

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.

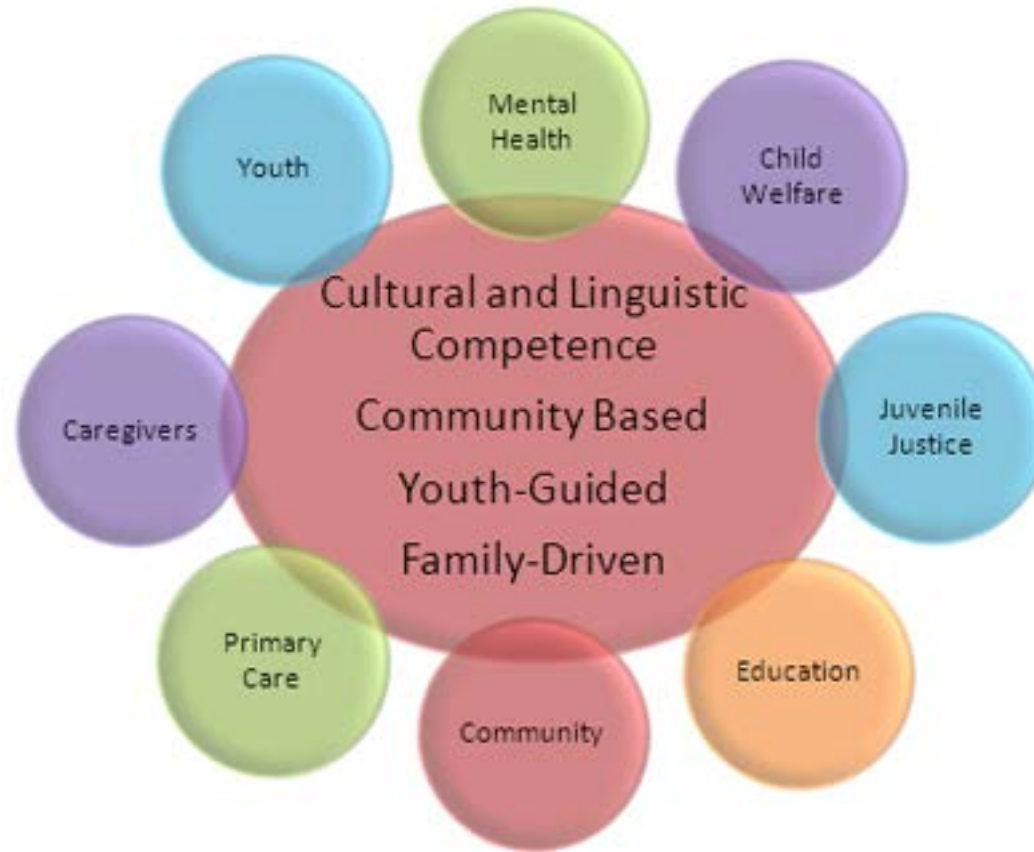
Objectives

- 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.¹

Only 14% of research reaches a patient.¹

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

THE SCIENCE-PRACTICE GAP

¹ Balas EA, Boren SA. 2000. Managing clinical knowledge for health care improvement. In Yearbook of Medical Informatics 2000: Patient-Centered Systems, ed. J Bommel, AT McCray, pp. 65-70. Stuttgart, Germany: Schattauer

² Chagnon F, Pouliot L, Malo C, Gervais MJ, Pigeon ME. Comparison of determinants of research knowledge utilization by practitioners and administrators in the field of child and family social services. Implementation Science : IS. 2010;5:41. doi:10.1186/1748-5908-5-41.

Why the gap? A bazillion variables...

