



The Center for Implementation-Dissemination of Evidence-Based Practices for Children and Families Among States (IDEAS)

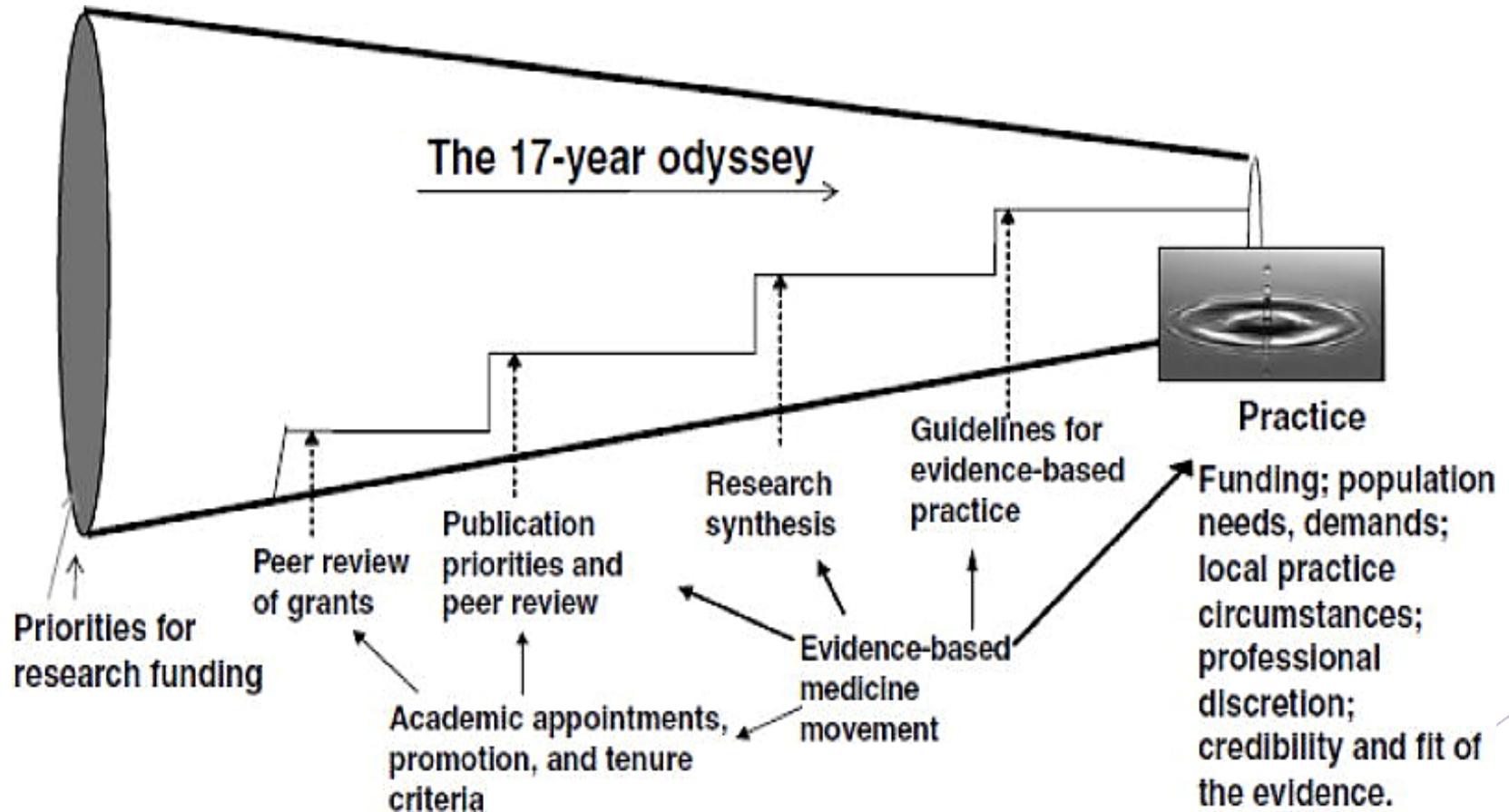
P30 funded by the National Institute of Mental Health

Implementation Science to Improve Child and Family Behavioral Health Globally

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The 17-Year Odyssey: How long it takes for scientific findings to change local practices



Source: Green L, Ottoson J, García C, Hiatt R. Diffusion theory and knowledge dissemination, utilization, and integration in public health. *Annu Rev Public Health* 2009;30:151–74; in Altman D, Goodman S. Transfer of technology from statistical journals to the biomedical literature: past trends and future predictions. *JAMA* 1994;272:129–32

What is required to shorten the lag?

