Ensuring Sustainable, Intended Outcomes at Scale...

...through the Application of Strategies and Frameworks from Applied Implementation Science

Dupont Summit 2013 on Science, Technology, and Environmental Policy
December 6, 2013
PROGRAM CHOICES

Which would you want for your family?

Program A
or
Program B
CASELS/PATHS program A = Low Principal Support; B = High Principal Support (proxy for fidelity)
PATHS – Promoting Alternative Thinking Strategies
Kam, Greenberg, & Wells, 2004
Riggs, Greenberg, Kusche & Pentz, 2006
Supported Employment A = Low Fidelity; B = High Fidelity
DBT A = Low Fidelity; B = High Fidelity

*Linehan, Dimeff et al., 2002*
Program Choices

In each chart
A and B are the SAME PROGRAM!
(Evidence-Based Programs = PATHS, SE, DBT)

A = **Low Fidelity** use of EBP in practice
B = **High Fidelity** use of EBP in practice
DBT A = Low Fidelity; B = High Fidelity

*Linehan, Dimeff et al., 2002*
Fidelity Predicts Outcomes

The lesson is, first do it as intended (if you can!)

Fidelity First
Achieve Intended Outcomes
Can evidence-based programs be scaled across a population?

...with some evidence of fidelity?

...and/or impact?
Trauma Focused – Cognitive Behavioral Therapy (TF-CBT) in Colorado

439 clinicians trained

Kempe Center EBTI
Impacts of Long Term and System Wide Implementation of Wraparound. These data are from the evaluation of the statewide Kansas wraparound initiative that was partially implemented through a 1915-C Home and Community Based Medicaid waiver.

In 1994 Kansas implemented wraparound services coordination through two federally funded pilot projects in urban (Wichita) and rural (13 Southeast) counties. Following the success of these programs Kansas funded statewide implementation in a stepwise fashion beginning in FY 1998 with full implementation in FY 01. Through this process Kansas was able to reduce institutionalization costs by 67% (over $4.3 million) and use this to leverage over $10 million in new community-based services. The result was that many more children with SED were served and the rate of institutionalization and length of stays were significantly reduced resulting in positive outcomes in behavior, mental health symptoms and school performance.
These results highlight the importance of having reliable and valid measures of therapist competence for the evaluation. More importantly, measuring FFT adherence is a critical operational tool to ensure that when the state pays for FFT actually gets FFT. This seems especially significant because the evidence portrayed on Figure 2 indicates that recidivism rates can actually be higher than regular court processing when FFT is delivered by therapists who are not competent. FFT Inc. is a leader in emphasizing the importance of model adherence, and this large scale implementation of the program indicates the value and need of a more sensitive system to measure program adherence.” (p 4)
What’s the normal course for rolling out evidence-based programs at scale?


Four CSR models designed for grades K–8 are included in this study: Accelerated Schools (AS), Core Knowledge (CK), Direct Instruction (DI), and Success for All (SFA).

To date, the nation has more than 20 years of experience with CSR. More than 8,000 elementary and secondary schools (mostly low performing) have adopted a CSR model, and more than $2 billion of federal funds have been used to implement CSR strategies. Nonetheless, the potential of this school reform to improve student achievement and meet the No Child Left Behind goal of 100 percent proficiency in reading and mathematics by the year 2014 is unknown.

(c) Will Aldridge, Dean Fixsen, & Karen Blase, 2013
Across Disciplines…

Experimental Data Show These Methods, When Used Alone, Are Insufficient:
- Diffusion/ Dissemination of information
- Training
- Passing laws/ mandates/ regulations
- Providing funding/ incentives
- Organization change/ reorganization

Data: Realize 5% to 15% Intended Outcomes


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"I think you should be more explicit here in step two."
Ensuring sustainable, intended outcomes at scale...

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Formula for Success: © 2012 Dean Fixsen and Karen Blase, National Implementation Research Network
For every increment of performance I demand from you, I have an equal responsibility to provide you with the capacity to meet that expectation

R. Elmore, 2002
APPLIED Implementation Science: Active Implementation Frameworks

- Usable Interventions
- Implementation Stages
- Implementation Drivers
- Improvement Cycles
- Implementation Teams

http://implementation.fpg.unc.edu

The “Active Implementation Frameworks”


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Hypothesis: Is a composite score >1.5 the magic number?

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Different metrics used to measure fidelity.

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At T1, fidelity criteria were not firmly established. An early indicator of fidelity was whether family assessment data MATCHED goals in Success Plan (the creation of change-focused plans). The goodness of fit between assessments and goal planning were used to assess fidelity in T1.

The T2 and T3 fidelity score was derived from matching notes, (notes detailing what clinicians did with families in the field) with the interventions they checked in the database. Did they do the things they were supposed to do with families? This number is based on the SC service through May 2012.
The “Active Implementation Frameworks”
Fidelity Predicts Outcomes

The lesson is, first do it as intended (if you can!)…then change it as needed

Fidelity First
Achieve Intended Outcomes
Improving after experience & with data

1. Improve outcomes
2. Make the program more acceptable to the community (e.g., culturally and linguistically appropriate), while maintaining outcomes
3. Reduce burdens of implementation (e.g., cost, other resources), while maintaining outcomes
The “Active Implementation Frameworks”
Building Implementation Capacity: Implementation Teams

- **Minimum of three people** (four or more preferred) with expertise in:
  - Innovations
  - Implementation
  - System change

- **Functions**
  - Ensure Implementation
  - Engage the Community
  - Create Hospitable Environments

- Part of system leadership office and linked to key system supports for implementation


(c) Will Aldridge, Dean Fixsen, & Karen Blase, 2013
It takes an estimated average of 17 years for only 14% of new scientific discoveries to enter day-to-day clinical practice (Balas & Boren, 2000)


**With the use of competent Implementation Teams, over 80% of the implementation sites were sustained for 6 years or more (up from 30%) and the time for them to achieve Certification was reduced to 3.6 years.**


(c) Will Aldridge, Dean Fixsen, & Karen Blase, 2013
Does investing in building implementation capacity get us anywhere with regards to sustainability?
Program Sustainability

Group Homes adopting EBPs: Where are they spending their resources?

Operating 6+ Yrs.

<table>
<thead>
<tr>
<th>Practitioner Development</th>
<th>Organization Development</th>
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<tbody>
<tr>
<td>N = 84</td>
<td>N = 219</td>
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Fixsen, Blase, Timbers, & Wolf (2001)
Thank You for Your Support

- Annie E. Casey Foundation (EBPs and Cultural Competence)
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- Substance Abuse and Mental Health Services Administration (Implementation Strategies Grants; National Implementation Awards)
- Centers for Disease Control & Prevention (Implementation Research)
- National Institute of Mental Health (Research And Training Grants)
- Juvenile Justice and Delinquency Prevention (Program Development And Evaluation Grants)
- Office of Special Education Programs (Scaling up and Capacity Development Center)
- Administration for Children and Families (Child Welfare Leadership; Capacity Development Center)
- The Duke Endowment (Child Welfare Reform)