

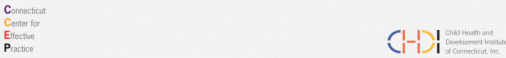
Implementing Evidence-based Practices at the State Level:

Challenges, Successes and Lessons Learned

19th Annual Research Conference
Tampa, Florida

Robert P. Franks, Ph.D.
Director, Connecticut Center for Effective Practice
Child Health & Development Institute / Yale University Child Study
Center / University of Connecticut Health Center

Jean Adnopoulos, MPH
Yale University Child Study Center



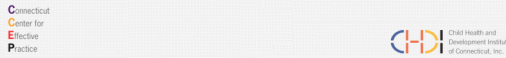
Thanks to:

Connecticut Center for Effective Practice (CCEP)

- Janet Williams, MD ~ University of Connecticut
- Jo Hawke, PhD ~ University of Connecticut
- Julie Revaz, MSW ~ CT Court Support Services
- Peter Panzarella ~ CT Department of Children & Families

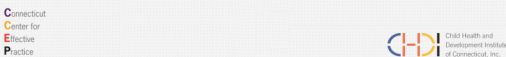
Advanced Behavioral Health

- Richard Munsch, Psy.D.



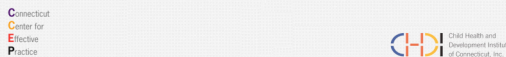
Connecticut Center for Effective Practice

- **Five active partners:**
 - Department of Children and Families (DCF)
 - Court Support Services Divisions (CSSD)
 - University of Connecticut Health Services (UCHC), Department of Psychiatry
 - Yale University Child Study Center
 - Child Health & Development Institute (CHDI)
- **Funding sources:**
 - State agencies, private foundations, grants



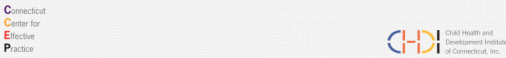
CCEP Vision and Mission

- The purpose of the Connecticut Center for Effective Practice (CCEP) is to enhance Connecticut's capacity to improve the effectiveness of treatment provided to **all children** with serious and complex emotional, behavioral and addictive disorders through development, training, dissemination, evaluation and expansion of effective models of practice.




CCEP

A place to connect the dots...



Achieving CCEP's Vision: 5-Year Strategic Framework



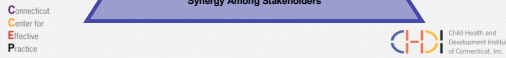
Sustainable Systems Change
Leading to Better Outcomes
for Children & Families

Expand Efforts
Target Key Audiences
Demonstrate Effectiveness

Work at Multiple Levels
Establish Baseline of Best Practices
Pilot Programs & Demonstrate Value
Plan Proactively

Building Credibility - Trust - Relationships


Opportunity for Change
Synergy Among Stakeholders



Achieving Vision: Engaging Stakeholders

Engage stakeholders in activities that promote systemic change or act as catalyst for change across Connecticut at multiple levels:

- Through work with **state agencies** who serve children and families
- Through work with **major academic institutions**
- Through work with **policy makers and legislators**
- Through work with **providers** of services
- Through work with **consumers** (parents, caregivers and children)

Connecticut Center for Effective Practice  Child Health and Development Institute of Connecticut, Inc.


Achieving Vision: Four Overarching Strategic Goals of CCEP

- Identification, adoption, and implementation of evidence-based and best practices
- Research, evaluation and quality assurance of new and existing services
- Education and raising public awareness about evidence-based and best practices
- Development of infrastructure, systems and mechanisms for implementation and sustainability

Connecticut Center for Effective Practice  Child Health and Development Institute of Connecticut, Inc.


Why Evidence-Based Practice?

- Changing "landscape" of practice in mental health, juvenile justice, social work
 - Push for Accountability... "where is the data?"
 - Increased quality and relevance of research
- Emergence of the concept "Best Practices"
 - What is a best practice?
 - More than... "what we already do"
 - More than a theoretical approach


Connecticut Center for Effective Practice  Child Health and Development Institute of Connecticut, Inc.

