Promoting Evidence-Based Practice in Statewide System of Care:
The New Hampshire MATCH Learning Collaborative

March 6, 2018
Annual Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health

Presenters: Robert Franks, Ph.D.
Daniel Cheron, Ph.D., ABPP
Charlotte Vieira, MPH
Rachel Kim, Ph.D.

Discussant: George Ake III, Ph.D.
Acknowledgements

• Funding
  • New Hampshire Department of Health and Human Services Bureau of Mental Health Services

• Jonathan Scaccia, Ph.D.
• Abe Wandersman, Ph.D.
• Participating agencies
The New Hampshire MATCH Learning Collaborative

• Year 1 of a 3-year initiative funded by the New Hampshire Children’s Behavioral Health Bureau

• Implementing the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH) within community mental health organizations across the state

• Two sequential cohorts for a total of 10 Community Mental Health Centers (CMHCs)

• Working closely with
  • Behavioral health block grant planners
  • CMHC senior leaders and administrators
  • Children’s behavioral health director
  • Clinical supervisors
  • Clinicians
  • Family partners and community liaisons
New Hampshire CMHC areas
Goals of the MATCH Learning Collaborative

• Building organizations’ readiness and capacity to implement MATCH;
• Developing the MATCH clinical competencies of participating therapists;
• Supporting the active engagement of youth and families in the implementation process.
Phase I: Preparation
The Learning Collaborative begins with the preparation phase to engage the sponsoring agency in planning. Goals for the Learning Collaborative are developed and potential participating organizations are identified. The requirements for participation are communicated to potential participants and selection and commitment of organizations is finalized.

Phase II: Pre-Work
Once the preparation phase is complete, the pre-work phase begins. The focus of this phase is on assessing organizational factors that might serve as opportunities or barriers to MATCH implementation. This phase also includes the design and installation of structural supports for implementation.

Phase III: Active Implementation
The active implementation phase includes the installation of the MATCH treatment program into the participating organizations and the initial implementation of MATCH services. Participants engage in a number of structured and self-guided learning activities to deliver MATCH with high integrity.

Phase IV: Sustainability
To ensure ongoing success of the MATCH program, the sustainability phase facilitates organization independence in the MATCH program through activities designed to eliminate barriers to practice utilization and create flexible plans for adapting to new challenges.
Today’s Agenda

• The MATCH Treatment Model: Training, Consultation, Supervision, and Sustainability
  • Daniel Cheron, Ph.D., ABPP

• Assessing Organizational Readiness as a Tool to Promote the Successful Implementation of EBP’s
  • Robert Franks, Ph.D.

• Tools and Methods to Implement EBP’s with Good Outcomes
  • Charlotte Vieira, MPH and Rachel Kim, Ph.D.
The MATCH Treatment Model: Training, Consultation, Supervision, and Sustainability

Daniel M. Cheron, Ph.D., ABPP
Director of Training
Agenda

Training

Consultation

Supervision

Sustainability

Evidence Supporting MATCH
What is MATCH?
This is Pete.

The Story of Pete
Please
Do Not Disturb
Therapy In Progress
Please Do Not Disturb Therapy In Progress
Please Do Not Disturb Therapy In Progress
EVIDENCE BASED PRACTICE:

NOT AS EASY AS IT LOOKS!
Why are EBPs slow to make it to real world practice?

• In real world settings, children have complex problems.
• Comorbidity is rule rather than exception.
• Learning all relevant treatments may be impossible.
• Problems can change over time.
MATCH-ADTC

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct problems (MATCH-ADTC)

- Designed as a
  - structured,
  - consistent,
  - family-focused,
  - strength-based

approach to using common elements to address child emotional and behavioral problems related to:

- Anxiety,
- Depression,
- Trauma,
- Conduct Problems
MATCH-ADTC

• Evidence-based practice
• Children ages 6 – 17
• 70% of presenting problems
• 33 modules
• Derived from well-established evidence-based practices
• Detailed decision “flowcharts”
MATCH-ADTC

• MATCH is....
  • Flexible: uses data from each individual case to decide which treatment focus and which modules to use.
  • Multi-faceted: Designed to address an array of disorders commonly seen in outpatient treatment.