- Make research questions, designs, and findings relevant to policy-makers
- Involve them early and often. Structurally embed them into your research teams
- Understand and respect their constraints
- Be open to doing quick but more limited evaluations
- Be excruciatingly honest. No blindsiding.
 - Transparency about finances, shared decision-making, negative findings
- Be flexible and immediately responsive
- Acknowledge both the constraints and power of scientific rigor

Our Experience: IDEAS Center (Hoagwood and McKay) 2011 to present

NIMH-funded Advanced Research Center (P30 MH090322)

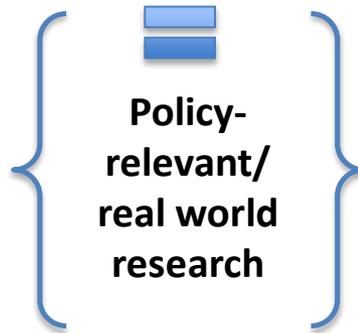
- Studies address policy initiatives of state systems and national policies to improve practice for children and families and are developed collaboratively
- Development of practical and feasible science-based tools and strategies to facilitate implementation of evidence-based practices to improve child and family behavioral health outcomes
- Highly generative: 26 studies; 211 publications in peer-reviewed journals



IDEAS-Community Technical Assistance Center (CTAC) Partnership



(PI's: Hoagwood & McKay)



PI's: McKay, Hoagwood and Cleek

Collaborators include:

New York State Office of Mental Health (OMH)

New York State Office of Alcoholism and Substance Abuse Services (OASAS)

CCSI

Families Together

Examples of IDEAS Research Projects Developed in the Policy-Academic Partnership

Research, Policy, and Practice

Workforce Development: Training models and tools

- Post 9/11 Trauma Services
 - Evidence-Based Treatment Dissemination Center (EBTDC)
 - Community Technical Assistance Center (CTAC)
 - Multi-Family Group (MFG)
 - **Parent Peers, Organizational Context, and Quality: The Parent Empowerment Program (PEP)**

Quality Measures Development

- Access to care: mystery shopper method
- Psychotropic prescription practices: HEDIS measures
- Quality indicators for family support services
- Depression pathway
 - Adolescent Depression
 - Maternal Depression

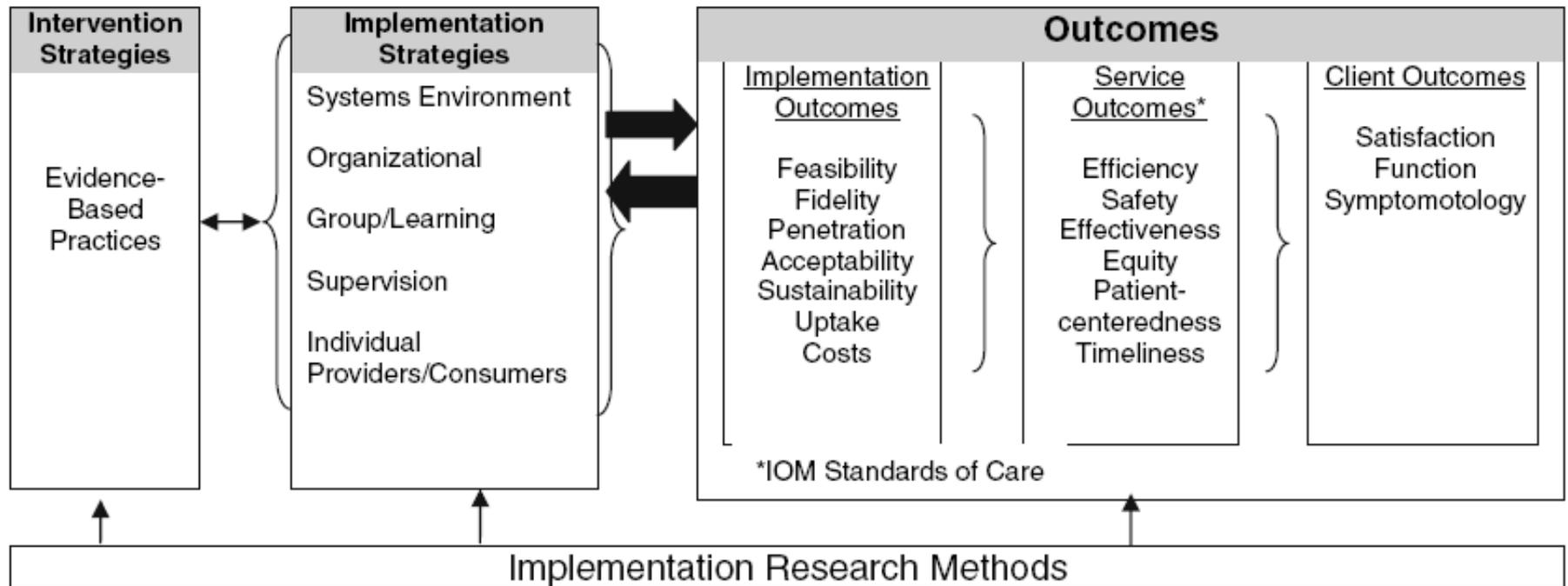
Implementation Strategies for Scaling EBPs