"Best practices" are Evidence-Based Programs


1. Systematic clinical intervention programs that are integrative in nature (practice, research, theory)
 - And use systematic clinical protocols "clinical maps"
 - Manual driven
 - Model congruent assessment procedures
 - Focus on adherence and treatment fidelity
2. Models that have strong science/research support
3. Clinically responsive and individualized
 - to unique "outcome" needs of the client/family
 - to the unique "process" needs of the family
4. Are able to guide practice with high expectation of success
 - with specific client problems
 - within specific community settings

Connecticut Center for Effective Practice  Child Health and Development Institute of Connecticut, Inc.

Connecticut's History of EBP Development




Legislative Program Review: 1997
DSS/DCF Memorandum of Understanding: 1999
Report on Financing/Delivering Children's Mental Health Services: 1999
DCF developed first Multisystemic Therapy team: 1999
Connecticut Community KidCare Legislation: 2000
Blue Ribbon Mental Health Commission Report: 2000
Development of the Connecticut Center for Effective Practice 2001
Statewide Implementation of MST: 2002-present

Connecticut Center for Effective Practice  Child Health and Development Institute of Connecticut, Inc.

CT's Community KidCare's Legislation New and Expanded Service Continuum

"Enhancing the Traditional Service Model"


- Emergency Mobile Psychiatric Services
- Care Coordination
- Extended Day Treatment
- Crisis Stabilization Beds
- Therapeutic Mentors
- Short-term Residential Treatment
- Individualized Support Services
- **Intensive In-Home Services**

Connecticut Center for Effective Practice  Child Health and Development Institute of Connecticut, Inc.

Other Contextual Factors Leading to Systems Change

- Two major consent decrees for the Department of Children and Families impacting child protection and juvenile justice (*Juan F and Emily J*)
- Statewide evaluation of juvenile justice programs that called for systems change
- Ongoing media coverage of problems at state's Department of Children & Families

Connecticut Center for Effective Practice




Development of Evidence-based Practices in Connecticut

1999 Connecticut develops in-home model with *first* of eight initial MST teams

2001 Formation of the *Connecticut Center for Effective Practice* Licensed MST Network Partner and Supervisor

2004 Multi systemic Therapy (MST)
20 teams added (DCF and CSSD)
Functional Family Therapy (FFT)
1 team (DCF)
Multidimensional Family Therapy (MDFT)
6 teams (DCF)
Intensive In-home Child/Adolescent Psychiatric Services (IICAPS)
13 teams (DCF and CSSD)

Connecticut Center for Effective Practice


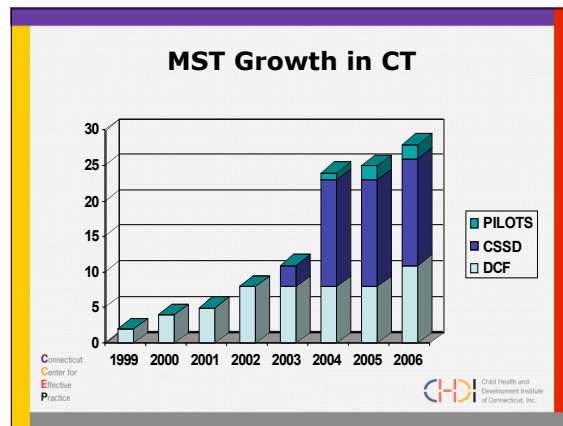


Development of Evidence-based Practices in Connecticut

2005-Present: Expansion of MST

- Implementation/Supervision/QA of MST is transferred from CCEP to non-profit ASO, Advanced Behavioral Health (ABH)
- Department of Children and Families (DCF) currently has **10** MST teams provided by two contractors. Two additional are being added this year. There are also two specialty MST teams:
-MST for problems sexual behavior
-MST for building stronger families (adult substance abuse component).
- Court Support Services Division (CSSD)- currently has **15** teams provided by three contractors. One additional team may be added this year.
- Current total: 25 teams across Connecticut serving over 1100 children and families each year.**

Connecticut Center for Effective Practice

MST Implementation and Expansion in Connecticut

In five years....


0.....25

The state went from 0 MST teams to 25 teams....

Was this too much too fast?

How is it working out?

