Building a Science on Implementation and Dissemination in a State Policy Context: The Policy, Practice and Research Interface

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The uneasy alliance

- There are fundamental conflicts of purpose between science and policy
- These need to be openly acknowledged
- When the common ground is found, however, forces for powerful change can be brought to bear in meaningful ways to improve the lives of children

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Policy vs. Science

- **Policy characteristics**
-   A. Often in the service of a political agenda
-   B. Driven by issues of expediency and opportunity
-   C. Rapid and unpredictable decision-making processes especially during crises
-   D. Can have enormous public health impact
- **Science characteristics**
-   A. Application of scientific methods to specific questions in the service of deriving reliable and valid answers
-   B. Inherently conservative; inherently slow
-   C. Designed to lead to more questions not definitive answers; supportive of a process of inquiry rather than action
-   D. Answers are not pre-determined
-   E. Impact usually minor, incremental

The Creative Dialectic

- Contributions of policy to science
  - An ethical shoreline
  - A sense of urgency, timeliness, and therefore focus
  - The potential for positive impact on many lives
- Contributions of science to policy
  - Informed, grounded, rational policies
  - Reduction in the potential for harm
- Both are needed

How grounded is practice in either policy or research?

- Not

Representativeness of studies in leading journals is limited

- Shumway & Sentell (2004) reviewed 12 leading mental health journals in 1999

- 27% of studies related to interventions, 2/3 of which were medication studies

- *Only 4% of psychosocial treatment studies were conducted in the public mental health system*

Psychiatric Services, 55, 649-653

- Weisz et al. (2005) reviewed youth treatment outcome studies 1965 to 2002

- 236 methodologically acceptable studies

- Assessed clinical representativeness of studies on enrollment, providers, and setting

Annual Review of Psychology, 56, 337-363

Clinical Representativeness Child Research Through 2002
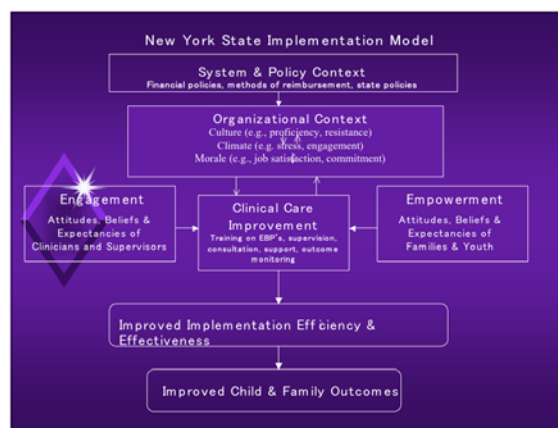
Weisz, Doss, & Hawley, *Annu Rev Psychol, 2005, 56:337-363*

Representativeness Summary

NYS: Evolution of EBP Implementation for Children

- 2002-04: Commissioner mandate to improve services through EBPs
  - Functional Family Therapy (Sexton & Alexander)
  - CBT trauma after Sept. 11th (CATS Project)
  - School mh treatments (CBT, IPT)
  - Guidelines for medication management of atypical antipsychotics (TRAAY)
- 2005: Evidence-based Treatment Dissemination Center (EBTDC) established as core State function
- 2005: Learning Collaboratives established to focus on improving retention through use of EBP engagement strategies (McKay)
- 2005: Parent Empowerment Training and Support (OMH, DOE and NIMH to develop family-driven empowerment strategies)
- 2006: $30M expansion of State funding for screening, assessment, and expansion of home-based services for children and families
- 2006: NIMH Developing Center grant to experimentally examine alternative implementation strategies to improve uptake of EBPs

New York State Implementation Model

System & Policy Context
Financial policies, methods of reimbursement, state policies

Organizational Context
Culture (e.g., proficiency, resistance)
Climate (e.g., stress, engagement)
Morale (e.g., job satisfaction, commitment)

Engagement
Attitudes, Beliefs & Expectancies of Clinicians and Supervisors

Clinical Care Improvement
Training on EBP's, supervision, consultation, support, outcome monitoring

