Centers of Excellence: Supporting Implementation of Evidence-Based Interventions in the United States

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Disclosure

• Dr. Shapiro works as the US Deputy Director for Training and provides consultation for Triple P America, the entity that disseminates the Triple P Positive Parenting Program in the U.S.
Objectives

• Describe formal systems of care
• Describe Centers of Excellence
• South Carolina Example: SC Center of Excellence in Evidence-Based Intervention within the Palmetto Coordinated System of Care
• Overview of SC Center of Excellence activities
  • Behavioral Health Provider Survey Results
• Questions
The Problem(s)

• Lifetime prevalence of significant mental health disorders among youth is **1 in 5** (e.g. Merikangas et al, 2010, J Am Acad Child Adol Psychiatry)

• In SC
  • 144,089 received behavioral health services (Medicaid) in 2016
  • **=22%** of youth with full benefits (http://www.schealthviz.sc.edu)

• Less than half have access to services

• Cost is high ($247 billion, 2009 IOM estimate)

• Fragmented services, restrictive settings

• Longstanding calls for mental health systems reform (1960’s...)
Solution: Formal Systems of Care
Formal System of Care Outcomes

• For Children and Youth
  • Improved functioning (school, home, behavior toward others)
  • Improved school attendance and performance
  • Decreases in internalizing and externalizing behavior problems
  • Decreased suicide rates, substance use, and juvenile justice involvement

• For Families
  • Reduced caregiver stress
  • Improved family functioning
Formal System of Care Outcomes

• For Service Delivery Systems
  • Improvements in service delivery
  • Improvements in infrastructure (supporting service delivery)
  • Expanded array of home and community-based services and supports
  • Increased individualization of services
  • Increased family and youth involvement in services
  • Increased collaboration/coordination of care
  • Increased use of evidence-based practices

• Implementation impacts outcomes achieved
Another Problem

It takes 17 years for research to reach practice.\textsuperscript{1}

Only 14\% of research reaches a patient.\textsuperscript{1}

Only 18\% of administrators and practitioners report using evidence-based practices frequently.\textsuperscript{2}

THE SCIENCE–PRACTICE GAP


Why the gap? A bazillion variables...
One Solution: Centers of Excellence

“A COE is an organization or group of partnering organizations whose primary role is to support/inform systems level reform efforts that are using evidence based/promising practices as a core strategy”

The Institute for Innovation & Implementation (The Institute) at the University of Maryland School of Social Work
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<table>
<thead>
<tr>
<th>Existing COE’s</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Center for Effective Interventions, U. Denver</td>
<td>The Institute for Innovation and Implementation, U. of Maryland</td>
</tr>
<tr>
<td>Child Health and Development Institute of CT</td>
<td>The Texas Institute for Excellence in Mental Health, UT Austin</td>
</tr>
<tr>
<td>Center for Innovative Practices, Case Western Reserve U.</td>
<td>Youth and Family Training Institute, U of Pittsburgh/WPIC</td>
</tr>
<tr>
<td>EPISC Center, Penn State University</td>
<td>SC COE, University of SC</td>
</tr>
<tr>
<td>Evidence Based Practice Institute, U of Washington</td>
<td></td>
</tr>
<tr>
<td>Georgia COE in Child and Adolescent Behavioral Health, Georgia State</td>
<td></td>
</tr>
<tr>
<td>New Jersey Dept. of Children and Families, affiliated with Rutgers</td>
<td></td>
</tr>
</tbody>
</table>
• Funding: Substance Abuse and Mental Health Services Administration

• Lead by 7 South Carolina public agencies:
  • SC Dept. of Health and Human Services**
  • SC Continuum of Care
  • SC Dept. of Alcohol and Other Drug Abuse Services
  • SC Dept. of Disabilities and Special Needs
  • SC Dept. of Juvenile Justice
  • SC Dept. of Mental Health
  • SC Dept. of Social Services
• Serve highest need youth/families
• High Fidelity Wraparound
  • An evidence based care coordination model
  • Improve care quality and coordination with families at the core
• Medicaid Waiver
  • divert youth from hospitalization
• https://www.scdhhs.gov/pcsc
• RFP for development of an SC Center of Excellence issued in 2015

• SC Center of Excellence in Evidence-Based Intervention began work in January of 2016
Mission Statement

To support agencies and organizations in the selection and implementation of evidence-based interventions to promote youth and family well-being and to address challenges related to behavioral health problems and substance use
Vision