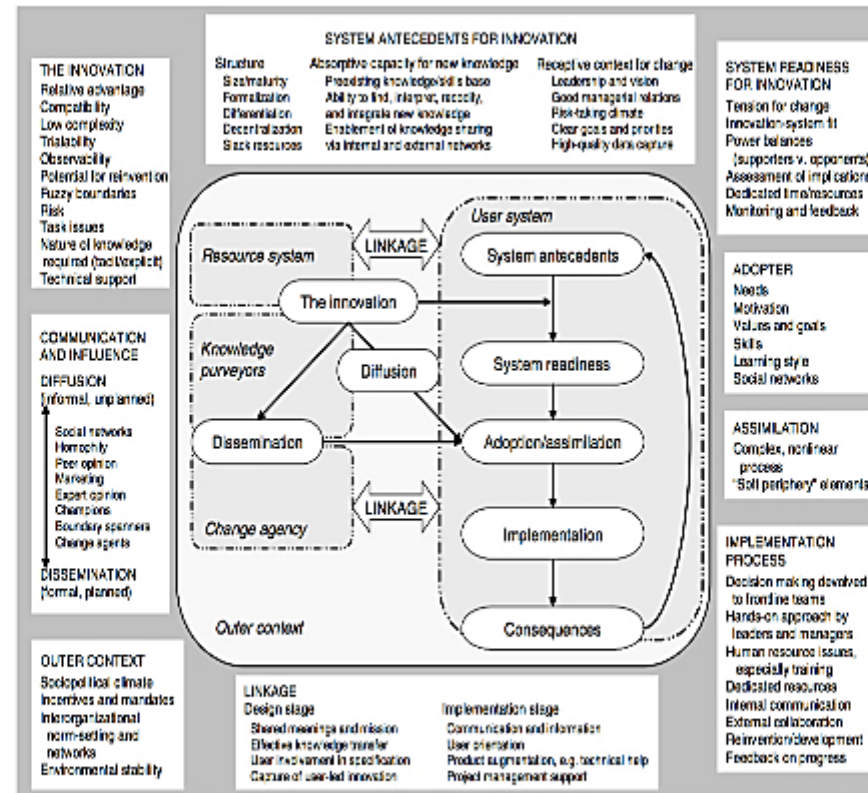
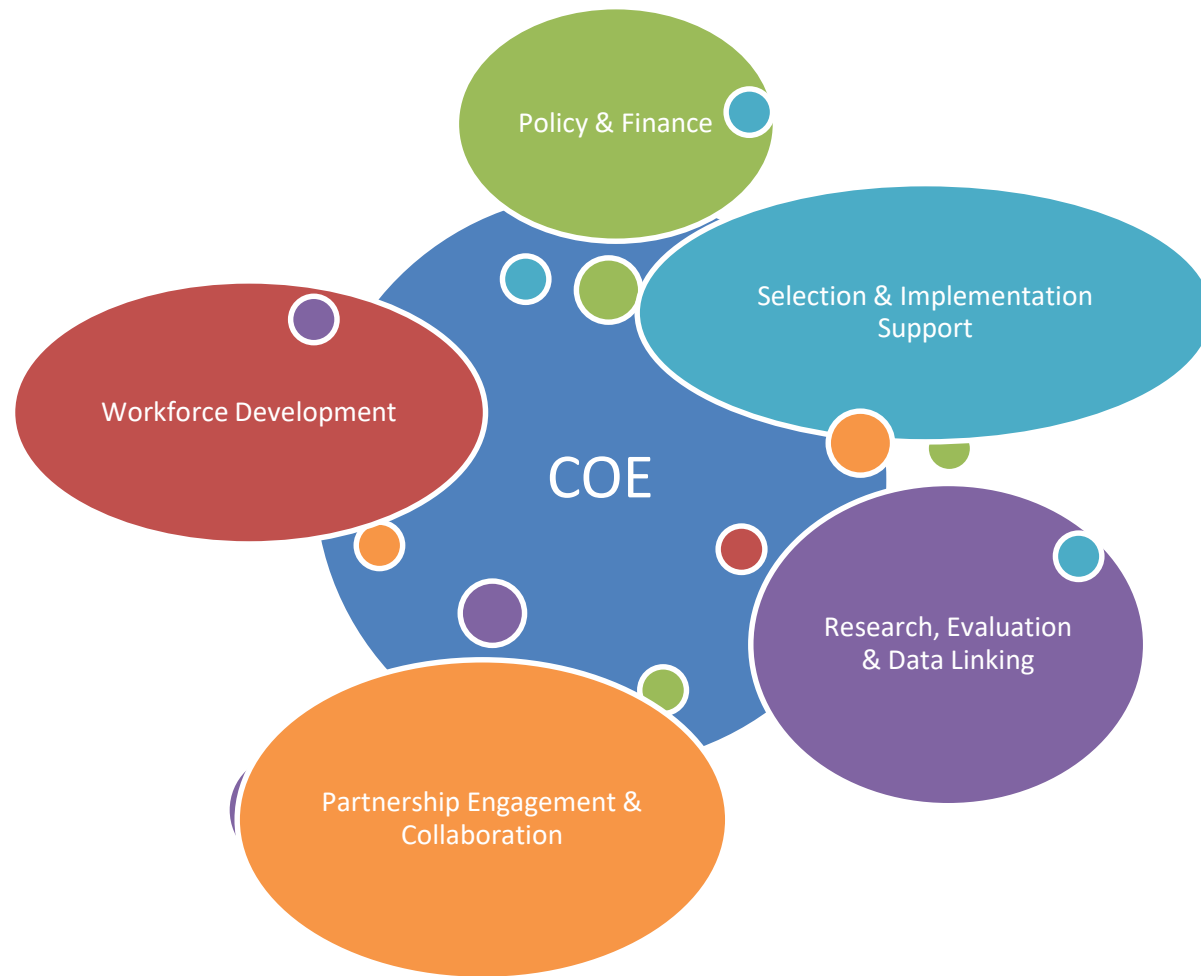


FIGURE 3. Conceptual Model for Considering the Determinants of Diffusion, Dissemination, and Implementation of Innovations in Health Service Delivery and Organization, Based on a Systematic Review of Empirical Research Studies

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

Existing COE's

Center for Effective Interventions , U. Denver

The Institute for Innovation and Implementation, U. of Maryland

Child Health and Development Institute of CT

The Texas Institute for Excellence in Mental Health, UT Austin

Center for Innovative Practices, Case Western Reserve U.