• MATCH is not...
  • A free for all. Flowcharts guide decision-making within each target problem domain.
  • Without focus. A target diagnosis is always identified and remains the focus unless data justify a shift.
MATCH Concepts

“Ways to THINK”

- Target Selection
- Core-Interference
- Implementation Management
- Episode Management
- Relationship & Change Mgmt.
- Session Management
MATCH Resources - “Things to USE”

- **Treatment Modules**
- **Treatment Pathways**
- **Supplemental Materials**
- **Clinical Dashboard**
MATCH Applications - “Things to DO”

Assessment

Monitor

Planning

Practice Delivery
Bring It All Together

- MATCH Professional Development Portfolio

© PracticeWise
Treatment Response Assessment for Children

- Web-based digital monitoring and feedback system utilized in tandem with MATCH
- Collects outcome and implementation data to inform decision-making.
  - Weekly, quantitative self-report of client outcomes
  - Quality of family engagement
  - Integrity of therapeutic techniques and activities.
Benefits of TRAC for Therapists and Supervisors

• Therapists can understand:
  • whether children are responding to treatment;
  • whether and when changes in treatment strategy are needed;
  • which changes are effective; and
  • when treatment gains have been achieved and treatment can end.

• Supervisors can understand:
  • Treatment trajectories for supervised clients
  • Therapist integrity to MATHC program
Benefits of TRAC for Administrators

• Administrators can understand:
  • clinical progress of consumers;
  • enrollment patterns in MATCH services;
  • frequency of MATCH content delivery;
  • degree of family engagement

• TRAC data may also help organizations leverage successful outcomes to procure more financial and policy support for evidence-based practices.
What TRAC Does

- Automatically collects client & parent ratings of symptoms
- Collects info about what happens in session
- Automatically creates a dashboard report to help make treatment planning decisions.
Consultation

Transfer of Learning
MATCH Consultation

- Begins as weekly consultation for 16 weeks
  - 1 hour
  - web-based
  - utilizes TRAC data
- Transitions to every other week for 18 weeks
- 25 hours of consultation
- Active learning strategies
  - Role plays
  - Homework
  - Consultant and trainee generated themes
MATCH Consultation

• Cognitive-behaviorally driven
• Developmentally progressive
• Competency based
Supervision

Transfer of Supervision
MATCH Supervisor Concepts – “Ways to Think”

Phases of Expertise

Content and Coordination

MATCH Supervisor

Guided Reasoning Model

Model Integrity
MATCH Supervisor Resources - “Things to USE”

Therapist Portfolio

Supervisor Portfolio

Supervisor Guides
MATCH Supervisor Applications - “Things to DO”

Manage Your Work

Manage Your People

Manage Your Environment
MATCH Supervision

• Begins as weekly consultation for 16 weeks
  • 1 hour
  • web-based
  • utilizes TRAC data
• Overlaps with the end of the therapist consultation.
• Transitions to every other week for 18 weeks
  • 25 hours of consultation
  • Advanced MATCH techniques and supervisory instruction.
Sustaining MATCH

• Integrity to MATCH
  • Following the flowcharts
  • Monitoring outcomes
  • Incorporating clinical and supervisory content
MATCH Train-the-Trainer model

- Certified therapists eligible for supervisor training
- Supervisors who complete the training can begin training novice MATCH clinicians at their agency
- Provided with all the original training materials.
  - Slides
  - Worksheets
  - Agendas
- Supervisor consultation also addresses train-the-trainer issues
Evidence Supporting MATCH

Research and Results
Initial NH Learning Collaborative Outcomes

• Significant youth improvement in:
  • Internalizing Problems
  • Externalizing Problems
  • Primary and secondary top problems
Initial NH Learning Collaborative Outcomes

