Developing Centers of Excellence: A Roadmap to Better Evidence-Based Program Implementation

An Annie E. Casey Foundation Project in Partnership with The Institute for Innovation & Implementation and The Center for Innovative Practice

The Centers of Excellence Project

- An effort by AECF and The Institute to further the field of implementation science via the expertise, lived experience, and lessons learned of existing COEs
- Three primary goals:
  1. Document existing COE models
  2. Discuss and synthesize lessons learned and best practices
  3. Develop a road map to guide future states and localities in the development of their own COEs
- Results of the project are expected to yield a shared definition of COEs

COE Project Timeline

- December 2013: Conduct literature review, develop in-depth interview guide & survey, finalize work plan, and establish learning community membership
- January/February 2014: Interview & Survey COE directors and stakeholders
- March 2014: Summarize survey and interview data and develop the 2 day in-person meeting with COE Directors and stakeholders
- April 2014: Facilitate in-person meeting
- May 2014: Begin drafting the COE Roadmap, issue brief, and Web-based repository of resources
- August/September 2014: Solicit feedback on draft materials
- November 2014: Finalize all products and begin dissemination

COE Learning Community

- AECF established a learning community comprised of existing COEs, national implementation experts, and select policy makers
- The learning community will:
  - Develop tools and guidance for state and local systems leaders interested in developing COEs
  - COE Brief: will describe the purpose, functions, and various models of COEs and summarize COE literature
  - Roadmap to develop COEs in new jurisdictions: will articulate different pathways to develop COEs in future localities, outlining key decision points along the way
  - Web-based Repository: will be a public accessible and searchable resource database for COE development and sustainability as well as a communications hub for interested parties
  - Develop technical assistance opportunities for states and localities seeking guidance related to COEs

Why are you here?

- You want to learn how to develop a COE
- You are already a part of a COE but interested in sustainability
- You are interested in general information about what COEs are and why they are useful
- You have no idea 😊

Presenters

Michelle Zabel, MIS
Director & Clinical Instructor
The Institute for Innovation & Implementation
University of Maryland School of Social Work
mzabel@uomd.edu
http://theinstitute.umaryland.edu

Patrick Kanary, Med
Director
The Center for Innovative Practices
Case Western Reserve University
patrick.kanary@case.edu

Pat Mosby
Family Support Partner Trainer and Coach
The Institute for Innovation & Implementation
University of Maryland School of Social Work
mimosby@case.umaryland.edu

Jennifer Metrick, MHIS, MS
Director of Implementation Services
The Institute for Innovation & Implementation
University of Maryland School of Social Work
jmsetrick@uomd.edu

Molly Lopez, PhD
Director
Texas Institute for Excellence in Mental Health
University of Texas, Austin
mlopez@utaustin.chroma
Who Are You?

• Family Member
• Youth
• Case Manager/Case Worker
• Clinician
• Public agency administrator (state or local)
• Provider organization administrator
• Academic faculty or staff
• None of the above

Session Goals

This session aims to...

• Provide context and examples related to the emergence of COEs
• Identify the core functions of a COE
• Demonstrate the importance of COE utilization of implementation science frameworks
• Highlight the importance of multi-stakeholder relationships within a COE
• Describe strategies for family and youth involvement in COEs
• Emphasize the value added of COEs

Developing Good & Modern Systems

• Strong commitment across child- and family-serving agencies to create systems of care to ensure that children, youth and families receive access to services and supports that are:
  — Home- and Community-Based
  — Culturally and Linguistically Competent
  — Individualized
  — Family-Driven and Youth-Guided

• Enhancing service delivery systems through a focus on outcomes, fidelity, fiscal impact, and evidence-based practices and promising service delivery frameworks

• Promoting opportunities for healthy development and learning

Bringing Two Worlds Together

"When people ask, "Why doesn't government just scale these proven programs directly without using SIBs, intermediaries and all that other hoopla?" the honest answer is, "Beats me, but it doesn't. See NFP and MST."

—Steve Goldberg, 2013, Social Impact Tribune #4, p.6

How do EBPs fit into the larger context of Systems of Care work?

