

Creating Systems to Support Evidence-Based Programs in North Carolina

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About Benchmarks

- Alliance of nationally accredited human service agencies (70+) in NC
- Provide child welfare, child development and education, behavioral health, developmental disability, juvenile justice and substance abuse treatment services.
- Advocacy, lobbying, educational, communications, and management support services to members.
- Partnering for Excellence – improve outcomes for children in child welfare system by strengthening public/private partnerships to improve service quality and array



Goals of Presentation

- Creating Systems to Support EBPs
 - Why increased focus on EBPs
 - Defining evidence-based
 - Quality Implementation
 - NC models for supporting implementation
 - Collaborative system-building



Why Evidence-Based

- Increased focus on accountability in multiple sectors.
- Despite significant investments in social interventions, efforts often produce little change.
- Stewardship of public/philanthropic dollars: limited resources need to be used strategically.



Efforts to Support Use of Evidence

- Federally – Coalition for Evidence-Based Policy; SAMSHA, California Clearinghouse, Promising Practices Network
- NC – Alliance for Evidence-based Family Strengthening Programs; NC Practice Improvement Collaborative

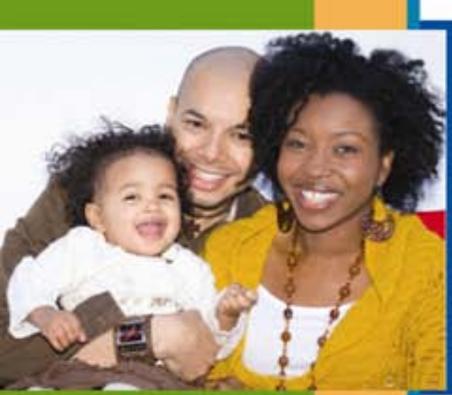
Defining Evidence

- Continuum of evidence from non-experimental to rigorous experimental studies that are considered the “gold standard” in determining efficacy
- Differing “labels” across systems
- Very confusing for practitioners – What is “good enough?”
- What is accepted as sufficient differs across funders/agencies and can evoke LOTS of conversations!



Defining EBP

- Sound theoretical basis
- Clinical literature regarding efficacy
- Accepted in clinical practice
- No evidence of substantial harm or risk
- Manual sufficiently detailed to allow replication
- Efficacy based on at least 2 randomized, controlled trials (note: replication in community-based settings)
- Majority of outcome studies support efficacy





BUT

- Recognize that “evidence” is necessary but insufficient for achieving positive outcomes for children and families.
- We **must** focus on supporting community-based agencies and practitioners in.....



Effective Implementation



Implementation Matters!

- Successfully replicating evidence-based programs is more than choosing a program off a list.

**Proven practice +
fidelity/quality implementation
= Better Outcomes**



- Fidelity: adherence to core elements which contribute to program effectiveness
- A poorly implemented program will yield poor outcomes (and results in a poor investment)