Empowerment
Attitudes, Beliefs & Expectancies of Families & Youth

Improved Implementation Efficiency & Effectiveness

Improved Child & Family Outcomes

New York State's Evolving System Change Model

- **Train** clinicians and supervisors using expert treatment developers and provide intensive consultation for 1 year
- **Engage** families in services by removing barriers to access: Target clinician outreach
- **Empower** families with tools, skills, and support: Target families and advocates
- **Monitor** using EBP assessments
- **Target** core social-organizational processes
- **Incentivize** change through fiscal re-alignment

Milestones of Children's Mental Health Services in the United States

- David Woodlock
- Deputy Commissioner for Children and Families, NYSOMH

Achieving the Promise
for New York's Children and Families

Forces for Transformation in New York State

Scientific Imperatives

- There is a long and rich scientific history substantiating the fact that there is a developmental progression to behavioral/emotional problems among young children
- Kessler et al shows that the age of onset for serious mental illness in adulthood occurs in early adolescence, yet identification and treatment are often delayed for years.
- Emotional or behavioral problems unrecognized in childhood can cascade into full blown psychiatric disorders with serious debilitating consequences in adolescence or adulthood
- Identification of children must be linked with scientifically validated interventions to modify risk factors

(citation references, illegible)

Family Imperatives

- " If I'd only known what was going on with my child earlier...."
- "If I'd only known where to go for help..."
- "I could not access services when I needed them..."
- "Why is my child not getting better?"

Community Imperatives

- Increased Access
  - To flexible, community-based services for children with complex needs
  - To treatments that work
  - To child psychiatrists
  - For priority populations in individual community
- Make Evidence Based Treatment Real

- 1 out of 10 children have a serious emotional disturbance
- Only 30% of children age 14 and older with emotional disturbance graduate with a standard high school diploma
- Among all disabilities, emotional disturbance was associated with the highest rate of school dropout
- Suicide is the 3rd leading cause of death among children and adolescents

Achieving the Promise brings coordination in ...

Reform

Policy

Funding

that is focused on keeping children at home, in the community and in school.

Child and Family Clinic-Plus

- Child and Family Clinic-Plus will provide the following:
  - Broad-based screening in natural environments
  - Comprehensive assessment
  - Expanded clinic capacity
  - In-home services
  - Evidence Based Treatment
- These services will be provided through a combination of 100% state aid and Medicaid rate enhancements.

Child and Family Clinic-Plus
Intended Outcomes

- Shifts Clinic from a PASSIVE program that waits for clients to an ACTIVE program
- Provides incentive and capacity to intervene earlier in the child's trajectory, when their potential for life long recovery can be greater.
- Earlier Recognition of children in need of mental health services
  - Up to 400,000 children screened annually
  - Local decision making on the priority population to be screened
  - Screening Voluntary – With Active Consent of Parent

Child and Family Clinic-Plus
Intended Outcomes

- Rapid access to Comprehensive Assessment for children screened as in need of mental health intervention
- Improved Access - allows for a near doubling of clinic admissions each year (36,000)
- Families have opportunity to build skills through the use of In-Home Services
- Increased use of Evidence Based Treatments

Home and Community-Based Waiver Expansion

- Creative constellation of services for children with complex needs and their families.
- Excellent track record of keeping children at risk of hospitalization in their homes, with their families, friends and loved ones.
  - Despite being high risk for hospitalization, 81% of the children were able to stay at home with their families (*OMH CAIRS Data 2004*)

Evidence Based Treatment Dissemination Center

"Far too often, treatments and services that are based on rigorous clinical research languish for years rather than being used effectively at the earliest opportunity. For instance, according to the Institute of Medicine report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, the lag between discovering effective forms of treatment and incorporating them into routine patient care is unnecessarily long, lasting about 15 to 20 years."
(New Freedom Commission 2003)

Evidence Based Treatment Dissemination Center

- First of its kind, broad-based center for the transfer of scientifically proven clinical interventions to the field.
- Curriculum and training targeted to specific diagnostic groups
- Training followed by on-going consultation and clinical supervision
- Up to 400 clinicians and supervisors trained annually

Evidence-based Treatment Dissemination Center (EBTDC)

