

Promoting Evidence-Based Practice in Statewide System of Care:

The New Hampshire MATCH Learning Collaborative

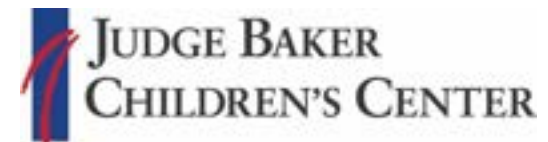
March 6, 2018

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

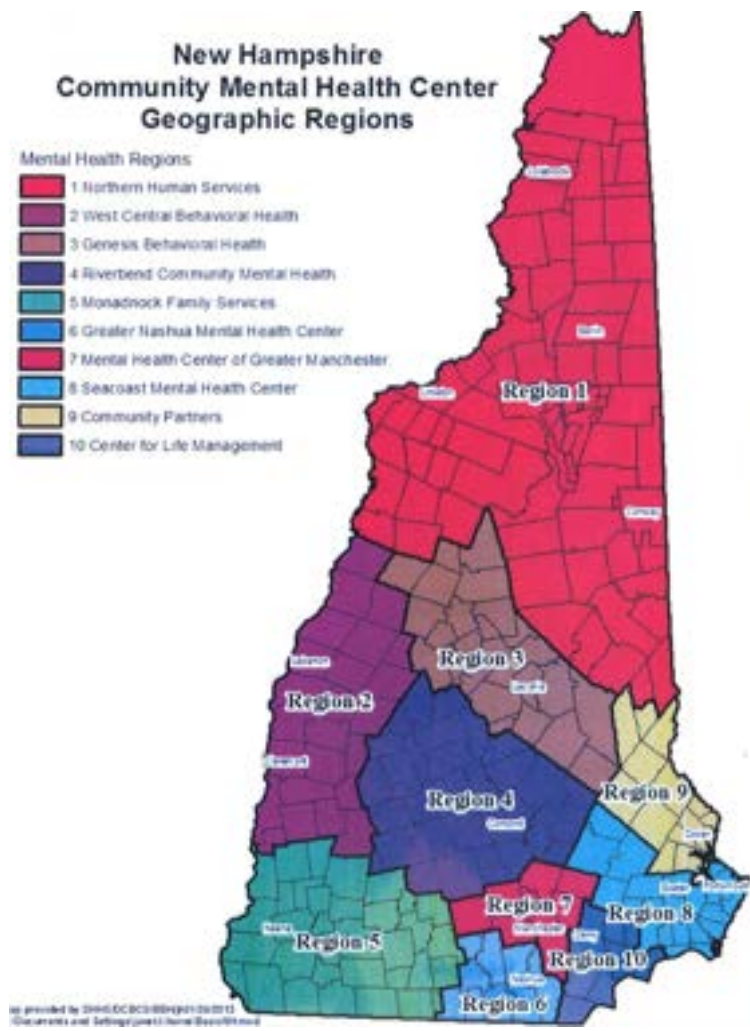
- Funding
 - New Hampshire Department of Health and Human Services Bureau of Mental Health Services
- Jonathan Scaccia, Ph.D.
- Abe Wandersman, Ph.D.
- Participating agencies

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



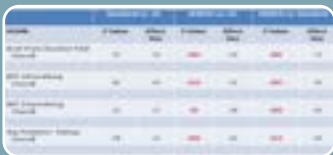
Consultation



Supervision



Sustainability

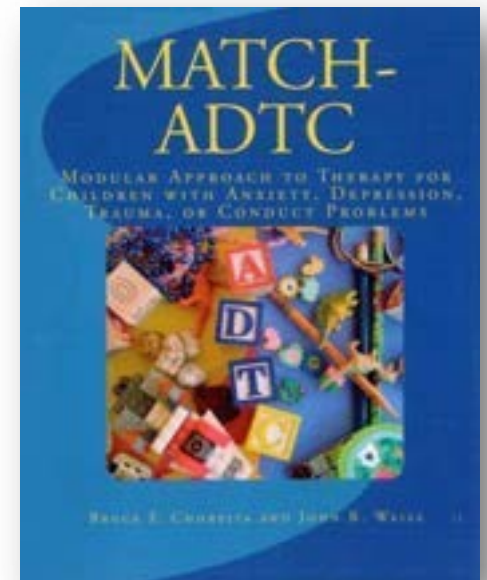


Evidence Supporting MATCH

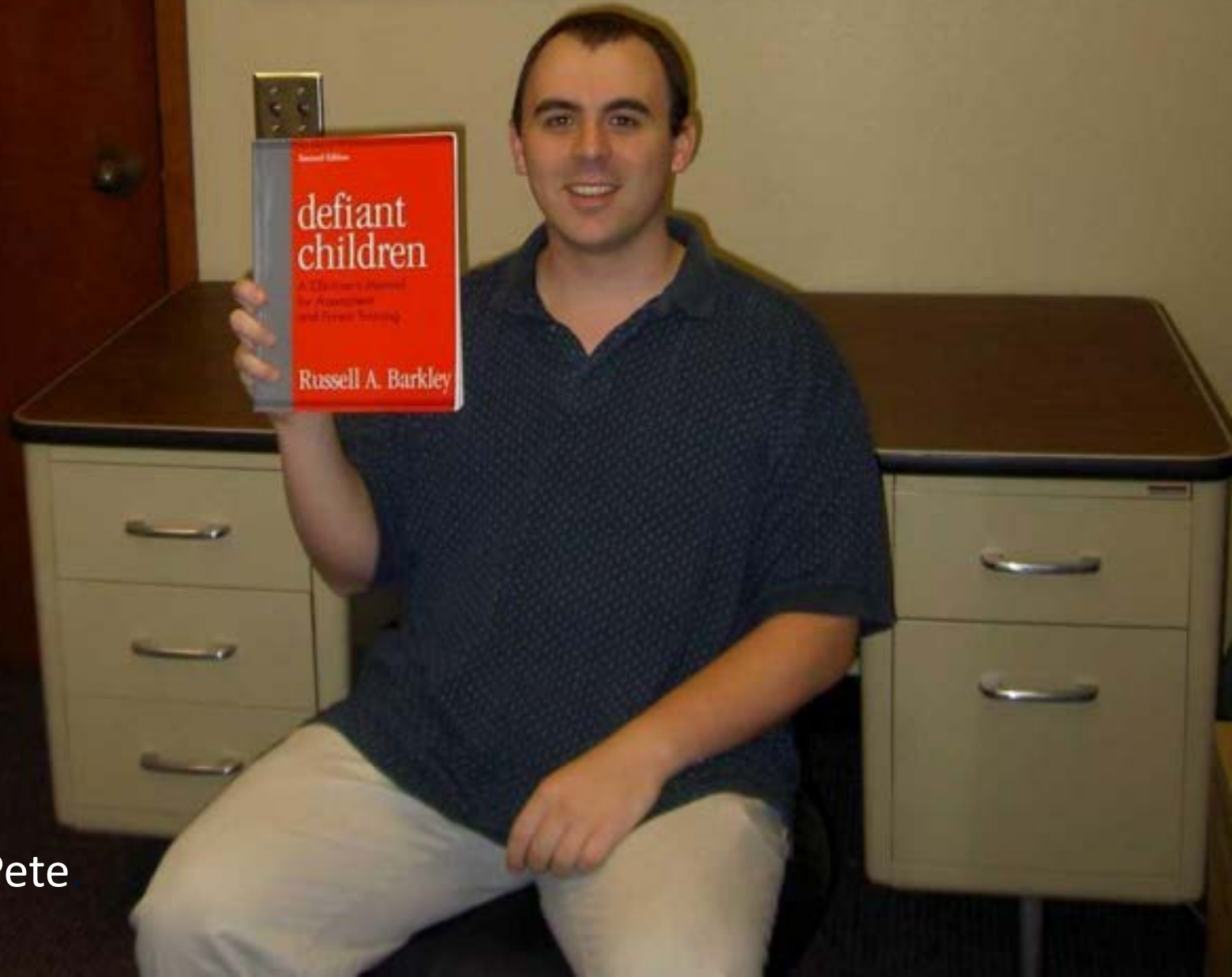


Training

What is MATCH?



