

## Engaging and Recruiting Counties in an Experiment on Implementing Evidence-Based Practice in California

Lynne Marsenich, LCSW: California Institute for Mental Health  
Patricia Chamberlain, Ph.D.: Center for Research to Practice  
C. Hendricks Brown: University of South Florida

Problems with transferring advances in social science knowledge into public health

- Federal government spends over \$95 billion a year on research to develop new treatments



Social Science  
RESEARCH

From Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*.

- Federal government spends well over a trillion dollars a year on supports for services to people



SERVICES

## What is missing?



RESEARCH

Implementation  
Research

SERVICE

## Why Study Implementation?

- Despite increasing availability and demand for well-validated interventions, estimates are that 90% of public systems to not deliver EBP's  
(Rones and Hoagwood 2000)
- Delays in implementation are simply too long  
(President's New Freedom Commission on Mental Health 2003)
- If only 10% of public child serving systems are early adopters of EBP's. A passive dissemination approach will lead to long delays in bringing programs to practice

## Overarching Aim of Study

- Add to understanding of “what it takes” to engage, motivate and support counties to make the decision to adopt, conduct, and sustain a research-based practice model
- Examine the role of specific factors thought to influence uptake, implementation and sustainability

## Community Development Teams

- California Institute for Mental Health (CIMH: Bill Carter, Lynne Marsenich & Todd Sosna)
- CIMH collaborated with Oregon to implement MTFC in “early adopting communities” in California in 2003
- Used CDT approach:
  - Creates support structure for communities who are implementing the same practice
  - Peer-to-peer exchange
  - Group and individual consultation and technical assistance to overcome system and organizational barriers

## Community Development Teams

- Three interrelated goals
  - Increase the pace at which evidence-based practices are routinely available through the public mental health system.
  - Promote the sustainable, model-adherent implementation of evidence-based practices.
  - Improve outcomes for child, youth and adult consumers.

## How CDT's operate

- A group of counties or agencies within counties come together to implement a specific EBP
- Facilitating and supporting a peer-to-peer learning environment is a key characteristic of the CDT
  - Joint pre-implementation planning
  - Clinical training
  - Annual sustainability meetings
  - Monthly administrator conference calls
  - Process and outcome evaluation

## How CDT's operate

- Site specific as well as group technical assistance is offered to generate solutions to implementation barriers
- Support from peer sites is instrumental in maintaining motivation and perseverance
  - Promotes creativity and problem-solving
- Each site has some strategies to teach and some to learn

## Cal 40 State-wide Implementation Study

- Community Development Teams to Scale-up MTFC in California
- Collaborators:
  - University of South Florida: Hendricks Brown
  - California Institute of Mental Health: Lynne Marsenich, Todd Sosna, Bill Carter
  - CR2P: John Reid, Phil Fisher, Leslie Leve, David DeGarmo
  - TFCC: Gerry Bouwman

## 40 counties in a Staged Randomized Design

- Tests 2 methods of implementing MTFC (Multidimensional Treatment Foster care): individualized consultation or CDT
- 4 Levels of focus
  - Organizational leadership
  - Agency culture, climate, receptivity, fit
  - Practitioner adherence, competence
  - Family
    - Youth behavior
    - Parent barriers and skills

## Methods

- Sample: 40 of the 58 counties in California
- 18 counties were excluded using the following criteria:
  - 9 had previously implemented MTFC (early adopters)
  - 8 sent fewer than 6 youth per year to group or residential placement
  - 1 was involved in a class action law suit which precluded their participation

## Design and Timeframe

- Counties were matched on background factors
  - Population, rural/urban, poverty, EPSDT utilization rates
- Divided into 6 equivalent clusters: two with six counties and four with seven counties
- Each of these six comparable clusters was assigned randomly to one of three time cohorts (n = 12, 14 and 14 respectively)
- Within cohorts, counties were then randomly assigned to condition – IND or CDT

## Design Adaptation

- While no county objected to assignment to condition, a few did object to assignment to cohort
  - Unable or unwilling to participate at randomly chosen time
- We created a procedure whereby the vacancy left by such a county could be filled by a county in the succeeding cohort that was assigned to the same condition as the vacated slot
- Those counties were randomly order and CiMH staff were kept blind
- We were able to maintain the design in the face of real world constraints