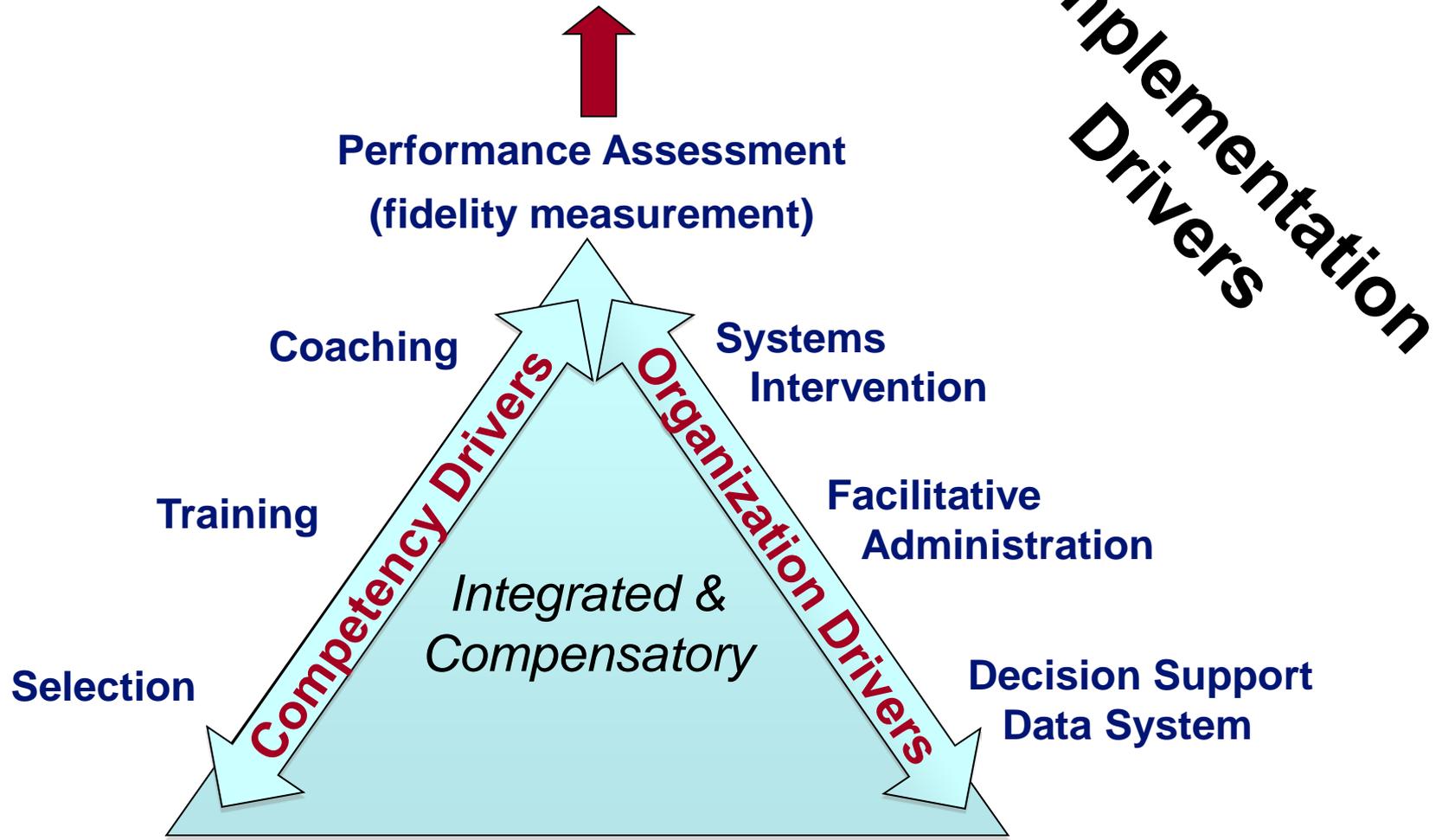




Effective Replication

- How do we support fidelity/quality implementation?
- Requires an intentional focus on supporting “Implementation Drivers” within agencies/systems
- Common features of successful supports to help make full and effective uses of a wide variety of innovations
 - Staff Competency
 - Organizational Supports
 - Leadership

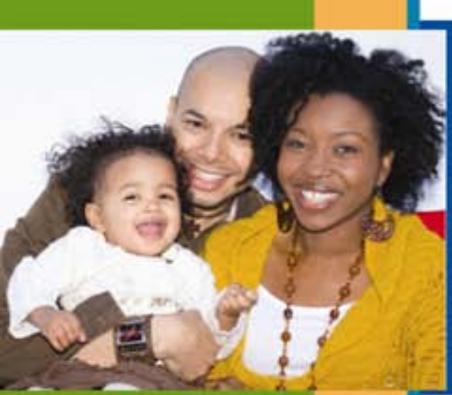
Improved outcomes for children and families



Changing Practice of Teachers

(% 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 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%



Important Questions

- What are the programs/practices being delivered to children and families in North Carolina?