- Significant caregiver improvement in:
  - Internalizing Problems
  - Externalizing Problems
  - Attention problems
  - All top problems

![Graph showing caregiver brief problem monitor](image)

![Graph showing caregiver top problems](image)
Clinic Treatment Project: Study Conditions

• Usual Care
  • What therapists believe in and typically do for children with Anxiety, Depression, or Conduct

• Standard Treatment Manuals
  • Russell Barkley’s “Defiant Children” for Conduct
  • Phillip Kendall’s “Coping Cat” for Anxiety
  • John Weisz’s “PASCET” for Depression

• Modular Treatment
  • MATCH-ADTC Protocol
MATCH clients **improved more quickly** than usual care and traditional manualized treatments.

<table>
<thead>
<tr>
<th></th>
<th>Standard vs. UC</th>
<th>MATCH vs. UC</th>
<th>MATCH vs. Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SCORE</strong></td>
<td></td>
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<tr>
<td></td>
<td><em>P Value</em></td>
<td><em>Effect Size</em></td>
<td><em>P Value</em></td>
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<tr>
<td>Brief Prob Checklist Total Overall</td>
<td>.57</td>
<td>.12</td>
<td><strong>.004</strong></td>
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<tr>
<td>BPC Internalizing Overall</td>
<td>.85</td>
<td>.04</td>
<td><strong>.014</strong></td>
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<tr>
<td>BPC Externalizing Overall</td>
<td>.42</td>
<td>.17</td>
<td><strong>.02</strong></td>
</tr>
<tr>
<td>Top Problems Ratings Overall</td>
<td>.58</td>
<td>.12</td>
<td><strong>.003</strong></td>
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</table>

MATCH clients had **shorter treatment duration** than usual care.

<table>
<thead>
<tr>
<th>Treatment Length</th>
<th>Usual Care</th>
<th>Standard</th>
<th>MATCH</th>
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<tbody>
<tr>
<td></td>
<td>275.49</td>
<td>196.24</td>
<td>210.15</td>
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</tbody>
</table>

MATCH clients had greater reduction in number of problem areas than usual care.

Therapists who utilize MATCH demonstrated higher satisfaction than usual care.

Youth receiving MATCH **utilize fewer additional services** during treatment...

<table>
<thead>
<tr>
<th></th>
<th>MATCH</th>
<th>Community-Implemented Treatment</th>
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</thead>
<tbody>
<tr>
<td>Treatment Sessions</td>
<td>21.65 sessions</td>
<td>30.22 sessions</td>
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<tr>
<td>Length of treatment</td>
<td>191.78 days</td>
<td>269.98 days</td>
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<tr>
<td>Utilization of additional therapy services</td>
<td>6%</td>
<td>22%</td>
</tr>
<tr>
<td>Mean number of medication used</td>
<td>M = .13 mediations</td>
<td>M = .30 medications</td>
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</table>

MATCH is **more cost effective** to implement than most evidence based practices.