• Make evidence-based support and intervention available when and where youth and families need them
• Promote excellence and accountability in service provision
• Encourage a ready workforce
Based on Prevention Model

- Universal
- Selective
- Indicated
Center Role in the PCSC

• Identify and help select evidence-based (EB) interventions for youth and families
• Serve as a resource for information on EB interventions for parents, families, providers, and policy makers
• Serve as an intermediary organization
  • Create training and technical assistance plans for identified EB interventions
  • Support implementation of EB interventions with fidelity
  • Establish mechanisms for data collection and feedback
• Evolving....
Center of Excellence Activities
Infrastructure

• Center Director
• Center Coordinator
• Logo
• Website: bestpracticesforyouthsc.org
• Multidisciplinary and multi-organization advisory board
  • representatives from state agencies, private providers, non-profit organizations, families, youth, and national experts
Evidence-Based Intervention Identification and Support

• For PCSC Leadership
  • Exploration Work Group (Summer 2016)
• For SC First Steps to School Readiness
• For SC Department of Juvenile Justice
Engagement & Collaboration

- PCSC workgroups/committees
- Joint Council on Children and Adolescents
- SC Department of Mental Health
- SC Department of Alcohol and Other Drug Abuse Services
- Private Providers
- Family Service Organizations
- Evidence-based intervention purveyors
  - Managing and Adapting Practice, Multisystemic Therapy, Homebuilders, DBT, Triple P
Education

• Blog, Lunch and Learns
• Implementation Workshop (university-community)
• Formal presentations at professional meetings and conferences
• Webinars on evidence-based interventions
• PCSC Conference on Evidence Based Interventions
  • February 12-13, 2018
  • Featured MAP/MATCH, TFCBT, MST, Triple P, ACRA, and Pyramid Model
Workforce Development

• Managing and Adapting Practice
• Modular Approach to Treatment of Children with Anxiety, Depression, Trauma, and Conduct Problems
  • 44 providers to date
  • Supervisor training TBS
Research

• South Carolina Behavioral Health Provider Survey
• Behavioral Health Organization Survey
  • Under development
• Models of supervision
SC Behavioral Health Provider Survey

• Landscape survey
  • Workforce characteristics
  • Training and implementation of evidence-based interventions for children, youth, and families
  • Examining predictors of provider confidence and fidelity
• N=239
  • 76.7% masters level
  • 63% counselors, social workers, marriage and family therapists, psychologists, 6.3% behavioral health providers, 6.7% administrators, 14% other
How long have you worked in your current position?
If you have completed a graduate degree, please indicate the type of degree program:
Do you currently provide or supervise behavioral health (mental health or substance use) services for children, youth, or families?
Which of the following best describes your primary place of employment?
Do you use evidence based interventions for children, youth, or families?

Yes: N=150

No:
<table>
<thead>
<tr>
<th>Intervention</th>
<th>Trained In</th>
<th>Accredited/Rostered/Etc</th>
<th>Used in past year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Behavioral Tx</td>
<td>1 (72.7%)</td>
<td>2 (29%)</td>
<td>1 (63.9%)</td>
</tr>
<tr>
<td>Trauma Focused CBT</td>
<td>2 (67.1%)</td>
<td>1 (44.75)</td>
<td>2 (48.1%)</td>
</tr>
<tr>
<td>Motivational Interviewing</td>
<td>3 57.3%</td>
<td>3 (18.7%)</td>
<td>3 (38.4%)</td>
</tr>
<tr>
<td>Dialectical Behavioral Therapy</td>
<td>4 (21.7%)</td>
<td>5 (7.3%)</td>
<td>4 (18.8%)</td>
</tr>
<tr>
<td>Cognitive Processing Therapy</td>
<td>5 (19.6%)</td>
<td>Tied for 4 (8.9%)</td>
<td>5 (16.5%)</td>
</tr>
<tr>
<td>MST</td>
<td>Tied for 6 (16%)</td>
<td>7 (5.7%)</td>
<td>7 (8.9%)</td>
</tr>
<tr>
<td>PCIT</td>
<td>Tied for 6 (16%)</td>
<td>Tied for 4 (8.9%)</td>
<td>6 (9.0%)</td>
</tr>
<tr>
<td>Alt for Families: A CBT</td>
<td>7 (11.9%)</td>
<td>9 (2.4%)</td>
<td>9 (6.7%)</td>
</tr>
<tr>
<td>Triple P</td>
<td>8 (9.8%)</td>
<td>6 (6.5%)</td>
<td>8 (6.8%)</td>
</tr>
<tr>
<td>Strengthening Families</td>
<td>Tied for 9 (6.9%)</td>
<td>8 (4.1%)</td>
<td>11 (3.0%)</td>
</tr>
<tr>
<td>Functional Family Therapy</td>
<td>Tied for 9 (6.9%)</td>
<td>10 (1.6%)</td>
<td>10 (5.3%)</td>
</tr>
</tbody>
</table>
Intervention Delivery

