



Sustaining Evidence-Based Practices

EBP Symposium
June 6-7, 2011

Topics

- Establishing programs
- Sustaining programs
- Practice-specific supervision
- Focusing on program performance
- Developing and maintaining referrals
- Practitioner selection and retention
- Coordination with Wraparound/FSP



Systems Change

- New practices do not fare well in old organizational structures and systems
 - System change is disruptive
 - System change requires new resources
 - System change requires courage
 - System change requires dogged persistence
- *Dean Fixsen & Karen Blasé, National Implementation Research Network (NIRN)*



Airplanes and Relatives

- Referring to an agency with confidence
 - Evidence based (research informed) interventions
 - Agency structures/controls in place to insure program integrity
- Consistent application of effective interventions
 - Across practitioners
 - Over time



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



Sustaining Programs

- Champion
- Practice-specific clinical supervision
- Clear expectations for and selection of practitioners
- Concrete implementation plans
- Thorough training protocols
- Program performance evaluation
- Expect and address (budget resources for) drift



Supervision

- Practice-specific supervision
 - Ideally weekly, but not less than twice a month
- Clear and concrete case presentations
- Focused on use of the model
- Collaborative, collegial, constructive
- Individual supervision available, as needed



Program Performance

- Process for periodically monitoring use of the model
 - Program performance dashboard reports
 - Use of practitioner completed fidelity checklists
 - Periodically observing a group or watching a videotape or listening to an audio tape



Referrals

- Clear and concrete processes for getting clients to the best practice
- Remove barriers to referrals
- Address co-occurring disorders
 - Concurrent treatment, requires good coordination
 - Sequential treatment, requires process of prioritizing and staging
 - Wraparound or FSP, requires coordination, clarity around roles and responsibilities and staging



Practitioners

- Select in advance of training
- Consider having practitioners read about the model
- Consider having practitioners join weekly supervision
- Consider having practitioners shadow other practitioners



Wrap/FSP and EBP

- Wraparound is a care planning process
- FSP involves the coordination and provision of a full spectrum of services and supports
- EBPs are interventions with demonstrated effectiveness
- EBPs can be part of a Wraparound plan (as determined by the Child and Family Team) or FSP Individualized Services and Support Plan





Wraparound Programs

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Wraparound Programs

- Wraparound is a family-driven, team-based process for planning for implementing services and supports.
- Through the wraparound process, teams create plans to meet the unique and holistic needs of children with complex needs and their families.
- The wraparound team members (e.g., the identified youth, his or her parents/caregivers, other family members and community members, mental health professionals, educators, and others) meet regularly to implement and monitor the plan to ensure its success.



National Wraparound Initiative

(See www.rtc.pdx.edu/nwi)

- Many people know a lot about how to do wraparound
- The NWI taps this knowledge to reach consensus about wraparound, and generate materials to support high quality practice
- Main products to date
 - Explication of Wraparound principles
 - Specification of 4 phases and corresponding activities
 - Description of necessary support conditions (at organizational and system levels)