- Theory-driven Learning Collaboratives
- Organizational Interventions + family driven care
- Measurement feedback systems
- Common elements from psychosocial therapies for children

IDEAS Infrastructure includes

- Mixed methods expertise: Purposeful sampling techniques, epidemiological expertise, quality measures development, qualitative and quantitative methods, sophisticated data analysis capacity
- Communication: websites, policy briefings, national advisory board, national newsletter
- State-of-the-art trainings through **CTAC** using different modalities (in-person, web-based, modular, M-health apps, learning collaboratives)

Conceptual Model of Implementation Research

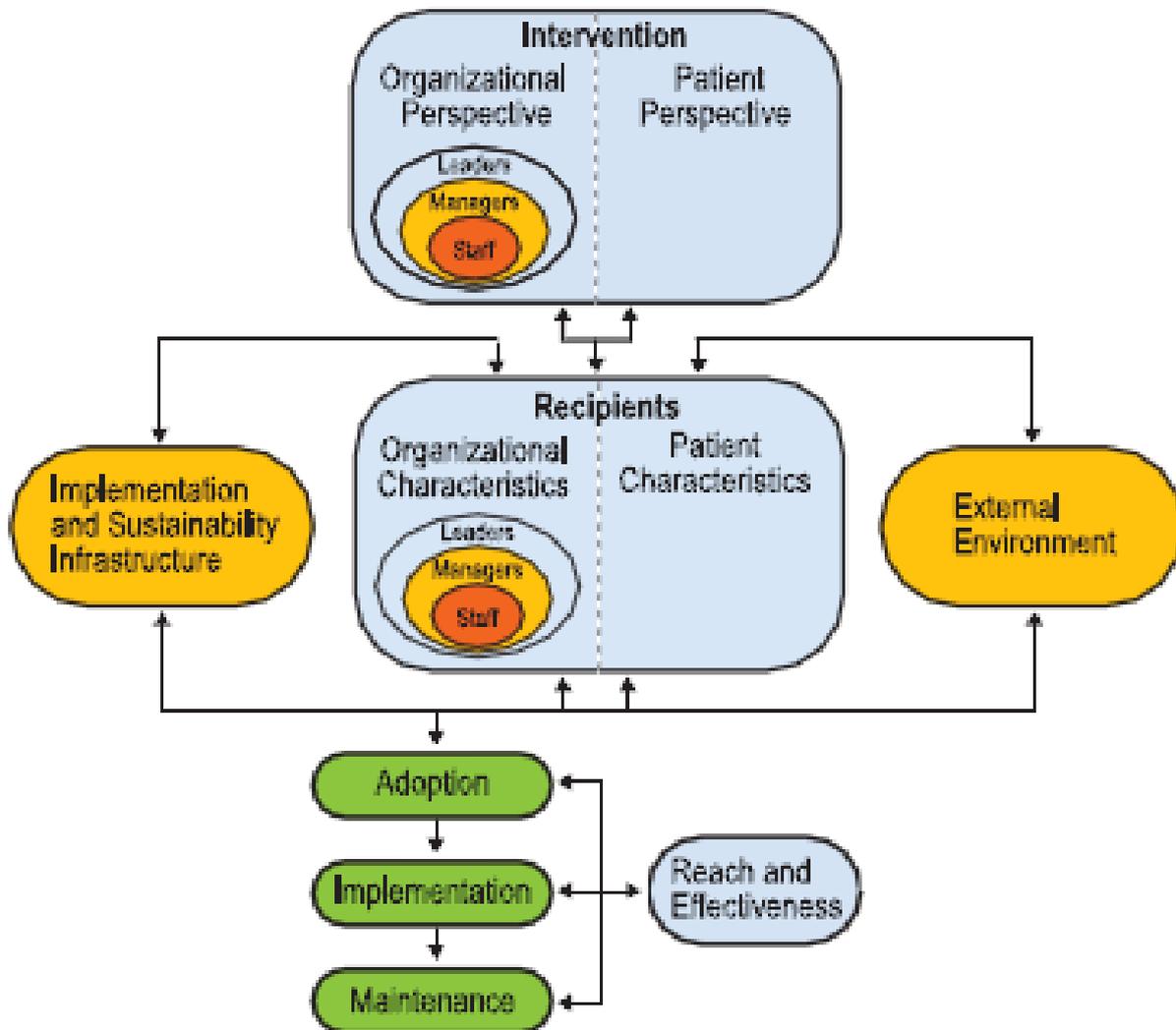


- Proctor, E.K., et al., *Implementation research in mental health services: an emerging science with conceptual, methodological, and training challenges*. *Adm Policy Ment Health*, 2009. **36**(1): p. 24-34.

Practical, Robust Implementation and Sustainability Model (PRISM)

The Practical, Robust Implementation and Sustainability Model (PRISM)

- Feldstein, A.C. and R.E. Glasgow, A practical, robust implementation and sustainability model (PRISM) for integrating research findings into practice. *Jt Comm J Qual Patient Saf*, 2008. 34(4): p. 228-43.



The RE-AIM Framework to Guide Outcomes



- Glasgow, R.E., T.M. Vogt, and S.M. Boles, *Evaluating the public health impact of health promotion interventions: the RE-AIM framework*. Am J Public Health, 1999. **89**(9): p. 1322-7.

Building a workforce of parent peer partners

- Parent Empowerment Program
 - Training and certification with state and with family-run advocacy organization
 - Have trained and certified over 450 parent peers
 - Developing 13-session web-based training and certification to extend reach and capacity through CTAC
- Multiple R01s to extend knowledge about effectiveness of family-strengthening (MFG), skills and competencies, organizational supports, and quality improvement
 - Enhance specific competencies: engagement, motivational interviewing, depression screening and linkage
 - Develop practical tool to assess quality of family support and contra-indicators
 - Examine association between provider context and quality of family support

Evidence on Family Support

- Reduces stigma and distrust by improving communication (Linhorst & Eckert, 2003)
- Improves activation in seeking care (Alegria et al., 2008)
- Improves self-efficacy (Heflinger & Bickman, 1997; Bickman, 1998)
- Improves knowledge and beliefs about children's mental health and use of higher quality services (Fristad et al., 2003; 2008)
