

## Organizational Structures to Support Evidence Based Practices

Three Models

Utah **UTACCS**  
Technical Assistance Center for Children's Services

UNIVERSITY OF UTAH  
COLLEGE OF SOCIAL WORK / SOCIAL RESEARCH INSTITUTE



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## The primary Goal of UTACCS

***Develop a statewide technical assistance plan to assist the behavioral health community in improving outcomes.***

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## What are the core objectives of UTACCS?

- Increase awareness of and access to evidence-based practices (EBP)
- To identify and promote the use of specific evidence based behavioral interventions
- Assist communities in selection and implementation of EBP
- To develop partnerships and affiliations with EBP-BP developers and link EBP/expertise to MH/SA treatment providers
- Participate in EBP program and policy development & recommendations

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## TA CENTER ROLE

 Communicator/Disseminator  
 Educator  
 Advocate  
 Broker  
 Researcher  
 Collaborator  
 Evaluator

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## UTACCS MISSION

- To link evidence-based practices and programs to systems of care to improve outcomes in child and adolescent behavioral health care.
- To facilitate access to, implementation of, and fidelity to evidence-based treatment modalities.
- To assist in the transformation of the behavioral health care system of Utah through research, education, training, coaching, advocacy, and policy promotion.

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## STAKEHOLDERS

- Utah Child and Adolescent Network (UT CAN)
- Division of Substance Abuse & Mental Health (DSAMH)
- Division of Child and Family Services (DCFS)
- Juvenile Justice System (JJS)
- Division of Services for People w/ Disabilities (DSPD)
- University of Utah/Social Research Institute (SRI)
- Children, Adolescents, and Families

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## UTACCS HISTORY

- SAMHSA State Infrastructure Grant (SIG)
- 7 grantees: 6 states/1 Native American tribe
- UTACCS - located at the University of Utah, College of Social Work
- Academic/Research Setting
- 2<sup>nd</sup> year of a 3 year grant

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## UTACCS HISTORY

- Networking
  - *EBP pioneers* - Patrick Canary (Ohio), David Berstein (Colorado), Jim Wotring (Minnesota), Eric Bruns (Washington), Bruce Chorpita - (Hawaii)
  - *National Child and Adolescent Evidence-based Practices Consortium*
  - *Implementation research* - Dean Fixsen and Karen Blasé of the National Implementation Research Network (NIRN)/University of South Florida; NIRN monograph
  - Georgetown National Technical Assistance Center for Children's Mental Health, NAMI, and Federation of Families for Children's Mental Health
- National EBP Conferences
  - Research Conference, Tampa
  - Joint Meeting on Adolescent Treatment Effectiveness (JMATE), Washington DC

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### The Child & Family Evidence-based Practices Consortium



The Child and Family Evidence-based Practices Consortium—a collaboration of researchers, state administrators, and consultants—seeks to promote the implementation and dissemination of evidence-based and promising practices in the area of child/family behavioral health. These individuals and organizations help to bridge the gap between research, policy, and practice. The Consortium provides a forum for sharing information about strategies, successes, and challenges in assisting states and local areas to incorporate evidence-based practices into their service systems. It also provides opportunities for collaboration among states to advance the knowledge and practice base.

Membership is open and new states are welcome.



- California
- Colorado
- Florida
- Hawaii
- Michigan
- Minnesota
- New York
- Ohio
- Oklahoma
- Utah
- Virginia
- Washington
- Canada
- Norway

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## UTACCS HISTORY

- GET TO KNOW STAKEHOLDERS - conferences, trainings, focus groups, advisory boards
- RESEARCH - literature reviews; identify existing EBPs - 1) instruments (GAIN, YOQ), 2) model programs (MST, FFT), and 3) processes (WRAP); create EBP briefs MST, FFT, MDFT, MIFC, cultural competency, \*School-based mental health, \*Wraparound, \*Integrated Behavioral Health Care, etc.
- DEVELOPMENT OF EBP RESOURCES: Reports/Reviews, Treatment, Research and Evaluation, Family and Advocacy Resources
- DEVELOPMENT OF STATE EBP EXPERT PANEL
- TA CONSULTATION - facilitate development of a SA Tx program for Native American adolescents

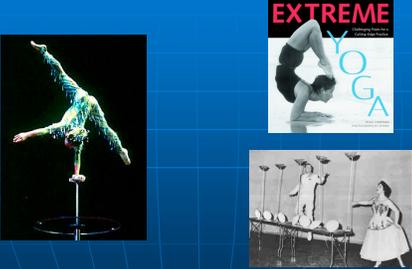
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## UTACCS Direction?



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## Multiple Stakeholders with Multiple Expectations

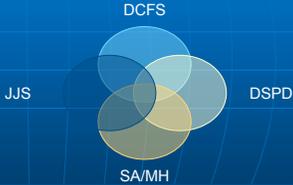


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## POPULATION OF COMMON INTEREST

OVERLAP –

- DCFS – Division of Child and Family Services
- DSPD – Division of Services for People with Disabilities
- JJS – Juvenile Justice System
- SA/MH – Division of Substance Abuse and Mental Health



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## LESSONS & CHALLENGES

- Network - establish relationships
- Learn from experience of EBP pioneers
- For EBP acceptance and sustainability
  - Stakeholder readiness/buy-in
  - Implementation with fidelity
    - “As anyone knows who has worked in the field, implementation of new practice is the biggest challenge of all.”