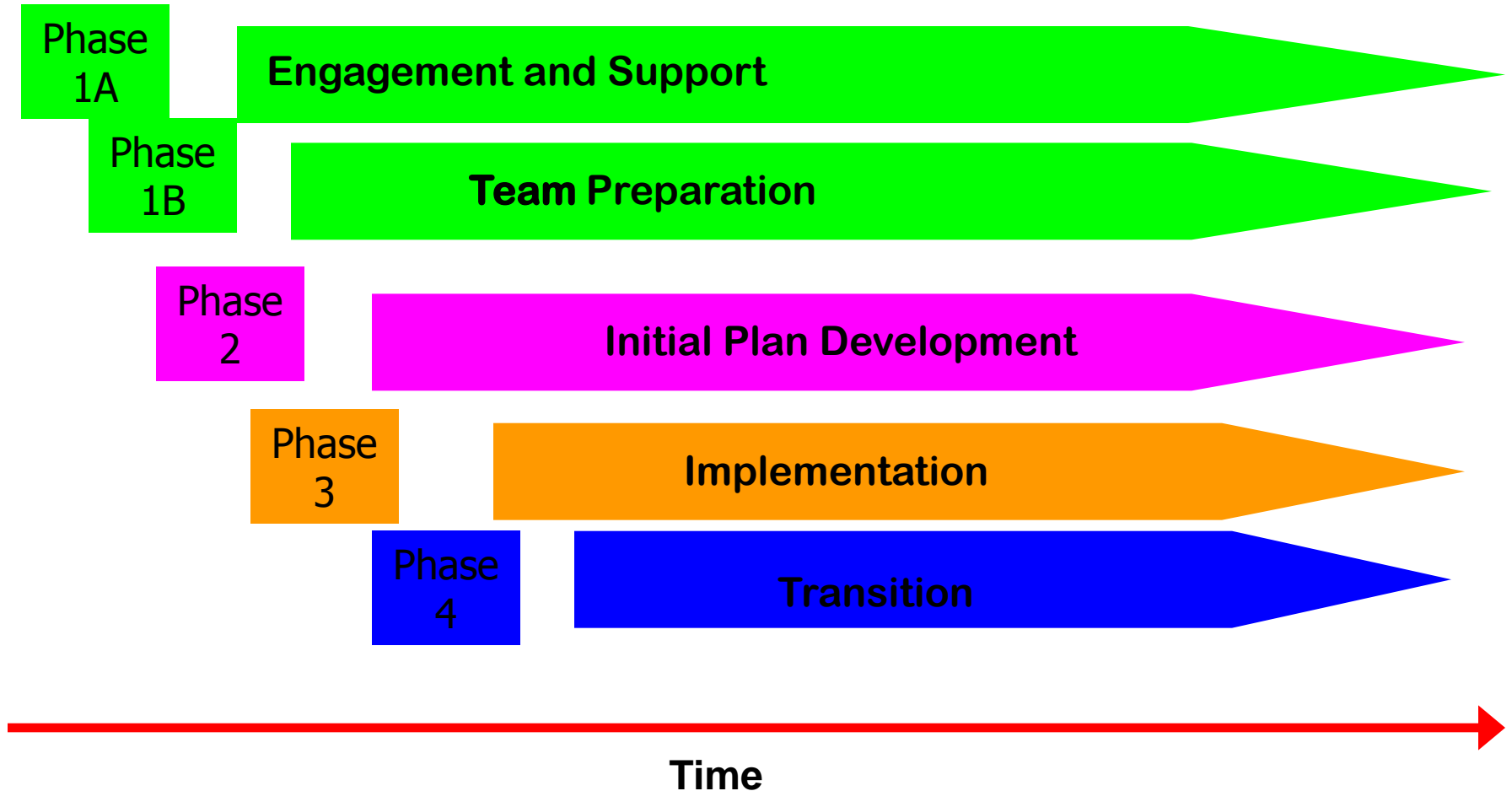
Wraparound Principles

- Family voice and choice
- Team-based
- Natural supports
- Collaboration
- Community-based
- Culturally competent
- Individualized
- Strengths based
- Persistence
- Outcome-based



A practice model:

The Four Phases of Wraparound



NWI Phases and Activities

Engagement/Team Preparation

- Orient the family to Wraparound
- Stabilize crises
- Facilitate conversations about strengths, needs, culture, and vision of the family
- Engage other potential team members
- Make needed meeting arrangements

Initial Plan Development

- Develop a plan of care
- Develop a detailed crisis/safety plan

Implementation

- Implement the plan
- Revisit and update the plan
- Maintain team cohesiveness and trust
- Complete documentation and handle logistics

Transition

- Plan for cessation of wrap
- Conduct commencement ceremonies
- Follow-up with the family after graduation



Positive Outcomes Not Guaranteed!

