Evidenced-based Practices: Strategies for Taking Evidence-based Practices to Scale within States' Systems of Care for Children's Mental Health

The TA Center EIP Committee
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Session Agenda

- Presentations
  - Scaling up Evidence-Based Practices (EBPs) within Systems of Care (SOC)
    - Introduce Integrative Service Systems Approach (ISSA) for scaling up EBPs
    - "Real world" examples from states
- Break
  - Cultural Relevance of Evidence Based Practices for Children's Mental Health
    - Important points to consider in scaling up
    - Description and role of cultural adaptations of EBPs
- Break
  - Small group exercise
    - Apply model to your real world experience
  - "Turn all provide guidelines for group discussion"
  - Discussion & Closing
    - Feasibility of implementing ISSA in real-life settings

Learning Objectives

- Review the Systems of Care philosophy & values
- Describe factors that facilitate scaling up of EBPs within a Systems of Care framework
- Gain practical tenets for cultural adaptations and application of EBPs
- Assess feasibility of scaling up EBPs from a Systems of Care framework

Broad Definition of Evidence-based Practices (EBPs)

- Include an array of accepted treatment approaches with some degree of evidence for effecting positive mental health outcomes in racially and ethnically diverse children. The range of approaches to consider includes (in no particular order):
  - Practice-based evidence (PBE) for racially/culturally diverse groups
  - Evidence Based Treatments (EBTs)-Manualized
  - Culturally adapted EBTs
  - Managing and Adapting Practice (MAP) (Bruce Chorpita)
  - Behavioral and Affective Skills for Coping (BASIC) Approach (John Weisz)

Systems of Care: Definition

- A system of care is:
  - a spectrum of effective community-based services and supports for children and youth with or at risk of mental health challenges and their families
  - is organized into a coordinated network
  - builds meaningful partnerships
  - addresses youth and families cultural and linguistic needs to help them function better.

Stroul, Blau, & Friedman (2010)
**Systems of Care**

Systems of care are a range of treatment services and supports guided by a philosophy and supported by an infrastructure.

**Philosophy and values:**
- family-driven
- youth-guided
- culturally and linguistically competent
- individualized based on strengths
- community-based
- comprehensive and coordinated cross-system

**Infrastructure**

Infrastructure incorporates structures, processes, and capacity building at state and community levels:
- Policies and regulations
- Cross-system governance structures (e.g. mental health, substance abuse, health, child welfare, juvenile justice, education, early childhood)
- Financing strategies including incentives
- Strategies for developing and expanding services and supports that are individualized, coordinated, integrated, and evidence-based
- Workforce development, training, and technical assistance
- Quality assurance and the monitoring of outcomes
- Social marketing and strategic communications

**Benefits of Integrating SOC & EBPs**

- Maximize impact of SOC and EBPs
- Provide infrastructure for implementing EBPs
  - Financing, access to care, assessment & monitoring outcomes
  - Strategies for implementation
- Build on the collaborative processes and increase coordinated care across systems
- Increase availability of efficacious mental health treatments ➔ Improve mental health outcomes
- Enable families and youth to have more choices for efficacious services

**Integrated Service Systems Approach (ISSA)**

State Systems: Infrastructure
Agency / Organization: Implementation Plan
Services & Providers: Effective delivery of treatments
Child, Youth & Family: Family Voice & Choice

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**Child, Youth & Family**

Systems of care philosophy & values

Child, Youth, & Families Strategies:
- Family-driven & choice
- Youth-guided
- Individualized
- Culturally/linguistically competent
- Coordinated & effective
- Home & community-based
State Systems:
Creating Infrastructure

Common State Systems Elements/Strategies:
• Cross-agency coordination & leadership:
  - Core group to lead Interagency Team
  - Clear vision, goals, & communication plan
• Data infrastructure for data management:
  - Screening/assessment/outcomes
  - System wide CQI/Performance measurement systems
• Relevance mapping for EBP selection
• State Center of Excellence
• Financial structures to bill for EBP services
• Waiver programs & case rate financing
• Fiscal incentives for EBPs & CQI
• Higher education certification/credentialing for EBPs
• Family/youth advocacy for EBPs

Agency/Organization:
Implementation Plan & Supports

Common Agencies/Organizations Strategies:
• Leadership climate & culture
• Collaborations & buy-in at all levels
• Implementation plan & supports
  - Integrated data systems
  - Staff selection and retention
  - Workforce & business training for retention & sustainability
  - Supervision/consultation/feedback
  - Incentives for EBP use
  - Subsidies for training & monitoring
  - Adapt & test promising interventions

Services & Providers:
Effective Delivery of Services

Common Services/Providers Strategies:
• On-going assessment & treatment planning
• Provision of an array of services with fidelity:
  - Manualized EBPs
  - Common elements: MAP
  - Common factors:
    - Family engagement/alliance
    - Cultural/linguistic competence
    - Family/youth support
• Care Coordination/Wraparound