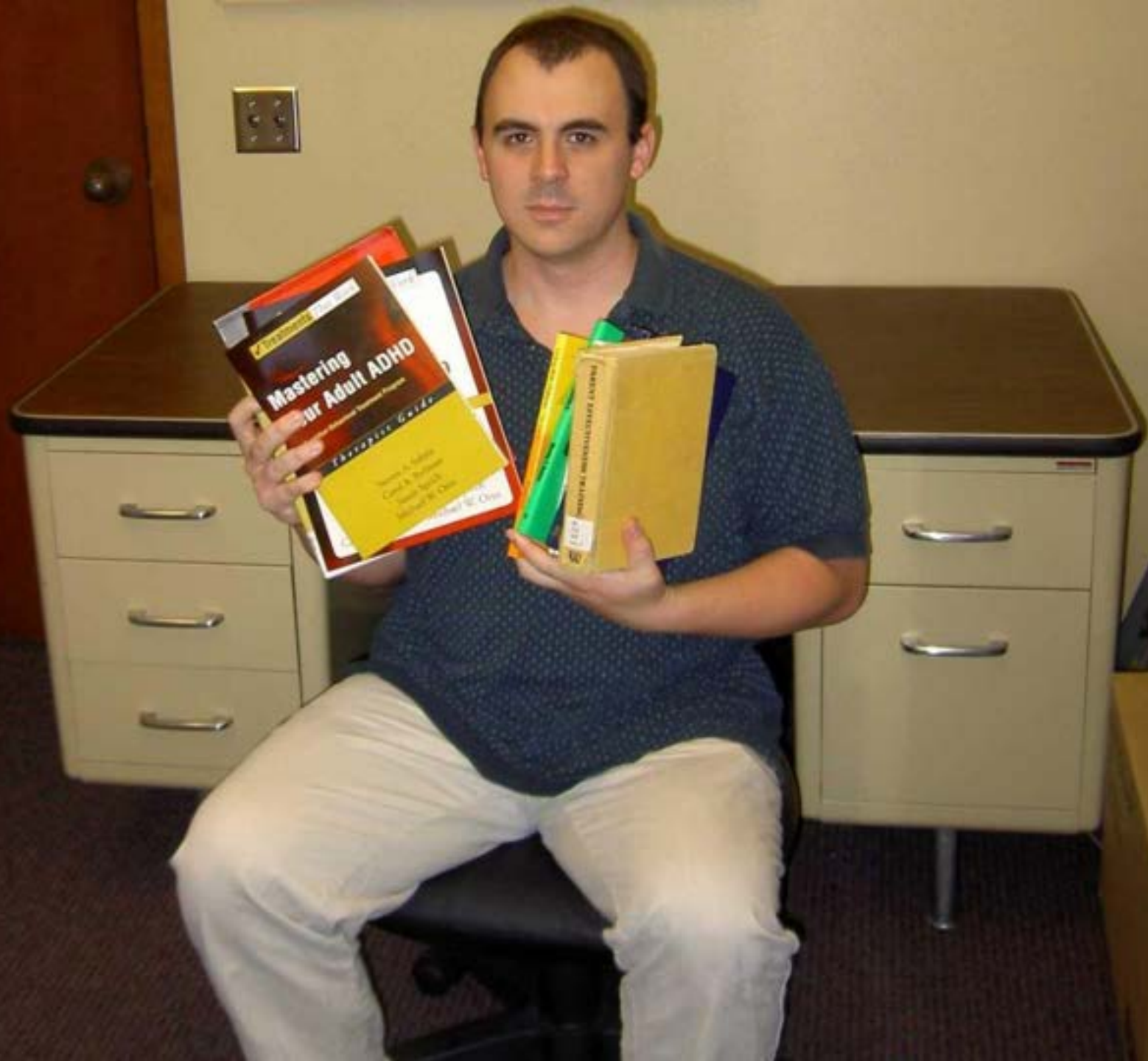
The Story of Pete



This is Pete

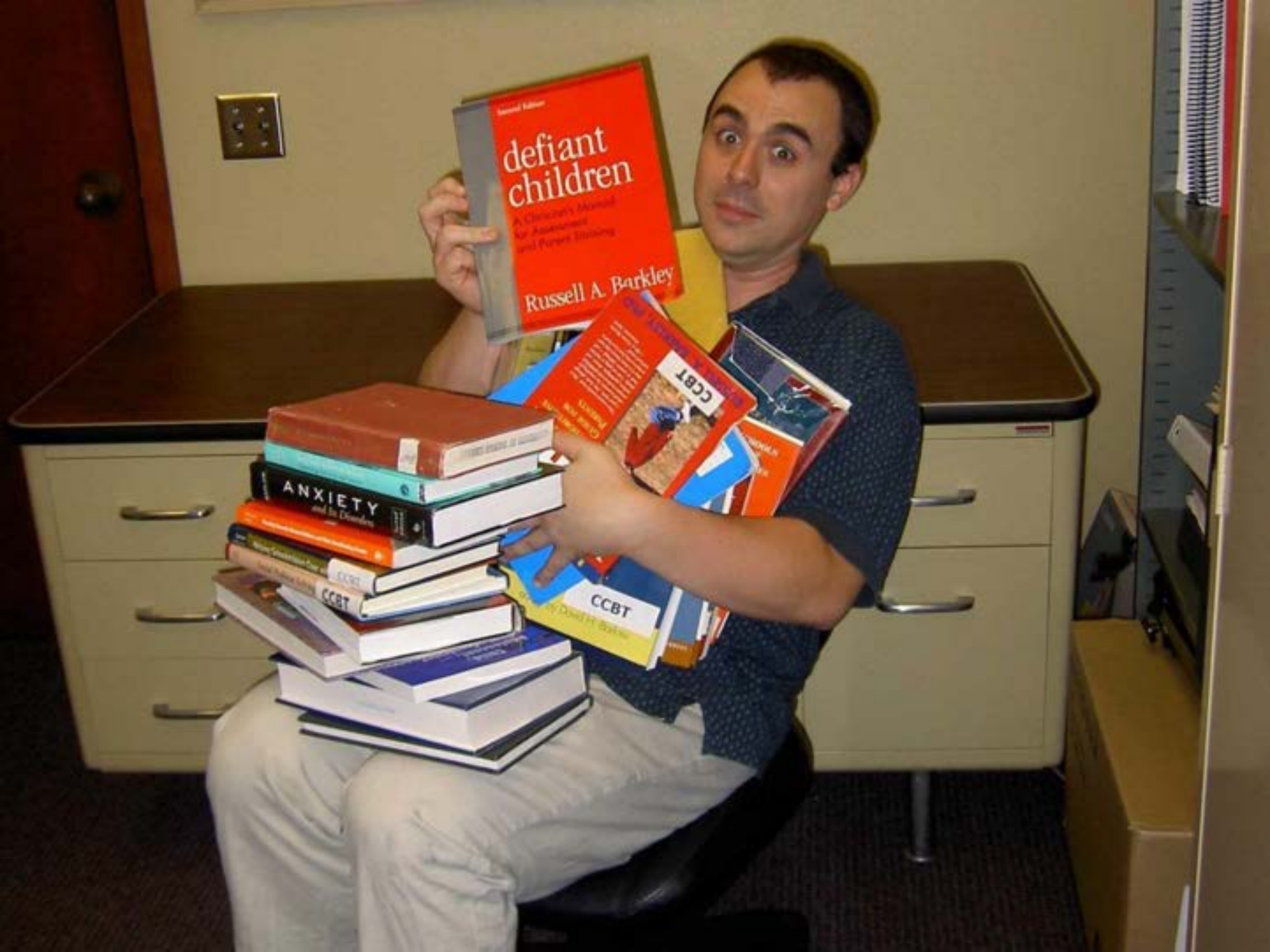
Please
Do Not Disturb

Therapy In Progress



Please
Do Not Disturb

Therapy In Progress



Second Edition
defiant children
A Clinician's Manual for Assessment and Parent Training
Russell A. Barkley

PROBLEMS IN...
ANXIETY and its Disorders
Coping with Childhood Depression
CCBT
CCBT
CCBT

CCBT
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Please
Do Not Disturb

Therapy In Progress





**EVIDENCE BASED
PRACTICE:**

**NOT AS EASY AS IT
LOOKS!**

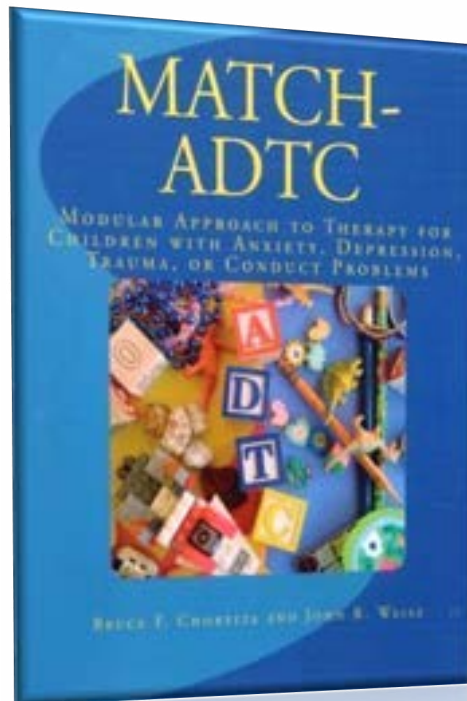
Why are EBPs slow to make it to real world practice?

- 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

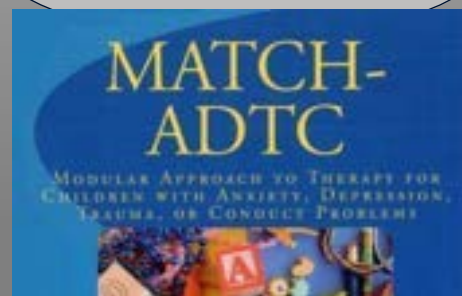
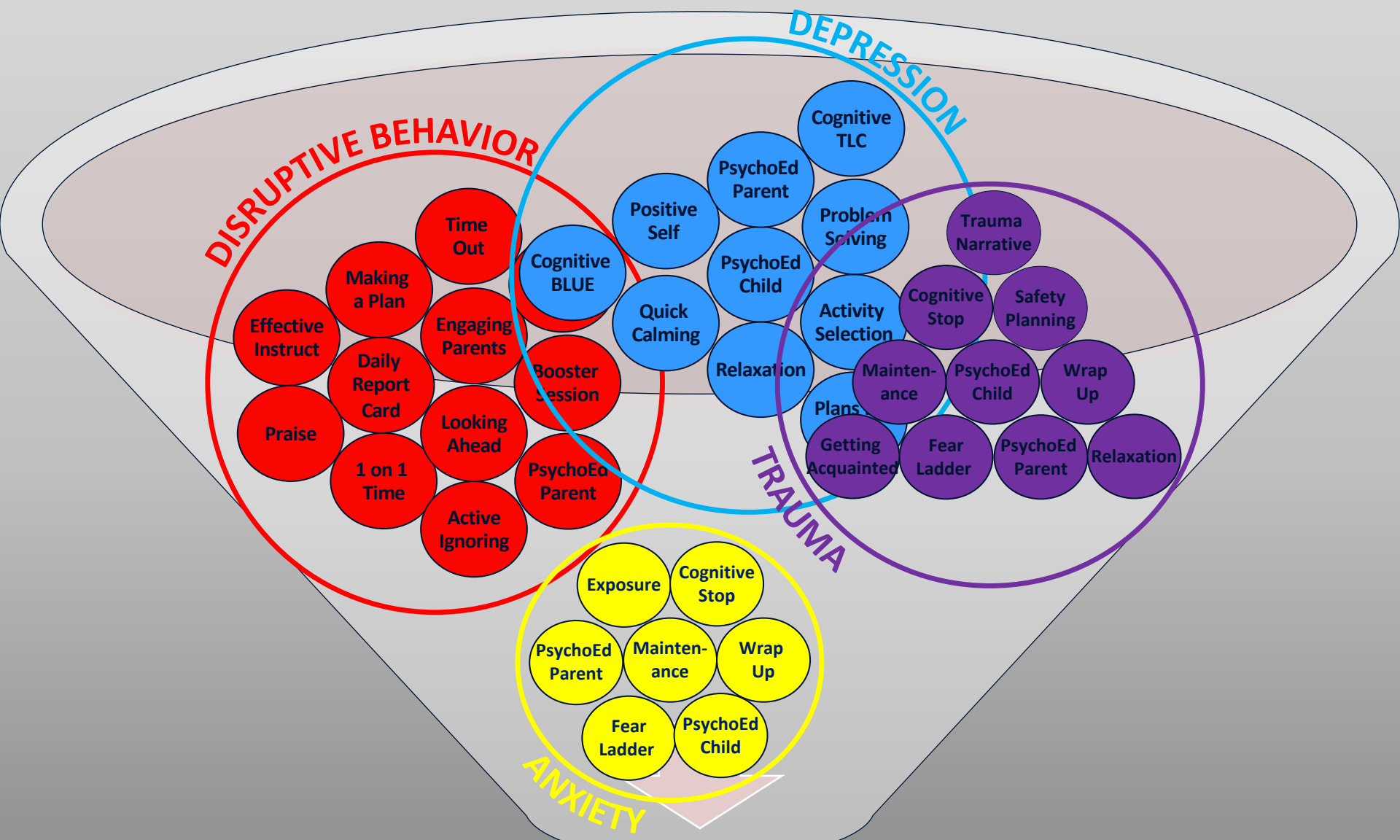


- **MATCH is....**

- **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.

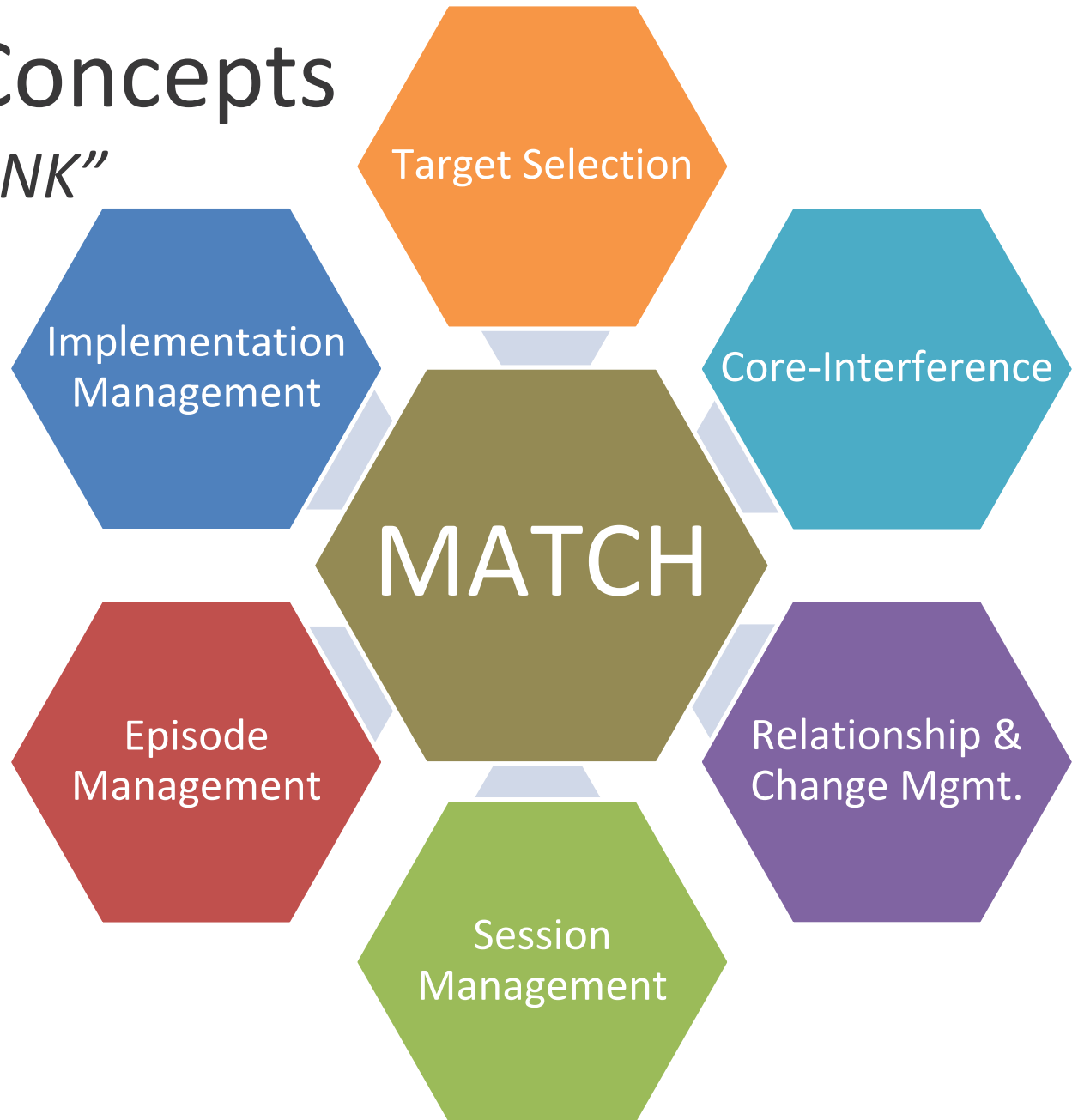
- **MATCH is not...**

- **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”