• Implementing an EBP in a system of care is not a simple or linear process.
• No practice in a system of care exists in isolation; evidence based practices and typical systems practices must be linked across systems and contexts to provide families with the continuum of effective services appropriate to their changing needs.
• Systems of care exist in diverse community contexts often marked by broad needs and challenges. EBPs are designed to address specific time limited needs of well defined populations.
Origins of COEs: It’s Organic
- State government (strategic development planning)
- A focus on key issues (e.g., delinquency, mental health)
- Federal grants (CASSP, Transformation, SOC)
- Legislative directives
- Shift to community based & evidence based services
- Family advocacy
- Data hubs for state agencies
- States recognized the need for TA to providers to achieve better outcomes

Maryland Child & Family Services Interagency Strategic Plan
- Intensive, collaborative planning effort by the Children’s Cabinet to develop a youth service system that can better meet the needs of youth and their families and target children who are at-risk for a range of negative outcomes.
- Created a series of recommendations under eight different themes:
  - Family & Youth Partnership
  - Intergency Structures
  - Workforce Development & Training
  - Information-Sharing
  - Improving Access to Opportunities and Care
  - Continuous of Opportunities, Services & Care
  - Financing
  - Education
- Two of the key strategies for improving services and supports within these recommendations were to implement and evaluate evidence-based and promising practices and to continue to implement care management entities using high fidelity Wraparound.
- Complete copies of the plan are available at www.goc.state.md.us

The Beginning of MD’s COE
As part of the development of a state-wide EBP implementation plan, The Institute partnered with the Children’s Cabinet to:
- Obtain data on existing EBPs in Maryland
- Conduct a “sizer” of the EBPs to determine which EBPs should be expanded or brought into the state
- Provide training on identified EBPs
- Identify funding mechanisms to support the ongoing implementation and sustainment of EBPs
- Monitor EBP implementation through fidelity & outcomes
- Evaluate outcomes of EBPs

Center for Innovative Practices
- Created by State MH in 1999
- One of several COEs established
- Intention to alter the reality: “We know more about what works than we actually do”
- Originally single focus: dissemination of MST
- Quickly grew to include other intensive community based interventions
- Evolved into one of the key ‘go to’ places for youth and family behavioral health information
CIP Programs and Processes

- Multisystemic Therapy
- Intensive Home Based Treatment - IHB
- Integrated Co-Occurring Treatment - ICT
- Co-Occurring Disorders (MH/SA) in youth
- Functional Family Therapy
- Behavioral Health and Juvenile Justice
- Wraparound
- Resilience and Trauma
- Evaluation and research technical assistance
- Quality assurance
- Fidelity monitoring
- Consultation and planning
- Grant support
- On site technical assistance and training
- State level inter-system policy engagement

CIP Role with our Partners

- Commiserate
- Collaborate
- Irritate
- Motivate
- Advocate
- Evaluate
- Ohio Department of Mental Health and Addiction Services
- Ohio Department of Youth Services
- In-state providers
- Out of state providers
- Philanthropic Foundations

Texas Institute for Excellence in Mental Health

- Evidence-based practices – but really?
- Mental Health Transformation provided an opportunity for change
- System of Care provided an opportunity for growth

The Long and Winding Road

- Research, research, research (and lots of generous, smart people)
- A concept paper
- Stakeholders unite!
- The business plan

A Continuing Evolution

- Beyond EBPs (or along side)
- Partnering for system change
  - System of care
  - Trauma-informed care
  - Zero suicide in systems
  - Organizational support for peer services

On the Horizon

The intersection of MH Parity, ACA and EBPs:

"The IOM study can help by providing some guidelines, but true parity may require that the mental health community take steps to demonstrate that they provide the most evidence-based treatments with measures of both rigor and fidelity. We will need standardized reporting systems. And we will need a detailed definition for each evidence-based intervention, including not only dose and duration but indication."

NIMH Director's Blog by Thomas Insel on May 30, 2014
On the Horizon cont’

- Children's Bureau Title IV-E Waivers (e.g., infrastructure development & implementation support)
- Development of state-wide trauma informed systems (e.g., policy development and service array planning)
- Inclusion of EBPs in health care reform (e.g., technical assistance on financing and scaling up EBPs)

What Do You See on the Horizon?

