Practice, Practice, Practice: Preliminary Findings from an Evidence-Based Practice Funding Initiative at the Peter and Elizabeth C. Tower Foundation

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The Tower Foundation, Background

• Established in 1990 with proceeds from the sale of Peter Tower’s custom brokerage business
• Assets of $70 million; awards $3-4 million annually
• Funds in Western New York and Eastern Massachusetts
• Focuses on children and young people (to age 26) in four categories
  – Learning disabilities
  – Mental health
  – Intellectual disabilities
  – Substance abuse
A wise man proportions his belief to the evidence.

David Hume, Scottish Historian and Empiricist
Evidence Based Practices (EBP) in the behavioral health field are those practices that have been demonstrated to work in controlled, clinical studies.

EBPs are not to be confused with “Best Practices,” which are often based on conventional wisdom.
EBP Certifying Agencies

• Blueprints for Violence Prevention
  – Reviewed more than 800 programs, ranked only 11 as “model” and 19 as “promising”

• US Dept. of Health & Human Services Substance Abuse and Mental Health Services Administration
  – Provides ratings based on outcome targets and reports on quality of training and implementation support (Readiness for Dissemination)

• US Dept. of Justice’s Office of Juvenile Justice and Delinquency Prevention
EBPs are:

- Replicable
- Standardized/manualized
- Supported by custom training and technical assistance
- Focused on client/patient outcomes
- Community/family focused
Expanded research and improved research methods have made wider adoption of EBPs possible.

They are a financially attractive alternative to residential placement.

Professional ethics dictate that professionals stay current with effective practices in their field.

Providers are open to law suits if an EBP is available but not applied to a client whose condition worsens.
Why promote EBPs? (2 of 2)

Insurance companies and funding providers are coming to expect them, as competition for program financial support tightens.

There is a growing community that promotes and supports EBP adoption.

EBPs focus on systemic, environmental improvements within the family/community setting.

They are strength-based rather than focused on the problem or delinquency.
Adherence to fact, detail, or quality; accuracy, exactness; the reproduction of an effect (as sound or an image) that is very faithful to the original
EBP and Model Fidelity

Fidelity requires a degree of standardization in the way treatments are delivered.

- Consistent treatment dosage/duration
- Scripts, manuals, and sequenced therapy
- Mandated family member participation
- Use of role-playing
- Minimum caseloads
- Videotape for fidelity reviews
EBP and The Tower Foundation

• First EBP Request for Proposals in 2004. Chose 8 highly-rated programs. Criteria also included focus on at-risk youth, well developed implementation strategies and training support.
  – Brief Strategic Family Therapy
  – Functional Family Therapy
  – Helping the Noncompliant Child
  – The Incredible Years (Parent Training)
  – The Incredible Years (Classroom Training Programs)
  – Multidimensional Family Therapy
  – Strengthening Families Program
  – Strengthening Families Program (Parents and Youth 10-14)
A Five-year Initiative

2004: 8 Available Programs
2005: 8 Available Programs
   Tower offers community information sessions
2006: 38 Available Programs
   Tower staff present at Blueprints Conference
2007: 16 Available Programs
2008: 16 Available Programs
   Tower supports grantee attendance at EBP conferences; issues RFP for 3rd-party evaluations.
Tower initiative, by the numbers

• 25 grants, $2.1 million awarded
• 22 agencies funded
• 12 EBP models
• Average award = $84,050
• Agency size
  – revenues = $71 million (average), $21 million (median)
  – # of employees = 985 (average), 428 (median)
40 EBPs were eligible for consideration in at least one program year. These are the 12 EBPs funded by Tower

- Across Ages
- Al’s Pals: Kids Making Healthy Choices
- Brief Strategic Family Therapy
- Functional Family Therapy
- Helping the Non-Compliant Child Strengthening Families Program
- Incredible Years, Classroom
- Incredible Years, Parent Training
- Multisystemic Therapy
- Second Step
- Strengthening Families
- Strengthening Families Program: For Parents and Youth 10-14
- Trauma Focused Cognitive Behavior Therapy
Successful Grant Outcomes: Two Key Measures

• Are services still being offered after the grant funding period closes? One year after? Two?
• Are services being offered with fidelity?
Tower EBP Evaluation Process

- **Tower Grant Closes**
- **Develop Fidelity Rubric, based on program requirements**
  - 12-month post grant follow up
    - Phone survey
    - Tower-calculated fidelity score
    - Self-reported fidelity score
    - Log scores and lessons learned
- **24-month post grant follow up**
  - Phone survey
  - Tower-calculated fidelity score
  - Self-reported fidelity score
  - Log scores and lessons learned
- **Publish/share findings**
Grantee Survey

- Phone interview
- Sections on fidelity, sustainability, outreach and referrals, staff training, cultural change, project management
- Gauge basic level of service
  - Still offered?
  - Number of sessions?
  - Current caseloads?
  - How many clinicians offer it?
  - Months since last session?