Youth and Family Training Institute, U of Pittsburgh/WPIC

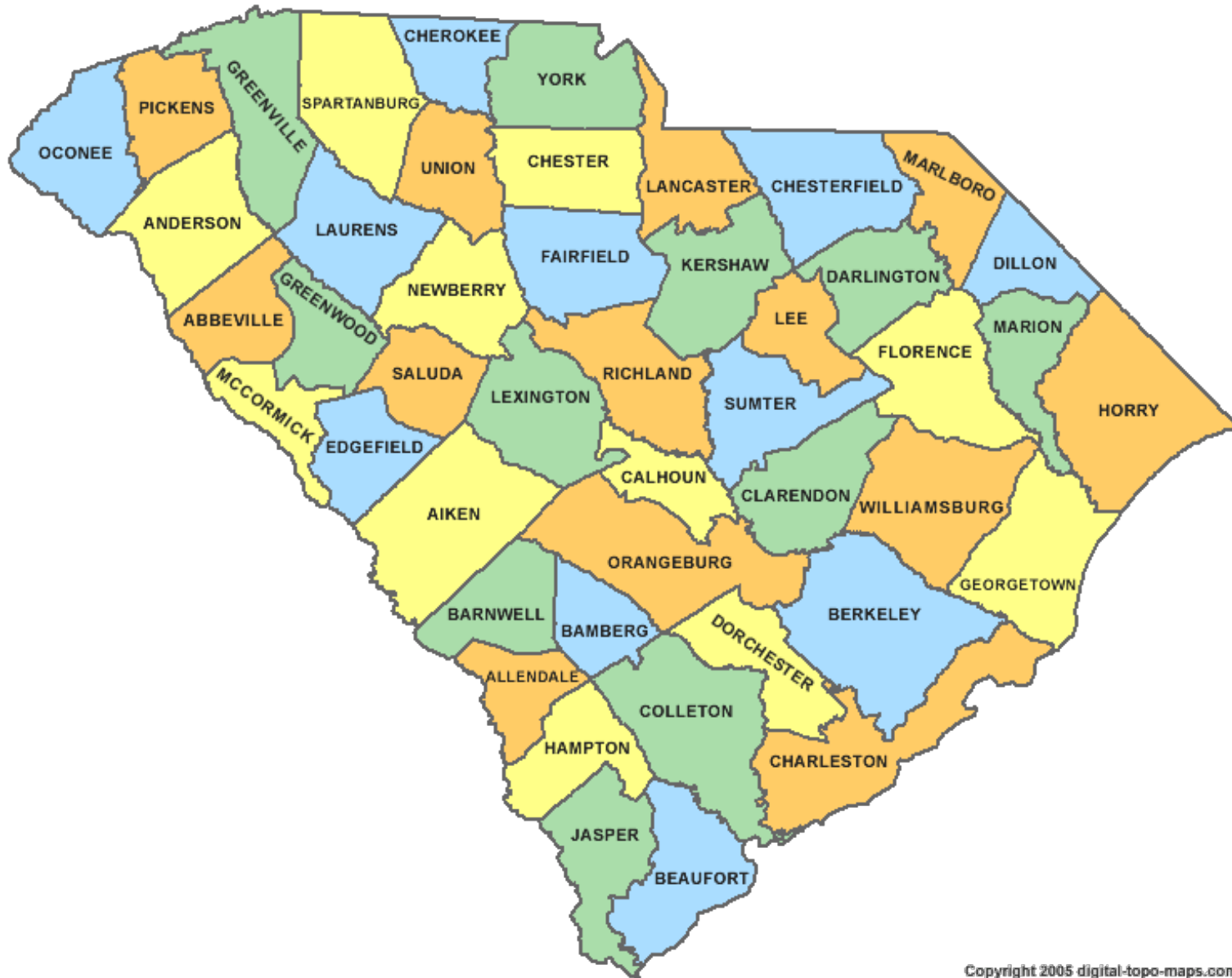
EPISCenter, Penn State University

SC COE, University of SC

Evidence Based Practice Institute, U of Washington

Georgia COE in Child and Adolescent Behavioral Health, Georgia State

New Jersey Dept. of Children and Families, affilliated with Rutgers