<table>
<thead>
<tr>
<th>EBT</th>
<th>Total cost</th>
<th>Age range</th>
<th>Diagnoses</th>
<th>Potential consumers</th>
<th>Cost/consumer</th>
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<tbody>
<tr>
<td>Dialectical behavior therapy</td>
<td>$19,293.30</td>
<td>18-45</td>
<td>Borderline personality disorder</td>
<td>81</td>
<td>$238.07</td>
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<tr>
<td>Parent–child interaction therapy</td>
<td>$8,578.30</td>
<td>4-12</td>
<td>Adjustment disorders</td>
<td>2,672</td>
<td>$3.21</td>
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<tr>
<td>Cognitive processing therapy</td>
<td>$4,523.28</td>
<td>18+</td>
<td>Acute stress reaction, Adjustment disorders</td>
<td>4,418</td>
<td>$1.02</td>
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<td></td>
<td></td>
<td></td>
<td>Oppositional defiant disorder</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Posttraumatic stress disorder</td>
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<td></td>
<td></td>
<td></td>
<td>Reaction to severe stress</td>
<td></td>
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<tr>
<td>Prolonged exposure</td>
<td>$7,418.61</td>
<td>13+</td>
<td>Adjustment disorders</td>
<td>4,926</td>
<td>$1.51</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Posttraumatic stress disorder</td>
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<td></td>
<td></td>
<td></td>
<td>Reaction to severe stress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma focused-cognitive behavioral therapy</td>
<td>$2,231.32</td>
<td>3-17</td>
<td>Acute stress reaction</td>
<td>4,653</td>
<td>$0.48</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Adjustment disorders</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Posttraumatic stress disorder</td>
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<td></td>
<td></td>
<td></td>
<td>Reaction to severe stress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modular approach to therapy for children with</td>
<td>$4,053.24</td>
<td>7 to 13</td>
<td>Adjustment disorders</td>
<td>10,092</td>
<td>$0.40</td>
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<tr>
<td>anxiety, depression, trauma, and conduct</td>
<td></td>
<td></td>
<td>Anxiety disorders</td>
<td></td>
<td></td>
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<tr>
<td>problems</td>
<td></td>
<td></td>
<td>Attention-deficit/hyperactivity disorders</td>
<td></td>
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<td></td>
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<td></td>
<td>Conduct disorder</td>
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<td></td>
<td>Elimination disorders</td>
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<td></td>
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<td></td>
<td>Major depressive disorders (without psychosis)</td>
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<td></td>
<td></td>
<td></td>
<td>Oppositional defiant disorder</td>
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<td></td>
<td>Posttraumatic stress disorder</td>
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<td></td>
<td></td>
<td></td>
<td>Reaction to severe stress</td>
<td></td>
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</tr>
<tr>
<td>Cognitive behavioral therapy/cognitive</td>
<td>$7,068.50</td>
<td>5+</td>
<td>Anxiety disorders</td>
<td>39,586</td>
<td>$0.18</td>
</tr>
<tr>
<td>therapy</td>
<td></td>
<td></td>
<td>Attention-deficit/hyperactivity disorders</td>
<td></td>
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<td></td>
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<td></td>
<td>Bipolar disorders</td>
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<td></td>
<td></td>
<td></td>
<td>Eating disorders</td>
<td></td>
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<td></td>
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<td></td>
<td>Major depressive disorders</td>
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<td></td>
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<td>Posttraumatic stress disorder</td>
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<td></td>
<td></td>
<td></td>
<td>schizophrenia</td>
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<td></td>
<td></td>
<td></td>
<td>Substance use disorders</td>
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Questions?
Assessing Organizational Readiness as a Tool to Promote the Successful Implementation of EBPs

Robert Franks, Ph.D.
President & CEO
Organizational Readiness

• Organizational readiness has been identified as a critical factor in implementation science

• Readiness as a construct is changeable

• Promotion and monitoring of readiness aids the success of organizational change efforts

Meyers, Durfak, & Wandersman, 2012; Weiner, 2009; Scaccia et al., 2015; Weiner et al., 2008
Organizational Readiness

Motivation

General Capacity

Innovation-Specific Capacity

READINESS

Scaccia et al., 2015
Readiness Heuristic: $R = MC^2$

Readiness = Motivation x General Capacity x Innovation-Specific Capacity

A PRACTICAL IMPLEMENTATION SCIENCE HEURISTIC FOR ORGANIZATIONAL READINESS: $R = MC^2$

Jonathan P. Scaccia, Brittany S. Cook, Andrea Lomont, Abraham Wandersman, Jennifer Costello, and Jason Katz
University of South Carolina
Pendel S. Dzink
University of Pennsylvania

There are many challenges when an innovation (i.e., a program, process, or policy) is new to an organization. One critical component for successful implementation is the organization’s readiness for the innovation. In this article, we propose a practical implementation science heuristic, abbreviated as $R = MC^2$. We propose that organizational readiness involves (a) the motivation to implement an innovation, (b) the general capacity of an organization, and (c) the innovation-specific capacity needed for a particular innovation. Each of these components can be assessed independently and be used separately. The heuristic can be used by organizations to assess readiness to implement and by training and technical assistance providers to help build organizational readiness. We present an illustration of the heuristic by showing how behavioral health organizations differ in readiness to implement a peer specialist initiative. Implications for research and practice of organizational readiness are discussed. © 2015 Wiley Periodicals, Inc.

