Implementing Evidence-Based Prevention Programs

Four Things Policymakers Need to Know with Related Policy Recommendations

Implementing Evidence Based Prevention Programs: Implications for Policymakers in Congress and Elsewhere
January 14, 2014
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

Fidelity: is the program being delivered as intended?
1st Thing
You Need to Know

Fidelity Predicts Outcomes:

Before you try to make changes to a program or practice, first do it as intended (if you can!)
Did the grantee/contractor do what they said they would do?

Without evidence of fidelity, we cannot be confident in achieving the outcomes supported by scientific trials. Not all prevention programs have readily available or practical fidelity assessments that have shown to predict program outcomes. In such cases, practical fidelity assessments can be developed in service settings by allocating time and funding for usability testing.
Can evidence-based programs be \textit{scaled} across a population?

...with some evidence of fidelity?

...and/or impact?
Kempe Center EBTI
From Triple P America (January, 2014)
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.


From Bill Miller in NM (People cannot benefit from interventions they do not experience):

Virga is any form or precipitation that doesn’t reach the ground. There could be rain virga or snow virga. But in either case, the precipitation evaporates somewhere on the journey from clouds toward earth. Virga is pretty common and you’ve probably seen it but didn’t know it had a special name. Mostly in the summer, virga can be seen falling away in streaks from the bottom of one of those puffy gray and white cumulus clouds on a crisp afternoon. It looks like a torn drape or a curtain hanging from the cloud, but only down about halfway to the ground below. Sometimes the air thousands of feet above the ground is moist enough to produce clouds and rain at the same time that the air closer to the ground is as dry as a bone. So when rain falls in these conditions it evaporates on its freefall to earth.
"I think you should be more explicit here in step two."


Over the past decade, applied implementation science has identified core sets of effective implementation strategies to transform human service systems and ensure full and effective use of evidence-based prevention programs. At the National Implementation Research Network, we organize these strategies within the *Active Implementation Frameworks*

http://implementation.fpg.unc.edu

Policy Recommendation #2

Initiatives to use evidence-based prevention programs need to incorporate effective implementation methods based on applied implementation science
Existing Service Systems

All organizations [and systems] are designed, intentionally or unwittingly, to achieve precisely the results they get.
R. Spencer Darling, Leadership Institute, Inc.

Systems trump programs.
Patrick McCarthy, Annie E. Casey Foundation

The tyranny of the status quo.
Fritz Oser
All organizations [and systems] are designed, intentionally or unwittingly, to achieve precisely the results they get.

R. Spencer Darling
Creating implementation INFRASTRUCTURE and BEST PRACTICES


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.
Creating organizations that can LEARN and IMPROVE using DATA


Fixsen, D., Blase, K., Metz, A., & Dyke, M. V. (in press). Statewide implementation of evidence-based programs. *Exceptional Children (Special Issue).*
Fidelity Predicts Outcomes, AND…

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

Fidelity First.
Achieve Intended Outcomes.
Improve 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
Champions, heros, or transformative leaders, alone, are not enough to build and sustain the necessary system supports to ensure effective implementation. We need to create TEAMS that are accountable for INITIATING and SUSTAINING the work.


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, Karen Blase, Melissa Van Dyke, & Dean Fixsen, 2014
Policy Recommendation #3

Set aside 15% of funding for developing effective implementation infrastructure and teams, and embedding active implementation practices


Because we don’t appreciate the amount of time it takes, we keep throwing out effective programs before they have a chance to achieve outcomes.


Policy Recommendation #4

Initiatives need to allow for stage-based implementation activities (e.g., a planning year) and incorporate realistic time frames to achieve full implementation and expected outcomes.
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