• Most report using interventions with fidelity or only minor modifications
• Support for delivery with fidelity varies
Support for Delivery (n=103)

<table>
<thead>
<tr>
<th></th>
<th>Evidence-based Intervention 1</th>
<th>Evidence-based Intervention 2</th>
<th>Evidence-based Intervention 3</th>
<th>Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal of support</td>
<td>93.55% (58)</td>
<td>70.97% (44)</td>
<td>46.77% (29)</td>
<td>62</td>
</tr>
<tr>
<td>Good support</td>
<td>48.39% (15)</td>
<td>58.06% (18)</td>
<td>41.94% (13)</td>
<td>31</td>
</tr>
<tr>
<td>Some support</td>
<td>62.50% (10)</td>
<td>56.25% (9)</td>
<td>18.75% (3)</td>
<td>16</td>
</tr>
<tr>
<td>Minimal support</td>
<td>55.56% (5)</td>
<td>44.44% (4)</td>
<td>66.67% (6)</td>
<td>9</td>
</tr>
<tr>
<td>No support</td>
<td>82.35% (14)</td>
<td>94.12% (16)</td>
<td>64.71% (11)</td>
<td>17</td>
</tr>
</tbody>
</table>
How often do you participate in clinical case supervision? (n=105)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Evidence-Based Intervention 1</th>
<th>Evidence-Based Intervention 2</th>
<th>Evidence-Based Intervention 3</th>
<th>Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>80.00%</td>
<td>60.00%</td>
<td>20.00%</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Weekly</td>
<td>94.87%</td>
<td>61.54%</td>
<td>38.46%</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>37</td>
<td>24</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td>72.73%</td>
<td>69.70%</td>
<td>45.45%</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>23</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Quarterly</td>
<td>50.00%</td>
<td>50.00%</td>
<td>33.33%</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>I only participate in supervision on an as-needed basis</td>
<td>72.22%</td>
<td>72.22%</td>
<td>63.89%</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>26</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>I do not participate in clinical supervision</td>
<td>76.47%</td>
<td>88.24%</td>
<td>52.94%</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>15</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>
When do you typically collect data on client functioning? (n=105)

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-intervention only</td>
<td>0.95%</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Post-intervention only</td>
<td>1.90%</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td>During intervention</td>
<td>7.62%</td>
</tr>
<tr>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Pre and post-intervention</td>
<td>18.10%</td>
</tr>
<tr>
<td></td>
<td>19</td>
</tr>
<tr>
<td>Pre, during, and post-intervention</td>
<td>60.95%</td>
</tr>
<tr>
<td></td>
<td>64</td>
</tr>
<tr>
<td>I do not collect data on client functioning</td>
<td>10.48%</td>
</tr>
<tr>
<td></td>
<td>11</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>105</td>
</tr>
</tbody>
</table>
How confident are you in delivering evidence-based interventions to children, youth, or families? (n=125)

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all confident</td>
<td>4.00%</td>
</tr>
<tr>
<td>somewhat confident</td>
<td>13.60%</td>
</tr>
<tr>
<td>confident</td>
<td>41.60%</td>
</tr>
<tr>
<td>very confident</td>
<td>40.80%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
</tr>
</tbody>
</table>
Next Steps

• Further dissemination of information on evidence-based approaches
• Explore additional training options for providers in evidence-based interventions
  • Coordinate with existing provider training efforts
• Support implementation and/or expansion of existing evidence-based intervention
  • MST
• Link to pre-service educational efforts
  • College of Social Work at UofSC
• Diversify funding stream
The Future

• Oversee ongoing training and TA efforts for selected interventions
• Provide dissemination and implementation support for selected interventions
• Establish systems for ongoing data collection
• Enhance and establish connections with academic training programs across multiple disciplines
• Pilot test methods of implementation supports
• Work toward sustainability
Stay Tuned!
Thank you
SC Center of Excellence Contact Information

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