



# Program Integrity and Effectiveness

## Managing and Adapting Practice

Introduction Meeting

April 21, 2010

# Topics

- Community Development Team model
- Program integrity (and **drift**)
- Implementation and sustainability
- Program performance evaluation



# What is a MAP Advanced Therapist?

- Uses the following tools in a direct service capacity:
  - PWEBS Database
  - PracticeWise Clinical Dashboards
  - PracticeWise Practitioner Guides
- Has received the MAP Direct Services and Advanced Direct Services Curriculum
- Has successfully passed independent Advanced Therapist Promotion Review



# What Does Training Look Like?

- Five Day Training
  - Orientation, Tool Use, Clinical Rehearsal, Integrative Reasoning
- Twelve Months of Consultation Calls
  - 6 therapists per group
  - 24 calls total (every other week)
- Two 1-Day Booster Sessions
- Clinical Review
  - 2 audiotapes with feedback



# What are the Costs?

- Advanced Direct Services Curriculum costs are
  - Tuition per Trainee: \$2,900
  - Materials Costs per Trainee: \$180 to \$205
  - Venue Fees per Trainee: \$590 (can be waived)
- Range: \$3,080 to \$3,695
- Community Development Team costs are
  - Per Trainee: \$600
- Range: \$3,680 to \$4,270



# Community Development Teams

- Organizational development (dissemination) model
- Close the science-to-practice gap
- Currently the focus of an NIMH funded research trial



# CDT Goals

- Develop organizational infrastructure to implement and sustain EBPs
  - Establish
  - Sustain
  - Model adherence (integrity or quality)





# CDT What You Get

- Planning
  - Step 1
  - Learn about the model, training protocol, expectations, strategies for success
  - Step 2
  - Develop implementation plans
- Coordinate training protocol and training events (activities) with national training centers





# CDT What You Get

- Administrator “champions” monthly call
  - Referrals
  - Funding
  - Coordination with other programs (wraparound, FSP, EBPs)
  - Participation in training
  - Successes and challenges
- Individual technical assistance calls
- Program performance evaluation



# Why Consider CDT

- Implementing and sustaining innovative programs is challenging
- Development Teams are particularly useful when first establishing a new program
  - If an agency has relatively little experience sustaining EBPs
  - Would like some help in planning, starting, supporting, sustaining



# Why Consider CDT

- Agencies can also work with CIMH to directly develop organizational capacity, independent of any specific evidence-based practice
- Regardless--Deliberate (focused) ongoing organizational support is needed to establish/sustain programs and achieve the full benefit of research informed practice



# Implementation is Challenging

- Semelweiss' story (puerperal fever)

QuickTime™ and a  
TIFF (Uncompressed) decompressor  
are needed to see this picture.

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# Program Drift



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# Drift

- Bridges
- Cars
- Teeth
- Suits
- Roofs
- Streets
- Research informed treatments



# Program Effectiveness

- What we do
- How well we do it
- When outcomes are less than optimal
  - How much is attributable to not selecting/using the most effective intervention
  - How much is attributable to the complexity of mental health disorders
  - How much is attributable to factors that impinge on clients
  - How much is attributable to an effective intervention not being used well





# Program Effectiveness

- Effectiveness research has drawn attention to what we do
- Dissemination research is drawing attention to the importance of how well we do it
- As our clinical work becomes increasingly research informed, we want to be sure that our service systems are increasingly adherence (integrity)-focused
- What have we learned from work in California
  - 7 EBPs, 200+ sites, 41 counties, 145 agencies



# Establishing a Program

- Designate an administrator/manager lead to champion learning and using the model
- Develop a concrete intervention-specific implementation plan
  - Understand the model (treatment target--intended outcomes)
  - Prepare staff, managers, referrals, oversight
- **Start small**
  - Establish the program
  - Learn from your experiences
  - Expand as needed



# Establishing a Program

- Select providers/staff based on a full understanding of the intervention requirements
- Focus on fidelity from the outset
- Arrange for thorough training protocols
- Initiate program performance evaluation from the outset
- Maintain momentum (expect and plan for interrupted progression)



## OUTCOMES

(% of Participants who Demonstrate Knowledge, Demonstrate new Skills in a Training Setting, and Use new Skills in the Classroom)

TRAINING COMPONENTS	Knowledge	Skill Demonstration	Use in the Classroom
Theory and Discussion	10%	5%	0%
..+Demonstration in Training	30%	20%	0%
...+ Practice & Feedback in Training	60%	60%	5%
...+ Coaching in Classroom	95%	95%	95%

Joyce and Showers, 2002

As presented by Karen Blase at CIMH planning meeting 2007



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# Thorough Training Protocols

- Initial training
- Booster training(s)
- Consultation (coaching) calls
- Audio or videotape reviews
- Fidelity tools (self-learning)



# Sustaining a Program

- Ongoing administrative focus (active champion)
- Regular intervention-specific clinical supervision
- Program performance evaluation
- Replacement/expansion and booster training activities



# Program Performance “Dashboard” Reports



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# Program Performance Reports

- Monitor and support program integrity
- Program manager and clinical staff are the primary target audiences
- Answers that question:
  - “Are programs achieving expected outcomes?”
  - “Are children/families benefiting from treatment?”



# Program Indicators

- Date of referral
- Date of first session
- Date of last session
- Total number of sessions
- Completion status
- Age, gender, ethnicity, primary diagnosis
- Pre-measure #1 and #2
- Post-measure #1 and #2



# Relevant and Sensitive Measures

- Relevant--to treatment goals
- Sensitive--to change that is realistically expected to occur concurrent with or immediately after a course of treatment
- Typically a standardized tool completed by the youth or caregiver



# Performance Results

- Entry rate--Of those referred how many have at least a single session/contact
- Completion rate--Of those who have at least a single session/contact how many complete a full course of the intervention



# Performance Results

- Recipients--Age, gender, ethnicity, diagnosis
- Level of care--Number of sessions, duration of services
- Improvements--New skills, less problems, accomplishments
- Versatility--Entry, completion, and improvement across diverse clientele



# Dashboard Reports

- Entry
- Completion rates
- Average age
- Gender % and Ethnicity %
- Diagnoses %
- Average number of sessions
- % change on relevant-sensitive measures
  
- Entry, completion and change by gender, ethnicity and diagnosis



# Palette of Measures

- Identify a set of relevant and sensitive measures, organized by disorder (or presenting problem or treatment target):
  - Disruptive disorders
  - Depressive disorders
  - Trauma related disorders
- Use 2 measures, pre- and post-, a course of treatment
  - One highly specific
  - One more general





# Palette of Measures

- Select the measure(s) based on the treatment target and intended outcome
- Use the same 2 measures, within and across programs (and providers) whenever the treatment target and intended outcomes are the same
- Compatible with the MAP model



# Possible Measures

- **Disruptive disorders**
  - Eyberg Child Behavior Inventory
  - Youth Outcome Questionnaire
- **Depressive disorders**
  - Center for Epidemiologic Studies of Depression Scale
  - Youth Outcome Questionnaire
- **Trauma related disorders**
  - Posttraumatic Stress Disorder Reaction Index
  - Youth Outcome Questionnaire



# Palette of Measures Project

- New project beginning in June
- Develop infrastructure for system-wide program performance evaluation
  - Recommended measures organized by treatment targets and intended outcomes
  - Pre-formatted databases
  - Program performance report templates
  - Training and assistance with analysis



# Contact Information

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