- Is there a particular opportunity in your state for EBP Implementation? (Yes/No)
- Does your state have the infrastructure necessary to implement and sustain these opportunities? (Yes/No)

COE Learning Community

SURVEY & INTERVIEW RESULTS

What’s Inside the COE Black Box?

- Education on System Reform, EBPs & Implementation
- Technical Assistance to States/localities on system design, EBP implementation and selection of effective practices...
- Continuous quality assurance (i.e., fidelity & outcomes monitoring)
- Policy Development
- Grant Writing
- Research and evaluation related to systems design & EBP implementation
- Facilitate or directly advocate for the implementation of EBPs / promising practices
- Teach students in practitioner preparation programs about EBPs / promising practices

Centers of Excellence

Impacting Systems for Children, Youth & Families

Because no one system controls everything and every system controls something. (Pires, 2002)

A COE supports a State or Local System to continue its evolution of designing rational service delivery systems, improving practice, and impacting outcomes for children, youth, and families.

COE Learning Community

Organizational structures

Percent of COEs

- University: 9
- Division of State Government: 1
- Non-Profit: 1
Primary 'service area' of COEs

COE support of System of Care sites

How COEs support System of Care

<table>
<thead>
<tr>
<th>Answer</th>
<th>Response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>8</td>
<td>89%</td>
</tr>
<tr>
<td>Fidelity &amp; Outcomes Monitoring and Evaluation</td>
<td>8</td>
<td>89%</td>
</tr>
<tr>
<td>Coaching</td>
<td>7</td>
<td>78%</td>
</tr>
<tr>
<td>Partnership facilitation</td>
<td>7</td>
<td>78%</td>
</tr>
<tr>
<td>Management of System of Care grants</td>
<td>5</td>
<td>56%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>11%</td>
</tr>
</tbody>
</table>

How COEs Support EBP Implementation

Which EBPs are COEs supporting

- MST (9)
- Wraparound (8)
- FFT (5)
- PCIT (3)
- TF-CBT (3)
- Triple P (2)
- Incredible Years (1)
- Olweys Bullying Prevention Program (1)
- MTF (1)
- ART (1)
- Strengthening Families (1)
- PATHS (1)
- CBT + (1)
- CTC (1)....

Play The Role of an Intermediary?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>10</td>
<td>91%</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>9%</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>100%</td>
</tr>
</tbody>
</table>

7/8/2014
**COE Staffing Resources**
(Average Number of Part Time & Full Time Staff by Category)

**COE Funding**

<table>
<thead>
<tr>
<th>Answer</th>
<th>Response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public grant funding (federal, state, local)</td>
<td>10</td>
<td>91%</td>
</tr>
<tr>
<td>Revenue from contracts for technical assistance, training, evaluation activities</td>
<td>7</td>
<td>64%</td>
</tr>
<tr>
<td>Philanthropic grants</td>
<td>4</td>
<td>36%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>18%</td>
</tr>
</tbody>
</table>

**Core Functions of a COE**

- Workforce Development
- Policy & Finance
- Selection & Implementation Support
- Research, Evaluation & Data Linking
- Partnership Engagement & Collaboration

**Policy & Finance**

- Grant writing
- Strategic planning
- Systems design
- Financing approaches
- Agency policy writing
- Regulations & Medicaid Amendments

**Selection & Implementation Support**

- Capacity Assessments
- Service Array Development
- Implementation Planning
- CQI Development & Facilitation

**Research, Evaluation & Data Linking**

- CQI design, data collection, analysis & reporting
- Agency data linking *(longitudinal outcomes monitoring)*
- Implementation research and evaluation
Partnership Engagement & Collaboration
- System collaboration & connections
- Development of Community Partnership Tables
- Implementation Teams
- EBP Collaboratives

Workforce Development
- EBP Training and Coaching (in-house or contractual)
- Course Development
- Post graduate education opportunities
- Field Placement & Practicum linkages

Which core functions do you think are the most critical in COE development?
- Partnership Engagement and Collaboration
- Policy and Finance
- Research, Evaluation & Data Linking
- Selection and Implementation Support
- Workforce Development

Implementation Science Meter: What Best Describes You?
- You are an implementation science researcher or utilize the science within your daily work
- You have been to several implementation science workshops
- You have read a few implementation science articles
- You have no idea what implementation science is

