E2P BRIEF

No. 1: August 2019,

Louisiana's Statewide Implementation and Dissemination: Lessons Learned, Opportunities and Recommendations

Highlights

As the Louisiana Behavioral Health community poises to scale up Evidence-Based Practices (EBPs) for youth 0 – 18 years old, the new Center for Evidence to Practice (the Center) spent its inaugural 6 months exploring 'lessons learned' from national and state leaders in EBP implementation and dissemination. Widespread EBP successes have been attributed to the consistency of care provided though manualized treatment including a written training curricula, structured clinician-family interactions as well as a strong adherence to fidelity monitoring (Thomas, 2017). However, the real story is the improved outcomes for families, with parents gaining skills to support and address their children's behavioral health needs for the long term.

Many states have attempted statewide scale-ups of EBPs, but the road has not been easy even when state funding or other supports are available (Metrick et al, 2015). This has been attributed to the idea that EBP implementation breaks from traditional care models, requiring various organizational transformations (Ghate, 2016). The Center is not only seeking to build from those previous experiences but adapt these best practices to the unique context of scaling EBPs within Medicaid Managed Care environment.

Lessons Learned from around the nation

In a collaboration of the Office of Behavioral Health (OBH) and Medicaid, the Center was developed to guide the statewide scale-up of several EBPs, focusing in the first year on services for youth and their families, ages 0 – 6 years old. This effort represents a significant shift in behavioral health treatment culture, and requires transformative thinking around clinical and administrative capacity-building, business-model sustainability, and current gaps in behavioral health systems. (Lyon, 2010; Williams, 2017). The objective of the Center is to provide expertise, training coordination, monitoring, and evaluation processes to assess the impact of Louisiana's efforts to increase utilization of EBPs in children's behavioral health.

Starting in November of 2018, the Center examined state-based approaches and convened with national and state leaders in EBP implementation. Our methods included a series of formal and informal consultations, site visits, focus groups, interviews, conference attendance, and review of current research, evaluations and implementation tools. The aim was to gather information on the success and challenges faced in this type of system change so that the Center could develop informed strategies for Louisiana's approach to expanding behavioral health EBP utilization.

The list of national experts the Center has consulted include: Dr. Brian Bumbarger, Founding Director, Evidence-Based Prevention and Intervention Support Center (EPIS); Dr. Andy Kleek, Executive Director of the New York Managed Care Technical Assistance Center; Dr. Amy Herschel, Research Director of the Early Childhood Innovations Center; Dr. Kimberly Hoagwood Vice Chair for Research and Professor of Child and Adolescent Psychiatry at NYU Child Study Center and Department of Child and Adolescent Psychiatry;

The Center's combined this national perspective with Louisiana expertise, including Center Director, Dr. Stephen Phillippi, who has been recognized for his advancement of EBPs (Multi-Systemic Therapy (MST) and Functional Family therapy (FFT)) in Louisiana as part of its extensive juvenile justice reform initiative over the last two decades. Other Louisiana leaders consulted include Dr. Matt Thornton, Chief Executive Officer for the Louisiana Center for Children & Families has sustainably implemented EBPs throughout five parishes in Louisiana and several counties in Mississippi; and Sherry Guarisco and Lenell Young of the LA Parenting Education Network who have blanketed with state with parent education resources.

Creating an EBP Training Network

In order to begin building an extensive EBP training network, the Center has identified and engaged six local and national training organizations, with purveyors from Louisiana State University, Tulane University and a number of national centers. The initial EBPs of focus are: Child-Parent Psychotherapy (CPP), Preschool PTSD Treatment (PPT), Triple P (PPP), Trauma Focused - Cognitive Behavioral Therapy (TF-CBT), PAX Good Behavior Game, and Parent-Child Interaction Therapy (PCIT). The Center has correspondingly conducted interviews with EBP developers and trainers to learn about successes, challenges, and lessons learned in order to address implementation obstacles early and effectively.

Based on provider requests and identified needs, the Center is also offering training support for several research supported practices including Motivational Interviewing (MI), Eye Movement Desensitization and Reprocessing (EMDR), Trust-Based Relational Intervention, and the PAX Good Behavior Game. The latter is a school-based EBP being piloted in Ascension parish elementary schools.