## Recruitment

- County leaders from the mental health, child welfare and juvenile justice systems were recruited to participate
- Upon notification of study funding CiMH investigators e-mailed and then sent a letter to all system leaders in all eligible counties inviting them to participate
- One week later a second e-mail and letter was sent by Patricia Chamberlain to notify them of the cohort and condition to which they were randomly assigned
- Recruitment of all system leaders began in January of 2007

## Recruitment

- Recruiting was conducted jointly by CiMH investigators and a research project recruiter and was identical for all cohorts.
- If CiMH investigators had a working relationship with a system leader a "pre-call" was made telling them to expect a call from the recruiter.
- In all cases it was explained that agreement to participate in the study was not agreement to implement MTFC
- Consenting leaders signed the IRB consent form and completed baseline assessments.

## Measures

- Contact logs
  - An electronic contact log was developed for the study
  - The electronic contact log was completed by the study staff member who was involved in each of the communications and included:
    - County
    - Type of contact (i.e. phone, e-mail, in person, letter, fax)
    - Nature of the contact (i.e. related to recruitment, assessment, timing, implementation)
  - Written responses were then reviewed by an independent coder who verified the accuracy of each of the coding decisions

## Results

- At the end of the first year of the study, recruitment status was defined as:
  - Recruited
  - Declined
  - Pending
- During the first year, 32 of the 40 eligible counties (80%) were recruited to participate in the study

## Results

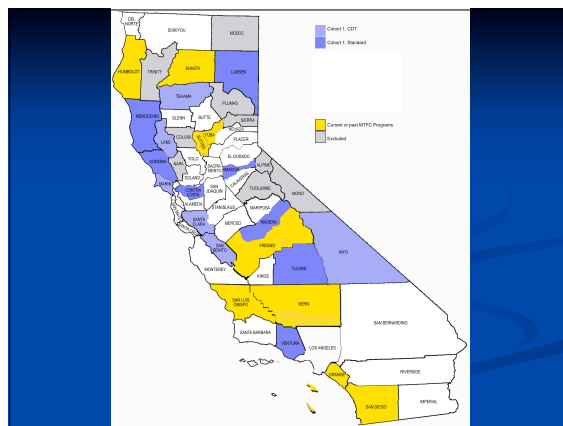
- For consenting counties there was an average of 19.88 days (range 0-79; median = 10) from the time of the first recruitment call until the consent was signed.
  - There was no difference between conditions ( $p = ns$ )
- An average of 5.41 contacts was required to obtain written consent (range, 1-15).
  - The majority of contacts was made by phone (78%) or e-mail (16%)
- 8 counties consented at the time of the first contact

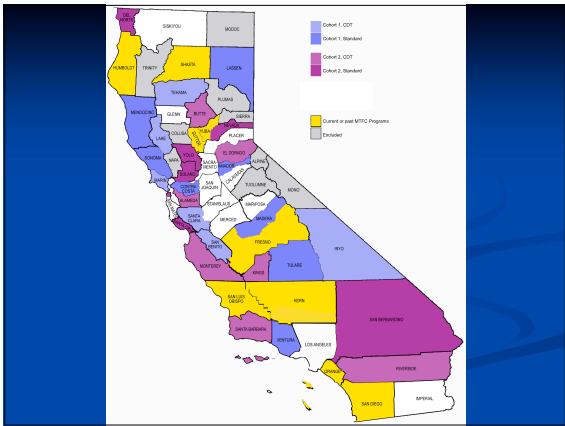
## Results

- Thus far five counties have declined to participate
  - Four within cohort 1 (IND=2; CDT=2)
  - One within cohort 3 (CDT)
- Reasons for declining included staffing shortages, new leadership and system reorganization. One county noted concern about the cost of the MTF program.

## Conclusion

- The initial results attest to the feasibility of implementing a large scale study using a randomized trial design.
- These types of randomized designs have the potential to provide high quality information about the effectiveness of using specific strategies to improve implementation.
- The focus on non-early adopters differentiates the participants in this study from typical consumers of research-based interventions who tend to be highly motivated and well-resourced.





## Acknowledgements

The principal support for this research was provided by NIMH grant MH076158 and the Department of Health and Human Services Children's Administration for Children and Families

## Reference

Chamberlain, P., Brown, C. H., Saldana, L., Reid, J., Wang, W., Marsenich, L., Sosna, T., Padgett, C., & Bouwman, G. (in press). Engaging and recruiting counties in an experiment on implementing evidence-based practice in California. *Administration and Policy in Mental Health*.