AND

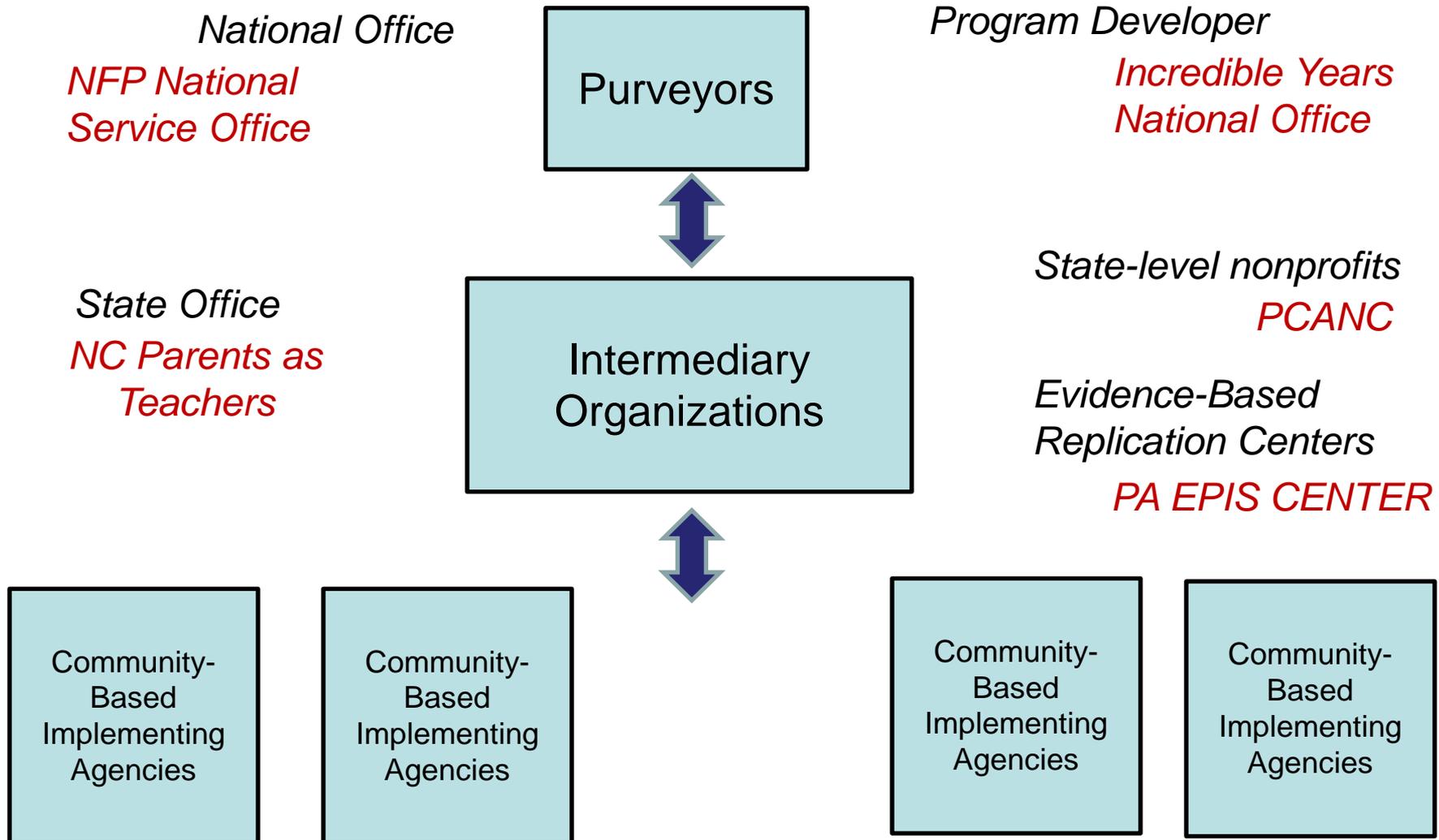
- If programs are proven, how are they being delivered to children and families in North Carolina -- with fidelity?

