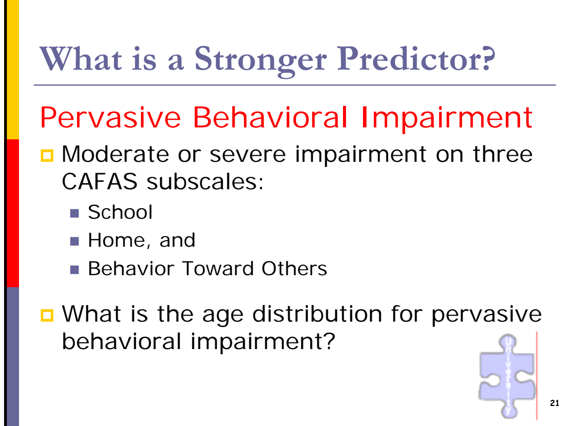

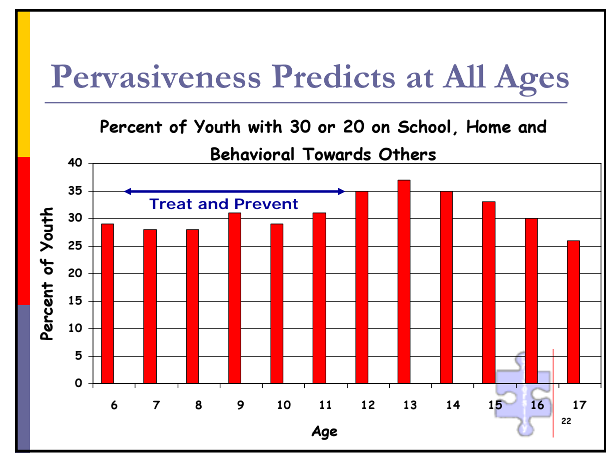

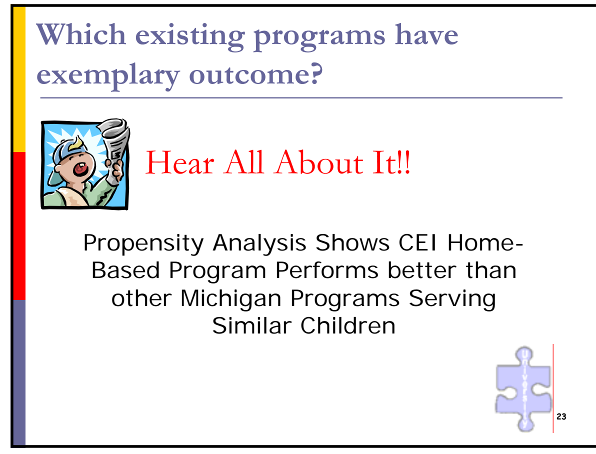

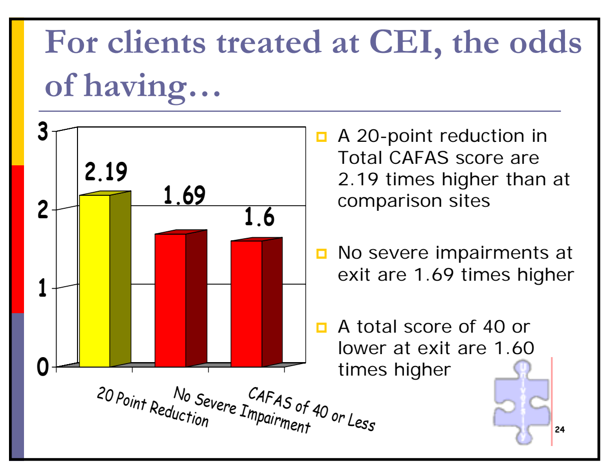

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LOF Data Supports State Activity

- Data presented to state committees of stakeholders and at LOF meetings
- Concluded that
  - Many children could benefit from Cognitive Behavior Therapy (CBT) training for depression
  - Many families could benefit from Parent Management Training (PMT)
  - Some programs providing intensive home-based services have exemplary outcomes
- State contracted with UCLA to conduct training on CBT (pilot)
- State was funded by R24

CBT Training for Depression

State-supported pilot project trained 49 mental health workers from 25 providers from across the state

CBT Training Pilot Study

- Training was conducted in two sessions.
  - Session 1: March to October 2003
    n = 23 mental health workers
  - Session 2: December 2003 to August 2004
    n = 26 mental health workers
- The session format was
  - A three day workshop
  - Followed by 6 months of weekly telephone consultation in groups of 4 to 6.