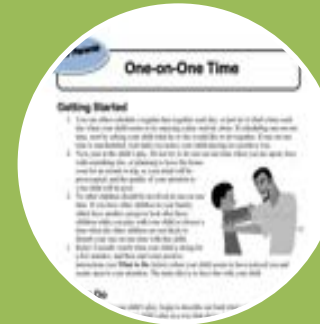
MATCH Resources - “Things to USE”



Treatment Modules



Treatment Pathways



Supplemental Materials



Clinical Dashboard



MATCH Applications - “Things to DO”



Assessment



Monitor



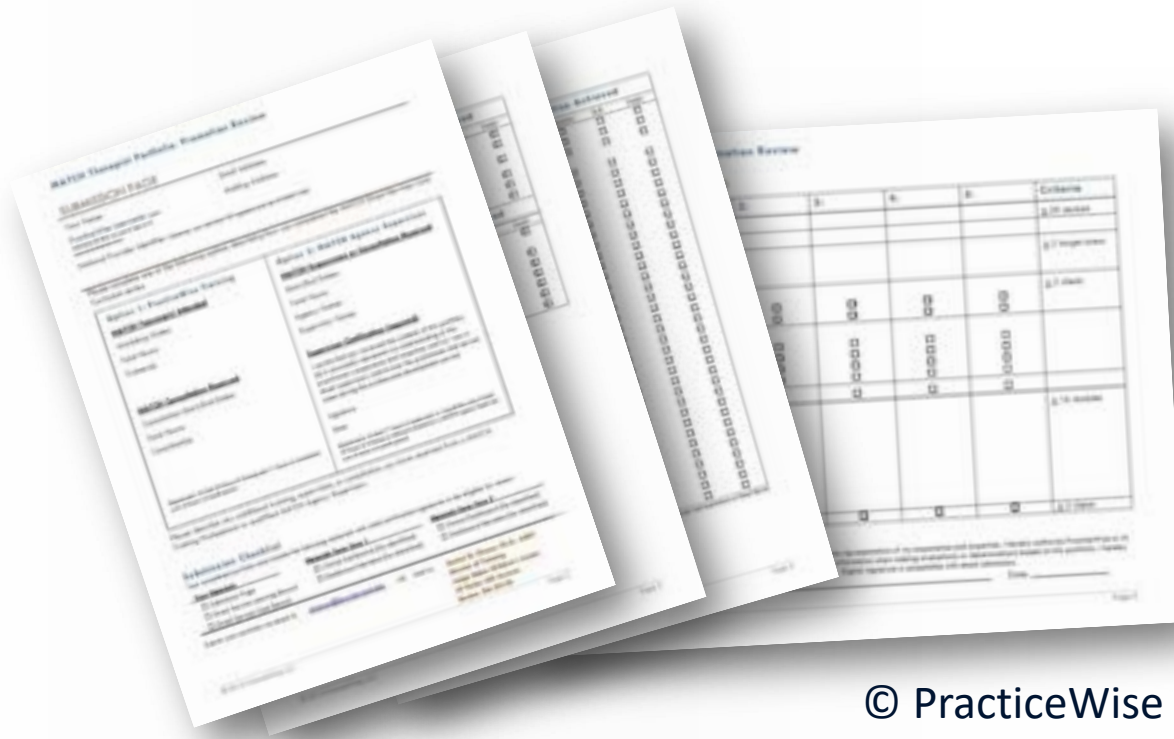
Planning



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.

TRAC
Treatment Response
Assessment for Children



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

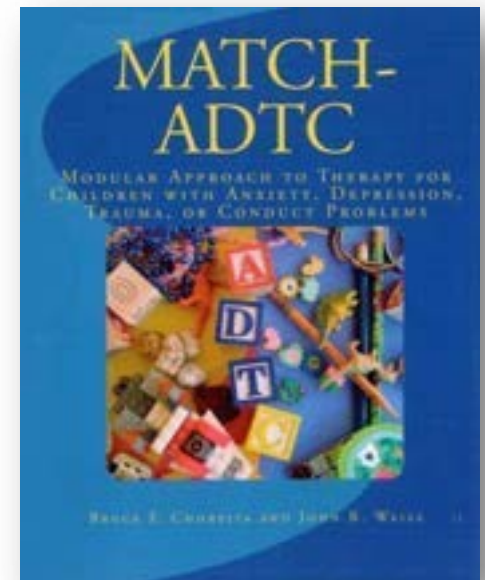
- Automatically collects client & parent ratings of symptoms
- Collects info about what happens in session
- Automatically creates a dashboard report to help make treatment planning decisions.





Consultation

Transfer of Learning

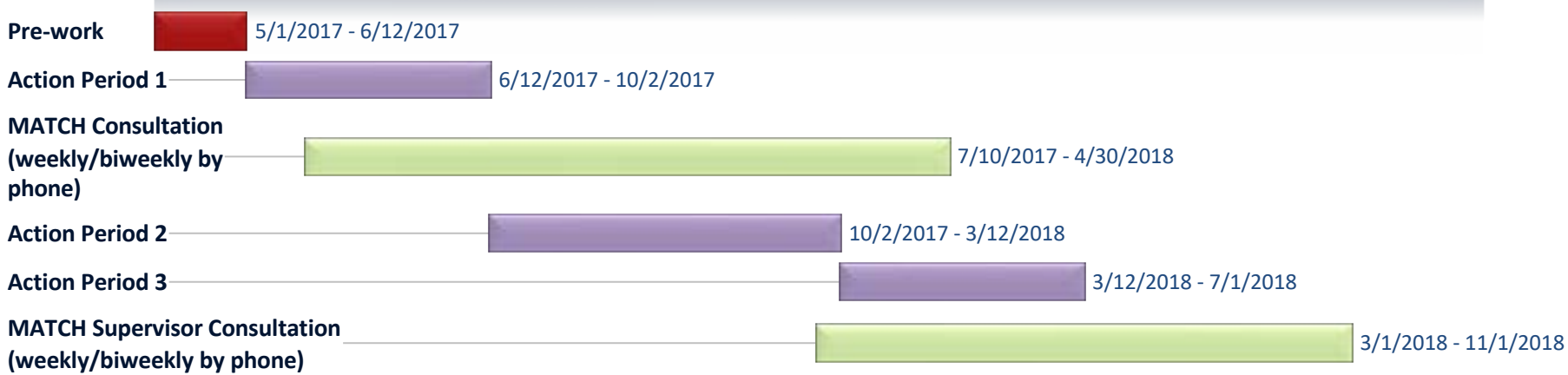
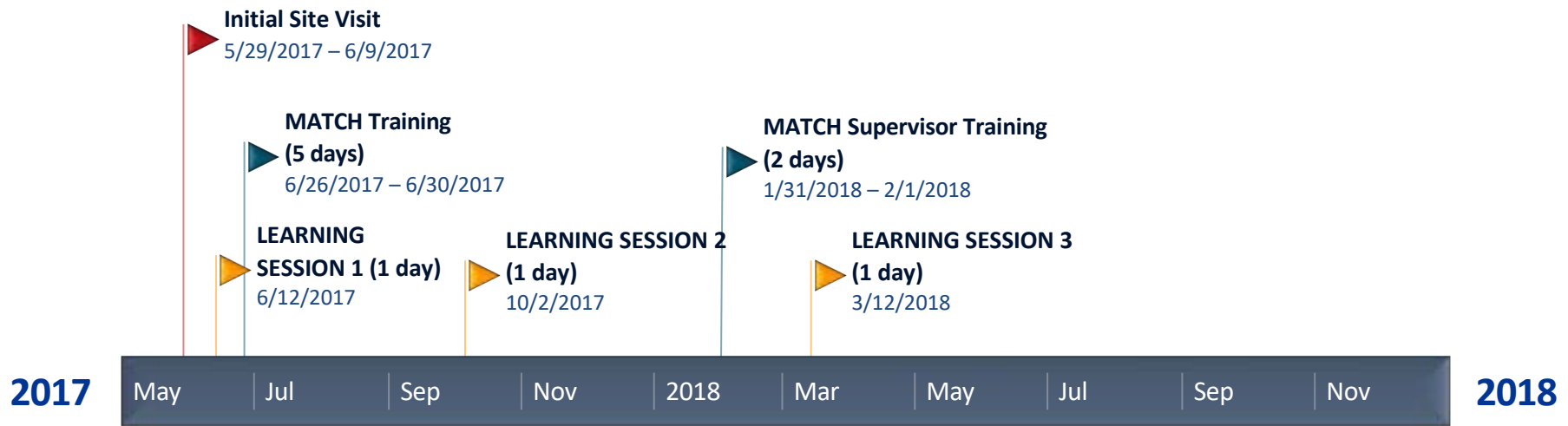


MATCH Consultation

- 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

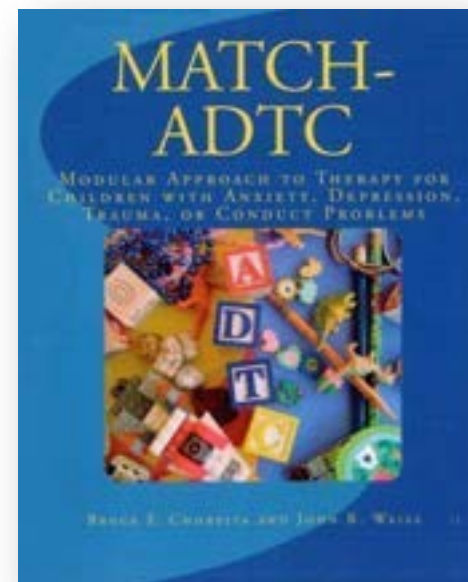
- Cognitive-behaviorally driven
- Developmentally progressive
- Competency based



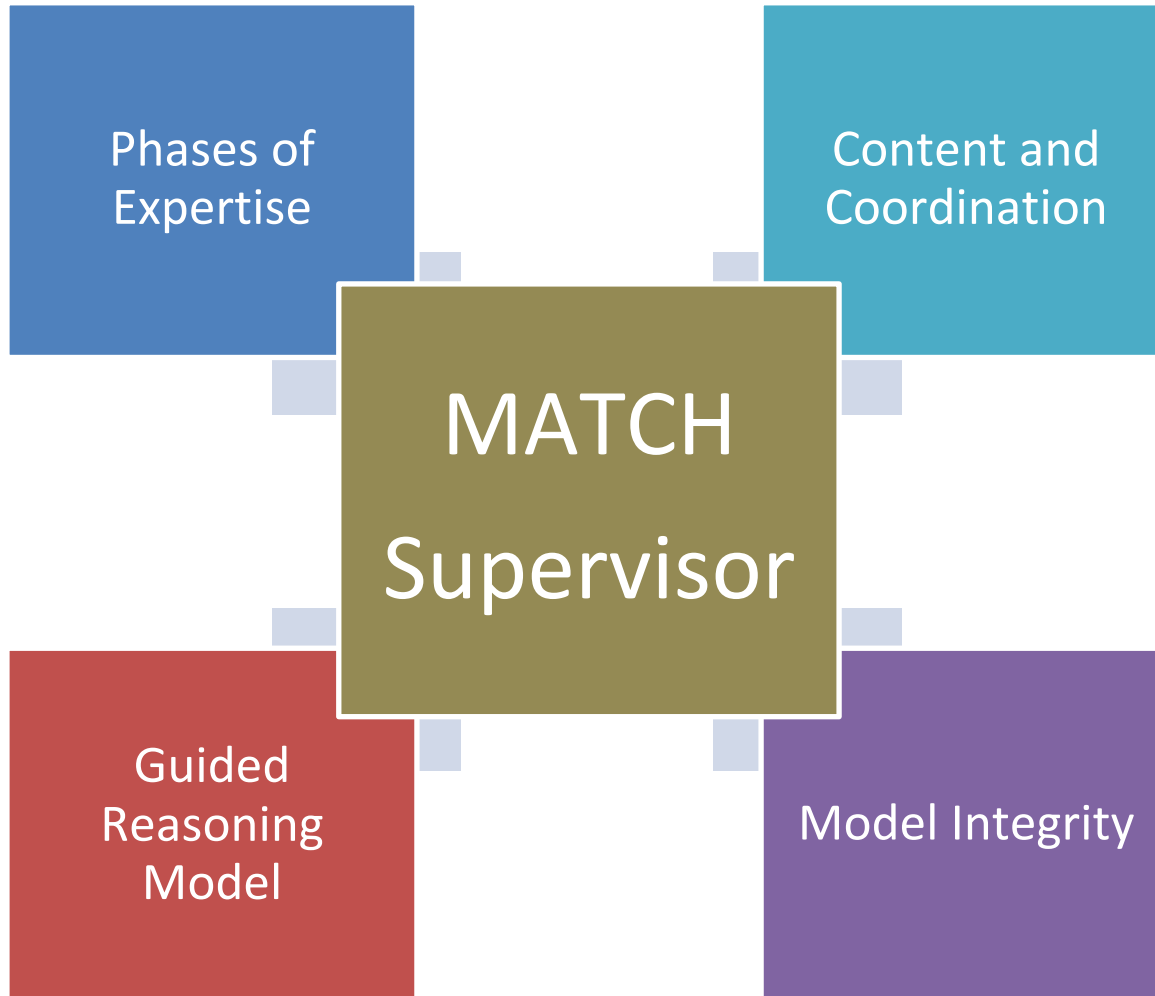


Supervision

Transfer of Supervision



MATCH Supervisor Concepts – “Ways to Think”



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

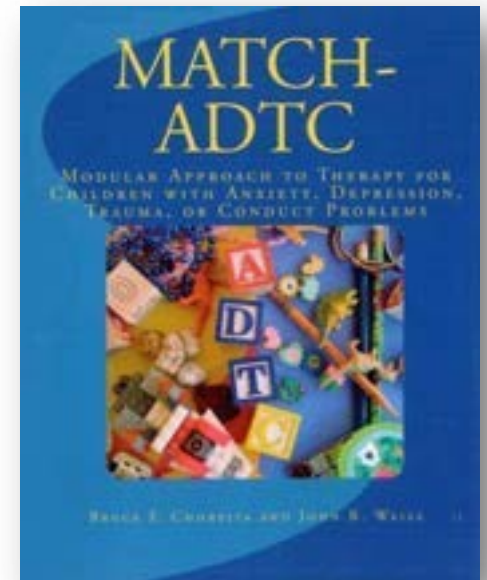
MATCH Supervision

- 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.