Scaccia et al., 2015; Wandersman et al., 2008
### Motivation

<table>
<thead>
<tr>
<th>Relative Advantage</th>
<th>Degree to which a particular innovation is perceived as being better than what it is being compared against</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compatibility/Alignment</td>
<td>Degree to which an innovation is perceived at being consistent with existing values, cultural norms, experiences, and needs of potential users</td>
</tr>
<tr>
<td>Complexity</td>
<td>Degree to which an innovation is perceived as relatively difficult to understand and use</td>
</tr>
<tr>
<td>Trialability</td>
<td>Degree to which an innovation can be experimented with or practiced</td>
</tr>
<tr>
<td>Observability</td>
<td>Degree to which the outcomes from the innovation are visible to others.</td>
</tr>
<tr>
<td>Priority</td>
<td>Degree to which the innovation is considered important to an organization.</td>
</tr>
</tbody>
</table>

Scaccia et al., 2015
## General Capacity

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture</td>
<td>Expectations about how things are done in an organization; how the organization functions</td>
</tr>
<tr>
<td>Climate</td>
<td>How employees collectively perceive, appraise, and feel about their current working environment</td>
</tr>
<tr>
<td>Organizational Innovativeness</td>
<td>General receptiveness toward change (i.e., an organizational learning environment)</td>
</tr>
<tr>
<td>Resource Utilization</td>
<td>How discretionary and uncommitted resources are devoted to innovations</td>
</tr>
<tr>
<td>Leadership</td>
<td>Whether power authorities articulate and support organizational activities</td>
</tr>
<tr>
<td>Structure</td>
<td>Processes that affect how well an organization functions on a day-to-day basis</td>
</tr>
<tr>
<td>Staff Capacity</td>
<td>General skills, education, and expertise that the staff possesses</td>
</tr>
<tr>
<td>Process Capacity</td>
<td>Organizational ability to strategize, implement, evaluate, and improve</td>
</tr>
</tbody>
</table>

Scaccia et al., 2015
## Innovation-specific Capacity

<table>
<thead>
<tr>
<th>Innovation-specific KSAs</th>
<th>Knowledge, skills, and abilities needs for the innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Champion</td>
<td>Individual(s) who put charismatic support behind an innovation through connections, expertise, and social influence</td>
</tr>
<tr>
<td>Implementation climate supports</td>
<td>Extent to which the innovation is supported; presence of strong, convincing, informed, and demonstrable management support</td>
</tr>
<tr>
<td>Interorganizational Relationship</td>
<td>Relationships between providers &amp; supports systems and between different providers organizations that are used to facilitate implementation</td>
</tr>
<tr>
<td>Structure</td>
<td>Processes that affect how well an organization functions on a day-to-day basis specific to the innovation</td>
</tr>
<tr>
<td>Resource Utilization</td>
<td>How discretionary and uncommitted resources are devoted to the specific innovation</td>
</tr>
<tr>
<td>Leadership</td>
<td>Whether power authorities articulate and support organizational activities specific to the innovation</td>
</tr>
</tbody>
</table>
Assessing Readiness within a Statewide Learning Collaborative

- Development of an enhanced change package to include:
  - Structured readiness monitoring tool for completion by individual participants
  - Measures for team-based assessment of progress towards learning collaborative benchmarks
Objectives for the Enhanced Change Package

1. Foster collaborative discussion and assessment of organizational strengths and challenges

2. Evaluate progress toward established goals and objectives of the learning collaborative

3. Inform the implementation process and support the provision of tailored technical assistance
Methodology

• Administered at baseline (T0), 4- (T1), and 8-months (T2)