CBT Training Pilot Study

- Focus group from first training session revealed three major barriers to learning:
  - Insufficient release time from normal workloads
  - Lack of access to clients who would be good training cases
  - Lack of support from supervisors (who were not involved in the training)

CBT Training Pilot Study

- Changes implemented in second training session
  - Trainees completed a support tool weekly to document training activities and to communicate any needs for support (via email)
  - State administrator advocated for trainees as needed
- Impact of using support tool:
  - From Session 1 to Session 2, poor attendance at telephone consultation sessions was reduced from 35% to 15%

CBT Training Pilot Study

- Analysis of the CAFAS for 20 training cases treated during the second session revealed that
  - The average CAFAS total score changed from 87 at intake to 49 at exit, reflecting an average reduction of approximately 1 standard deviation
  - 80% of the cases attained reliable and clinically meaningful change

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CBT Training Pilot Study

- Trainees were very satisfied with the training
  - 89% to 94% found the phone consultation sessions helpful
  - 56% to 71% thought weekly sessions were needed
  - 94% to 100% envisioned themselves as using CBT in the future

R24 Funding Sponsored Activities

- Publication of Guide to EBPs for Parents and Families
  - Association for Children's Mental Health
- Site visits to Providers
  - Heidi L. Wale, MS
- Planning and Grant Writing
  - Marion Forgatch, PhD (OSLC)

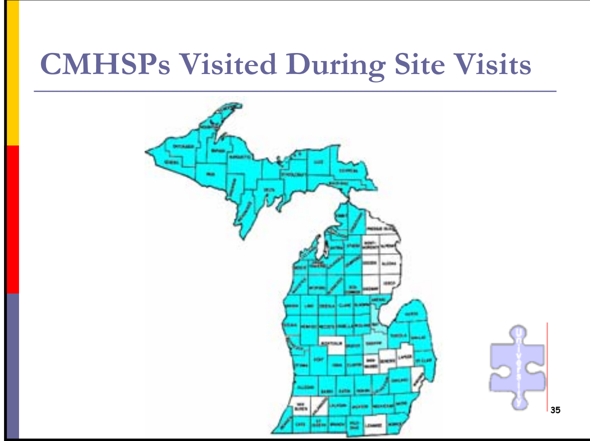
Parent Involvement

- Members of the Michigan Association for Children's Mental Health attended the two major grant planning sessions
- Through funds from the R24, the ACMH wrote a handbook for parents explaining the value of providing EBPs for families with troubled youth
- The ACMH presented on EBPs at their October 2004 conference
- The ACMH conducted 4 regional informational trainings for parents

Site Visits to Providers

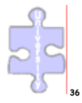
- Through the University, a consultant was hired to visit providers to:
  - Discuss their interest in EBPs
  - Examine their specific site's outcome data
  - Explore training needs relative to outcome data
- 38 sites were visited between March 2004 and December 2004

CMHSPs Visited During Site Visits



Site Visits to Providers

- Each participant at every site visit was asked to complete a three page survey regarding their use of outcome data and EBP's, training interests and perceived barriers to effective practice.
- 266 surveys were completed and tabulated. Participants included:
  - 88 Clinicians
  - 64 Supervisors
  - 39 Directors
  - 20 Case Mangers
  - 19 Quality Coordinators



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Site Visits to Providers

- 103 respondents either did not respond when asked what EBP's they were currently using, reported that they did not know what an EBP was or admitted they were not using any
- Results were similar to findings for a web-based survey we conducted with directors of the provider agencies

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Site Visits to Providers

Responses to the question "What evidence based practices (EBP's) do you use?" included:

79	CBT
26	DBT
21	CAFAS
12	Behavioral Therapy
11	solution focused therapy
10	client & family report
9	family therapy
8	Home based
7	ACT
7	Wraparound
6	MST
6	Play Therapy
5	cognitive therapy
5	GAF
4	co-occurring disorders
3	ADHD
3	strength based
3	Tx plan

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Site Visits to Providers

Remaining responses:

2	BASIS-32 (adults)
2	Best Practice
2	CBCL
2	clinical judgment/observations
2	Conners
2	DBT for parents & adults
2	Love & Logic
2	mood disorder
2	MRT
2	narrative therapy
2	parent education
2	Parent Management
2	Problem Solving
2	TOPS
1	looking at FFT
1	REBT
1	Therapeutic Foster Care
59	Other Non-EBP responses (e.g. "acceptance & commitment therapy," "case management," "children's groups," "supported employment")

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Site Visits to Providers

- 20.75% of those surveyed stated their agency held monthly meetings to review clinical outcome data
- 33.96% reported that they reviewed individual outcome data with the families they worked with
- Respondents believed that 67.68% of clients served demonstrated improved outcomes. This is slightly higher than the actual state average of 61%.