Sustainability

Sustain and Train



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



Category	Value 1	Value 2	Value 3	Value 4
Item 1	10	20	30	40
Item 2	15	25	35	45
Item 3	20	30	40	50
Item 4	25	35	45	55
Item 5	30	40	50	60

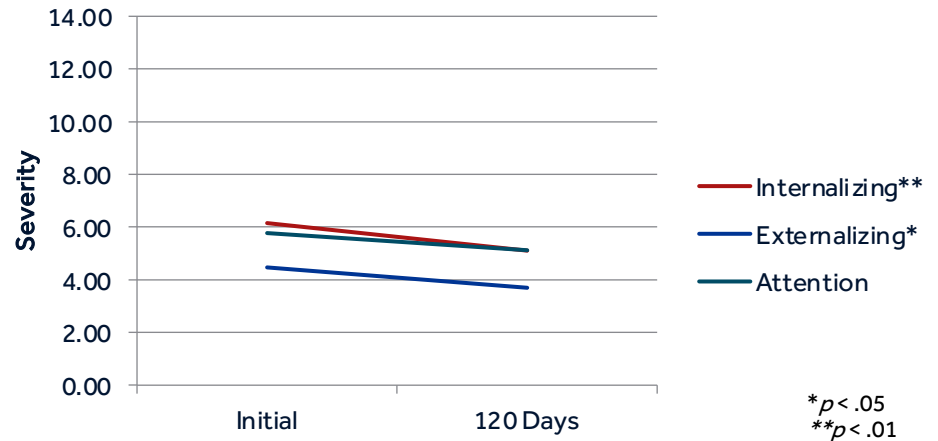
Evidence Supporting MATCH

Research and Results

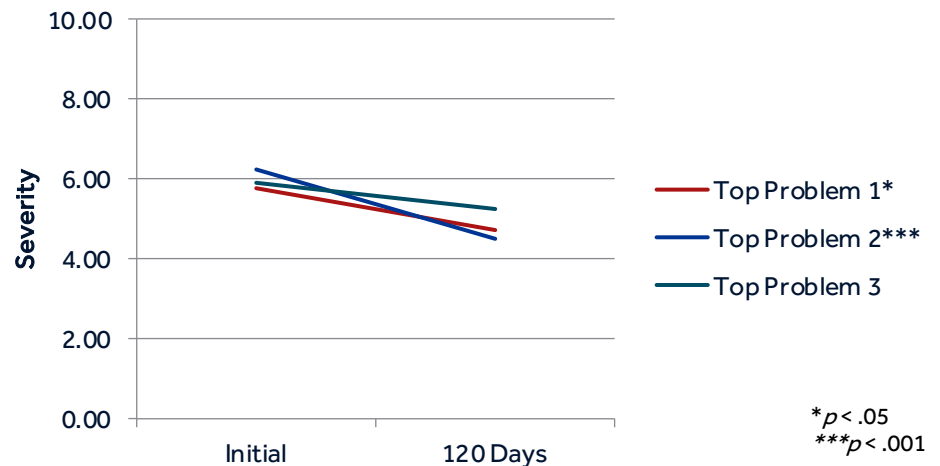
Initial NH Learning Collaborative Outcomes

- Significant youth improvement in:
 - Internalizing Problems
 - Externalizing Problems
 - Primary and secondary top problems

Youth Brief Problem Monitor



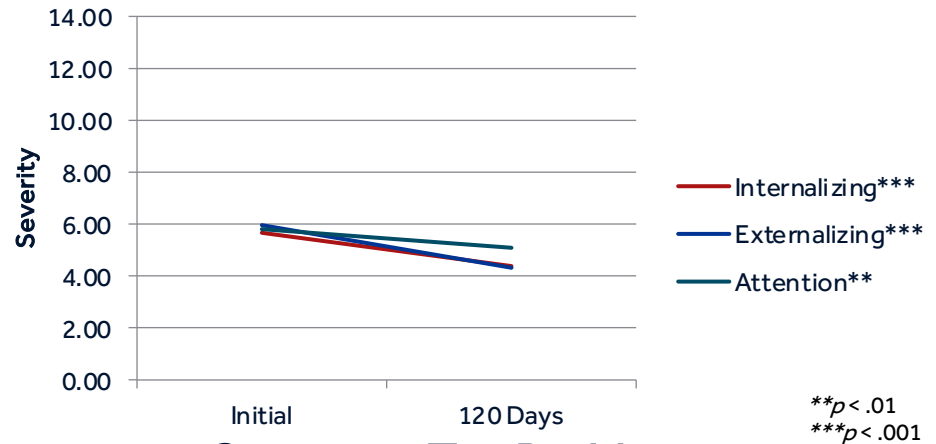
Youth Top Problems



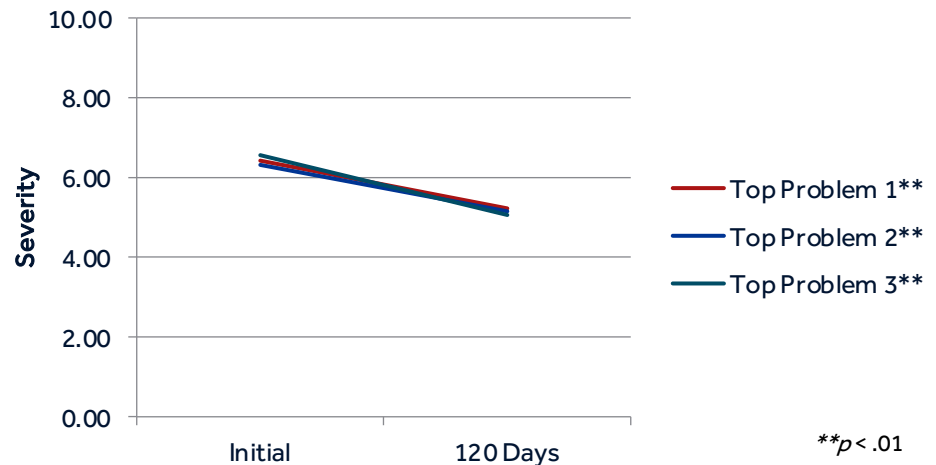
Initial NH Learning Collaborative Outcomes

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

Caregiver Brief Problem Monitor



Caregiver Top Problems



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.

SCORE	Standard vs. UC		MATCH vs. UC		MATCH vs. Standard	
	P Value	Effect Size	P Value	Effect Size	P Value	Effect Size
Brief Prob Checklist Total Overall	.57	.12	.004	.59	.001	.71
BPC Internalizing Overall	.85	.04	.014	.51	.007	.55
BPC Externalizing Overall	.42	.17	.02	.48	.002	.65
Top Problems Ratings Overall	.58	.12	.003	.62	.014	.50

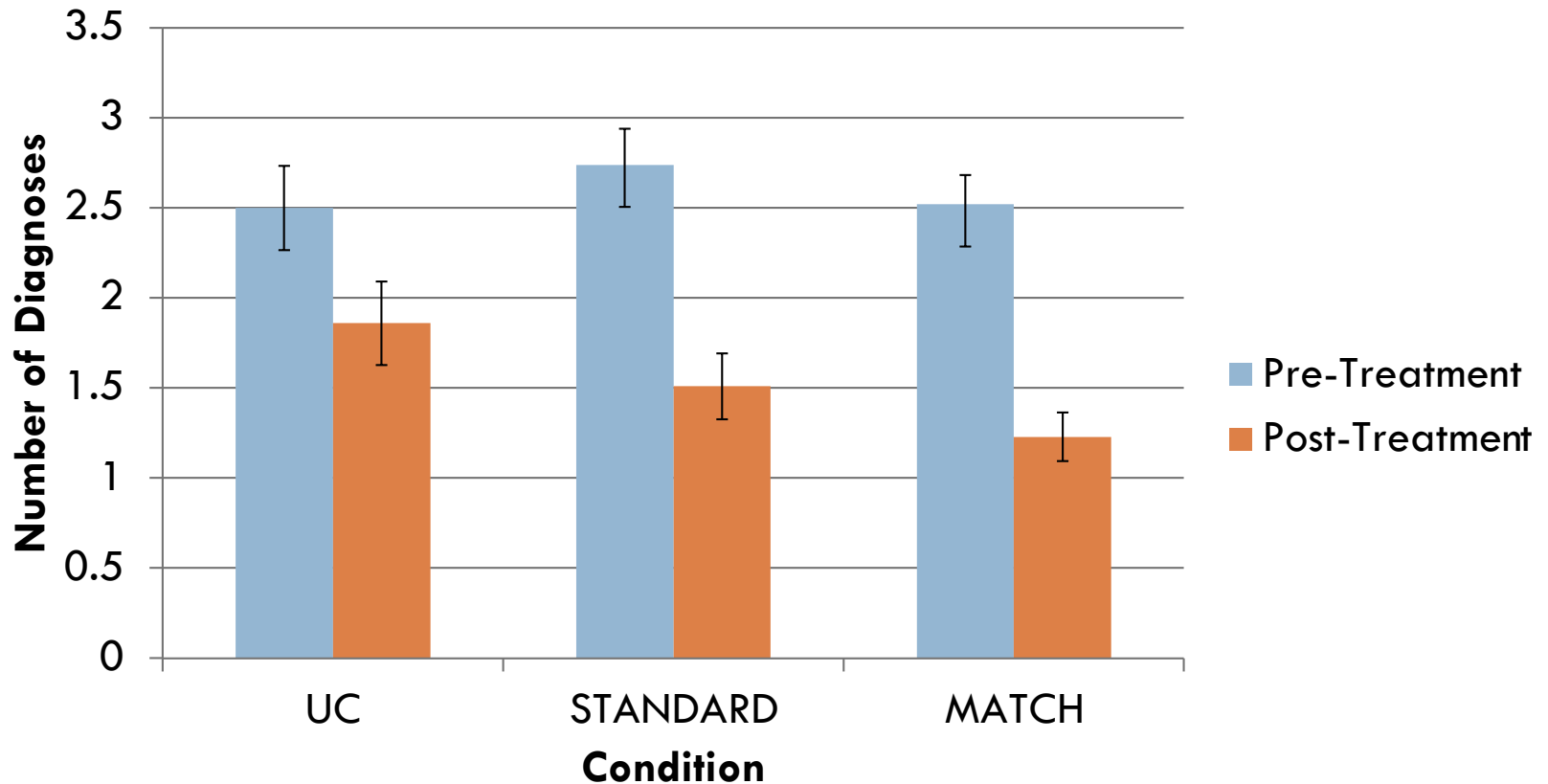
Weisz, J. R., Chorpita, B. F., Palinkas, L. A., Schoenwald, S. K., Miranda, J., Bearman, S. K., ... & Gray, J. (2012). Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth: A randomized effectiveness trial. *Archives of general psychiatry*, 69(3), 274-282.

MATCH clients had shorter treatment duration than usual care.

	Usual Care	Standard	MATCH
Treatment Length	275.49	196.24	210.15

Weisz, J. R., Chorpita, B. F., Palinkas, L. A., Schoenwald, S. K., Miranda, J., Bearman, S. K., ... & Gray, J. (2012). Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth: A randomized effectiveness trial. *Archives of general psychiatry*, 69(3), 274-282.