In the Center's first public efforts, we began by listening to key stakeholders. We invited the behavioral health community that serve youth, including provider organization administrators, clinicians and key behavioral health staff from across the state, to attend four regional meetings aimed at understanding providers' needs, challenges and priorities. The first regional meeting was held in New Orleans in December 2018 followed by others in Baton Rouge, Shreveport and Lafayette. Attendees represented Human Service Districts from Metropolitan, Capital Area, Jefferson Parish, Florida Parishes and South Central Louisiana Parishes as well as Managed Care Organizations (MCOs), several provider organizations, some consumers, and OBH staff. During these group discussions the Center surveyed and gathered focus group data from 69 participant stakeholders. At the end of each meeting, the providers were asked to give their input on: 'What evidence-based practice interests you the most and would best align with your community's needs?', 'What barriers and obstacles do you foresee in EBP implementation?', and 'What kind of support would you need to introduce a new EBP to your practice?'

From this stakeholder feedback we learned a number of things:

- FFT, TF-CBT, CBT and PCIT were identified as the EBPs that most aligned with current clinician and provider needs.
- Providers recognized the cost of the trainings and associated expenses (i.e., travel, equipment and on-site modifications) were significant barriers to EBP adoption and implementation, as

was the high rate of turnover of EBP-trained staff.
- Providers identified supports they desired from the Center to include improvements in client access to services, transportation for clients, increased referrals, and model fidelity
- Similarly, to sustain implementation, providers suggested funding not only trainings but also support such as coaching and technical assistance.

Expanding EBPs across the Behavioral Health Community

Between Oct 2018 and July 2019, the Center has developed strategic advisory groups among the state's key behavioral health stakeholders. These include:

- An OBH-Center for Evidence to Practice Workgroup,
- A Managed Care Organizations (MCOs) Workgroup,
- An Implementation Team Advisory Committee, and
- A University Workforce Development Group

Regular meetings of these groups affords 'learning communities' to discuss the successes and challenges of diffusion, implementation, and sustained utilization of EBPs. Each meeting produces key information that allows the Center to determine stakeholder priorities and identify the best ways to address them. In practice, this translated into over a dozen meetings with in excess of 100 stakeholders throughout the state during the Center's first 9 months.

The MCO Workgroup primarily discusses the role of the MCO in the EBP scale up process, including co-sponsoring EBP trainings with the Center, recognizing and preempting important administrative and technical challenges that may arise among providers new to EBPs, and more. The MCO Workgroup members currently represent the five Louisiana Medicaid MCOs:[1]

- Aetna Better Health Louisiana
- AmeriHealth Caritas of Louisiana
- Healthy Blue
- Magellan Healthcare
- Louisiana Healthcare Connections
- United Healthcare Community Plan

The Implementation Team was chosen due to their expertise and leadership in key areas of the Louisiana behavioral health system. The team is intended to assist the Center in problem solving issues regarding provider training, behavioral health service issues, provider operations, Medicaid and MCO interactions, and the needs of diverse Louisiana communities. The Implementation Team is currently made up of representatives of the following agencies and organizations:

- Center for Children and Families
- Children's Bureau of New Orleans
- Therapeutic Partners, LLC
- Mental Health Solutions
- Northwest Louisiana Human Services District
- Imperial Calcasieu Human Service Authority
- Jefferson Parish Human Services Authority
- Central Louisiana Human Services District
- South Central LA Human Services Authority
- Louisiana Department of Health, Office of Behavioral Health
- Step Forward
- Behavioral Health Providers Association

While the **University Workforce Development Group** is still under development, the primary objective is to examine ways to build workforce capacity to accompany statewide EBP expansion.