Hollin & McMurran, (2001)

- Identify a population of common interest
- Establish advisory board

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## TEAMWORK

*“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”*

Margaret Mead

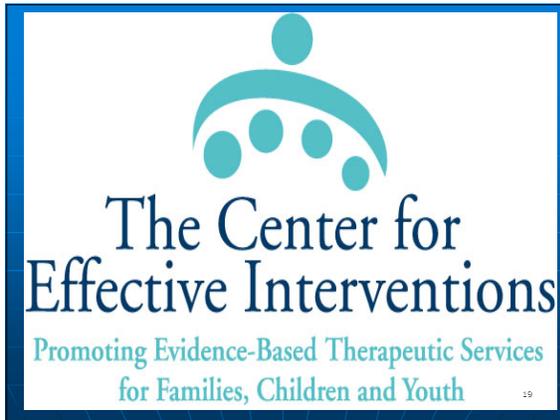
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## UTACCS

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### CEI History

- Began with a state/federal grant to promote evidence-based programs in Colorado, starting with MST (2000)
- Currently completely self-supporting through fees for services
- Two organizational progressions:
  - Developing, training and supporting MST teams in adjoining states
  - Relationship building with other program developers - FFT & MTFC, BSFT

State	Initiator
Colorado	Providers
New Mexico	Children, Youth & Families
Texas	Providers & State
Arizona	Providers
Oklahoma	University & Juvenile Justice

### CEI as EBP Purveyor

- Multiple state involvement (CO, NM, OK, TX, AZ)
- With one exception, no formal relationship with any state agencies
- Currently supporting 38 MST teams in 20 agencies
- Multiple Program Developer focus (MST, FFT, MTFC, BSFT)

### CEI as EBP Purveyor

- Technical Assistance to Provider Agencies in EBP Implementation
  - Education of options for selected population
  - Front-end education of all aspects of developer expectations
  - Explanation of initial and ongoing costs
  - Ongoing discussions regarding due diligence and fidelity monitoring

### CEI as EBP Purveyor

- Support for new nature of purveyor relationship
  - More than achieving front-end credential/license
  - Unprecedented ongoing (intrusive?) expectations requirement
  - Data measurement & due diligence management via regular organizational calls
  - Less defined areas of more general technical assistance such as hiring tool kits

## Policy Development Role

- Start-Up Assistance (Mini-Grants)
- Advocacy for Funding
  - Blended Funding vs. Silos
  - State Medicaid Plans
  - Alternatives to Out-of-Home Placement Dollars
  - Outcome-Based Accountability

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## Lessons Learned

- EBP implementation requires vision of agency & community stakeholders
  - Organizational development & change management
  - Change requires time given organizational dynamics and community education
- Commitment of community support for delineated protocol
  - Willingness to implement with fidelity – i.e. relinquishing clinical lead, support for EBP case direction
  - Ongoing support for families once case is closed vs. re-referral to public sector

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## Benefits of IPO

- IPO Strives to implement chosen EBP with fidelity while being aware of
  - State system organizational awareness
  - Local issues
    - Recruitment challenges
    - Distance
    - Community Resources
    - Cultural Relevance

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Ohio

## Organizational Structure

- Initial funding 2001: Federal Block Grant through the Ohio Department of Mental Health
- Located with a County Mental Health/Substance Abuse Authority
- Planning for relocation to a University setting

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## History and Background

- ODMH identified key Evidence Based Practices it wanted to see disseminated in the state (IDDT, TMAP, MST...)
- Created Coordinating Centers of Excellence (CCOE) as the vehicle for dissemination
- Allocated Federal Block Grant funds to support the development of infrastructure
- Incubator model
- Funded a research study to follow implementation

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## Stakeholders and Investors

- State Government
- Local providers of services
- Intersystem collaboratives and stakeholders
- 'Outsource' option for some endeavors

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## Mission and Vision

- Increase awareness and knowledge of EBP in behavioral health, for youth and families
- Increase access to EBPs
- Assist communities with identifying, developing and implementing EBPs
- Identify shared outcomes across youth serving systems
- Inform state and federal policy discussion

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## Implementation of EBPs and Best Practices

- MST: creating statewide network
- MST Network Partner
- Intensive Home-based Treatment
- Integrated Co-occurring Treatment
- Developing relationship with Functional Family Therapy
- Resilience
- Transition Age Youth
- Considering other engagements

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## Related Roles

- Technical assistance to communities and state on program and policy development related to youth and families behavioral health needs
- Developing a research and evaluation capacity to assist entities with outcomes and evaluation activities
- "Developer" of intervention

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## Policy Role

- Influencing discussion related to home and community based care
- Participation and leadership on state level Task Forces
- Expert consultation on various state initiatives related to best practices
- Leadership role in identifying best practices and implementation
- Involved in budget discussions related to 'going to scale'

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## Lessons and Challenges

- Keep on educating about EBPs
- More focus on helping communities and providers build necessary infrastructure
- Integration within a System of Care
- Needs and data based decisions and choices
- Identifying shared outcomes from stakeholders
- Caution about 'over promise'
- Legislative and advocacy strategies
- Family and consumer engagement earlier and more consistently
- Administrative, organizational, and fiscal issues

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