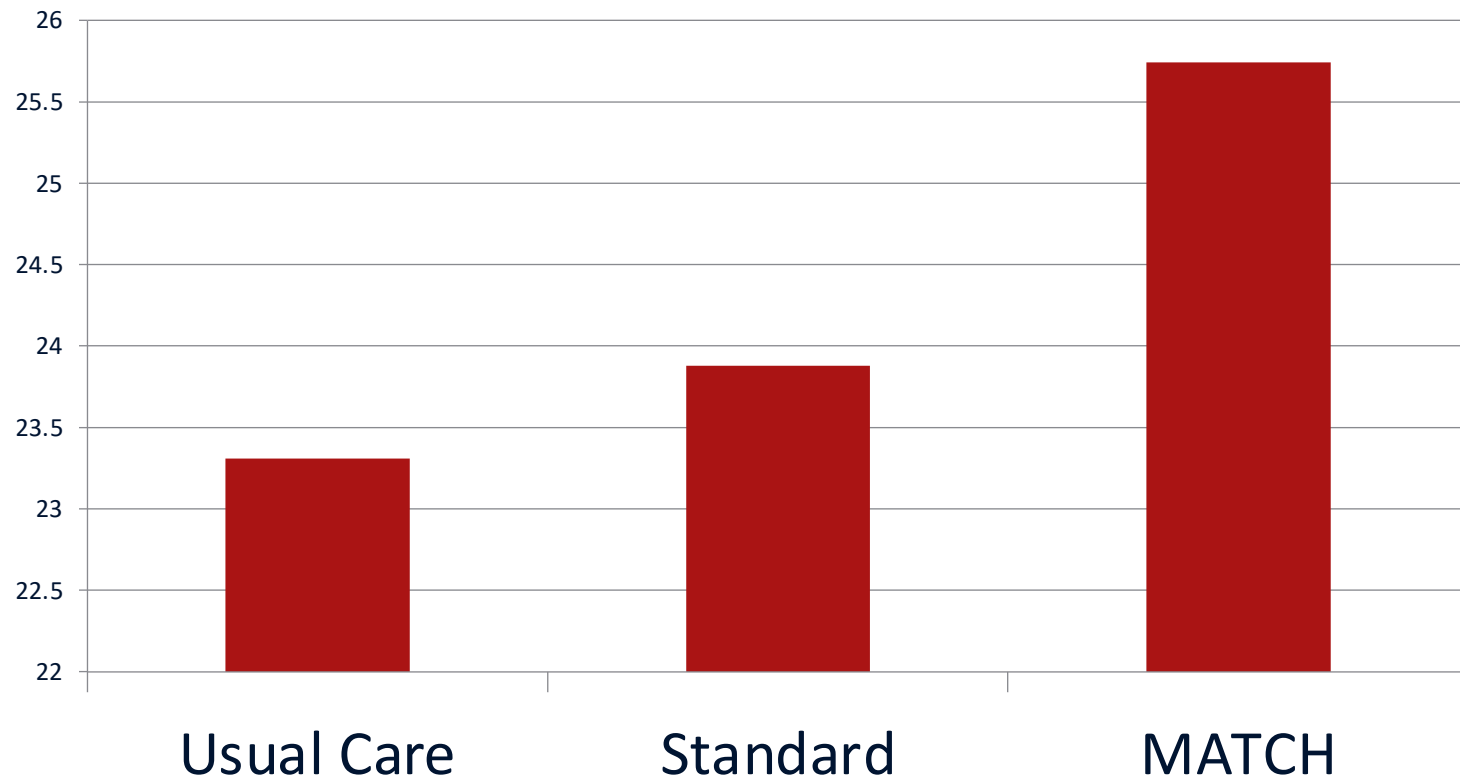
MATCH clients had greater reduction in number of problem areas than usual care.



Weisz, J. R., Chorpita, B. F., Palinkas, L. A., Schoenwald, S. K., Miranda, J., Bearman, S. K., ... & Gray, J. (2012). Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth: A randomized effectiveness trial. *Archives of general psychiatry*, 69(3), 274-282.

Therapists who utilize MATCH demonstrated higher satisfaction than usual care.

Therapist Satisfaction Index Total



Chorpita, B. F., Park, A., Tsai, K., Korathu-Larson, P., Higa-McMillan, C. K., Nakamura, B. J., ... & Krull, J. (2015). Balancing effectiveness with responsiveness: Therapist satisfaction across different treatment designs in the Child STEPs randomized effectiveness trial. *Journal of Consulting and Clinical Psychology, 83*(4), 709.

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

	MATCH	Community-Implemented Treatment
Treatment Sessions	21.65 sessions	30.22 sessions
Length of treatment	191.78 days	269.98 days
Utilization of additional therapy services	6%	22%
Mean number of medication used	M = .13 medications	M = .30 medications

Chorpita, B. F., Daleiden, E. L., Park, A. L., Ward, A. M., Levy, M. C., Cromley, T., ... & Krull, J. L. (2017). Child STEPs in California: A cluster randomized effectiveness trial comparing modular treatment with community implemented treatment for youth with anxiety, depression, conduct problems, or traumatic stress. *Journal of consulting and clinical psychology, 85*(1), 13.

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

EBT	Total cost	Age range	Diagnoses	Potential consumers	Cost/consumer
Dialectical behavior therapy	\$19,283.30	18-45	Borderline personality disorder	81	\$238.07
Parent-child interaction therapy	\$8,578.30	4-12	Adjustment disorders Oppositional defiant disorder	2,672	\$3.21
Cognitive processing therapy	\$4,523.28	18+	Acute stress reaction Adjustment disorders Posttraumatic stress disorder Reaction to severe stress	4,418	\$1.02
Prolonged exposure	\$7,418.61	13+	Adjustment disorders Posttraumatic stress disorder Reaction to severe stress	4,926	\$1.51
Trauma focused-cognitive behavioral therapy	\$2,231.32	3-17	Acute stress reaction Adjustment disorders Posttraumatic stress disorder Reaction to severe stress	4,653	\$0.48
Modular approach to therapy for children with anxiety, depression, trauma, and conduct problems	\$4,053.24	7 to 13	Adjustment disorders Anxiety disorders Attention-deficit/hyperactivity disorders Conduct disorder Elimination disorders Major depressive disorders (without psychosis) Oppositional defiant disorder	10,092	\$0.40
Cognitive behavioral therapy/ cognitive therapy	\$7,068.50	5+	Anxiety disorders Attention-deficit/hyperactivity disorders Bipolar disorders Eating disorders Major depressive disorders Posttraumatic stress disorder schizophrenia Substance use disorders	39,586	\$0.18

Okamura, K. H., Wolk, C. L. B., Kang-Yi, C. D., Stewart, R., Rubin, R. M., Weaver, S., ... & Mandell, D. S. (2017). The price per prospective consumer of providing therapist training and consultation in seven evidence-based treatments within a large public behavioral health system: An example cost-analysis metric. *Frontiers in Public Health*, 5.

Questions?

Assessing Organizational Readiness as a Tool to Promote the Successful Implementation of EBP's

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

Organizational Readiness



Motivation



General Capacity



**Innovation-
Specific Capacity**

READINESS

Readiness Heuristic: $R = MC^2$

Readiness = **M**otivation x General **C**apacity x Innovation-Specific **C**apacity

COMMENTARY

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

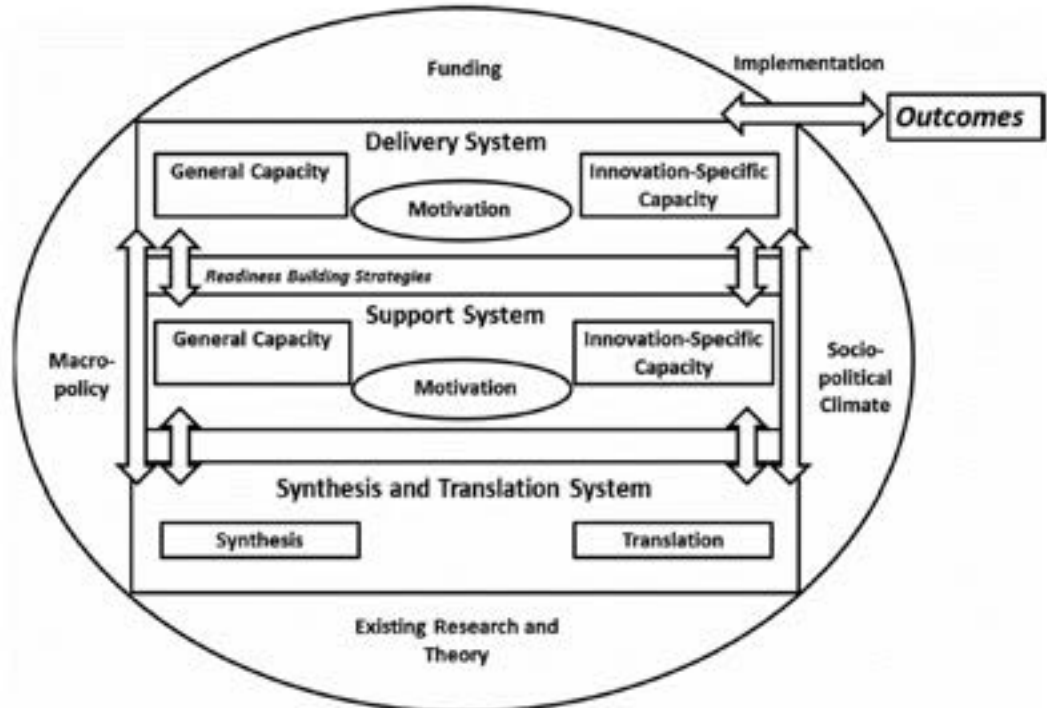
Jonathan P. Saccia, Brittany S. Cook, Anders Lammert, Abraham Wandersman, Jennifer Costelloe, and Jason Kott
University of South Carolina

David S. Berke
University of Pennsylvania

There are many challenges when an innovation (i.e., a program, process, or policy that is new to an organization) is actively introduced into 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 activities to implement an innovation, (b) the general capacities of an organization, and (c) the innovation-specific capacities needed for a particular innovation. Each of these components can be measured independently and be used (jointly). 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-operated initiative. Implications for research and practice of organizational readiness are discussed. © 2015 Wiley Periodicals, Inc.

Correspondence: Jonathan P. Saccia, Department of Psychology, University of South Carolina, 1010 North Main Street, Columbia, SC 29208. Email: jsaccia@uscar.edu