- 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

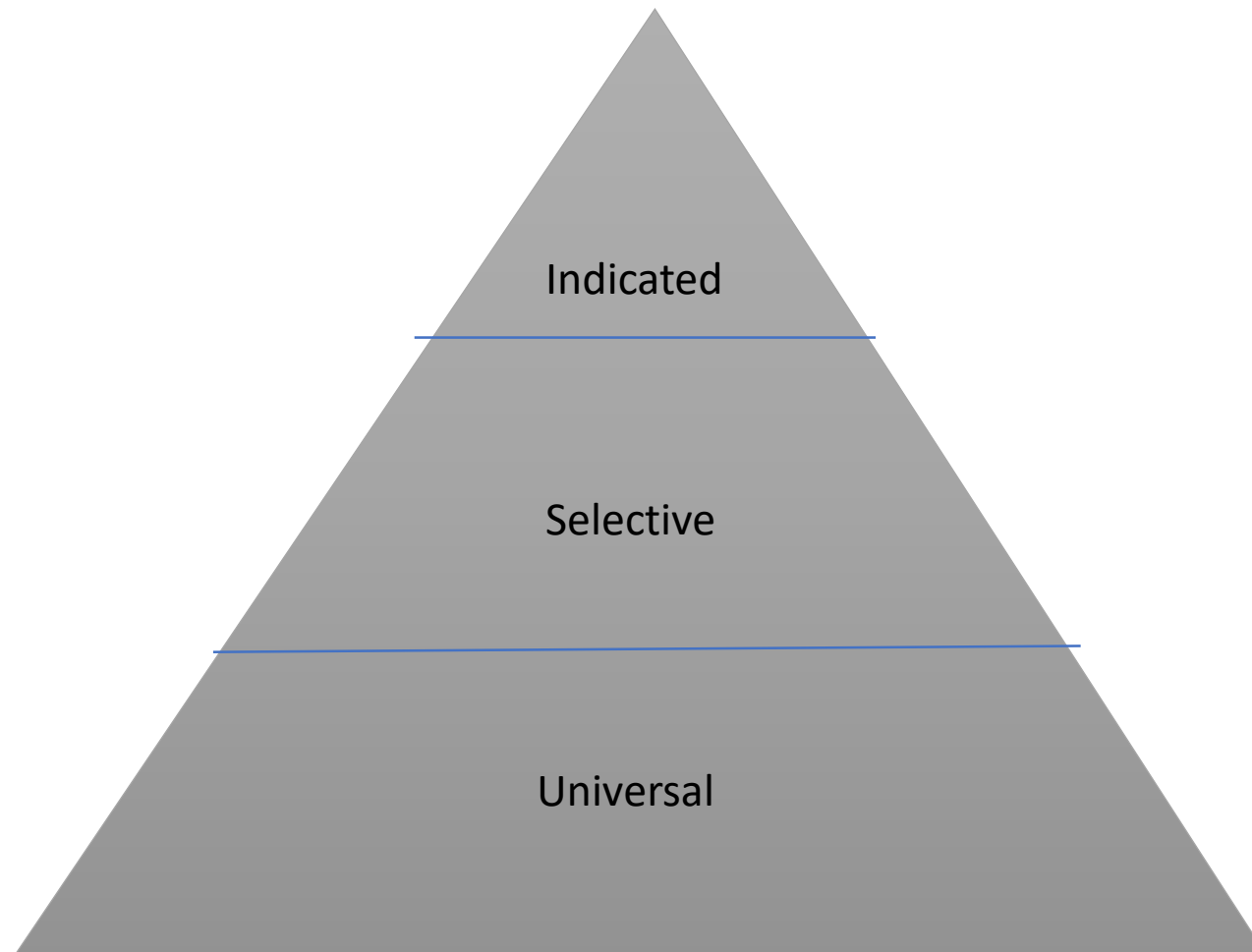


Vision

- 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



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

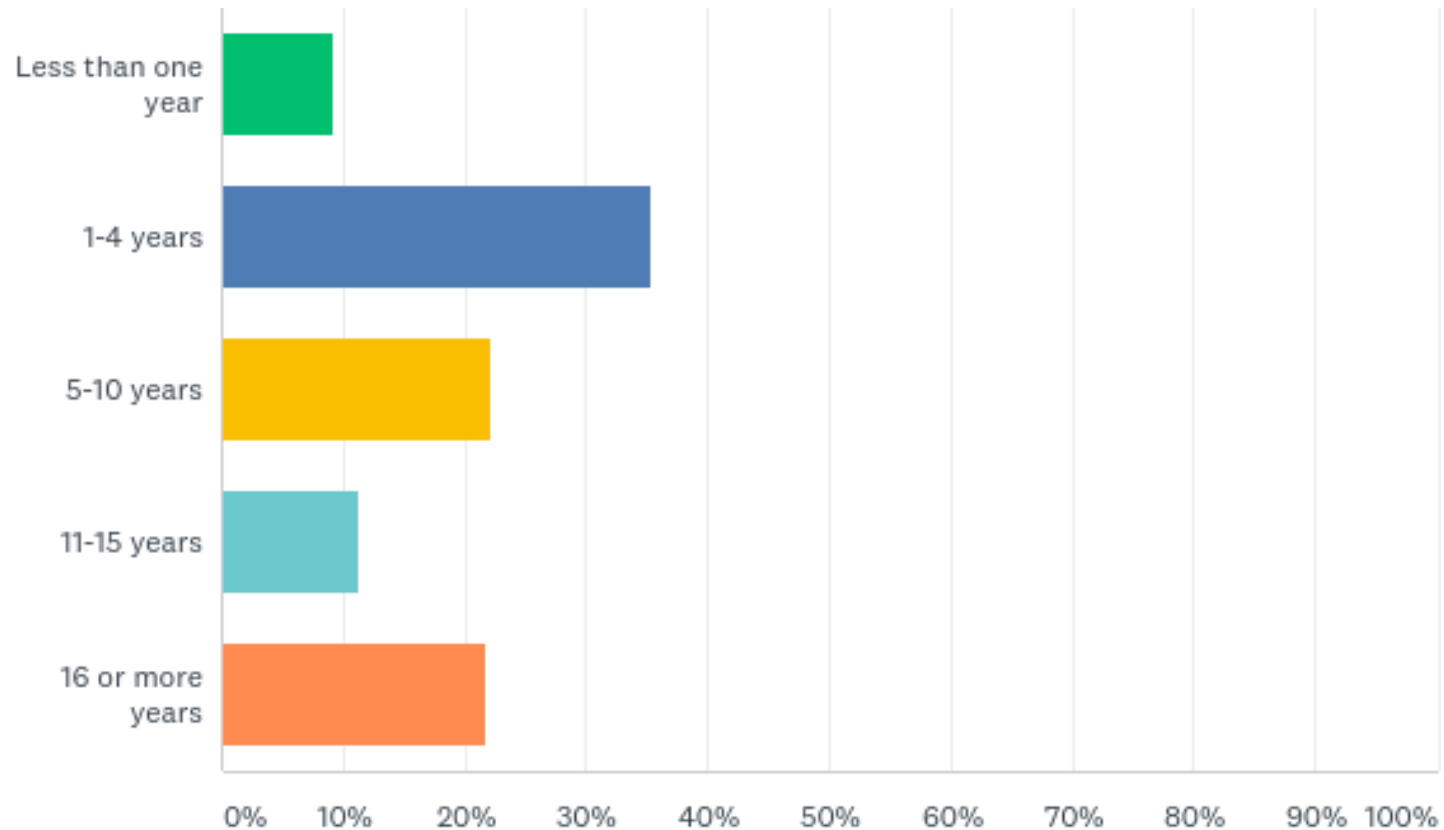
- South Carolina Behavioral Health Provider Survey
- Behavioral Health Organization Survey
 - Under development
- Models of supervision