AND

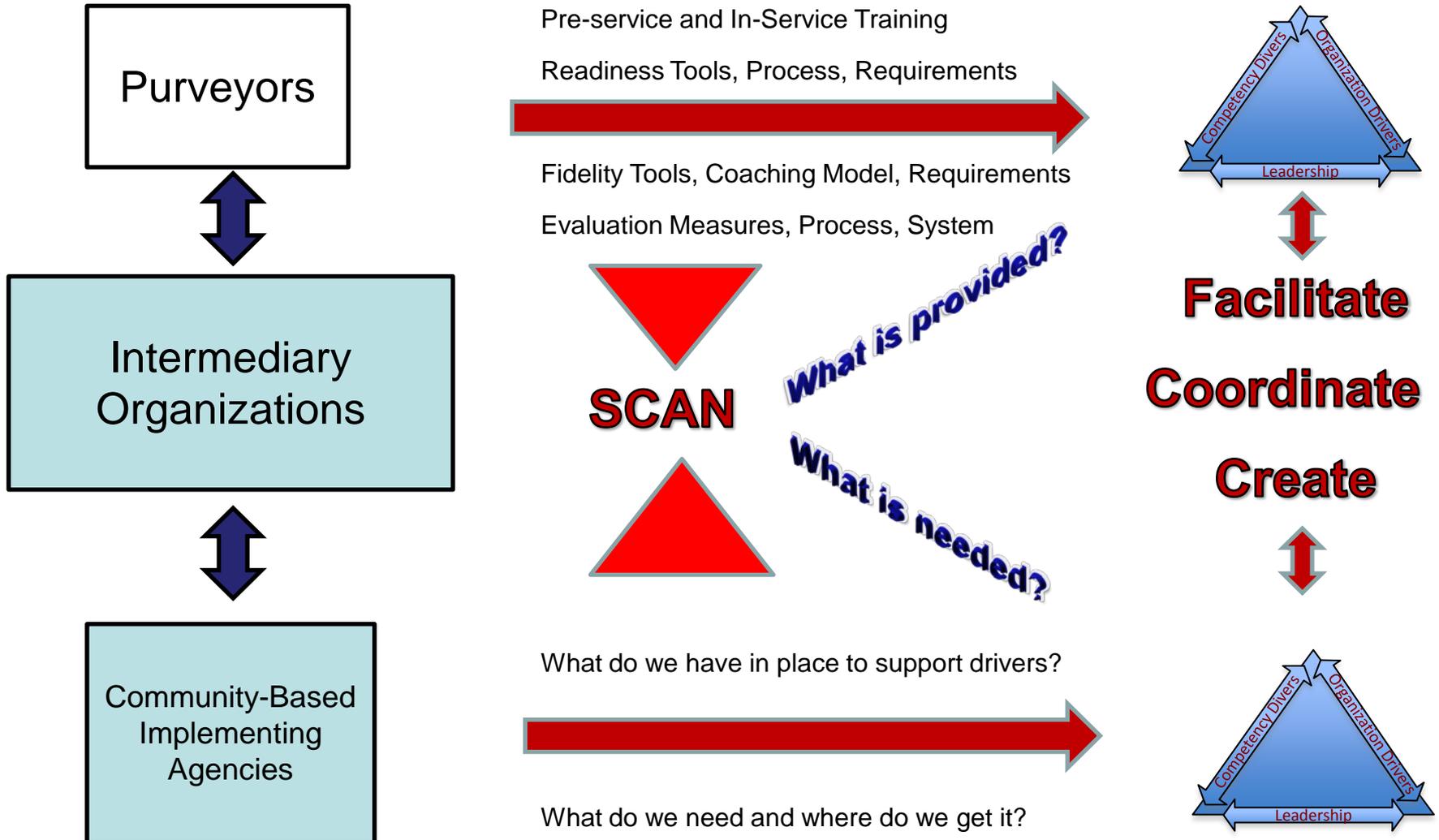
- As leaders who want better results for children and families, how are we addressing the issues of implementation capacity through policy and funding?



The Implementation “System”



The Implementation "System"