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Motivation

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

General Capacity

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

Innovation-specific Capacity

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

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

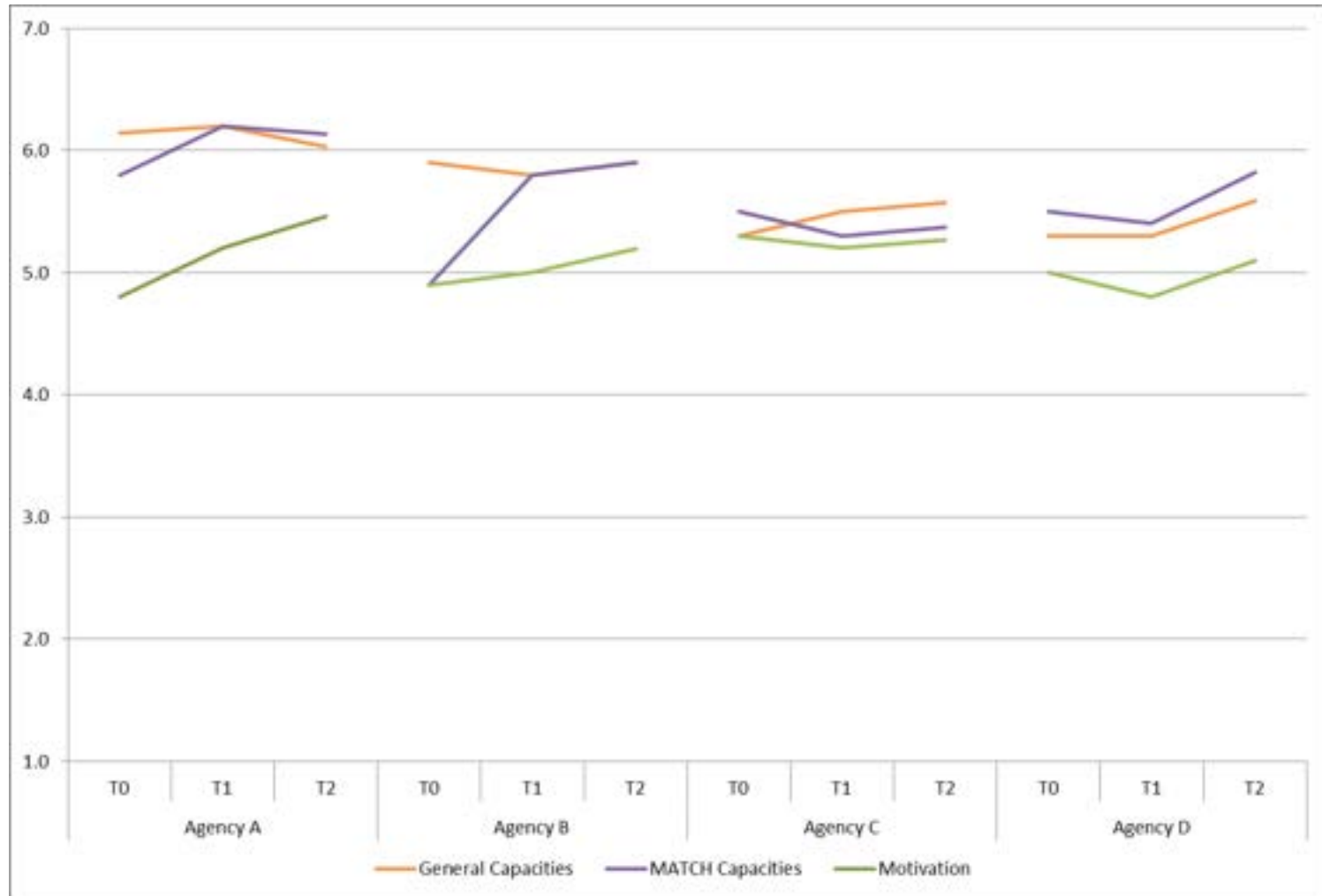
Methodology

- 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

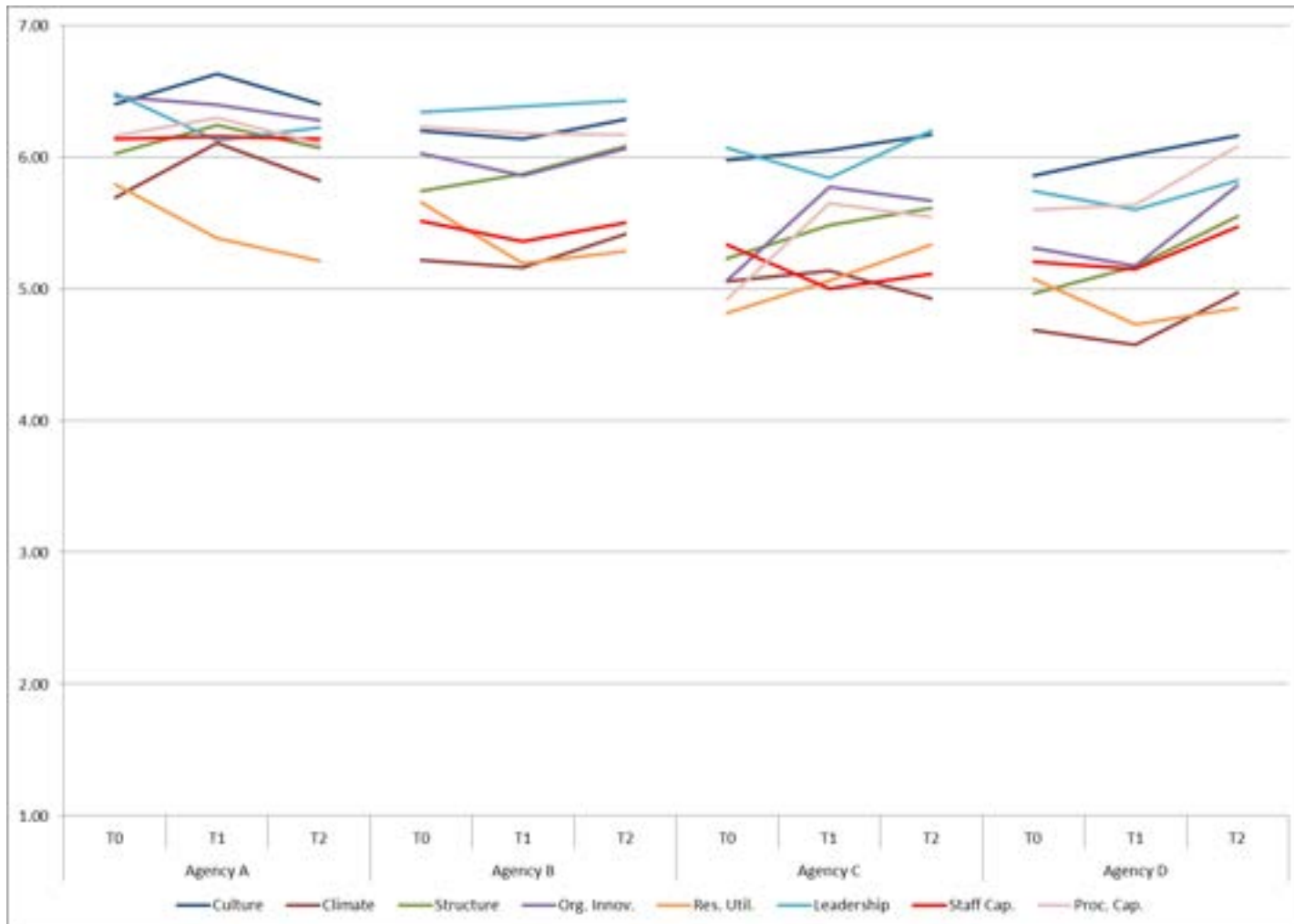


Readiness Monitoring Tool: General Results

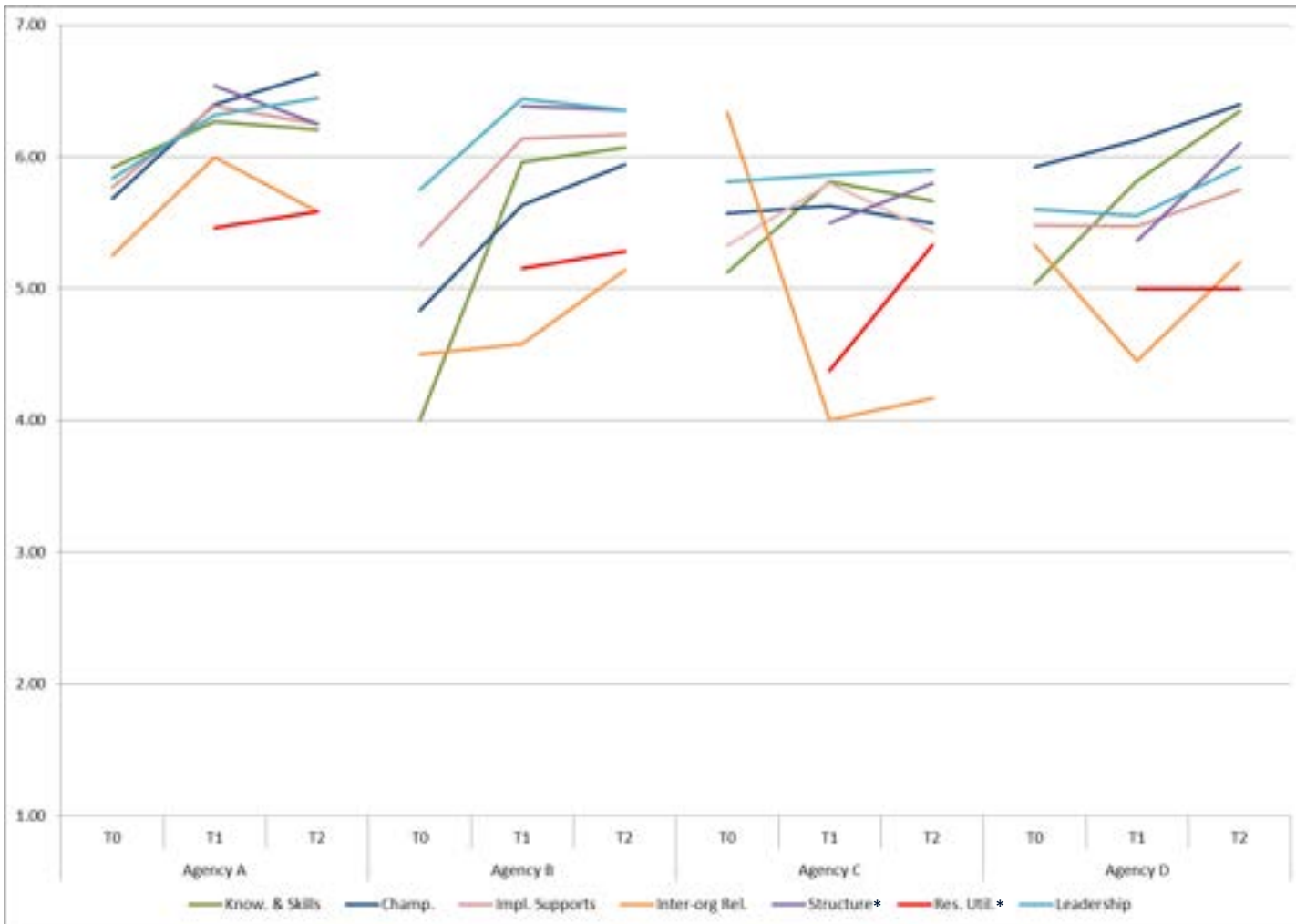
Primary Component	Sub-component	T0	T1	T2	
General Capacity	Culture	6.1	6.2	6.3	
	Climate	5.2	5.3	5.4	
	Structure	5.5	5.7	5.9	
	Org. Innovativeness	5.8	5.8	6.0	
	Resource Utilization	5.4	5.1	5.2	
	Leadership	6.2	6.0	6.2	
	Staff Capacity	5.6	5.5	5.6	
	Process Capacities	5.8	6.0	6.0	
MATCH Capacity	Knowledge & Skills	5.0	6.0	6.1	
	Program Champion	5.5	6.0	6.2	
	Implementation Climate Supports	5.5	6.0	6.0	
	Inter-organizational Relationships	5.4	4.9	5.1	
	Structure	--***	6.0	6.2	
	Resource Utilization	--***	5.1	5.3	
	Leadership	5.7	6.1	6.2	
Motivation	Relative Advantage	4.8	5.0	5.1	
	Compatibility/Alignment	5.7	6.0	5.9	
	Complexity	4.4	4.5	4.6	
	Trialability	--***	5.1	5.7	6.0-7.0
	Observability	--***	4.4	4.8	5.0-5.9
	Priority	5.0	5.4	5.4	1.0-4.9

*** Not administered at baseline.

Readiness Monitoring Tool: General Capacities

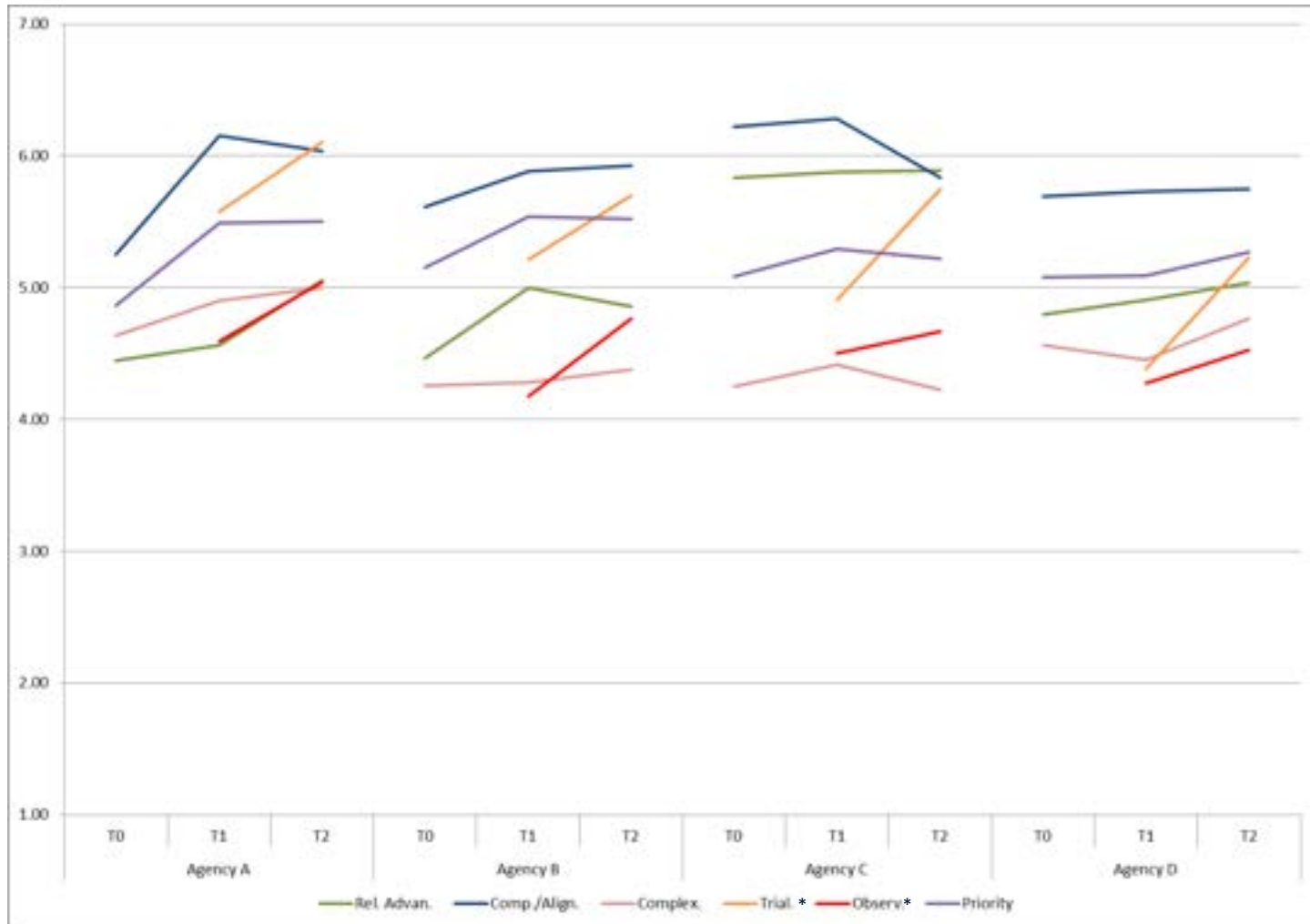


Readiness Monitoring Tool: MATCH Capacities



* Not administered at baseline.