- For Children: NYS-funded training for practicing clinicians and supervisors
- Two-year cycle. New EBPs selected each cycle.
- First effort: 417 clinician/supervisors trained on CBT for childhood trauma and depression (Cohen, Mannarino, Deblinger, 2006; Stark & Curry, 2006).
  - 96% retention rate for training
- Ongoing 1 year consultation bi-weekly by phone:
  - 80% participation rate on consultation calls
  - 231 calls thus far of 8-12 clinicians/call
- Cost: Approximately $1,400 per clinician per year

From the Ground Perspective

- Peter Konrad
- Director, Greene County

Family perspective

- Paige Pierce
- Director, Families Together

Linking science, practice and policy in NYS

- Kimberly Hoagwood

NIMH Developing Center (P20)

- To advance knowledge about effective implementation strategies for improving the uptake of evidence-based practices (EBPs) in state-funded public mental health systems
- To advance service systems research by targeting development of innovative methods for improving the uptake of EBPs
- To examine experimentally a set of theory-based strategies to improve EBP implementation *efficiency* and *effectiveness*.

Organizational context affects uptake of EBPs and outcomes

- Three decades of studies by Glisson and colleagues
- Glisson & Himmelgarn's (1998) study of child welfare agencies found that the strongest predictor of child improvement was organizational climate
- Organizational *culture*, not climate, explains variations in service quality (Glisson & James, 2002)
- Organizational factors affect youth outcomes (Schoenwald et al., 2003)
- Organizational level interventions can improve climate and reduce staff turnover (Glisson, et al., 2006)

Profiling mental health clinics

- Variance in social contexts characterize clinics
- Therapists' job satisfaction and commitment vary significantly as a function of the culture and climate profiles of the clinics in which they work.

Examples of Treatment Team Profiles
with z scores based on National Norms (Glisson 2006)
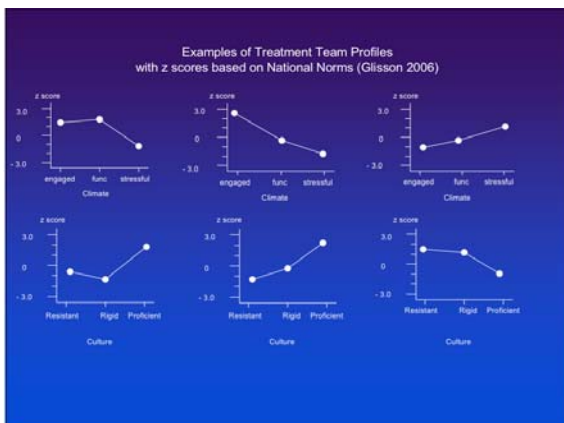
Study #1

- To experimentally examine the impact of a combined engagement-empowerment strategy (E-E) for improving implementation *efficiency* (e.g. no-show rates, treatment completers, staff retention/turnover, working alliance) and *effectiveness* (e.g., family self-efficacy, youth symptom and functioning improvement) among a sample of NYC-based outpatient clinics. Clinicians and their supervisors will be randomly assigned to receive either: a) TF-**CBT training + consultation (CBT Only)**; b) TF--CBT training/consultation, enhanced with the E-E intervention (**E-E Enhanced**); or c) the **E-E Intervention only.**
- Examine organizational profiles of clinics at baseline and post-intervention to track changes and identify co-variation

Study #2

- To experimentally examine the impact of an organizational intervention and E-E on the social context of clinics during uptake of new clinical practices (e.g., therapists' turnover, behavioral norms, perceptions and attitudes); to examine the effects of the E-E intervention on consumer perspectives and behavior (e.g., child and family working alliance, service satisfaction, compliance, and retention); and to examine the combined effects of org intervention and E-E on the EBP implementation process (e.g., treatment fidelity, service availability, responsiveness and continuity) and outcomes (e.g., child symptom reduction, improved functioning).

Conclusion

- To connect research, practice and policy in the service of public health requires not simply knowledge transfer but new forms of knowledge production.
- --what Van de Ven, calls "engaged scholarship"—"a collaborative form of inquiry in which academics and practitioners leverage their different perspectives and competencies to co-produce knowledge about a complex problem."
- A. Van de Ven, 2006