• Four agencies: clinicians, senior leaders, supervisors

• Readiness Monitoring Tool
  • Collaborated with Scaccia & Wandersman to develop based off R = MC2; tailored for MATCH
  • Identifies current perception of agency using 7-point agree/disagree Likert scale
  • 70 items; 20 minutes to complete
  • Mean scores for subdomains

• Change Package
  • Benchmarks identified within 5 objective areas
  • Identifies degree to which benchmark has been met using 5-point not at all/consistently Likert scale
  • 65 benchmarks; 30 minutes to complete
  • Mean scores for benchmarks and objective areas
Readiness Monitoring Tool

• Tool Measures:
  • General Organizational Capacities
  • MATCH-specific Capacities
  • Motivation for MATCH
Readiness Monitoring Tool: General Results
## Readiness Monitoring Tool: General Results

<table>
<thead>
<tr>
<th>Primary Component</th>
<th>Sub-component</th>
<th>T0</th>
<th>T1</th>
<th>T2</th>
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<tbody>
<tr>
<td><strong>General Capacity</strong></td>
<td>Culture</td>
<td>6.1</td>
<td>6.2</td>
<td>6.3</td>
</tr>
<tr>
<td></td>
<td>Climate</td>
<td>5.2</td>
<td>5.3</td>
<td>5.4</td>
</tr>
<tr>
<td></td>
<td>Structure</td>
<td>5.5</td>
<td>5.7</td>
<td>5.9</td>
</tr>
<tr>
<td></td>
<td>Org. Innovativeness</td>
<td>5.8</td>
<td>5.8</td>
<td>6.0</td>
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<tr>
<td></td>
<td>Resource Utilization</td>
<td>5.4</td>
<td>5.1</td>
<td>5.2</td>
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<td></td>
<td>Leadership</td>
<td>6.2</td>
<td>6.0</td>
<td>6.2</td>
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<td>Staff Capacity</td>
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<td>5.5</td>
<td>5.6</td>
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<td>Process Capacities</td>
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<td><strong>MATCH Capacity</strong></td>
<td>Knowledge &amp; Skills</td>
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<td>6.0</td>
<td>6.1</td>
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<td>Program Champion</td>
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<td>6.2</td>
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<td>Implementation Climate Supports</td>
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<td>6.0</td>
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<td>Inter-organizational Relationships</td>
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<td>4.9</td>
<td>5.1</td>
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<tr>
<td></td>
<td>Structure</td>
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<td>5.3</td>
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<td></td>
<td>Leadership</td>
<td>5.7</td>
<td>6.1</td>
<td>6.2</td>
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<tr>
<td><strong>Motivation</strong></td>
<td>Relative Advantage</td>
<td>4.8</td>
<td>5.0</td>
<td>5.1</td>
</tr>
<tr>
<td></td>
<td>Compatibility/Alignment</td>
<td>5.7</td>
<td>6.0</td>
<td>5.9</td>
</tr>
<tr>
<td></td>
<td>Complexity</td>
<td>4.4</td>
<td>4.5</td>
<td>4.6</td>
</tr>
<tr>
<td></td>
<td>Trialability</td>
<td>--***</td>
<td>5.1</td>
<td>5.7</td>
</tr>
<tr>
<td></td>
<td>Observability</td>
<td>--***</td>
<td>4.4</td>
<td>4.8</td>
</tr>
<tr>
<td></td>
<td>Priority</td>
<td>5.0</td>
<td>5.4</td>
<td>5.4</td>
</tr>
</tbody>
</table>

*** Not administered at baseline.
Readiness Monitoring Tool: General Capacities
Readiness Monitoring Tool: MATCH Capacities

* Not administered at baseline.
Readiness Monitoring Tool: Motivation

* Not administered at baseline.
Change Package

• 5 Objective Areas:
  • Screening
  • Basic Training
  • Supervision
  • Fidelity
  • Assessment of Progress