Readiness Monitoring Tool: Motivation



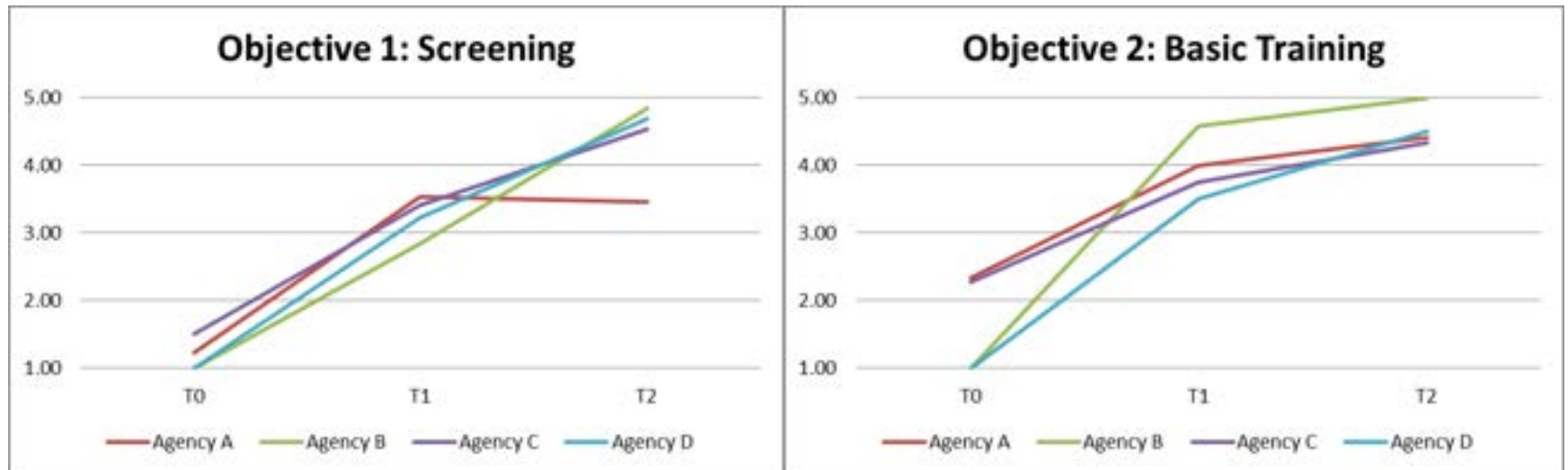
* Not administered at baseline.

Change Package

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

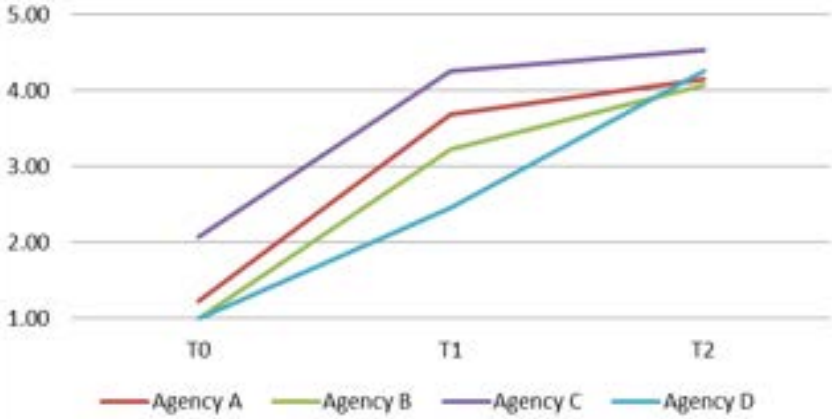
- Benchmarks Related To:
 - Organizational Readiness and Capacity
 - Clinically Competent Practice
 - Child and Family Engagement

Change Package

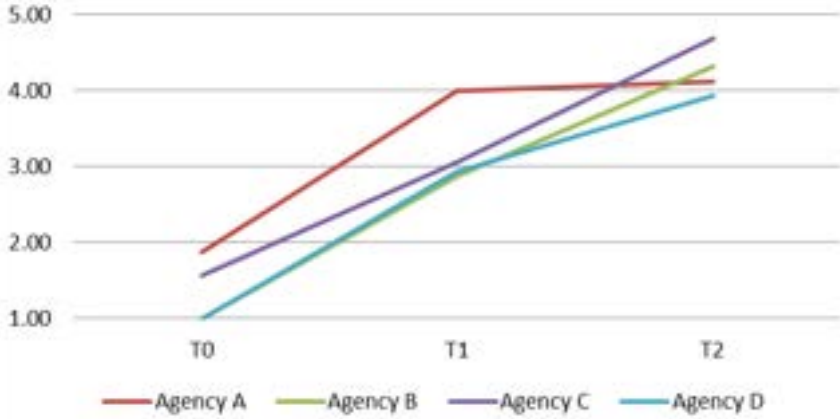


Change Package

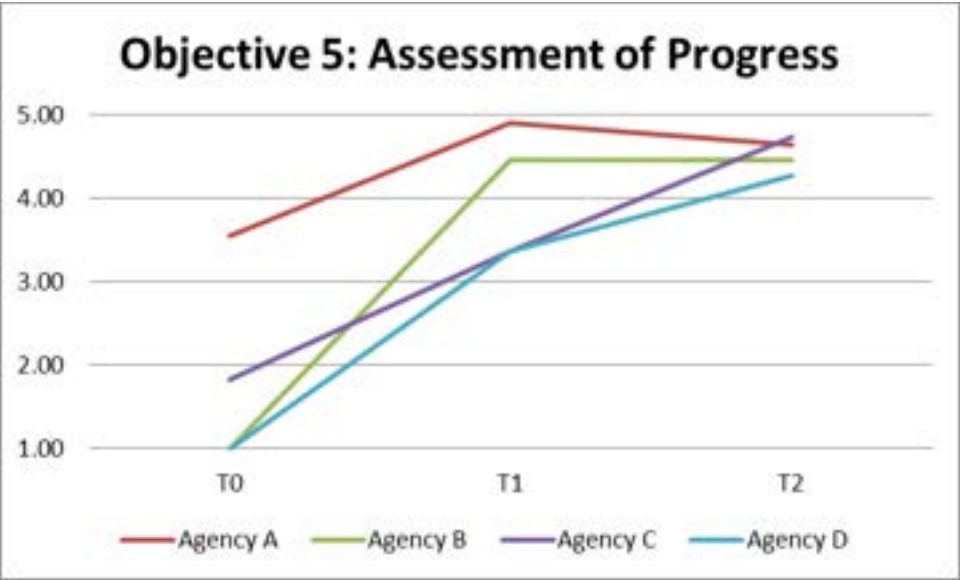
Objective 3: Supervision



Objective 4: Fidelity



Change Package



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**

**Traditional
Training**

Consultation

Affinity Groups

**Continuous Quality
Improvement**

Use of Data

**Limited Interaction
or Support**

No data or CQI

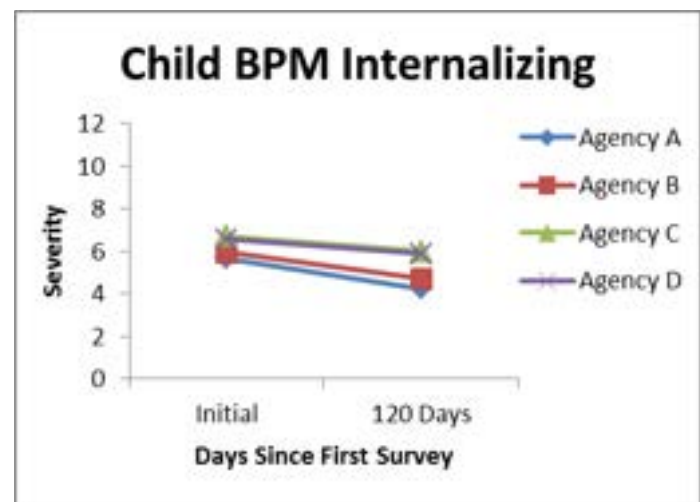
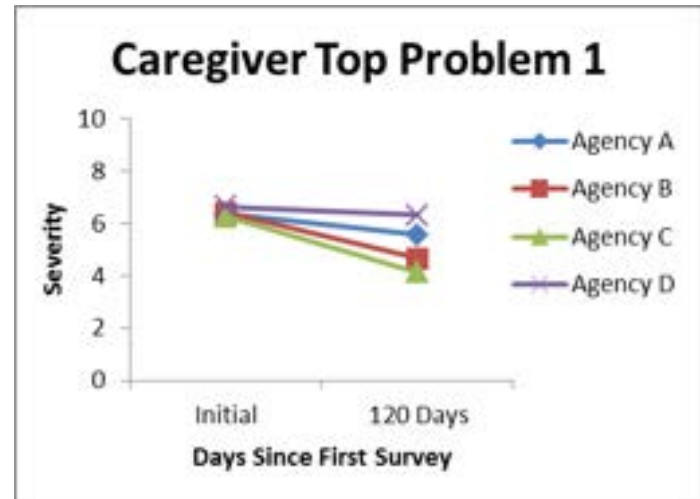
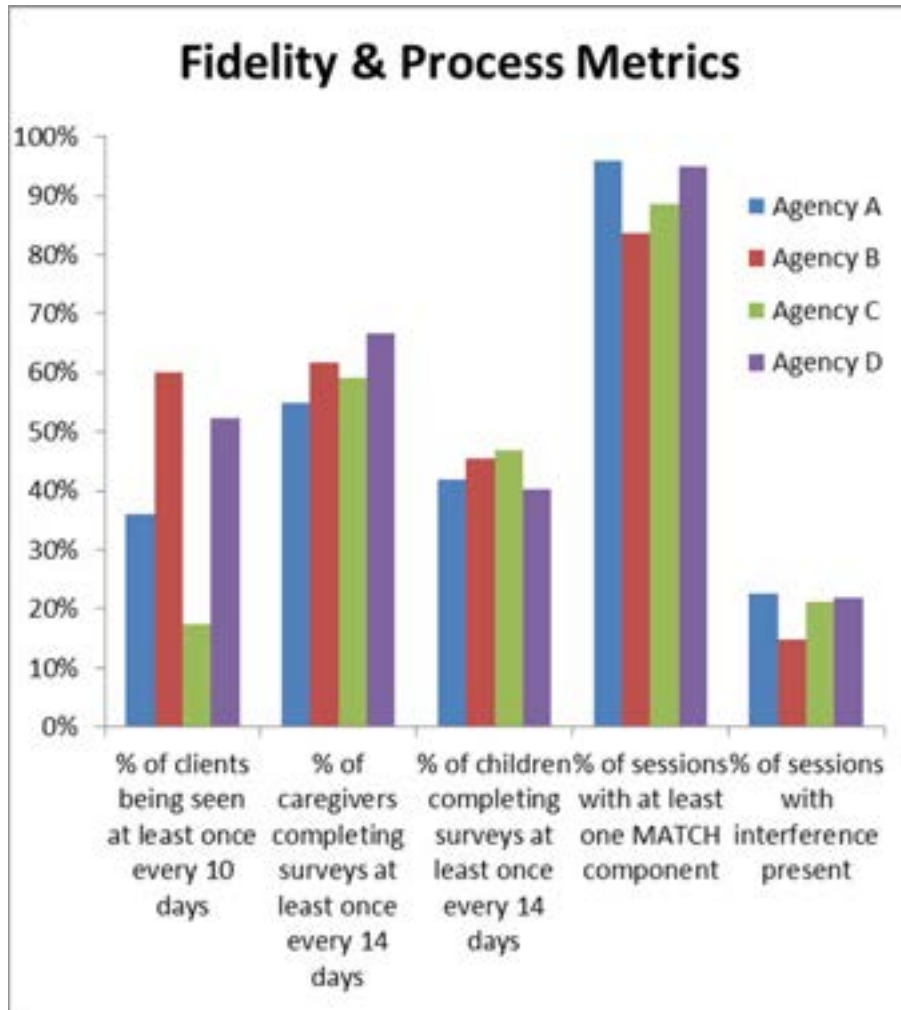
Utilizing Data to Inform Implementation

