



# *Evidence-Based Practice for New Hampshire Family Support Programs & Family Resource Centers: Integrating Implementation & Practice*

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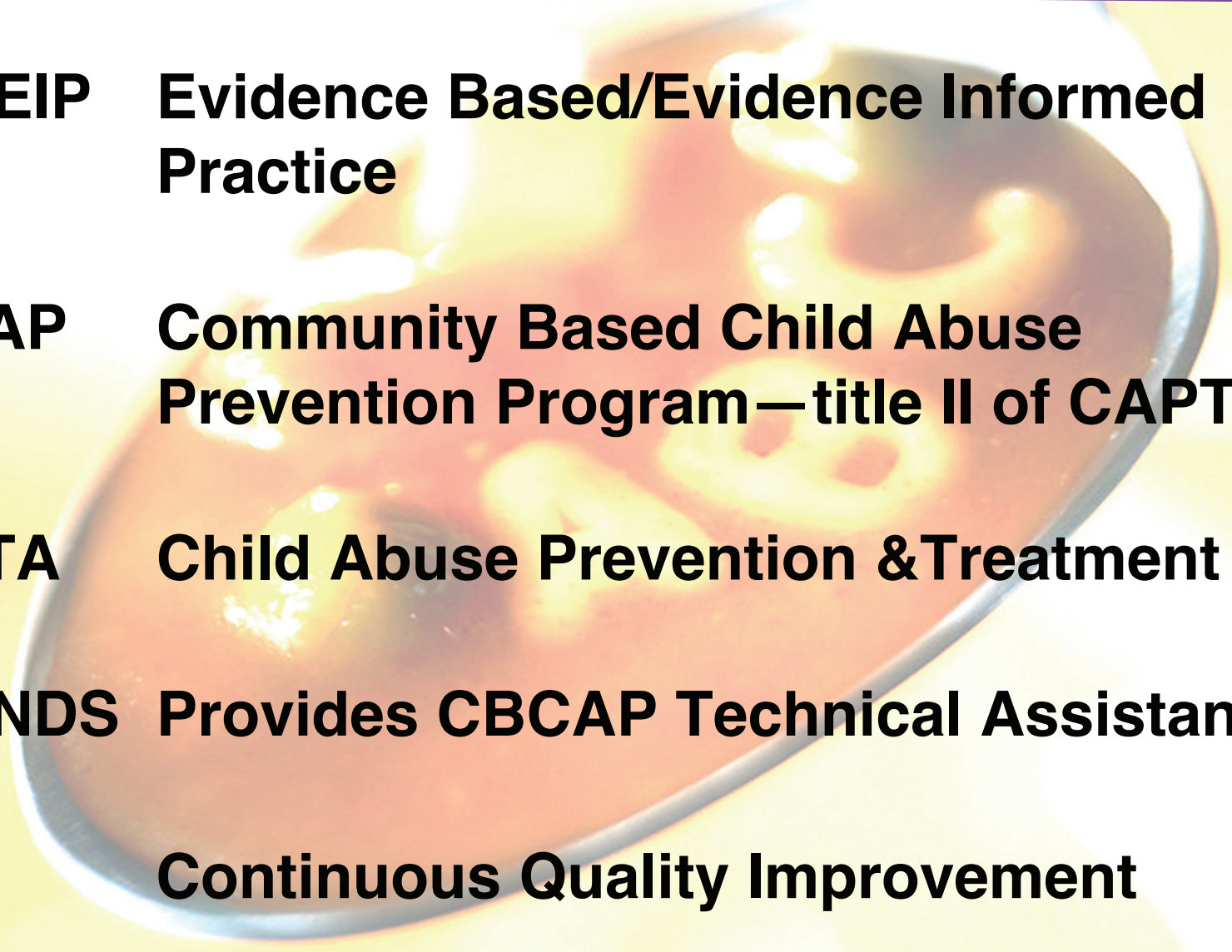


**FRIENDS National Resource Center for Community Based Child Abuse  
Prevention**

*A Service of the Children's Bureau*

# Making Sense of the Soup

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<b>EBP/EIP</b>	<b>Evidence Based/Evidence Informed Practice</b>
<b>CBCAP</b>	<b>Community Based Child Abuse Prevention Program—title II of CAPTA</b>
<b>CAPTA</b>	<b>Child Abuse Prevention &amp; Treatment Act</b>
<b>FRIENDS</b>	<b>Provides CBCAP Technical Assistance</b>
<b>CQI</b>	<b>Continuous Quality Improvement</b>

# Outcomes – Participants will

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- Understand the importance of the EBP/EIP initiative.
- Know CBCAP's EBP/EIP definitions & expectations.
- Identify where they are in the EBP/EIP home.
- Understand relationship of EBP/EIP to CQI.
- Determine appropriateness of practice change.
- Plan their next steps relative to EBP/EIP
- Identify how systems such as the Trust Fund, can support local programs relative to EBP/EIP.