• Benchmarks Related To:
  • Organizational Readiness and Capacity
  • Clinically Competent Practice
  • Child and Family Engagement
Change Package

Objective 1: Screening

Objective 2: Basic Training
Change Package

Objective 3: Supervision

Objective 4: Fidelity

Agency A  Agency B  Agency C  Agency D
Agency A  Agency B  Agency C  Agency D
Results

• Created Agency Readiness Profiles
  • Purpose, method, and results
  • Heat table of individual items
  • Line graphs representing change over time

• One of the Tools and Methods to Inform Implementation
Next Steps

• Review Readiness Profiles with team

• Identify areas of strength and concern

• Develop strategies to improve

• Integrate with other Tools and Methods to support implementation and sustainability

• Follow-up with final Enhanced Change Package (T3)
Conclusions & Implications

- **Intermediaries** can play a role in ongoing organizational readiness
- Assess readiness at **multiple time points** with multiple sources of data
- **Use readiness data** to inform strategies/ QI
- **Provide clear expectations** & implementation information early in the process so frontline staff can accurately assess relative advantage
- Identify a **program champion** that has used the model

- **Relative Advantage** is a key variable on implementation
  “Diffusion scholars have found relative advantage to be one of the best predictors of an innovation's rate of adoption. Relative advantage indicates the benefits and the costs resulting from adoption of an innovation.”
  - Rogers, 2003
Questions?
Tools and Methods to Implement Evidence Based Practices with Good Outcomes

Charlotte Vieira, MPH
Implementation & QI Coordinator

Rachel E. Kim, Ph.D.
Postdoctoral Fellow
Purpose & Objectives

• Purpose:
  • To share approaches to build organizational readiness and capacity, and promote sustainability

• Objectives:
  • To introduce tools and methods used to inform implementation in real-time
  • To describe how to foster diverse feedback loops and individualized support
Competency & Organizational Drivers

Learning Collaborative
- Consultation
- Affinity Groups
- Continuous Quality Improvement
- Use of Data

Traditional Training
- Limited Interaction or Support
- No data or CQI

Institute for Healthcare Improvement, 2003
## Utilizing Data to Inform Implementation

<table>
<thead>
<tr>
<th>STAFF TRAINING &amp; CONSULTATION</th>
<th>Agency A</th>
<th>Agency B</th>
<th>Agency C</th>
<th>Agency D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 % of clinician trainees that have seen MATCH clients</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2 Average % of those trained participating in consultation calls</td>
<td>90%</td>
<td>93%</td>
<td>92%</td>
<td>85%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IMPLEMENTATION MILESTONES</th>
<th>Agency A</th>
<th>Agency B</th>
<th>Agency C</th>
<th>Agency D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Regular implementation meetings scheduled</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2 Submission of implementation plan for Objective #1</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3 Target MATCH population identified</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4 Standardized MATCH screening process implemented</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>5 PDSAs initiated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>6 Submission of implementation plan for Objective #2</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>7 Submission of implementation plan for Objective #3</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLIENT METRICS</th>
<th>Agency A</th>
<th>Agency B</th>
<th>Agency C</th>
<th>Agency D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 # new clients enrolled in TRAC for most recent month</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>2 # total clients enrolled</td>
<td>100</td>
<td>55</td>
<td>66</td>
<td>72</td>
</tr>
<tr>
<td>3 Average # clients per clinician</td>
<td>10.13</td>
<td>4.75</td>
<td>10.20</td>
<td>6.29</td>
</tr>
<tr>
<td>4 # completed sessions</td>
<td>551</td>
<td>559</td>
<td>327</td>
<td>523</td>
</tr>
<tr>
<td>5 Average # sessions completed per client</td>
<td>5.51</td>
<td>10.16</td>
<td>4.95</td>
<td>7.26</td>
</tr>
<tr>
<td>6 # inactive clients</td>
<td>19</td>
<td>17</td>
<td>15</td>
<td>28</td>
</tr>
</tbody>
</table>
Utilizing Data to Inform Implementation