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Site Visits to Providers

- Impact of site visits
  - Feedback surveys at the end of visits indicated very high rates of satisfaction
  - Participants at the local sites made excellent suggestions to improve "usability" of the data from the LOF project. Site visitor suggestions were implemented
  - Providers feel more informed and show more active interest in participating in EBP training that the state may facilitate
  - Substantial increase in number of agencies joining the LOF project

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Planning and Grant Writing

- Michigan hopes to secure future funding to bring Parent Management Training (PMT) training opportunities to children's providers across the state
- PMT was chosen by the state for training and implementation because:
  - There is a need for PMT, based on state outcome data
  - It is family focused
  - It has a fidelity measure
  - A large implementation of the program has already been conducted and studied

PMT

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Some providers have begun to lead the way for others in implementing EBPs

- Oakland County CMH Easter Seals secured local funding to provide PMTO training for its supervisors. Oakland agreed to act as a pilot project for the state to learn more about implementing PMTO training at local agencies.
- Two other providers (Pathways and Kalamazoo) purchased a training seat from Oakland and have each had a supervisor participating in PMTO training since June 2004.

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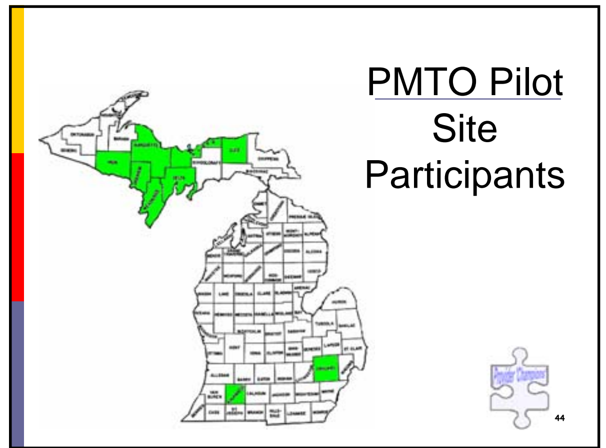

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State Administration Gives Direction to Building Capacity for Dissemination of EBPs

- Children's Programs has had an active Evidence Based Practice Committee since 2003
  - Inclusionary – various stakeholders involved
  - Consensus-building orientation
  - Considered data
  - Sought out research on various EBPs
  - Review of existing EBP manuals and supporting literature for various client types made available to providers

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State Administration Gives Direction to Building Capacity for Dissemination of EBPs

- State appoints Committee to develop plans for disseminating EBPs for adults and children
- Recommendations for Children's Programs made by Jim Wotring, which were based on two years of consensus building that involved consideration of state data and the literature, were accepted

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State Committee on Dissemination of EBPs

- Committee mandated that providers must begin offering Parent Management Training (PMT) within the next two years
- After PMT is implemented, next EBP to be required will be treatment for depression
- Subcommittee charged with generating:
  - Dissemination plan for training
  - Provision for measurement of fidelity
  - Means of evaluating outcome
  - Consideration of needed changes/supports in administrative policies

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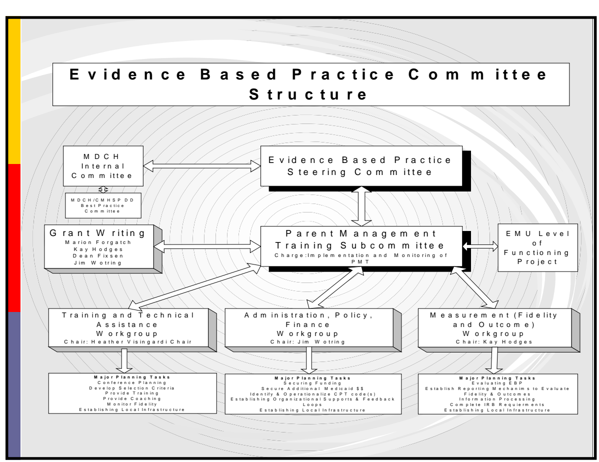

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Children's Subcommittee Uses Logic Model to Generate Implementation Plan

- Subcommittee Consensus on Outcomes
  - Improved family satisfaction with services
  - Improved child and family functioning
    - CAFAS for youth
  - Improved parenting skills
    - Caregiver Skills Scale (companion to CAFAS)
  - Improved staff skills in PMT
    - PMTO fidelity measure ("FIMP")
- Implementation Action Steps at local and state level being crafted now
  - Spring Conference will "unveil" plans

State

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