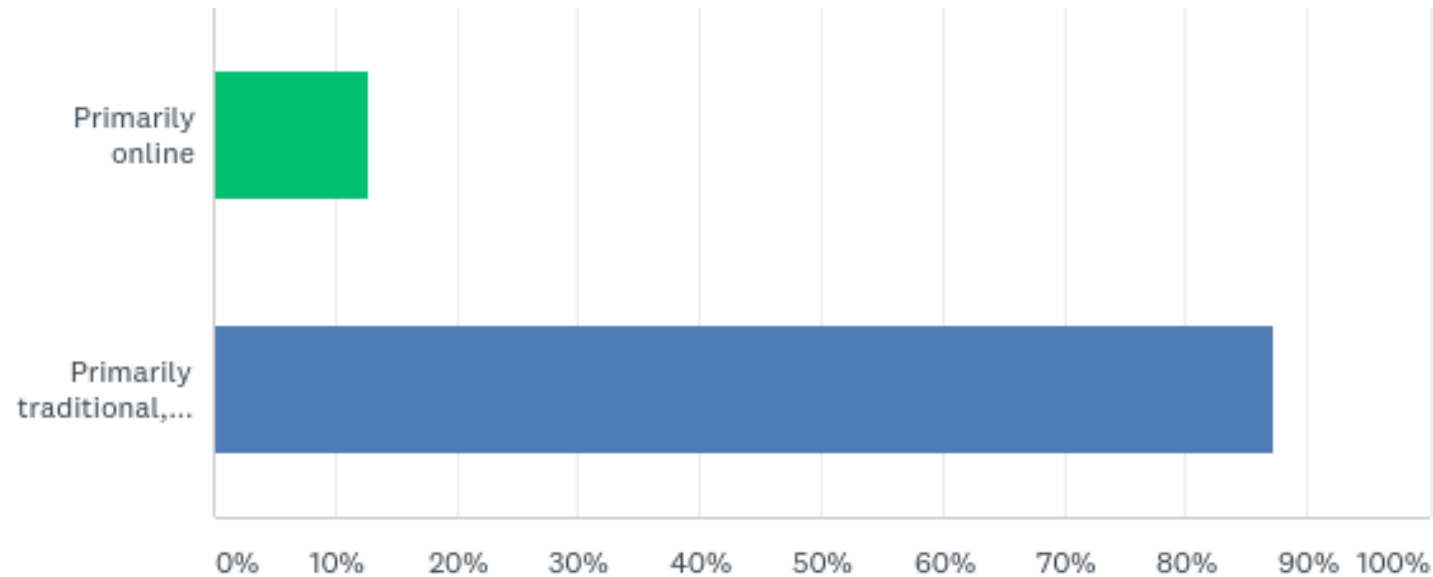
SC Behavioral Health Provider Survey

- 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

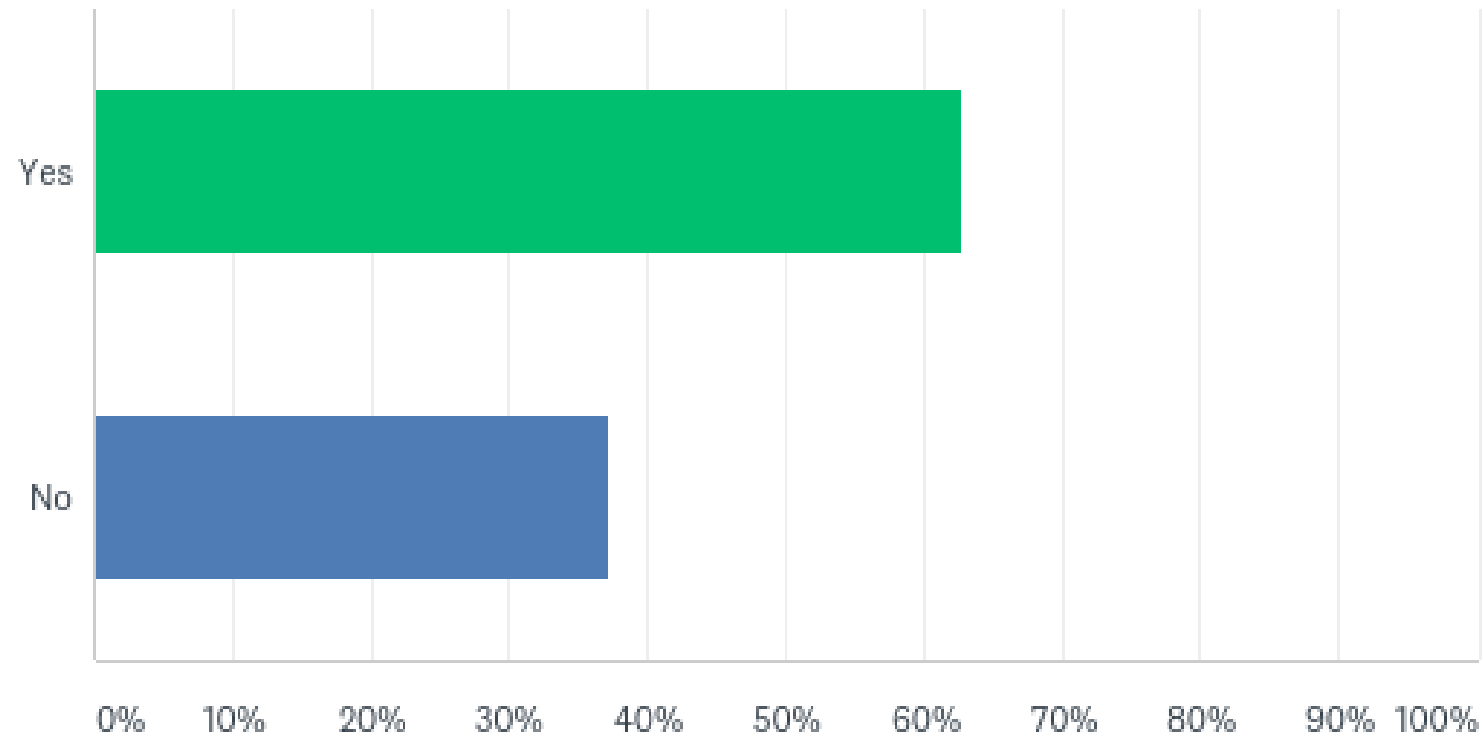
How long have you worked in your current position?