Fidelity & Process Metrics

- % of clients being seen at least once every 10 days
- % of caregivers completing surveys at least once every 14 days
- % of children completing surveys at least once every 14 days
- % of sessions with at least one MATCH component
- % of sessions with interference present

Caregiver Top Problem 1

- Agency A
- Agency B
- Agency C
- Agency D

Child BPM Internalizing

- Agency A
- Agency B
- Agency C
- Agency D
Affinity Groups

- Organizational Systems
- Community Systems
- Senior Leaders
- Clinicians
- Supervisors
Continuous Quality Improvement

Plan-Do-Study-Act (PDSA) Worksheet

<table>
<thead>
<tr>
<th>Desired Change</th>
<th>Describe desired change (e.g., improve family engagement in MATCH).</th>
<th>Inform other staff members about MATCH to increase internal referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Initial" /></td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="Adapt" /></td>
<td>Adapt</td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="Scale up" /></td>
<td>Scale up</td>
<td></td>
</tr>
</tbody>
</table>

**PLAN**

<table>
<thead>
<tr>
<th>WHAT are we going to do?</th>
<th>Do brief presentations of MATCH modules</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHEN will it be done?</td>
<td>During weekly staff meetings</td>
</tr>
<tr>
<td>WHO will do it?</td>
<td>Each MATCH trained clinician will take a turn</td>
</tr>
<tr>
<td>HOW will we do it?</td>
<td>Provide staff with a brief summary of module and how the skills is applied.</td>
</tr>
</tbody>
</table>

**DO**

<table>
<thead>
<tr>
<th>WHEN was the test done?</th>
<th>During meetings from October to December</th>
</tr>
</thead>
<tbody>
<tr>
<td>DID we collect data?</td>
<td>Number of internal referrals before starting presentations and after</td>
</tr>
<tr>
<td>WAS test done as planned?</td>
<td>Some difficulty getting time during staff meetings</td>
</tr>
</tbody>
</table>

**ACT**

<table>
<thead>
<tr>
<th>ABANDON</th>
<th>STOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADOPT</td>
<td></td>
</tr>
<tr>
<td>ADAPT</td>
<td>Describe adaptation or scale up (e.g., 2 people to whole team).</td>
</tr>
<tr>
<td>SCALE UP</td>
<td>1. MATCH clinicians will present on how to talk about MATCH with families in next staff meeting.</td>
</tr>
<tr>
<td></td>
<td>2. MATCH clinicians will offer to meet with families to answer questions when available.</td>
</tr>
</tbody>
</table>

**STUDY**

<table>
<thead>
<tr>
<th>WAS there an improvement?</th>
<th>Slight increase in number of internal referrals to MATCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT feedback did we receive?</td>
<td>Though staff felt MATCH could be useful, unsure of how to talk to their clients about MATCH</td>
</tr>
<tr>
<td>WHAT were the lessons learned?</td>
<td>Staff need support to initiate conversations about MATCH with families</td>
</tr>
</tbody>
</table>
Different Types of Consultation

- Clinical Consultation
- Senior Leader Consultation
- Learning Sessions
- Coordinator Consultation
- Implementation Consultation
- State Consultation
How Does it all Tie Together

- Metrics
- CQI
- Consultation
How Does it all Tie Together

- Metrics Report
  - State & Senior Leader Consultation
  - Continuous Quality Improvement & Technical Assistance
  - Clinical & Implementation Consultation
  - Implementation Team Meeting
Summary

• Multiple levels engaged through varied approaches to support implementation with focus on fidelity and good outcomes

• Capacity building and sustainability planning begin early and are supported throughout

• Approach is adaptable and suitable for a range of EBPs and systems of care
Questions?
Discussion

George Ake, III, Ph.D.
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Center for Child and Family Health, Duke Medical Center, Durham, NC