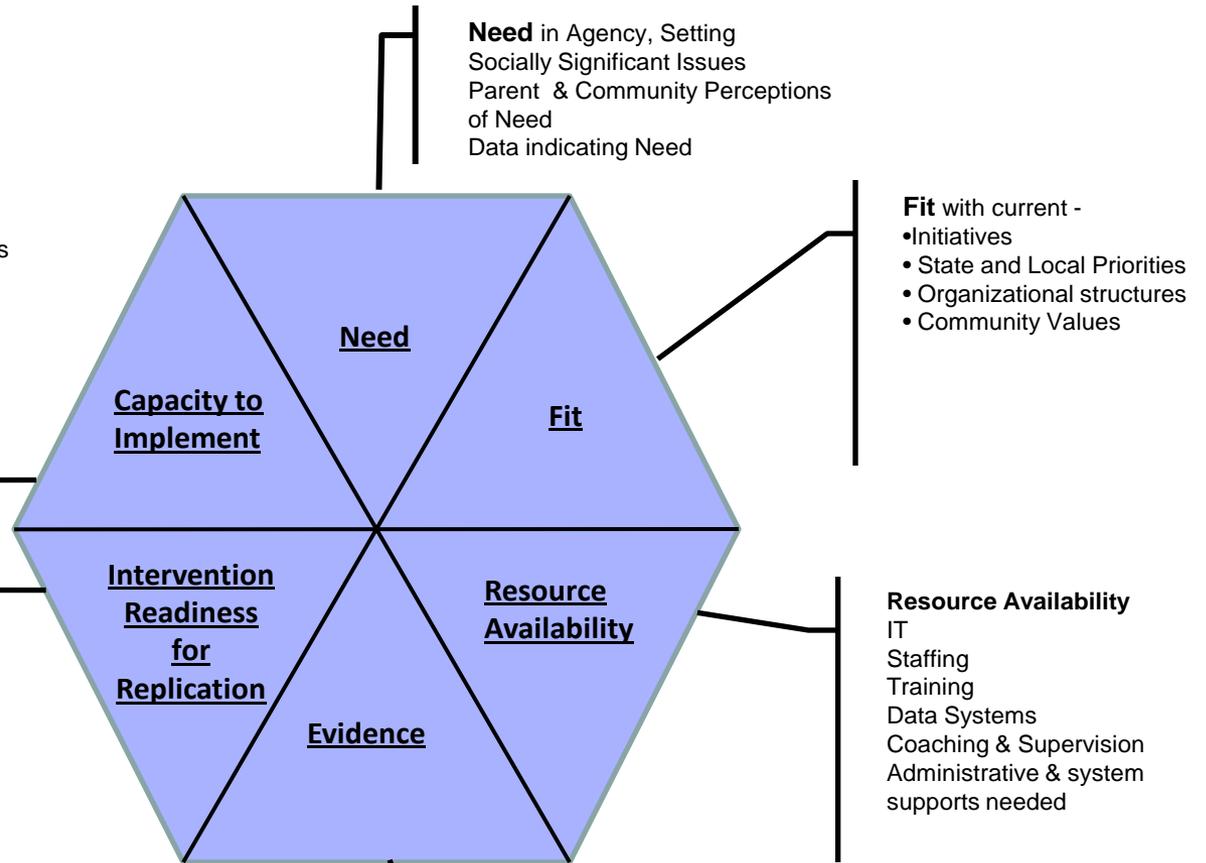


What Does that Mean for NC?

- If we want to get different results, then we need to approach program implementation differently from business as usual.
 - Funding programs without assurance of implementation infrastructure will likely result in poor outcomes.
 - No one entity can do this alone. Will require the collective efforts of public agencies, intermediary organizations, private funders, advocates and policymakers.



Assessing Evidence-Based Programs and Practices



EBP:	5 Point Rating Scale: High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or 4.		
	High	Medium	Low
Need			
Fit			
Resources Availability			
Evidence			
Readiness for Replication			
Capacity to Implement			
Total Score:			

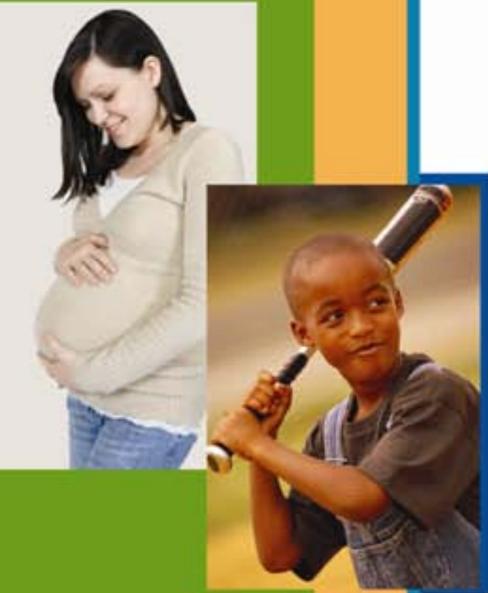
Evidence
 Outcomes – Is it worth it?
 Fidelity data
 Cost – effectiveness data
 Number of studies
 Population similarities
 Diverse cultural groups
 Efficacy or Effectiveness



Two Examples of Intermediaries in NC

Prevention:

- Prevent Child Abuse supports The Incredible Years Parent Training Program



Treatment:

- Center for Child And Family Health, Child Treatment Program supports Trauma Focused Cognitive Behavioral Therapy