Studies indicate that Wraparound teams often fail to:

- Incorporate full complement of key individuals on the Wraparound team
- Engage youth in community activities, things they do well, or activities to help develop friendships
- Use family/community strengths to plan/implement services
- Engage natural supports, such as extended family members and community members
- Use flexible funds to help implement strategies
- Consistently assess outcomes and satisfaction



Review of Wraparound Teams

(Walker, Koroloff, & Schutte, 2003)

- Less than 1/3 of teams maintained a plan with team goals
- Less than 20% of teams considered >1 way to meet a need
- Only 12% of interventions were individualized or created just for that family
- All plans (out of more than 100) had psychotherapy
- Natural supports were represented minimally
 - 0 natural supports 60%
 - 1 natural support 32%
 - 2 or more natural support 8%
- Effective team processes were rarely observed

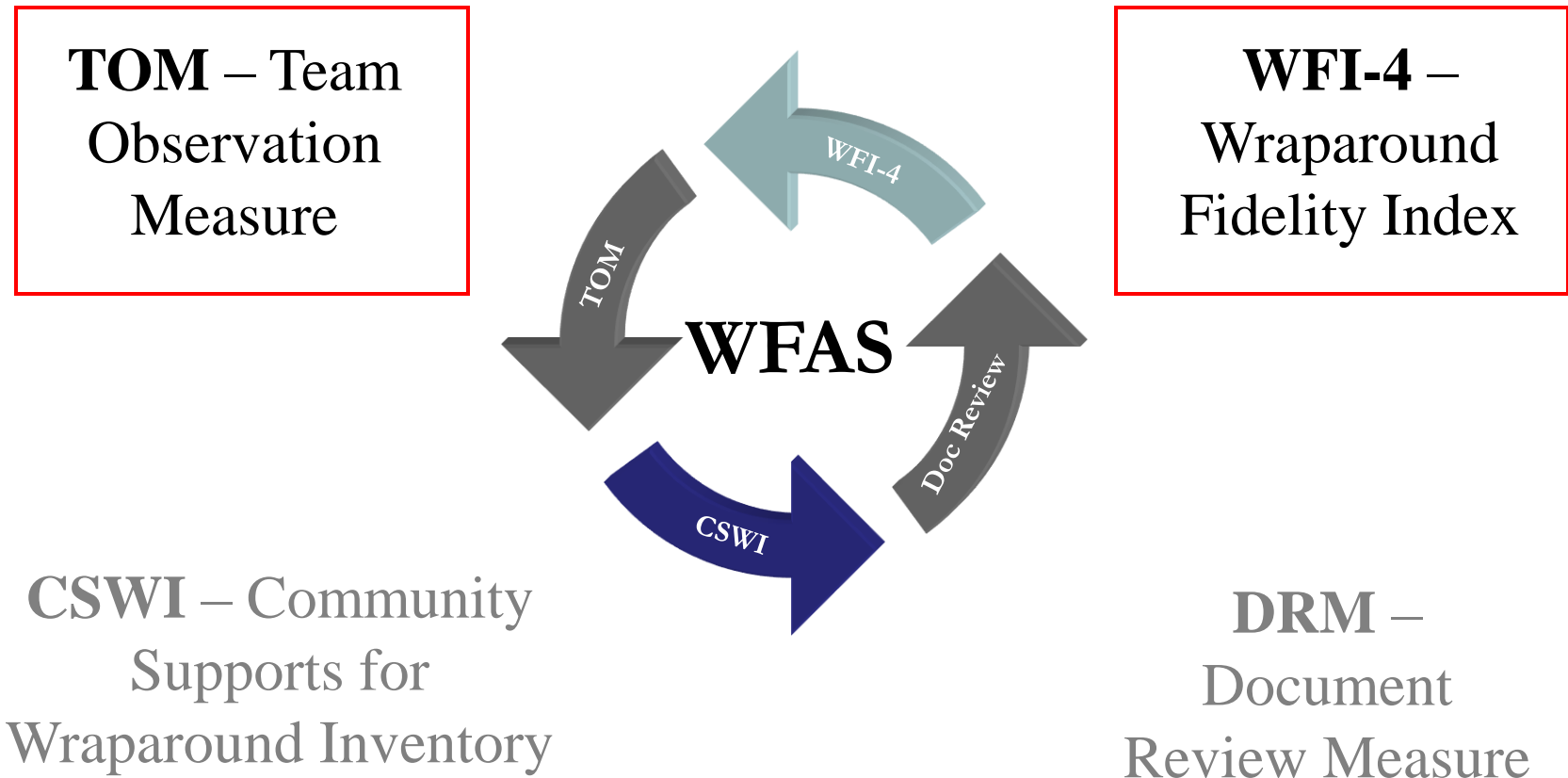


Fidelity and Outcomes

- Provider staff whose families experience better outcomes were found to score higher on fidelity tools (Bruns, Rast et al., 2006)
- Wraparound initiatives with positive fidelity assessments demonstrate more positive outcomes (Bruns, Leverentz-Brady, & Suter, 2008)



Wraparound Fidelity Assessment System



Full Service Partnership

- Collaborative relationship between the county and client (and family) through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals
- Full spectrum of community services may consist of a variety of services and supports
- The determination of which services are provided is made on the basis of an Individual Services and Support Plan (ISSP) by the individual and their case manager or personal services coordinator



Full Service Partnership

- Personal service coordinator as a single point of responsibility
- ISSP developed in collaboration with other agencies that have a shared responsibility
- Cultural and linguistic competence
- 24-hour/ 7-day a week response capability



Evidence Based Models

- Rigorously evaluated and found to be effective relative to usual care or alternative interventions
- Clearly articulated strategies or techniques
- Clear start-middle-end
- Specific to intended populations toward achievement of intended outcomes



Friction ?

- Flexible funding model as opposed to intervention models