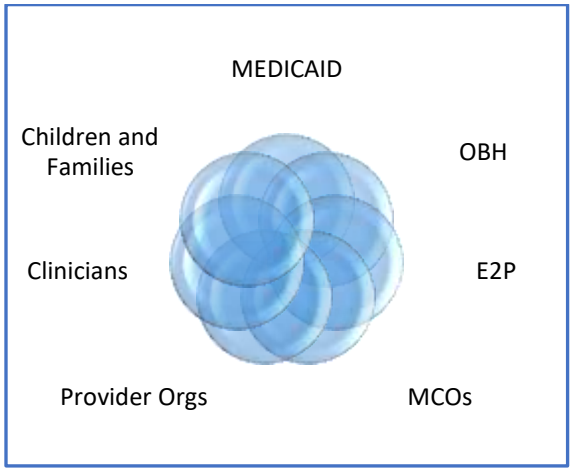
[1] This network is being re-competed in 2019; as a result the MCO network will change in 2020

This may include incorporating EBP trainings into the curriculum or practice experiences of universities. The effort aims to increase the number and reach of EBP-certified practitioners to meet the growing staffing need of provider organizations. The developing team is projected to include:

- Louisiana State University Health Science Center
- Tulane University
- Southern University – New Orleans
- Our Lady of Holy Cross College
- Loyola University
- University of New Orleans
- Southern University
- Louisiana State University-Baton Rouge
- Southeastern Louisiana University
- University of Louisiana-Lafayette
- Grambling
- University of Louisiana at Monroe
- Louisiana Tech University
- Northwestern State University of Louisiana

An Interactive Systems Approach to Scaling Up EBPs: Lessons and Strategies

One way to consider the spectrum of advancements and innovations essential in the expansion of EBPs across Louisiana is through an interactive systems model (Flaspohler et al., 2012). An interactive behavioral health care system refers to multiple agencies, with their own internal systems, working together. By integrating the EBP dissemination efforts across agency systems (both formal and informal), the Center can identify holdups, complications, and efficiencies in order to develop options and strategies for improvement. Moreover, it is anticipated that agencies will be more willing to work with a Center that attempts to understand their structure, needs, and limitations. The Center has accordingly developed an **active inter-agency engagement** platform that generates transparently among major stakeholders.



The following section identifies 'Lessons Learned' summarizing the key systems and strategies for EBP implementation the Center has gained from local informants and several statewide dissemination initiatives (Rhoades, et al, 2012). Each lesson is followed by a strategy that builds toward stronger inter-agency cooperation as a key for sustained success.

Provider Organizations: Provider organizations' administrators, supervisors and clinicians are the nexus of EBP implementation and are key to good outcomes (Herschell, 2009). Problems at the provider organization-level are often complex, systemic and persistent. According to Herschell (2009) and our statewide discussions with Louisiana providers, those problems include:

- Clinician attrition and turnover, both during training and in practice
- Overworked and overscheduled clinicians
- Attrition of families unwilling or unable to come for weekly visits
- Lack of support at higher levels of provider organization administration
- Lack of sustainable business models to support an EBP implementation

E2P Strategy: E2P has teamed with the national experts in EBP training to look for solutions. Through NIH and SAMHSA-funded research on training best practices for EBPs, Dr. Amy Herschel, Associate Professor of Psychiatry & Psychology at University of Pittsburgh School of Medicine, has developed and recommended several strategies to address common training issues. One early strategy is the utilization of an **EBP Readiness Tool**. This tool consists of a series of assessment and readiness exercises that allow provider organizations to evaluate their ability to meet the specific staffing, technology, referral, or business requirements of an EBP.

Based on this recommendation, the Center is creating EBP-specific readiness instruments that will be deployed during the application process for subsidized EBP trainings. The goal is for the provider organization and the Center to identify and address their critical issues collaboratively and proactively. For example, sixty statewide applicants applied for the first TF-CBT training. Preliminary criteria developed - by the Center and the EBP trainer and supported by basic screenings and phone interviews - indicated that nearly thirty applicants were at a point of readiness for training. Our plan is to provide the remaining applicants assistance on improving eligibility for future access to a training for that EBP.

