Update on State Mental Health Agencies' Strategies for Disseminating Evidence-Based Practices: Preliminary Results

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Purpose

- To present preliminary results of the 2006 update of a prior survey of SMHA strategies for implementing and disseminating EBPs (conducted in 2004)

- Main thrust of the questions to explore broader dissemination of EBPs within states and associated strategies

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Questions

- Are EBPs reported in 2004 still being implemented in 2006-07?
- What additional EBPs or promising practices are being implemented?
- What is the scope of implementation of specific practices? (1. Demonstrating in a few or several programs; 2. Expanding to different regions across the state; 3. Statewide implementation)
- What strategies being used in your state are having the greatest impact on expanding dissemination (Built on prior qualitative survey results re: strategies)?
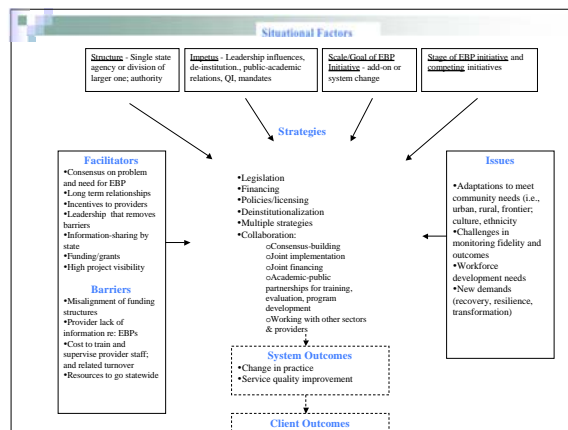
Methods

- Emailed State Directors of Children's Mental Health request to complete two-page update forms in December 2006 to January 2007.
- Forms could be completed electronically or by hand.
- Data from completed update forms entered into SPSS
- First round of reminders sent in February
- Second round of reminders to be sent in March

Results

- At this point, completed forms have been returned from 25 states
- Change in number and types of EBPs between 2004 and 2006 (n=21 states in both time periods)
- Current scope of implementation (2006)
- Perceived impact of strategies being used to promote implementation/dissemination (2006)
- Correlation between strategies and magnitude of EBP implementation (2006)

Table 1. Change in number and types of EBPs between 2004 and 2006 (n=21 states in both time periods)

Intervention	No 2004 No 2006	Yes 2004 Yes 2006	No 2004 Yes 2006	Yes 2004 No 2006
Multisystemic	6	11	2	2
Intensive in-home	4	2	13	2
Functional family therapy	6	6	8	1
Therapeutic foster care	1	17	0	3
Family support	7	6	8	0
Parent management training	14	0	6	1
Respite	6	7	8	0
School based services in general	6	7	8	0
Medication algorithm	19	--	2	--
Early childhood services	9	3	9	0
Trauma focused intervention	7	3	9	2
Crisis services	8	2	11	2

Table 2. Scope of Implementation

Intervention	Number of states implementing	Demo in few or several programs	Expanding to different regions	Statewide implementation
Multisystemic	15	10	3	2
Intensive in-home	17	3	7	7
Functional family therapy	13	10	3	--
Wraparound	21	7	9	5
Therapeutic foster care	17	5	4	8
Family support	15	2	7	6
Parent management training	7	1	3	3
Respite	15	5	6	4
School based services in general	15	3	7	5
Medication algorithm or guidelines	8	3	1	4
Early childhood services	13	6	4	3
Trauma focused intervention	14	5	6	3
Crisis services	15	2	4	9
Integrated co-occurring MH/SED and SA	3	2	--	1
Multidimensional treatment foster care	3	3	--	-
Teaching Family Homes	2	1	1	--
Parent child interaction therapy	3	1	2	--
Positive behavioral support	2	1	1	--
Assertive continuing care	1	1	--	--
Incredible Years	1	1	--	--
Early childhood mental health consultation	1	1	--	--
Family systems therapy - parenting skills	2	2	--	--
Problem solving skills training	2	1	--	--
Social skills training	2	2	--	--
Cognitive behavior therapy	10	5	3	2
Dialectical behavior therapy	5	4	1	--
Aggression replacement therapy	1	1	--	--
Coping skills	2	2	--	--
Dare to be you	1	1	--	--
SPARCS (therapy for adol's with chronic stress)	1	--	--	1
Mentor	1	1	--	--
Trauma-focused CBT	3	1	1	--
Suicide prevention	1	--	--	1
Bullying prevention	1	1	--	--
Solution focused	1	1	--	--
Motivational interviewing	1	--	1	--
Promoting alternative thinking strategies (PATHS)	1	1	--	--
Nurse family partnership	1		1	

Table 3. Perceived impact of strategies (Scale: 1 = low, 2 = moderate, 3 = high)

Strategies being used to promote implementation of EBPs or promising practices in your state	Perceived impact of strategies on expansion of EBPs in your state		
	N	Mean	SD
Collaboration with other service sectors (child welfare, etc)	22	2.09	.68
Leadership	20	2.05	.83
Financing the training	21	2.05	.86
Linking implementation of EBPs with other major state initiatives	19	2.00	.75
Marketing/Communication	1	2.00	.
Financing the intervention	22	1.9	.84
Disseminating information about EBPs	24	1.88	.68
Training, coaching, technical assistance	21	1.86	.73
Consensus development	20	1.85	.81
Collaboration with universities	20	1.65	.75
Management information systems to link services and outcomes	19	1.47	.70
Contracts with providers that stipulate use of EBPs	21	1.43	.75
Legislative initiative	19	1.42	.69
Licensing or accrediting providers	17	1.35	.70
Adapting EBPs to cultural, ethnic, geographic needs of communities	18	1.33	.59
Integrating fidelity assessment into routine program operations	16	1.31	.60
Incentives for providers to use EBPs	15	1.20	.41
Workforce development	1	1.00	.

Correlation between strategies and magnitude of EBP implementation(n=25)

- Magnitude of EBP implementation – function of total number of EBPs per state and mean scope of implementation for all EBPs being implemented in state

- Significant correlations between "greater magnitude of EBP implementation" and "greater perceived impact of strategies":
  - Disseminating information about EBPs ($r = .52$, $p \leq .01$)
  - Financing the training ($r = .54$, $p \leq .01$)
  - Financing the intervention ($r = .48$, $p \leq .05$)
  - Adapting EBPs to cultural, ethnic, geographic needs of communities ($r = .52$, $p \leq .05$)
  - Management information systems to link services and outcomes ($r = .52$, $p \leq .05$)

Limitations

- Only half of states are included at this point
- Classifying practices as "evidence-based"
- Comparing number of practices being implemented at 2 time periods with different methods (2004 Qualitative Interview, 2006 Quantitative Self Report)
- Method of assessing "magnitude" of implementation

Conclusions of Preliminary Results

- In 21 states responding at both time periods, appears to be an increase in use of evidence-based and promising practices between 2004 and 2005 (Intensive in-home, FFT, family support, PMT, Respite,School-based, early childhood, Trauma-focused, Crisis services)
- Wide range of evidence-based and promising practices being used in 2006
- Much expansion of EBPs and promising practices, but statewide implementation still fairly low
- Certain strategies perceived as having a greater impact were significantly associated with states having a greater magnitude of implementation.