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Example Questions (cultural readiness)

• Has the EBP become an established way of doing business?
• Is the EBP internally regarded as “state of the art”?
• Is there still some resistance to adoption?
• Were the foundations for change successfully laid at the outset of the EPB initiative?
• Is cultural support for change complete now?
• Does internal education and cultural change continue to be a challenge?
Fidelity Rating Rubric

- Customized for each program
- Grantee-reported fidelity score compared to evaluator score
- Scores on a range of factors affecting model fidelity:
  - Certification (required? Percent of practitioners certified?)
  - Adaptation
  - Practitioner engagement
  - Training/technical assistance
  - Referrals/enrollment
  - Peer review
EBP Challenges: Fidelity

- Practitioner certification
- Videotaping
- Developer oversight
- Minimum group sizes, participation requirements (siblings, for example)
- Minimum caseloads; minimum number of practitioners trained
- Dosage and duration
Results?

• Through February 2013, 17 of 25 programs are still offered, eight years after first dollars awarded.

• Preliminary results in for all but two programs; full evaluation process complete for 10 programs.

• Fidelity ratings:
  – Exemplary (9.0 or higher): 8
  – Good (7.0 – 8.9): 5
  – Fair (5.0 – 6.9): 2
  – Poor (0-4.9): 0
Eight programs TERMINATED

• Four of the five smallest grantees did not continue programs post grant (annual revenues from $1 million to $5.6 million, from 38 to 151 employees)
• But three programs were discontinued by some of the very largest providers (revenues of $17 million, $36 million, $37 million)
• Three discontinued programs had implemented the same EBP
## Failure Drivers

<table>
<thead>
<tr>
<th>DRIVER</th>
<th>Total Times Cited</th>
<th>Times Cited by TERMINTED Programs</th>
<th>Times Cited by programs scoring POOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>High turnover</td>
<td>10</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Collateral, non-reimbursable costs too high</td>
<td>7</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cert./re-cert. requirements onerous</td>
<td>6</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Cert./re-cert. requirements too expensive</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>State agency (payer or referral partner) not receptive</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Family member participation difficult</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
What about top performers?

• “Exemplary” performers were below the median in annual revenues and number of employees
• Not really a single success driver across eight exemplary performers
• Rarely cited low staff turnover or cultural preparedness -- qualities already ingrained?
## Success Drivers

<table>
<thead>
<tr>
<th>DRIVER</th>
<th>Total Times Cited</th>
<th>Times Cited by GOOD Programs</th>
<th>Times Cited by EXEMPLARY programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer meetings, shared learning</td>
<td>7</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Attention to cultural buy-in at new sites</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Developed internal training capacity</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Effectiveness of fidelity tools</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>State payer understands program value</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Model flexibility accommodates variation</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Performance over time (one year post-grant v. two-year post-grant)

• One improved (Fair to Good)
• Five held their ground (four Exemplary, one Good)
• Four slipped
  – 2 from Exemplary to Good
  – 1 from Fair to Poor
  – 1 from Exemplary to Fair
Post-grant sustainability

• Retained Good or Exemplary rating: cited strong fidelity tools, low staff turnover, use of booster sessions, peer meetings, state payer buy-in.

• Improved (Fair to Good): more of their population court mandated.

• Slipped (just a bit): cited competition from other models ("methodology bleed"), slower pace of referrals

• Slipped (into Fair or Poor territory): cited economy-driven downsizing, payers penny pinching, cost of recertification too high
Some Clear Wins

• Building on lessons learned from this initiative, the Foundation has helped implement EBPs for social emotional development in 120 pre-school classrooms

• More payers on board. NYS Office of Mental Health now has an EBP Dissemination Center

• Trauma-Focused Cognitive Behavioral Therapy now the cornerstone of several behavioral health providers
  – A Massachusetts provider has 50 clinicians offering it at all of its outpatient clinics
  – A central and western New York provider trained 80 clinicians and it is now a go-to model for an agency that works with 9,000 families a year
Lessons Learned:
Success Drivers

- Early staff buy in (e.g. online pre-training, incentives)
- Secure commitment from clinicians
- Plan for turnover
- Well defined administrative support, program champions, peer network
- Advance work on referral network, outreach, service contracts
- New and expanded client base (schools, residential programs)
- Educate referral network
- Responsive developer/trainer
Grantmaking Implications

- Understand organizational readiness
- State and county-level payers at the table
- Align and educate referral networks
- Fully acknowledge long-term costs
- Turnover, turnover, turnover
  - Engage staff in EBP selection
  - Educate early with online tools
  - Consider incentives, contractual arrangement
  - Hire for the culture you want
Looking Forward

• EBPs are here to stay; aligned with focus on positive outcomes, results-based assessment
• Training delivery systems better, longer track records
• Technology better and costs down (e.g. cameras for videotaping)
• Trend towards community-based, family-based solutions
• Moral imperative to improve on the percentage of people in need with access to an appropriate EBP
A wise man proportions his belief to the evidence.

David Hume, Scottish Historian and Empiricist