E2P Strategy: The Center is currently developing **an online multi-modal learning platform**, which will be a virtual classroom of webinars, expositions, and modules designed to support provider organizations in the implementation of EBPs. Topics covered will include, staffing requirements, space and technology modifications, and proper Medicaid billing protocols to avoid denials, etc. For example, the Center is currently developing a series of business model webinars with the Louisiana Center for Children & Families. This online series will be followed by an in-person regional support option to offer provider organizations further guidance and exercises to develop their specific strategy to implement and sustain EBPs.[2]

E2P Strategy: The type of training models employed by EBP purveyors have been shown to impact sustainability of the EBP in clinical setting (Chamberlain, 2012). The most common training models are: Cascading models whereby national trainers train regional clinicians, with the hope that a few clinicians will commit to a train-the-trainers model over time (estimated 3 years). The model that has been recommended as most successful for the current slate of EBPs is the **Collaborative Learning model**. Learning Collaboratives generally include mid- to high-level administrators, clinical supervisors, data & finance staff, and clinicians in the EBP training. This approach ensures that each organization is better prepared for the clinical, business, and cultural shifts required for successful implementation and sustainability (Herschell, 2015). Hence, the Center will be experimenting with learning collaborative designs as an initial practice, as it examines model of training effectiveness. The last two PCIT trainings sponsored, by United Healthcare and Healthy Blue have sponsored an adapted collaborative learning model and cascading model respectively. The learning collaborative model incorporated 10 senior leaders and 15 clinicians representing 5 behavioral health agencies. The participants of either model will be followed closely for their success measures overtime to see how they perform regarding costs and benefits.

E2P Strategy: Once a strong network of EBP providers is established, it will be imperative to know which EBPs are offered by which provider organizations. A strategy the Center has adopted to address this includes an **Online Mapping tool geo-locating EBP Providers.** EBP Providers, once they register their EBP certifications with Medicaid and the Center, will be identified on an interactive online mapping tool to graphically illustrate the number of

[2] https://laevidencetopractice.com

clinicians per specific EBP, their contact information, and their MCO plan affiliations. This tool is being introduced to referral sources, such as judges, MCOs, and other providers, with a goal of increasing the number or accuracy of referrals for the behavioral issues targeted by the EBPs. To further inform the mapping tool, the Center will continually **conduct a survey** of all provider organizations with clinicians trained in EBPs within the last 3-years to determine those currently credentialed to provide the EBP service. We will also be mapping the clinician and their provider organizations currently in training (i.e. "working towards certification") to assist them in achieving the number of cases necessary to apply for certification. With this information, E2P hopes to improve EBP accessibility and accuracy of statewide referrals to EBPs.

Managed Care Organizations (MCOs): Louisiana and a number of other states are to exploring the role of MCOs in the Medicaid environment. The Managed Care Technical Assistance Center of New York (MCTAC) convened MCOs on a neutral platform in order to improve and support EBP implementation. Using a neutral convening and problem solving strategy, MCTAC became a mechanism to address several challenges attributing to provider organizations attrition, such as billing ambiguities resulting in high denial rates, referral network gaps and business sustainability issues. Dr Andrew Kleek and his team, Dr. Boris Vilgorin and Meg Baier, recommended that the Center build an internal infrastructure for MCOs to resolve upstream and downstream issues in the Medicaid-MCO-Provider environments.[3] In this way, issues are progressively uncovered and more efficiently addressed.

Referral Networks: Good communication, convenience and accessibility drives continued referrals, just as high quality service does (Brabson, 2019). In the case of EBPs, consistent referrals are critical. When lacking they can cause interruptions to clinical training, or worse, drive providers out of offering this key service due to inadequate caseloads (Lyons, 2010).

The Early Childhood Innovations Center in Pennsylvania, directed by Dr Amy Herschell, shared with the Center their strategies to educate local referral networks on the effectiveness and impact of EBPs on child behavior. They found that cultivating a trained clinical workforce is not as effective during a statewide scale-up effort without an equivalent investment in sensitization of the local referral network. Their particular network for PCIT implementation consisted of pediatricians, child care workers, kindergarten and pre-K school teachers, as well as Head Start staff, who helped to identify and refer clients to the most appropriate EBP.

Building a strong referral network is further complicated by understanding the diagnostic needs of the youth and family and identifying an appropriate EBP match (Walker, Bumbarger, Phillippi, 2013). The Center recognizes this challenge given the number of EBPs to be made available and the resources needed to sustain them, including an educated referral network. The Centers website, newsletters, and outreach meetings will be developed for ongoing referral support. Additionally the Center will provide **supplementary online learning modules** including videos and webinars explaining the types of EBPs available, the specific issues they address and the types of impacts to be expected when they are implemented. Our goal is to turn referral agencies into champions of EBPs.