Why Focus on Implementation?
Research to Practice

It connects what we know works to actually making it work in the field
Formula for Success (NIRN)

Effective Interventions \times \text{Effective Implementation Methods} \times \text{Enabling Contexts} = \text{Positive Outcomes for Students}

Building Capacity for High Fidelity Implementation

- Quality Training, Coaching & TA
- Multi Level Buy-In
- Local Planning & Responsibility (Implementation Teams)
- Alignment of Policy & Finance Mechanisms
- CQI Process

What areas of implementation does your state/community most struggle with?
- Sustainable funding for services
- Maintaining champions
- Conflicting policies/regulations
- Multi-level buy-in
- Other challenges ______________________ (please write in)

What are the Right Conditions that Support Implementation?
- Attitudes and knowledge related to EBPs (Multi-level Buy-in)
- Staffing/Resources
- Budgets to support Community Based Services
- Leadership Champions
- Consistent policies
- Community partnerships
- CQI infrastructure
- Proposed EBPs match the needs of the population

Ways in which COEs Utilize Implementation Science To Support States/Localities
- Support state and local agencies to align policies and funding to better support EBP implementation
- Provide data, education, training and on-going collaborative opportunities to enhance support for EBP implementation
- Create implementation plans & implementation teams (specific to each of the implementation stages and implementation drivers)
- Work with EBP purveyors to secure training and coaching as well as continual expert consultation for effective implementation
- Create consistent Continuous Quality Improvement (CQI) feedback mechanisms for supported EBPs (including data collection, reporting and using implementation teams to monitor progress)
Is there anything missing? What additional supports would be helpful in terms of EBP implementation & sustainability?

Prioritization of EBPs for implementation

While the public health goal of increasing the dissemination of effective services to improve routine care is valid:

* Implementation of research-based treatments is not routine (Hoagwood, et al., 2001)
* Statewide implementation requires significant time and fiscal resources in order to
  * create change in system, provider, and clinician practices,
  * adapt EBPs for local conditions, practice-related exigencies, and specific populations,
  * provide extensive supervision during implementation and afterwards, and
  * monitor fidelity and outcomes, etc.
* Since implementation of EBPs statewide is a resource intensive activity, only a few can be implemented at a time.

Secure Stable Funding

- The blessing and curse of ‘soft funding’
- Core funding for infrastructure is critical
- Diversification of sources
- Chasing grants can negatively impact development
- Define the value added of COE

Seek Advice

• Other Centers and colleagues: a key source of information, advice, and insight
• Be guided by a well articulated plan
• Target and grow your expertise
• Let the data speak
• Engage the relevant stakeholders
• Cultivate relationships at multiple levels (state, legislative, families, local, systems...)
• Ability to adapt to systems level change
• Define deliverables

Build Infrastructure

• Business plan
• Not just smart but content smart
• Diverse but manageable portfolio
• Build around key strengths
• Continuity of projects
• Core funding to support infrastructure
Facilitate Multi-Stakeholder Collaboration

- Share the risk and responsibility of implementation
- Share in the development of the sustainability plan
- Reduce the risk of falling off the ‘radar’
- Spread the concept and value within multiple organizations
- Build interagency/departamental platforms for support
- Continue to promote diversity in points of view and voices

Understand The Risks

- Lack of data
- Poor EBP outcomes
- Loss of champions/new leadership
- Lack of internal capacity/expertise
- Funding shifts/budget cuts
- Changes in state priorities
- Reduced visibility and involvement in state decision making

COE Director Key Informant Interview Data

Anticipate the Future & Plan for Sustainability

Not just EBPs anymore?
- Need to study our effectiveness
- Mid-long term sustainability strategies
- Hub among state agencies
- Integration with Systems of Care

COE Director Key Informant Interview Data
Statewide utilization of MST slots (83%) remained below the 90% target. Utilization of DJS-funded slots increased slightly to 84%, while utilization of DSS-funded slots dropped from 84% to 76% this quarter. There was no change in the utilization of CCIF-funded slots.