- Planning processes as opposed to service model
- Concern about multiple (intensive) services
 - *If I am receiving wraparound or FSP I shouldn't need anything else?*



Friction ?

- Collaboration among multiple decision-makers
 - Different expectations about what should be achieved and by when
 - Different expectations about what it takes to achieve an outcome
- Model exclusivity
 - Perception that some evidence based models are exclusive



Flexible Services on the Loose

- Lots of services
- Everyone gets everything
- Multiple practitioners
- Multiple decision making agencies
- Services are loosely coordinated
- Diffuse intention
- Contradictory change models
- Focus on COWs (reactive)



What's Missing

- Overarching clinical framework for treatment decisions
 - Which intervention(s)--when
 - Sequencing and staging
 - Compatible and complimentary change models
 - Deliberate hypothesis testing
 - Formulation and re-formulation



Distinguishing Characteristics

- Wraparound

- Planning process
- Individualized
- Family driven
- Informal and formal services and supports
- Collaborative

- FSP

- Personal service coordinator
- Individualized
- Mental health and non-mental health services and supports
- Collaborative
- 24 hour response capability

- EBP

- Articulated models
- Demonstrated effectiveness
- Intended populations and outcomes
- Time limited

Evidence Based Models

- Focused and discrete (modular)
 - TF-CBT
 - Incredible Years
- Broad and integrative (foundational)
 - Functional Family Therapy
 - Multisystemic Therapy
- Multi-component and comprehensive (all inclusive)
 - Multidimensional Treatment Foster Care



Integration Considerations

- Informed choice by youth, family, practitioner(s)
- Relevance for addressing area(s) of need toward intended outcomes
- Compatibility and complimentary with other services and support
- Deliberate coordination around service planning decisions- *-most important for comprehensive EBP models*



Integration Considerations

- When formal (mental health) services are appropriate/wanted
 - Move away from generic services like “therapy”
 - Move away from *more* is better to *more effective* is better
 - Move toward models specific to identified need and intended outcome
- Hypothesis test
 - Provide a sufficient course of intervention
 - Look for indication of improvement
 - Adjust as needed