Child, Youth & Family:
Family Voice & Choice

Common Child, Youth, & Families Strategies:
• Informing families about EBPs & focus on positive outcomes
• Family-driven & choice
• Youth-guided
• Individualized
• Culturally/linguistically competent
• Coordinated & effective
• Home & community-based

Integrated Service Systems
Approach (ISSA)

State Systems:
Infrastructure

Agency/Organization:
Implementation Plan

Services & Providers:
Effective delivery of treatments

Child, Youth & Family:
Family Voice & Choice

The Michigan SOC-EBP Experience

Implementation plan: Waves of Change
• Implemented CASSP
• Implemented Wraparound, Intensive In-home Services, and Respite statewide
• Implemented a Level of Functioning Project (LOF) using the CAFAS: Data
• Implemented evidence based practices
MI Scaling-up Implementation Strategies

<table>
<thead>
<tr>
<th>Strategies</th>
<th>SOC-CASSP</th>
<th>Evidence Based Practices</th>
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<tbody>
<tr>
<td>Strong Leadership</td>
<td>Support from the Directors</td>
<td>Support from the Directors</td>
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<tr>
<td>Created a Sense of Urgency: Develop clear vision</td>
<td>Out of Home Care → Community Based Care</td>
<td>Effective Services</td>
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<td>Relevance mapping of EBPs</td>
<td>Wrap-around</td>
<td>CBT and PMTO</td>
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Percentage of Youth Not Improving on each CAFAS Subscale: The Impetus

Which EBPs Could Help the Most Youths?

MI Core Implementation Strategies

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<td>Cross-agency coordination: Broad Participatory Planning</td>
<td>Steering Committee-Strategic Plan for Visioning</td>
<td>Steering Committee-Logic Model For Visioning</td>
</tr>
<tr>
<td>Core Team to Guide Implementation</td>
<td>Core Group to Lead-Interagency Team</td>
<td>Core Group to Lead-Purveyors, State and Local Staff</td>
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<tr>
<td>Supported Others to Lead</td>
<td>State and Local PMTO Teams</td>
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<tr>
<td>Communication Plan</td>
<td>Part of Participatory Planning and Visioning, Travel Throughout the State</td>
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<td>Data system: Celebrate short-term wins</td>
<td>Used Evaluation Data</td>
<td>Used CAFAS Data</td>
</tr>
<tr>
<td>Finance Plan</td>
<td>Developed extensive plan</td>
<td>Used plan for EBP’s</td>
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<tr>
<td>Waves of Change –State Center of Excellence</td>
<td>Wrap-around, Intensive In-Home, Respite</td>
<td>Expanded PMTO statewide, Coaches, Fidelity Monitors</td>
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Steering Committee & Core Teams

Youth & Families

- Attention to Geographic and Cultural Diversity
- Representatives from all Child-Serving Systems
- Service Providers
- Advocates
Core Strategies that Enhanced SOC + EBP Integration & Scaling up

- Lead, Lead, Lead
- Create sense of Urgency
- Regular communication & coordination between and within all levels
- Develop and strengthen infrastructure
- Develop a finance plan from multiple sources
- Develop data monitoring system
- Execute and embed policies and practices at multiple levels

1985 Federal CASSP grant:
- Greater emphasis on children and families in the Office of Mental Health
- Statewide CASSP Coordinator
- Children’s Mental Health Specialists in each regional office
- CASSP Coordinators in each county mental health program
- Statewide CASSP Advisory Committee

CASSP Advisory Committee

- Families and Advocates (over 50% of members)
- Attention to Geographic and Cultural Diversity
- Representatives from all Child-Serving Systems
- Service Providers
- County CASSP Coordinators

Intervening 10 Year Long Catalyst Leading to Beginning of EBPs

- Huge increases in spending over a decade of service development
- Little evidence that services were effective
- All stakeholders recognized need to find alternative services that would be effective

2005 - Advisory Committee Set Goal of Transforming the Children’s Behavioral Health System to Include:

- Establishing child and family teams and implementing High-Fidelity Wraparound as a practice model
- Developing a process for identifying and implementing evidence-based and promising practices as well as culturally relevant practices.

Existing Infrastructure for SOC Influenced Selection of EBPs

- Multi-Systemic Therapy (MST)
- Functional Family Therapy (FFT)
- Multi-Dimensional Treatment Foster Care (MTFC)
- Parent-Child Interaction Therapy (PCIT)
- Trauma-Focused Cognitive Behavior Therapy (TF-CBT)
- Sanctuary in both Residential and Community Based Settings
- Positive Behavioral Interventions and Supports (PBIS) in Schools
Capacity Building Strategy Led by Office of Mental Health

- Alert, a monthly administrative update
- The PA CASSP Newsletter, a quarterly publication on children’s behavioral health.