## What we're talking about...

- EBP: Evidence Based Prevention Programs have demonstrated--through rigorous research--success in achieving positive outcomes for children and families.
- EIP: Evidence Informed Prevention Programs practice *methods* that the research has shown to be effective, and/or that have a sound theory of change.
- Both Evidence Based and Evidence Informed programs consistently conduct outcome and implementation evaluations to ensure *Continuous Quality Improvement*.

# How do you define CQI?

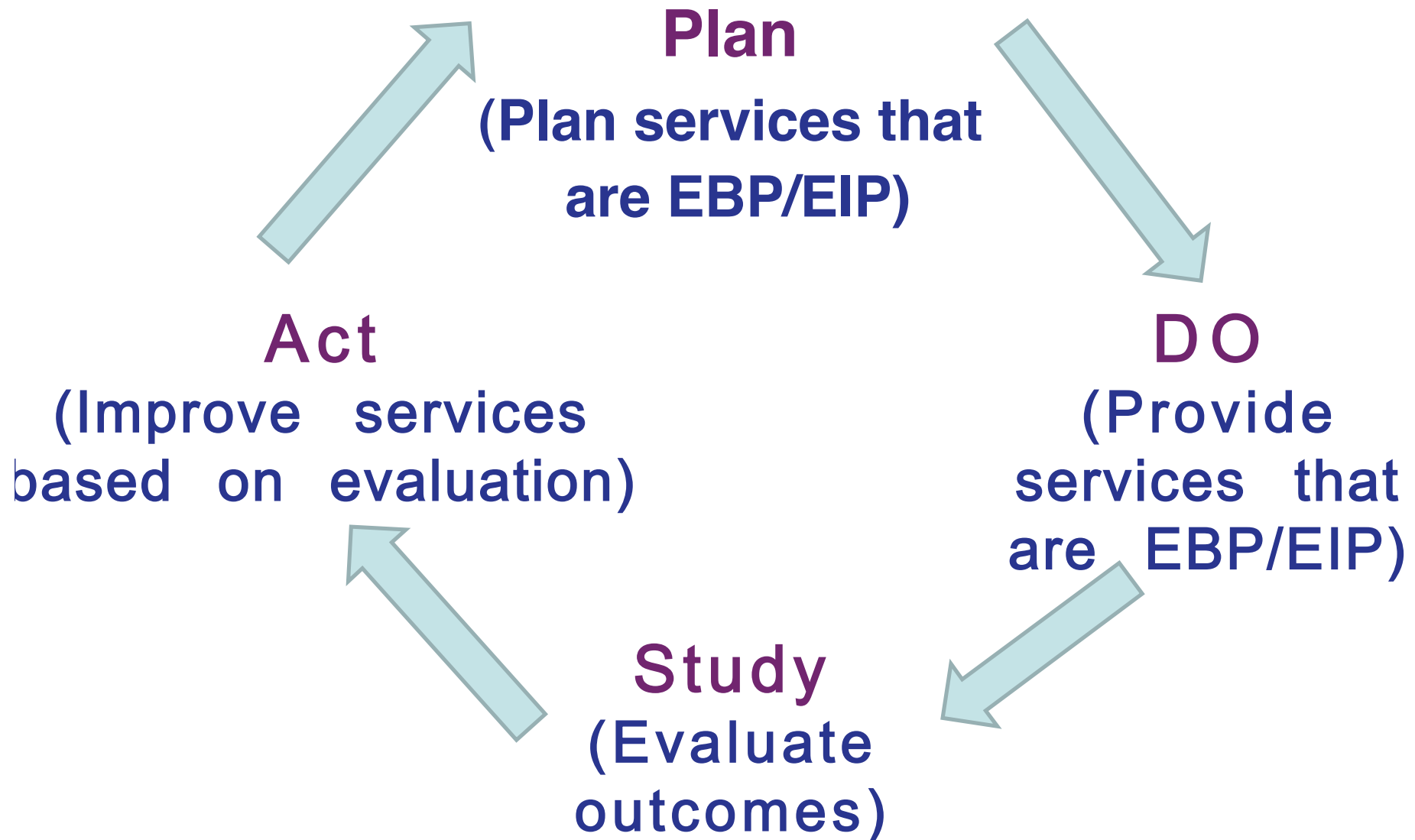
**Continuous Quality Improvement is what the EBP/EIP initiative is all about.**