Incredible Years

- 14-week parenting skills course for families of 3-to-12-year olds who are already experiencing challenging behaviors.
- Parents learn how to give praise and set limits, how to play with their children, and how to deal with challenging behaviors.
- Program designed to promote children's social-emotional development with goal of preventing violence, substance abuse and delinquency



Incredible Years

Numerous RCTs that demonstrate IY:

- Reduces aggressive and disruptive behavior in children
- Reduces conduct problems in children's interactions with parents
- Increases parents' positive affective response
- Decreases parents' use of criticism, harsh discipline, and negative commands
- Increases parents' use of effective limit-setting and non-violent discipline
- Reduces parental depression and increased parental self-confidence
- Increases positive family communication and problem-solving
- Increases parental involvement with teachers and classrooms





Implementation Supports

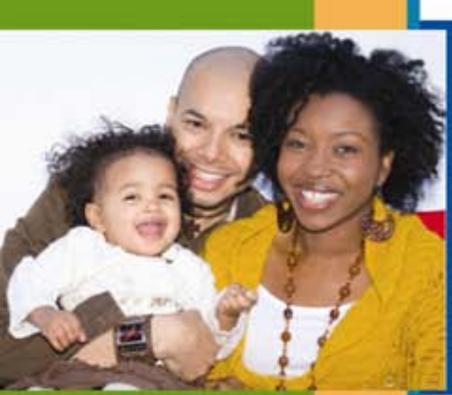
Last year, PCANC provided implementation support to 26 sites running 84 groups and serving over 600 parents

- Pre-implementation Technical Assistance
- Provision or coordination of Pre-Service and In-Service training
- Coaching and fidelity support
 - Observation and feedback, peer support calls and network meetings, regional consultation days, listservs
- Evaluation support and technical assistance



Impact

- Positive outcomes for parents involved in program
- Increases in fidelity
- Increased demand for data to be used in quality improvement
- Practitioners – positive feedback on supports, particularly coaching