Importance of Collaborative Relationships to Build Capacity

- Cross-System: all the child-serving systems and stakeholders
- Cross-Levels: Federal/State/Local
- Cross-Branches: Executive, Legislative, Judicial
- Cross-Function: Government and Providers of Services

Shared Responsibility for Building Statewide Capacity for EBPs

Core Strategies that Enhanced SOC + EBP Integration

- Federal funding to strengthen infrastructure
- Strong relationships at all levels
- Regular communication between and within all levels
- Shared vision and goals
- Shared responsibility for funding and workforce development

Core Strategies that Enhanced SOC + EBP Integration & Scaling up

Integrated Service Systems Approach (ISSA)

- State Systems: Infrastructure
- Agency / Organization: Implementation Plan
- Services & Providers: Coordinated & Effective care
- Child, Youth & Family: Family Voice & Choice
**The Import of Culturally Relevant Care**

*“If there are systematic differences in the empirical connection between symptoms and disorders by race, ethnicity, or other factors, then failing to take these into account will result in more diagnostic and treatment referral errors for... populations [of people of color], contributing to disparities in services and in outcomes....”* pp.257-258


**Cultural Relevance of EBPs**

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.
- Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum. (adapted from Cross et al., 1989)

**Cultural competence requires that organizations:**

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
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**Linguistic Competence**

Requires organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity.

**Cultural Competence (con’t)**

The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing.

**What are some examples of how your organization ensures Cultural and Linguistic Competence?**
Examples

• Cultural Competence
  ◦ Hire Racially and Ethnically diverse staff and providers
  ◦ Recruit, promote, and support a diverse governance, leadership, and workforce
  ◦ Collect and maintain demographic data
  ◦ Conduit assessments of community health assets and needs
  ◦ Partner with the community
  ◦ Create conflict and grievance resolution processes

• Linguistic Competence
  ◦ Bilingual/bicultural or multilingual/multicultural staff
  ◦ Cultural brokers
  ◦ Foreign language interpretation services including distance technologies
  ◦ Sign language interpretation services
  ◦ Multilingual telecommunication systems
  ◦ Videoconferencing and telehealth technologies
  ◦ TTY and other assistive technology devices
  ◦ Print materials in easy to read, low literacy, picture and symbol formats

What is Cultural Adaptation

❖ According to one of the leaders in the field, Dr. Guillermo Bernal of the University of Puerto Rico...

“The systematic modification of an EBT or intervention protocol to consider language, culture, and context in such a way that it is compatible with the client’s cultural patterns, meanings, and values.” pp.361-362


Key Points to Consider

• Why is this important?
  – Engagement
  – Relevance
  – Retention
  – Cultural Competence
  – Outcomes

• Does it Work?
  • Many would argue, yes
  • “Culturally adapted psychotherapy is more effective than unadapted, bona fide psychotherapy by \( d = 0.32 \) for primary measures of psychological functioning.”
    – From Abstract
  • “Across 76 studies the resulting random effects weighted average effect size was \( d = 0.45 \), indicating a moderately strong benefit of culturally adapted interventions. Interventions targeted to a specific cultural group were four times more effective than interventions provided to groups consisting of clients from a variety of cultural backgrounds.”
    – From Abstract

Adaptation Points to Remember

• Examine outcomes
  – Patient Level
    • Do the children improve?
  – Provider Level
    • Are your provider comfortable?
    • Do they implement using principles taught?
  – Policy Level
    • Can you pitch utility of adaptation to stakeholders?
Group Exercise

- Within the SOC philosophy of family-driven, youth-guided, individualized, culturally/linguistically competent, coordinated & effective, home & community-based: you have been tasked with scaling up an EBP in your state. At minimum, you need to:
  - 1) address how this EBP will fit within the diverse communities that you serve and
  - 2) identify key components that will be needed to create a data system to monitor outcomes
- Time permitting, how would you go about developing the workforce to scale-up the EBP?

Service and Supports

- Services and supports--that incorporate EBPS:
  - prevention
  - early intervention
  - assessment
  - wrap-around approaches
  - outpatient modalities
  - home-based services
  - crisis intervention
  - respite care
  - behavioral aides
  - care management
  - range of residential and inpatient options

Relevance Mapping of EBPs

Evidence Based Treatments
- Cognitive Behavior Therapy for Depression
- Parent Management Training – Oregon Model
- Trauma Focused Cognitive Behavioral Therapy
- Multi-systemic Therapy
- Functional Family Therapy

Evidence-informed practices
- System of Care for Children w/SED and their Families
- Wraparound Model
- Positive Behavioral Interventions and Supports (PBIS) in Schools

Creating a sense of urgency for EBPs

- IOM called for “creating an infrastructure to support evidence-based practice.”
- Both public and private funding mechanisms to facilitate EBP dissemination and implementation emerged.
- Government agencies began to create financial, regulatory incentives, and mandates for implementation of evidence-based practice.

Capacity-Building Strategy Led by Professionals

Obtaining Buy-In Through Publications

Child, Family and Community Core Competencies, originally published by the former PACSP Training and Technical Assistance Institute, 1999.

Guidelines for Best Practice in Children’s Mental Health Services, by Gordon R. Hodas, M.D., Office of Mental Health and Substance Abuse Services, 2001.
Capacity Building Strategy Led by CASSP Advisory Committee

- Performance Expectations and Recommended Guidelines for County CASSP Systems 2002