Connecticut Center for Effective Practice




MST Implementation and Expansion in Connecticut

In five years....

25.....5

- State agencies went from over 25 providers for juvenile justice youth to just five
- Was this change too radical?
- What happened to other providers?
- What was the result?

Connecticut Center for Effective Practice



Connecticut Strengths

- MST championed by the two state agencies most involved with juvenile justice population (DCF and CSSD)
- All MST QA/QI (except pilot program) now integrated under ABH Network Partnership
- Economies of scale (fiscal, data, research)
- Other evidence based and promising practices are being implemented (MDFT, FFT, IICAPS, BSFT, TFC)

Connecticut
Center for
Effective
Practice

CHDI Child Health and
Development Institute
of Connecticut, Inc.

CT Strengths continued

- Both funding agencies have created data bases for client tracking (including outcomes)
- Small geographic area reduces barriers associated with distance
- Relatively stable funding stream (currently grant funding, potential move to 3rd party)

Connecticut
Center for
Effective
Practice

CHDI Child Health and
Development Institute
of Connecticut, Inc.

CT Strengths continued

- Ongoing efforts to integrate treatment efforts (Systems of Care, Hartford Youth Project, etc)
- Pilot Program interest/support /involvement (Problem Sexual Behavior, Building Stronger Families)
- Opportunities for MST research platform (25+ teams integrated under one organization within small geographical area)

Connecticut
Center for
Effective
Practice

CHDI Child Health and
Development Institute
of Connecticut, Inc.

Connecticut Challenges

- Extremely rapid growth
 - Insufficient workforce/high turn over
 - Larger system "push back"
 - Provider infrastructure sometimes struggling to keep pace
- Sixteen year-olds as adults

Connecticut
Center for
Effective
Practice

CHDI Child Health and
Development Institute
of Connecticut, Inc.

CT Challenges continued

- Lack of database and outcome measures for other models (MST gets evaluated in a vacuum)
- Zero Tolerance (probation officers, courts)
- JJ adolescents treated in a "split system"
 - CSSD carries responsibility for front end
 - DCF carries responsibility for back end

Connecticut
Center for
Effective
Practice

CHDI Child Health and
Development Institute
of Connecticut, Inc.

Connecticut Evidence-Based Practices System of Care Development

- **Systems Changes**
- **Economic Changes**
- **Consumer Changes**
- **Practice Changes**
- **Quality Improvement**

Connecticut
Center for
Effective
Practice

CHDI Child Health and
Development Institute
of Connecticut, Inc.

Connecticut Evidence-Based Practices System of Care Development

➤ **System Changes**

Increased interest in effective model adoption strategies and development of new and innovative practices designed and tested within "usual" community clinical settings within state agencies

Connecticut Center for Effective Practice

CHDI Child Health and Development Institute of Connecticut, Inc.

Systems Change: Challenges

- Difficult for many
- Many providers disenfranchised
- Old relationships and ways of working were disrupted
- In juvenile justice system everyone from judges to probation and parole officers to community providers were affected
- Changes can be incremental and difficult to measure

Connecticut Center for Effective Practice

CHDI Child Health and Development Institute of Connecticut, Inc.

Connecticut Evidence-Based Practices System of Care Development

➤ **Economic Changes**

Public agencies and private insurance carve-outs are working together to develop billing codes and set rates necessary to appropriately reimburse family-focused community treatments

Connecticut Center for Effective Practice

CHDI Child Health and Development Institute of Connecticut, Inc.

Economic Changes: Challenges

- Show promise as state-wide behavioral healthcare carve-out is rolled out... yet SLOW going
- Many MST providers would not be able to provide services if were not for state contracts (insurance and Medicaid currently does not pay)

Connecticut Center for Effective Practice

CHDI Child Health and Development Institute of Connecticut, Inc.

Connecticut Evidence-Based Practices System of Care Development

➤ **Consumer Changes**

Parents and families are more informed consumers and expecting to participate in treatment planning, decision-making and evaluation of child and family services and supports

Connecticut Center for Effective Practice

CHDI Child Health and Development Institute of Connecticut, Inc.

