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State Evidence-Based Practices for Children's Mental Health—Measurement and Implementation Challenges

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Measuring State Infrastructure for EBP Implementation and Sustainability

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Presentation Objectives

- Describe the rational for examining state infrastructure and children's mental health service capacity at the state-level

- Describe a preliminary framework as well as some background literature supporting the measurement of state EBP infrastructure

- Gain feedback on our plans to assess state capacity across key child-focused service delivery sectors for the implementation of evidence-based practices (EBPs) in children's mental health

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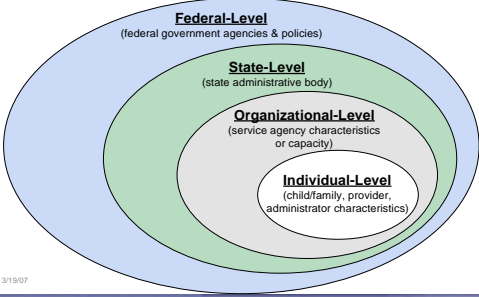**RTI** INTERNATIONAL

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Evidence-Based Practices: Outcomes to Infrastructure

- Increasing federal, state and foundation efforts calling for the implementation of evidence-based practices in children's mental health (Chambers et al., 2005).

- Research community movement from exclusively EBP development and testing (efficacy & effectiveness trials) to community implementation (still with a primary focus on individual-level outcomes)

- Findings from "real world" implementation efforts point to the importance of a supportive infrastructure to producing sustainable outcomes (e.g., Fixen et al., 2005).

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Contextual Influences on EBP Implementation

Federal-Level
(federal government agencies & policies)

State-Level
(state administrative body)

Organizational-Level
(service agency characteristics or capacity)

Individual-Level
(child/family, provider, administrator characteristics)

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Federal Government and Research Community Efforts

- **Individual-Level**
  - Materials to support community EBP implementation
  - Research on the influence of provider characteristics

- **Organizational-Level**
  - Materials to facilitate *preparation for* EBP implementation
  - Research on organizational characteristics

- **State-Level**
  - National surveys of EBP implementation activities
  - Conceptual framework: Dimensions of State EBP implementation

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State-Wide Initiatives: Approaches to EBP implementation

CBT and Parent Management Training across the Mental Health System	Michigan
Functional Family Therapy in Juvenile Probation	Washington
Positive Parenting in Juvenile Justice	Georgia
Parent-Child Interaction Therapy across Child Welfare	Oklahoma
EBPs Required for Reimbursement	Oregon
Training Institutes	New York, Ohio, & California

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Our Focus: State EBP Implementation
What We Don't Know

- Information about children's mental health-related EBP initiatives that are driven by non-MH systems (and the degree to which such initiatives involve cross-system integration)

- Factors that are critical at the state-level for building EBP implementation capacity (or if such factors exist)

- Characteristics/capacity of state systems *without* active EBP implementation activities

A focus on state infrastructure has relevance beyond EBP implementation--- to system capacity, change management and transformation

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State Infrastructure: Key Measurement Domains for Consideration

- **Infrastructure and Capacity****
  - Governance and Funding
  - Philosophy/ Commitment
  - System and Policy Context
  - Workforce/Training

- **Direct EBP Implementation Experience**
  - Readiness
  - Selection Processes
  - Implementation strategies
  - Sustainability Planning

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Governance and Funding: Literature and Relevant Questions

- **Literature:** *Very little*

- ***Question:*** *Are there bureaucratic factors at the state level that relate to EBP implementation?*
  - Governance structure (e.g., state vs. country-run)
  - Establishment of training institutes or 3rd party purveyor organizations

- ***Question:*** *Are there aspects of funding at the state level that impact EBP implementation?*
  - New funding source versus a mandated redirection of existing funds

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Philosophy and Commitment: Literature

- **Beliefs matter at the provider level**
  - Practitioner attitudes towards EBPs vary drastically (Aarons 2004). These attitudes vary by education level, amount of experience and organizational context.
  - Clinicians are more motivated to adopt some EBPs than others (McGovern et al., 2004).

- **Commitment/Philosophy matters at the local implementation level**
  - State/local commitment and philosophical infusion with the larger service delivery system impact "systems of care" sustainability (Stroul et al, 2006).

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Philosophy & Commitment: Relevant Questions

- ***Question:*** *Do states vary in the degree to which they value EBP implementation as an intrinsic part of their children's mental health service delivery strategy?*
  - *Conceptual models/theories of change*
  - *Government mission statements or state publications*
  - *State Commissioner commitment to EBP implementation*

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System/Policy Context: Literature

- Organizational characteristics predict readiness for change (Devereaux et al., 2006).
  - Motivational for change
  - Access to resources
  - Staff attributes
  - Exposure/use of training opportunities
- Organizational characteristics impact child service delivery outcomes (Glisson & Hemmelgarn, 1998).

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System/Policy Context: Relevant Questions

- **Question: Training Capacity.** How would you characterize your states' provider training infrastructure?
  - Centralized and state-owned vs. driven by external experts
  - State provider accreditation processes in place
- **Question: Policy context**. What factors have provided impetus for or against the implementation of EBP approaches?
  - Legislation or lawsuits
  - Mandates or state incentives

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Workforce and Training: Literature and Relevant Questions

- **Literature:** States lack the child mental health service delivery workforce that they need (Annapolis Coalition report, 2007).
- **Literature:** Supervised graduate training in EBPs is still limited, even within clinical psychology Ph.D. programs (Woody et al, 2005).
- **Question:** *Do state leaders report having access to a workforce that can do what's needed?*
  - *Types of professionals*
  - *Types of skills (e.g., EBPs, cross-system collaboration)*

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Remaining Questions for Discussion

- Are there constructs drawn from "organizational" theory and research (e.g., org readiness) that might translate into important factors for consideration at a state-level? What do these constructs look like at the level of a state administration?
- How should we identify the "real people in the know?" Will state children's mental health representatives (e.g., SMHRCY directors) be the best source of information? Who should be targeted within non-MH systems?
- What information is especially important to learn about states *without* active EBP implementation initiatives?

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