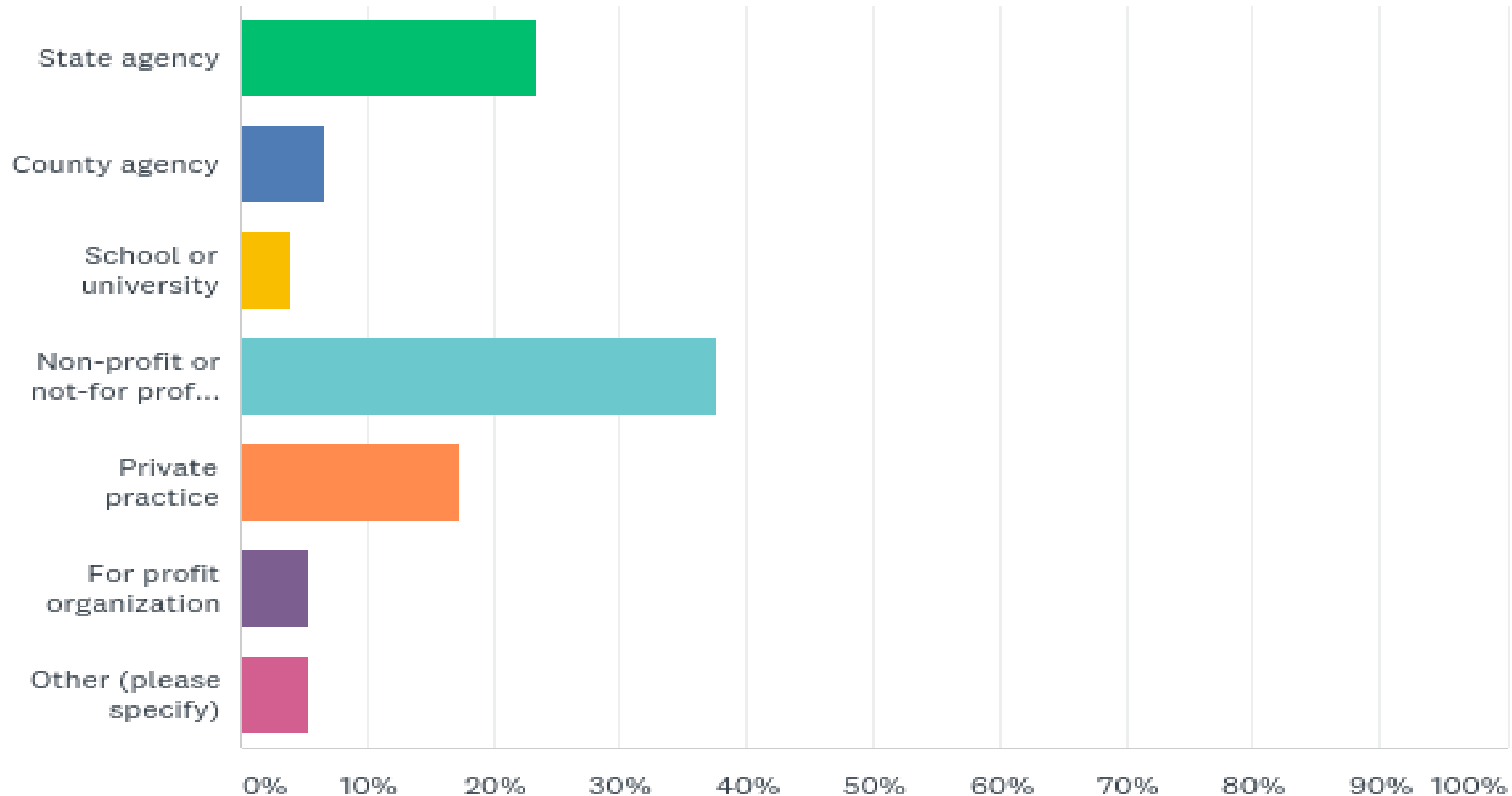
If you have completed a graduate degree, please indicate the type of degree program:



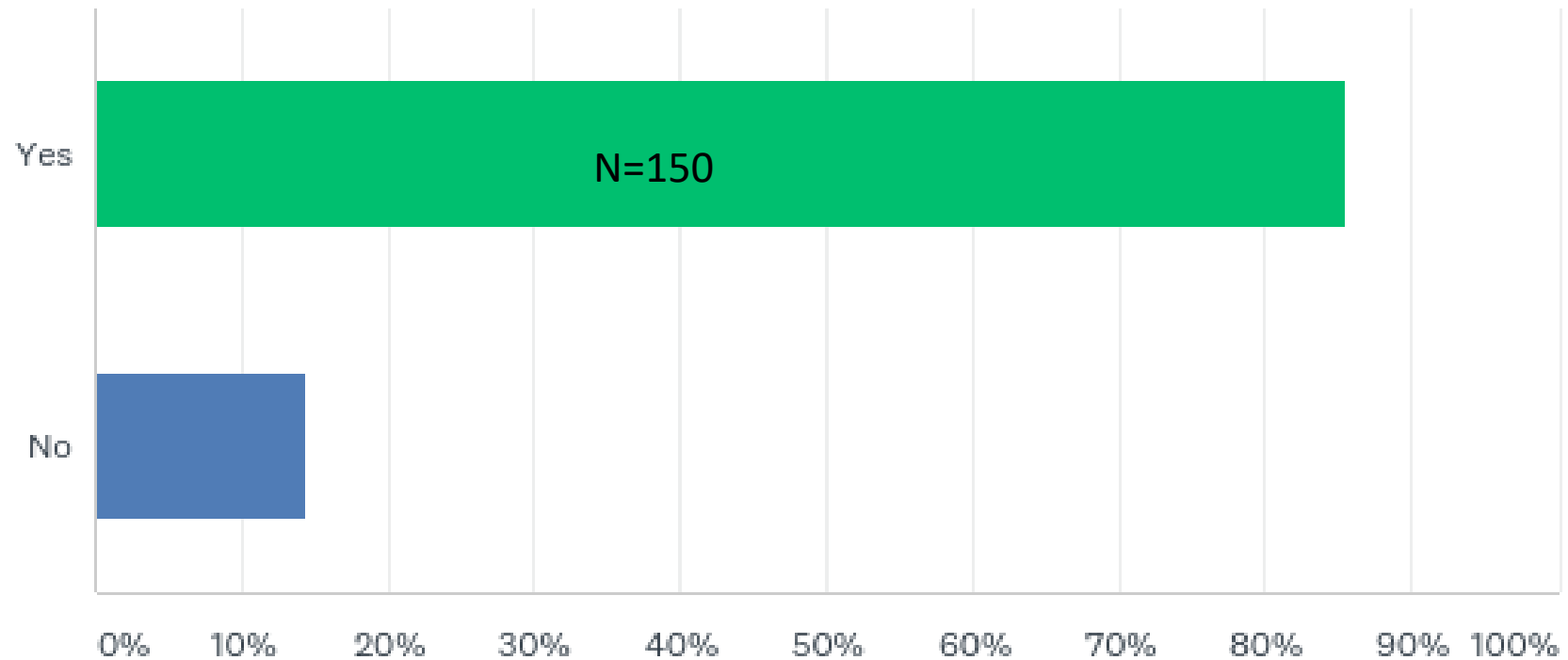
Do you currently provide or supervise behavioral health (mental health or substance use) services for children, youth, or families?