Consumer Changes: Challenges

- Parents and caregivers are more aware of MST and EBP's in general (based on CCEP survey)
- Anecdotal reports of parent experiences in absence of data are mixed (many extremely positive)
- Parent and child advocates sometimes utilize these reports to cast doubt on efficacy of programs and promote more traditional services

Connecticut Center for Effective Practice

CHDI Child Health and Development Institute of Connecticut, Inc.

Connecticut Evidence-Based Practices System of Care Development

➤ **Practice Changes**

Practice changes have occurred more slowly, including:

- Adequate workforce development, attitudinal change
- Adoption of beliefs and values consistent with system of care principles,
- Championing result-oriented clinical treatments and quality training ,
- Local capacity building for data-driven decision-making

Connecticut Center for Effective Practice

CHDI Child Health and Development Institute of Connecticut, Inc.

Practice Changes: Challenges

- Fidelity issues
- Significant workforce issues and concerns

Connecticut Center for Effective Practice

CHDI Child Health and Development Institute of Connecticut, Inc.

Connecticut Evidence-Based Practices System of Care Development

➤ **Quality Improvement**

Payers are using child outcome measures, tracking treatment adherence and performance benchmarks for contracted programs and making data driven decisions about effectiveness of child and family services

Connecticut Center for Effective Practice

CHDI Child Health and Development Institute of Connecticut, Inc.

Quality Improvement: Challenges

- Often not adequate
- Usually data is not interpreted or adequately utilized
- State agencies lack capacity to utilize data to inform their work

Connecticut Center for Effective Practice

CHDI Child Health and Development Institute of Connecticut, Inc.

Ongoing Quality Assurance and Evaluation

- Data currently being collected from all providers on MST outcomes
- Data provided to state agencies, but not adequately interpreted or utilized
- Center for Effective Practice currently analyzing available data and creating an "MST Report Card" for the state
- Initial results mixed but encouraging

Connecticut Center for Effective Practice

CHDI Child Health and Development Institute of Connecticut, Inc.

Outcome Data

- Quantitative and Qualitative necessary
- Fidelity measures as well as systemic indicators and individual outcome indicators must be examined
- Quantitative data may not tell whole picture (case example)

Connecticut Center for Effective Practice

CHDI Child Health and Development Institute of Connecticut, Inc.

In the Absence of Data...

- Anecdotal reports set tone for stakeholders' experience of EBT implementation
- Anecdotal reports do not necessarily reflect actual data
- In the absence of real data, these reports can either champion the EBT or be damaging and even derail successful implementation at multiple levels

Connecticut
Center for
Effective
Practice



Lessons Learned

- Systems change is not easy and multiple barriers were encountered
- Systems change that occurs too quickly or without proper planning can have negative consequences
- Stakeholders can be fickle in their support if results are not evident
- QA and evaluation is critical
- Reporting back of progress is critical
- Workforce development and sustainability are major issues that impede implementation
- Despite challenges and barriers many positive systems changes are occurring leading to better outcomes for children and families.

Connecticut
Center for
Effective
Practice



Recommendations

- "Look before you leap"
- Need to not only identify best practice but determine capacity for adoption and implementation
- Identify mechanisms within state for adopting EBP's and collaborate closely with state agencies and academic institutions
- Shifting of resources can lead to resentment and impede implementation if not handled carefully
- Don't lose sight of incremental changes that lead to positive outcomes; Set benchmarks along the way

Connecticut
Center for
Effective
Practice



Value of Independent Institute

- Need for mechanism to serve as systems change agent within state
- Change from within state agencies is extremely difficult without outside forces and systems of checks and balances
- CCEP has been and continues to be integral to the successful implementation of EBP's although its role continues to evolve and change

Connecticut
Center for
Effective
Practice



Coming soon from CCEP...

- ✓ **MST Statewide Progress Report**
- ✓ **Evidence-based Practice Review and Implementation Checklist**
- ✓ **Statewide piloting of quality assurance and evaluation plans**
- ✓ **Best Practices Website**

Connecticut
Center for
Effective
Practice



For more information

Bob Franks

rfranks@uchc.edu

Connecticut
Center for
Effective
Practice



19th Annual RTC Conference
Presented in Tampa, February 2006