### Table 1. Utilization, FY14 Q3

<table>
<thead>
<tr>
<th></th>
<th>DJS</th>
<th>DSS</th>
<th>CCIF</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># Funded</td>
<td>60</td>
<td>5</td>
<td>5</td>
<td>60</td>
</tr>
<tr>
<td>Avg. # Active Slots</td>
<td>48</td>
<td>5</td>
<td>5</td>
<td>54</td>
</tr>
<tr>
<td>Avg. Daily Population</td>
<td>34.8</td>
<td>3.8</td>
<td>4.1</td>
<td>44.7</td>
</tr>
<tr>
<td>% Utilization, Active Slots</td>
<td>84%</td>
<td>76%</td>
<td>82%</td>
<td>83%</td>
</tr>
</tbody>
</table>

**CQI – Tracking Outcomes**

Across the state, MST completers met the 90% target for each of the ultimate outcomes in FY14 Q3. The ultimate outcomes for youth who completed treatment (n=26) were as follows:

- 25 (96%) youth were living at home;
- 25 (96%) youth were in school and/or working; and
- 22 (92%) youth had no new arrests during MST treatment.

Overall, 89% (n=23) of youth who completed MST exhibited positive outcomes on all three indicators.

**Specific Strategies and Products Developed by UW’s COE**

- Establishment of a unified approach to EBP fidelity supports and monitoring
- The “Guidance Tool” – Detailed set of EBP referral guidelines for use by CA social workers
- The “Toolkit” – Provider fidelity tracking database
  - Facilitates compliance and provision of technical assistance
- Structured EBP readiness assessment
  - Used by Children’s Administration regional staff persons during contract negotiations
- EBP Staff Selection Guide
  - Includes a Pre-Training Agreement signed by provider agency rep in advance of EBP training
- Enhancements to existing suite of EBPs
  - E.g., Motivational enhancement training
- Data analysis and use of information to inform programming
  - E.g., differential rates of EBP use across regions

**If This is Why We Do What We Do?**

**IF WE ARE TRYING TO GET BETTER OUTCOMES FOR YOUTH AND FAMILIES, THEN WE NEED YOUTH AND FAMILY ENGAGEMENT.**

**HOW DO WE DO THAT?**

WE START WITH YOUTH AND FAMILIES AT THE BEGINNING
Let’s Solve the Problem

A Simple Equation To Assist

FAMILY ENGAGEMENT

HOW CAN WE INVOLVE YOUTH AND FAMILIES

- What do youth and families have to offer?
- What are their areas of expertise?
- How can they support you?
  - In leadership
  - In the workplace
  - Marketing
  - On the Frontline
  - In an advisory position
  - Training and coaching
  - As a provider
  - Data collections and evaluation
  - Educating others on youth and family involvement
  - As full partner in the COE

HOW CAN YOU SUPPORT THIS EFFORT?

How can we make the pieces fit together:

- Open Mindedness/Trust
- Willingness to work together
- A Supportive working community
- An Infrastructure that can support youth and families
- Education, Coaching and Mentorship for some

Never doubt that a small group of thoughtful, concerned citizens can change the world. Indeed it is the only thing that ever has. —Margaret Mead

Check In

Why do we need to recruit youth and families as partners of a COE?

- The partnership of youth and families can enhance a COE’s vision and mission.
- Youth and families can assist in data collection and monitoring outcomes.
- Workforce development, training and coaching
- Assess, Voice and Ownership can lead to engagement
- Recruitment should start from the beginning of designing and implementing a COE

SMALL GROUP ACTIVITY
Directions

• Work in groups of 5 to 8
• Brainstorm in your groups on the gaps or needs in state systems that a COE could potentially fill
• Prioritize those gaps/needs
• Report Out the top three gaps/needs

Time for Individual Work

• Take the top three gaps/needs identified by your small group
• List the existing partners in your state that have the skill sets to address those gaps (could be one partner for all three or three different partners)
• List several strategies on how you might create a COE based on these existing partners

Use the COE Development worksheet on your tables.

What additional information would be helpful in terms of COE development?

– Possible financing options
– Infrastructure costs
– Sustainability strategies
– Critical first steps in development
– Policy implications
– Other _______ (please specify)

Next Steps for the COE Learning Community

Products: [Dissemination Late Fall 2014]

• COE Learning Community Resource web page
• COE Descriptive White Paper
• COE Development Road Map

For more information, contact Jennifer Mettrick at jmettrick@ssw.umaryland.edu