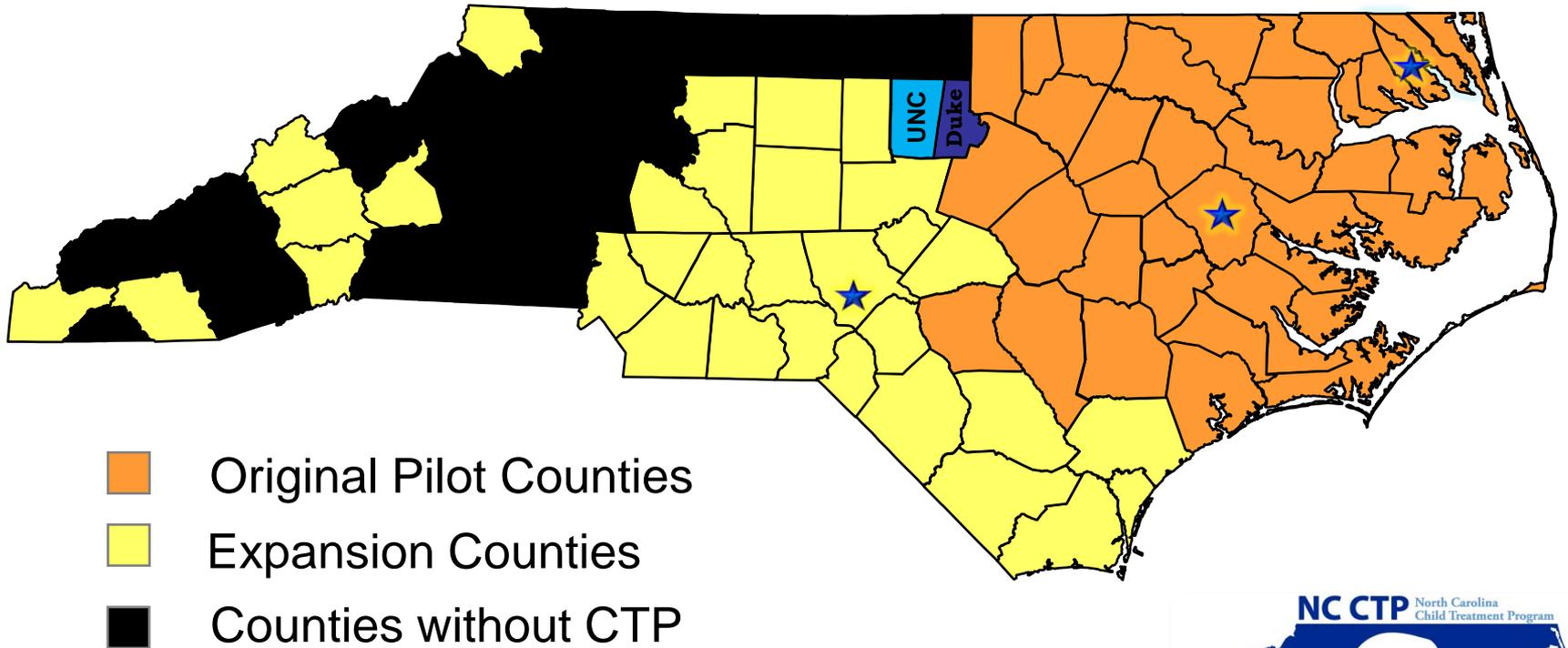
Child Treatment Program

- Child mental health treatment initiative
- “Public Health” principles
- Address serious psychological trauma:
 - *Sexual abuse, assault, & victimization*
 - Physical maltreatment
 - Domestic & community violence
 - Traumatic medical condition
 - Traumatic bereavement
- **Trauma-Focused Cognitive Behavioral Therapy** – Youth between ages of 3 and 18 who are served in clinic, home, or school-based settings



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NC CTP Counties 2009



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Child Treatment Program

- ✓ **Train and coach** licensed clinicians in TF-CBT through learning collaborative format (focus on embedding drivers)
- ✓ **Ensure** clinicians demonstrate competency and roster them
- ✓ **Link** traumatized children & adolescents to trained clinicians
- ✓ **Provide** on-going clinical support to clinicians

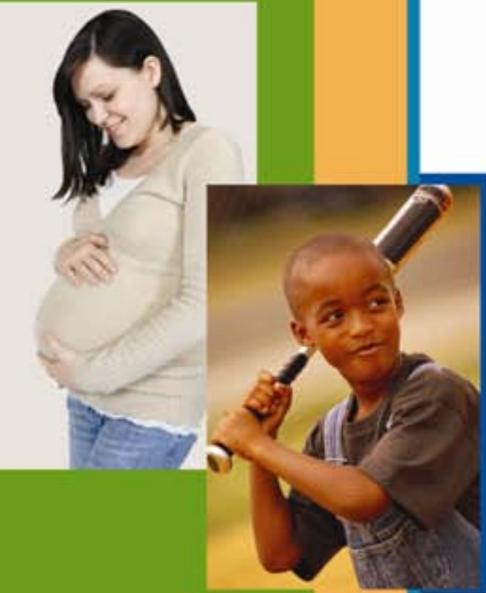


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Impact

- Trained ~250 community-based clinicians, in ~80 counties, to provide TF-CBT. (All clinician-trainees were licensed and enrolled in the NC Medicaid program).
- Provided TF-CBT to >525 traumatized children and adolescents enrolled in NC CTP, (Most graduates offer TF-CBT to ~10 children and adolescents following graduation, ~5000 in total).
- Achieved significant improvement (PTSD symptoms, depression, and difficult behavior) in >90% of children and adolescents who completed a full course of TF-CBT.
- Linked children, adolescents, families, and professionals to therapists trained in TF-CBT through website (www.med.unc.edu/ncctp).

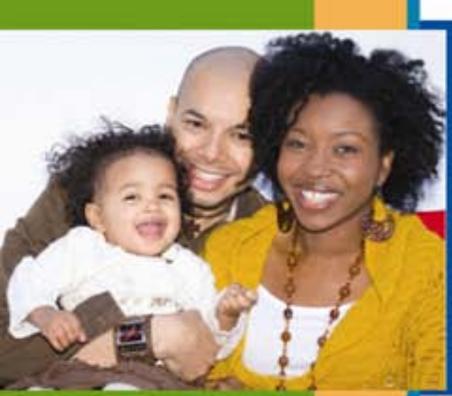
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Building Systems



- Evidence AND Implementation Support
- Focus on intermediary functions (“implementation platforms”)
- Collaborative planning around shared goals (Protective Factors Framework), shared outcomes, braided funding, shared use of data
- “Most juice for the squeeze”



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