Building a 'culture' of EBP utilization is in its early development in Louisiana. EBP modalities, like those currently prioritized for Louisiana implementation, differ from standard care, as they frequently require weekly, parent-and family focused behavioral health treatments and utilize technologies and settings that

[3] https://www.ctacny.org/resources

are not the norm for many Louisiana providers. For many provider organizations an EBP approach may represent a substantial shift in the standard of care for both staff and facility operations (Chaudoir, 2013).

E2P Strategy: The Center seeks to encourage an EBP culture-shift by actively educating and engaging the community that will refer and access the need care. This includes those agencies that have regular contact with children and families, such as Head Start, pediatricians, elementary schools, judges and child welfare agencies. Helping these referral sources understand the unique focus (age, mental health issue, setting, etc.) of EBPs being implemented will help increase referral accuracy and decrease frustration with ineffective treatment.

Along with the Center's own outreach to key groups like judges and child welfare, we are **supporting established leaders in parent-child education to help foster knowledge of EBP.** Organizations such as the LA Parenting Education Network and the LA Behavioral Health Association have been working alongside the behavioral health communities in urban and rural parishes for years and are well positioned to support EBPs as a long-term solution for improving Louisiana's quality of care.

Children and Families. Children and families are at the center of this effort, though most are not acclimated to an EBP care environment (Breston, et al., 1999). When behavioral health care is not patient-centered, attrition becomes a primary issue as youth and families fail to be engaged in treatment. Providers may fail to retain EBP cases due to sociocultural factors (e.g., poverty, mobility issues, work and school challenges) and must work with families to overcome these challenges (Kazdin, 1997). EBPs, often include a component of client engagement, at least documenting and potentially addressing many of these concerns within care coordination. However, even with the best of research and training on the clinician's side, families may be reluctant, and not accustomed, to engage in weekly, or more, intense sessions or care (Armbruster, 1994).

E2P Strategy: E2P will focus efforts to support EBP models and provider organizations to **be sympathetic of Louisiana families** where the needs of the parent are interwoven in the needs of the children, and the clinician has the time, rapport and resources to treat each family with the highest quality of care. Strategies will be further developed during the next year.

The Point of Systems Interaction: Training & Implementation

MCOs, provider organizations and purveyors alone do not traditionally have the capacity to establish a statewide dissemination of multiple EBP practices. Without a collaborative and coordinated approach, even the best funded efforts may result in poor return-on-investment, and high attrition of providers leading to less children served (Babson, 2019).

E2P Strategy: The Center is poised to be a **central body for statewide training coordination and capacity building** to address the multifaceted issues of EBP implementation and dissemination. The Center will act as a neutral coordinating entity for the many stakeholders needed to make this a success. The Center will be a source for informed decision-making, providing expertise on the training approaches, and on matching EBPs to the needs of our Louisiana populations. This includes the organization, standardization and evaluation of trainings, while keeping abreast of national best practices in EBP implementation and dissemination. From this position, the Center will gather the necessary data to inform policy and practice needed to sustain our state's investment in EBP utilization.

Monitoring and Evaluation

The goal of the Center's efforts, in collaboration with OBH, is statewide access to EBPs that address key behavioral health needs for Medicaid insured children and families in Louisiana. The Center recognizes the importance of continuously monitoring and evaluating this effort, which will inform key decisions and recommendations as we move forward. Many of the primary data elements defining E2P's progress will include:

- Qualitative findings from formal and informal surveys of key stakeholders, particularly over the course regular strategic planning and implementation meetings
- A database resulting from participation in EBP trainings, identifying who was trained and how many completed certification requirements specified for Medicaid reimbursement.
- The interactive mapping tool with associated tracking of trained and certified providers offering EBPs
- A database drawn from statewide Medicaid data allowing the Center to track the growth in utilization of EBPs

The primary evaluation objectives of the Center in its first year are: **1)** To determine the feasibility of the proposed training/scale-up approach in a Medicaid Managed Care environment; **2)** To identify any barriers to increased EBP utilization; and **3)** To assess any changes in the utilization of targeted EBPs by providers serving Medicaid-eligible clients. This data will inform our decision making and the Center's activities, support the state's goal of increased training of, and access to, EBPs.

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