- Parent peer partners who are trained report high levels of satisfaction and perceived benefits in skills and competencies (Olin et al., 2010; Rodriguez et al., 2011)

Family Support Quality Indicators for Parent Peer Partners: Tool development and components

- Clear roles and responsibilities for parent peer partners
- Budget allocated for this service
- Specialized supervision structures in place for parent peer partners to help maintain their role on team and with families
- Employment benefits provided to parent peer partners
- Focus on facilitating family's identification of priorities and concerns
- Promotion of family voice and choice through shared decision making
- Use of communication that does not blame or criticize caregivers

Family-Centered Care + Organizational Strategies

- Mental models related to staff attitudes and beliefs about parents (the stories we tell)
- Staff attitudes and beliefs about roles: expert vs. collaborator (Parents as Agents of Change)
- Staff competency in specific areas of parent engagement and empowerment through shared decision making
- Leadership development, team building, goal setting, continuous improvement, feedback systems

Core Ingredients for Family-Centered Care

- Develop a **sense of purpose, control and autonomy** through shared mental models
- Teach tools and processes to increase **self-efficacy**
- Show **results** to reinforce both of the above
 - Use CQI tools to monitor and track changes and show results to further reinforce beliefs, norms, and practices

Findings and Conclusions

- Preliminary findings suggestive of an effect on proficiency of the work culture, on parents' help-seeking of informal services, and on child behavior outcomes
- Parent Peer Partners are an important and growing workforce
- Training programs, certification standards, and quality metrics have been developed to strengthen skills and competencies
- These programs and tools are practical and feasible
- They address the interface of research, policy and practice
- Quality indicators for services provided by parent peer partners are highly related to the organizational social context
- Implementation strategies can be developed to improve the social context and thus improve child and family outcomes
- Building bridges with policy-makers can accelerate the use of research findings
- Ethical imperative to move quickly and scientifically

The IDEAS Center Website

<http://www.ideas4kidsmentalhealth.org>

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