Which of the following best describes your primary place of employment?



Do you use evidence based interventions for children, youth, or families?



Top 10ish

intervention	Trained In	Accredited/Rostered/Etc	Used in past year
Cognitive Behavioral Tx	1 (72.7%)	2 (29%)	1 (63.9%)
Trauma Focused CBT	2 (67.1)	1 (44.75)	2 (48.1%)
Motivational Interviewing	3 57.3%(3 (18.7%)	3 (38.4%)
Dialectical Behavioral Therapy	4 (21.7%)	5 (7.3%)	4 (18.8%)
Cognitive Processing Therapy	5 (19.6%)	Tied for 4 (8.9%)	5 (16.5%)
MST	Tied for 6 (16%)	7 (5.7%)	7 (8.9%)
PCIT	Tied for 6 (16%)	Tied for 4 (8.9%)	6 (9.0%)
Alt for Families: A CBT	7 (11.9%)	9 (2.4%)	9 (6.7%)
Triple P	8 (9.8%)	6 (6.5%)	8 (6.8%)
Strengthening Families	Tied for 9 (6.9%)	8 (4.1%)	11 (3.0%)
Functional Family Therapy	Tied for 9 (6.9%)	10 (1.6%)	10 (5.3%)

Intervention Delivery

- Most report using interventions with fidelity or only minor modifications
- Support for delivery with fidelity varies

Support for Delivery (n=103)

	EVIDENCE-BASED INTERVENTION 1	EVIDENCE-BASED INTERVENTION 2	EVIDENCE-BASED INTERVENTION 3	TOTAL RESPONDENTS
A great deal of support	93.55% 58	70.97% 44	46.77% 29	62
Good support	48.39% 15	58.06% 18	41.94% 13	31
Some support	62.50% 10	56.25% 9	18.75% 3	16
Minimal support	55.56% 5	44.44% 4	66.67% 6	9
No support	82.35% 14	94.12% 16	64.71% 11	17

How often do you participate in clinical case supervision? (n=105)

	EVIDENCE-BASED INTERVENTION 1	EVIDENCE-BASED INTERVENTION 2	EVIDENCE-BASED INTERVENTION 3	TOTAL RESPONDENTS
Daily	80.00% 4	60.00% 3	20.00% 1	5
Weekly	94.87% 37	61.54% 24	38.46% 15	39
Monthly	72.73% 24	69.70% 23	45.45% 15	33
Quarterly	50.00% 3	50.00% 3	33.33% 2	6
I only participate in supervision on an as-needed basis	72.22% 26	72.22% 26	63.89% 23	36
I do not participate in clinical supervision	76.47% 13	88.24% 15	52.94% 9	17

When do you typically collect data on client functioning? (n=105)

ANSWER CHOICES	RESPONSES	
Pre-intervention only	0.95%	1
Post-intervention only	1.90%	2
During intervention	7.62%	8
Pre and post-intervention	18.10%	19
Pre, during, and post-intervention	60.95%	64
I do not collect data on client functioning	10.48%	11
TOTAL		105

How confident are you in delivering evidence-based interventions to children, youth, or families? (n=125)

ANSWER CHOICES	RESPONSES	
Not at all confident	4.00%	5
somewhat confident	13.60%	17
confident	41.60%	52
very confident	40.80%	51
TOTAL		125

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



*Thank
you*



SC Center of Excellence Contact Information

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