STAFF TRAINING & CONSULTATION		Agency A	Agency B	Agency C	Agency D
1	% of clinician trainees that have seen MATCH clients	100%	100%	100%	100%
2	Average % of those trained participating in consultation calls	90%	93%	92%	85%

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

CLIENT METRICS		Agency A	Agency B	Agency C	Agency D
1	# new clients enrolled in TRAC for most recent month	4	5	7	3
2	# total clients enrolled	100	55	66	72
3	Average # clients per clinician	10.13	4.75	10.20	6.29
4	# completed sessions	551	559	327	523
5	Average # sessions completed per client	5.51	10.16	4.95	7.26
6	# inactive clients	19	17	15	28

Utilizing Data to Inform Implementation



Affinity Groups



Continuous Quality Improvement



Plan-Do-Study-Act (PDSA) Worksheet



Desired Change	Describe desired change (e.g., improve family engagement in MATCH).
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Adapt <input type="checkbox"/> Scale up	<i>Inform other staff members about MATCH to increase internal referrals</i>

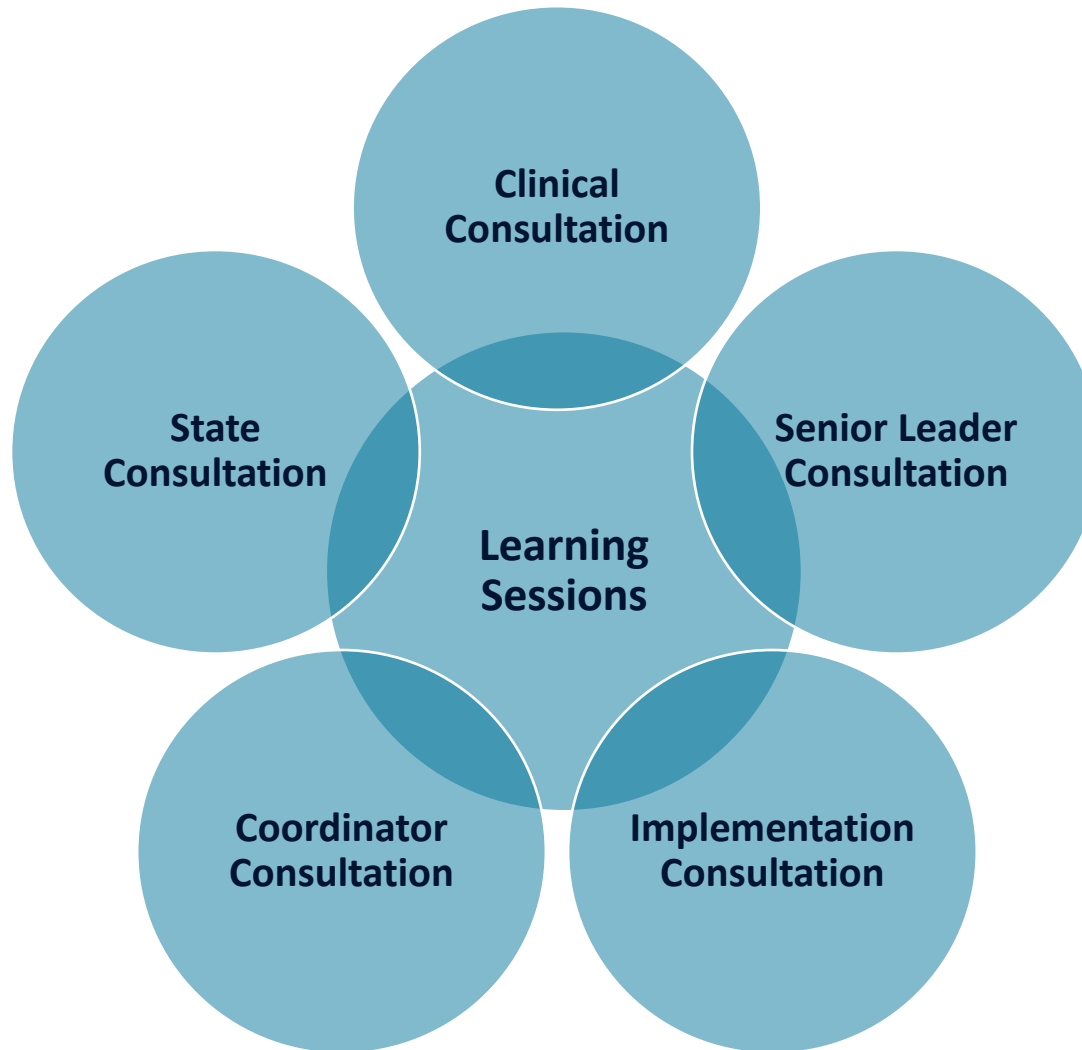
PLAN	
<u>WHAT</u> are we going to do?	<i>Do brief presentations of MATCH modules</i>
<u>WHEN</u> will it be done?	<i>During weekly staff meetings</i>
<u>WHO</u> will do it?	<i>Each MATCH trained clinician will take a turn</i>
<u>HOW</u> will we do it?	<i>Provide staff with a brief summary of module and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

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

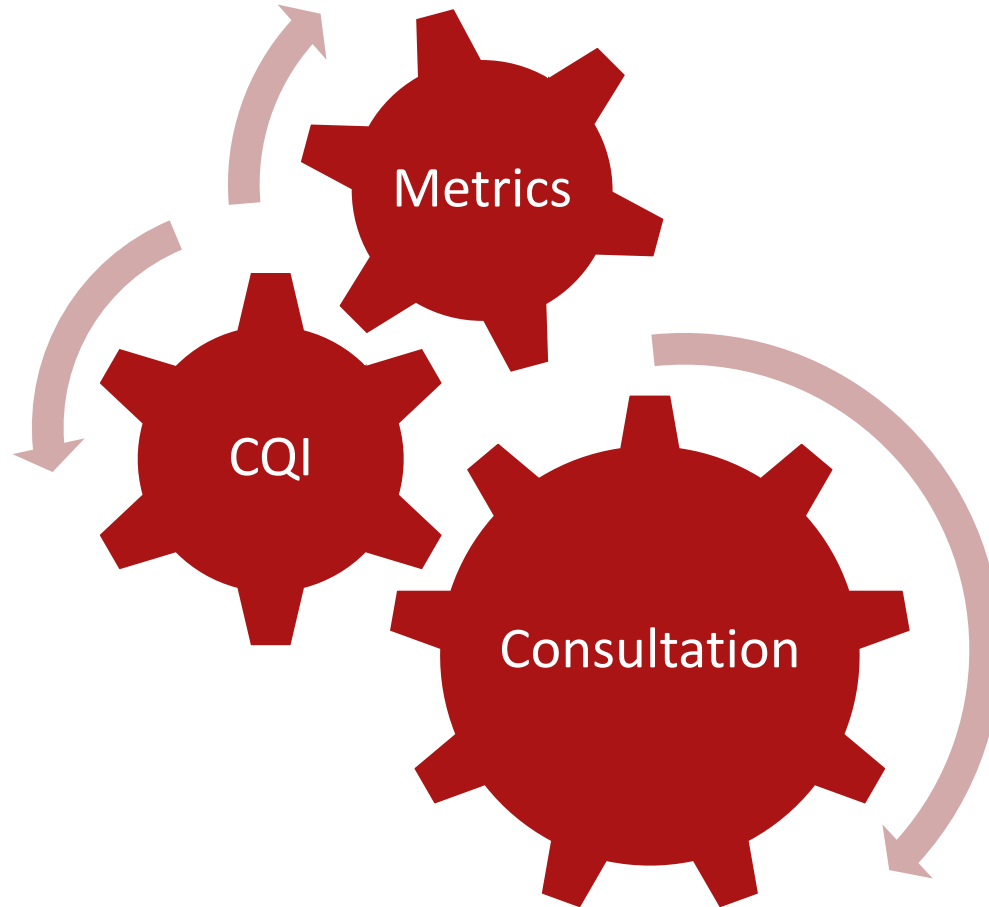
ACT	
<input type="checkbox"/> <u>ABANDON</u> <input type="checkbox"/> <u>ADOPT</u>	
<input checked="" type="checkbox"/> <u>ADAPT</u> <input type="checkbox"/> <u>SCALE UP</u>	Describe adaptation or scale up (e.g., 2 people to whole team). <ol style="list-style-type: none"> <i>MATCH clinicians will present on how to talk about MATCH with families in next staff meeting.</i> <i>MATCH clinicians will offer to meet with families to answer questions when available.</i>

STUDY	
<u>WAS</u> there an improvement?	<i>Slight increase in number of internal referrals to MATCH</i>
<u>WHAT</u> feedback did we receive?	<i>Though staff felt MATCH could be useful, unsure of how to talk to their clients about MATCH</i>
<u>WHAT</u> were the lessons learned?	<i>Staff need support to initiate conversations about MATCH with families</i>

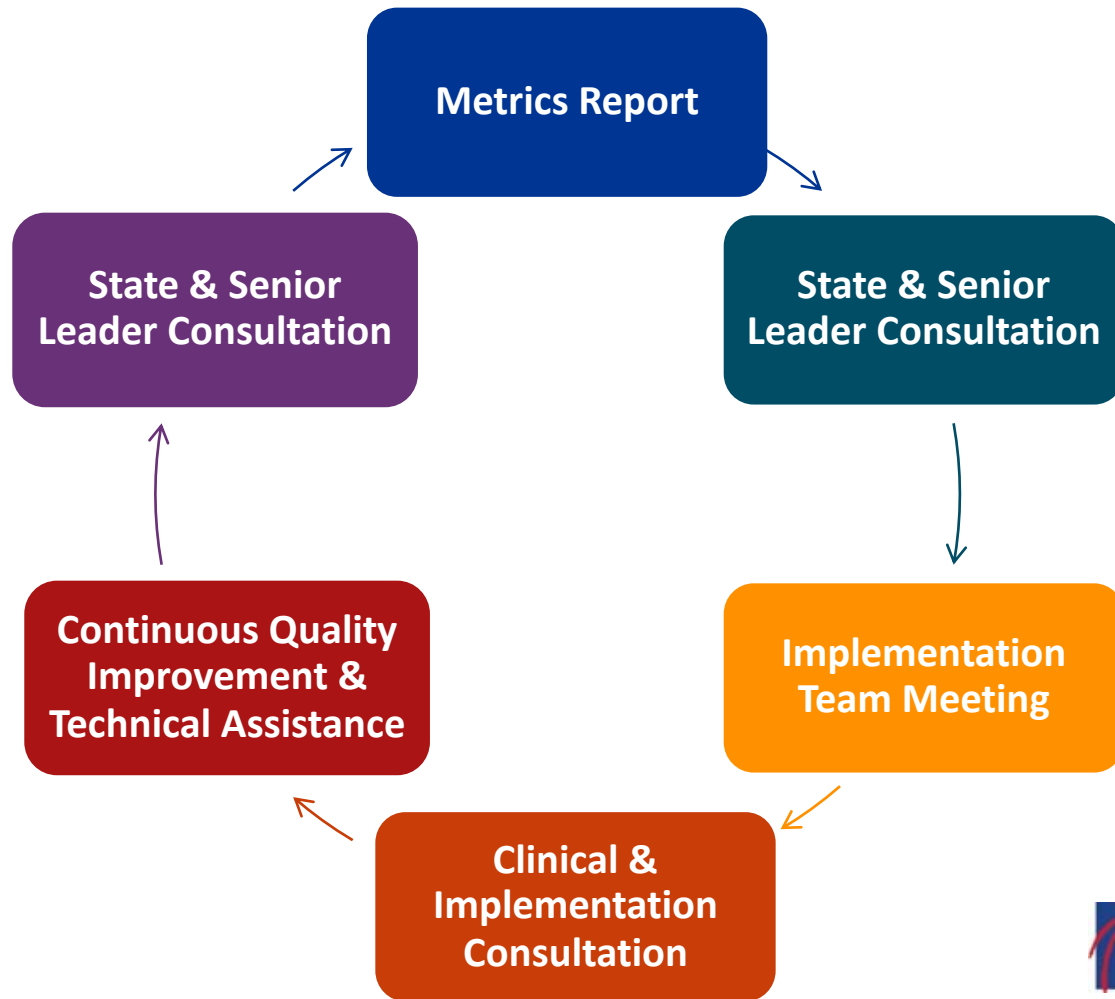
Different Types of Consultation



How Does it all Tie Together



How Does it all Tie Together



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

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