

# Implementation Outcome Comparisons Between Training Initiatives of Varying Implementation Supports: Do Policy Decisions Affect EBT Sustainability?

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## Background

- **System of Care (SOC):** a network of community-based services across agencies and institutions that support implementation of youth mental health services
- SAMSHA has identified the SOC model as *best practice* for increasing access to high-quality care
  - SAMSHA awards regional health departments with federal grants to fund SOC expansion
  - Individual grantees are given the discretion to determine how to allocate funds
- **Current study** includes grantees in Florida (FL) and New England (NE) that contracted an intermediary organization to support SOC expansion through implementation of the Modular Approach to Therapy for Children (MATCH) among community mental health providers
  - NE grantee's training package *prioritized number of providers trained* while FL *prioritized intensive implementation supports with fewer providers trained*

## Research Aims

- To examine how varying degrees of implementation support might impact implementation success in the context of two evidence-based therapy (EBT) training initiatives funded by similar SOC grants

## Methods

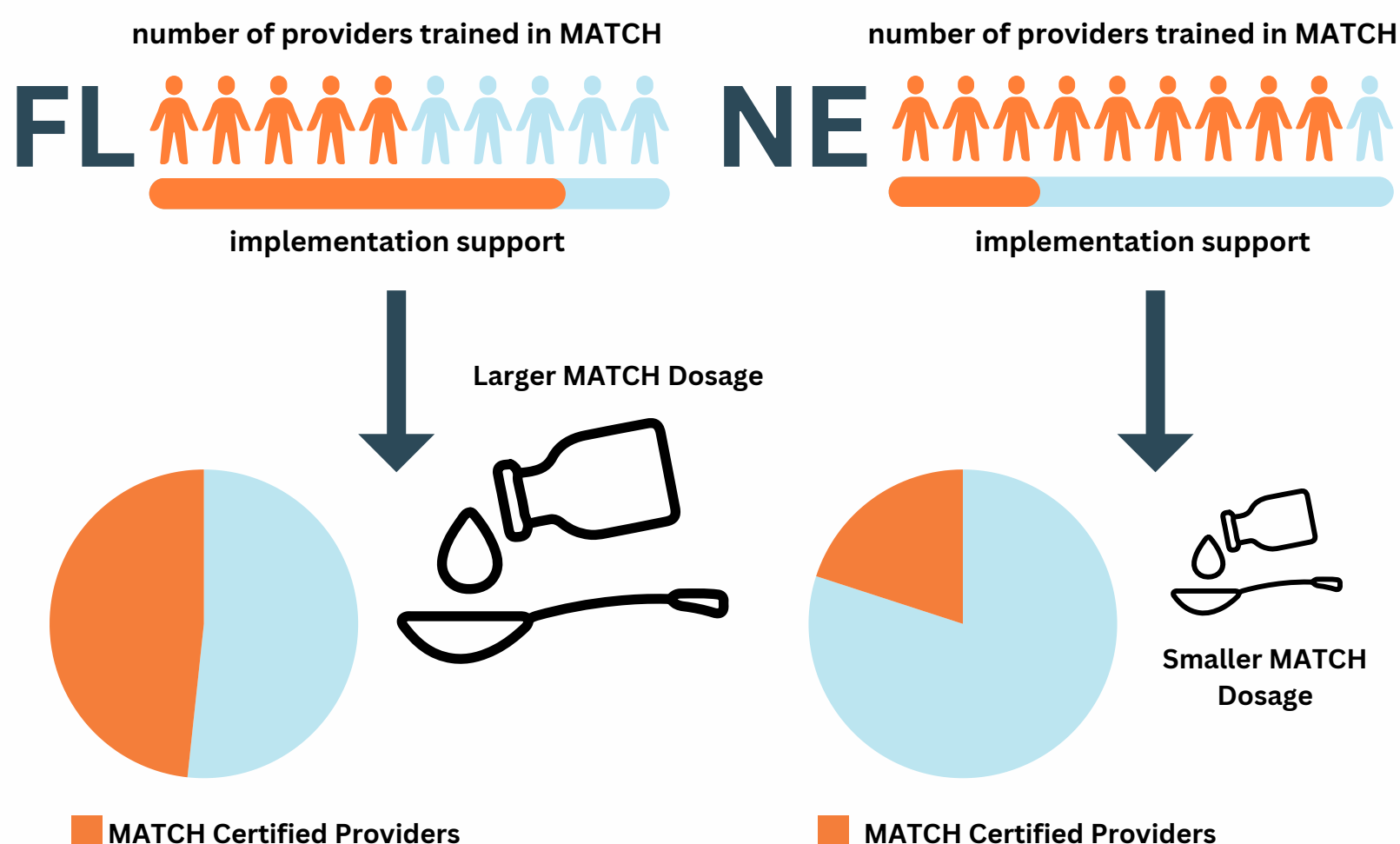
- **NE grantee MATCH training package:** MATCH training and regular clinical consultation
- **FL grantee MATCH training package:** MATCH training delivered through the Learning Collaborative (LC) model with regular clinical consultation and implementation activities (e.g., regular consultation with implementation specialists, organization-wide implementation planning)
- **Sample: 25 New England clinicians** from two training cohorts and **29 Florida clinicians** from the single cohort of an LC
- **Implementation outcomes:**
  - **Treatment dosage** (average number of sessions in a MATCH course of treatment)
  - **Number of providers certified in MATCH**
- Between group comparisons using regressions controlling for days elapsed since the start of the training initiatives

## Results

- Results indicated *significantly higher treatment dosage* ( $R^2=.12$ ,  $F(2, 51)=3.468$ ,  $p=.039$ ) among clients seen by FL clinicians ( $M=11.37$ ,  $SD=6.09$ ) in comparison to clients seen by NE clinicians ( $M=7.24$ ,  $SD=5.8$ )
- *20 percent of NE providers* achieved MATCH certification while *48.3 percent of FL providers* were certified

## Implications

- **FL's more robust implementation supports** may have prevented early treatment attrition
  - Funding allocation priorities may have led to *longer treatment duration that was in greater alignment with MATCH dosage expectations*
- NE clients' may not have benefitted from substantial treatment gains due to *higher rates of early termination*
- Implementation consultants should **cultivate grantee buy-in for funding toward greater implementation support** due to a potential cascading effect on EBT implementation and sustainability



More information about this poster can be found at the QR code provided



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