**CQI** is an approach that requires ongoing evaluation followed by responsive service adjustments and in turn, the adjustments are evaluated for effects on improvement.



It means getting better & better & better....

# Look at it this way...



# EBP/EIP initiative: 3 primary purposes

- 1.** Promote efficient use of CBCAP funding by *investing in programs & practices with evidence of positive outcomes.*
- 2.** Promote critical thinking and analysis across the CBCAP Lead Agencies and their funded programs.
- 3.** Foster *a culture of continuous quality improvement* by promoting ongoing evaluation and quality assurance activities.

# CBCAP Expectations

All CBCAP Services are in one of the rooms in the EBP/EIP house, they are engaged in continuous quality improvement, and learning from experiences.

*Evidence Informed means you have a room in the house.*



## EBP & EIP

*Shared Components:*

- Logic Model
- Not Harmful
- Manual/Protocol
- Accepted Practice

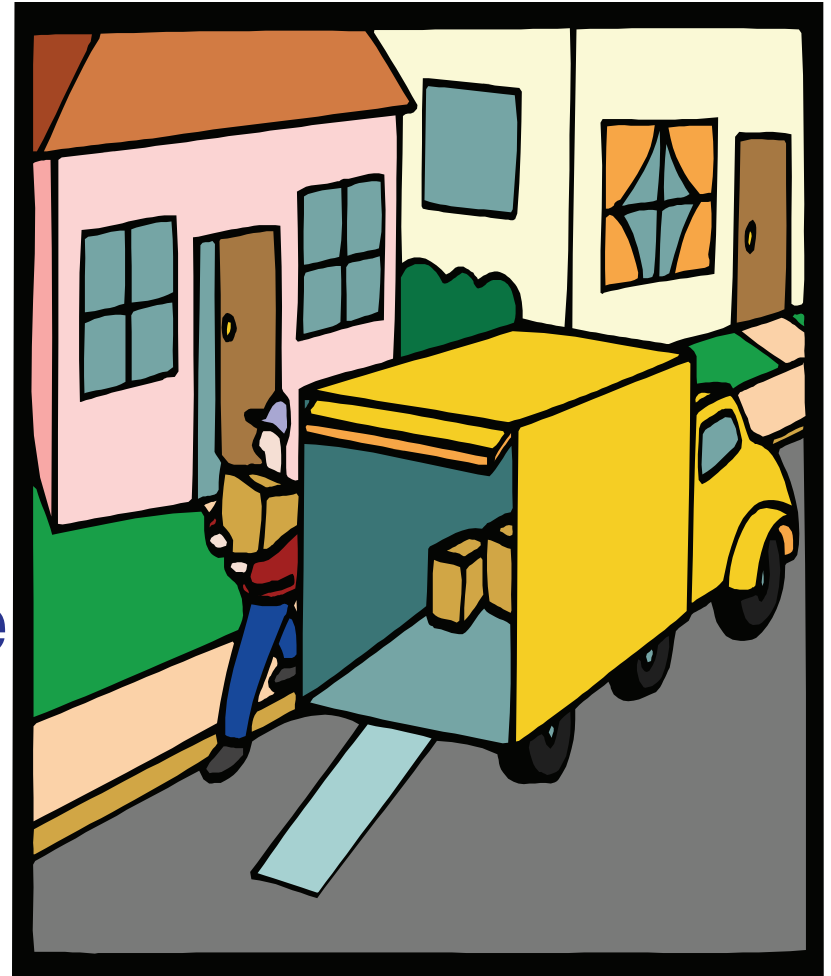
**Commitment to CQI & Ongoing Evaluation**

<b>Evidence-Informed Emerging</b>	<b>Promising</b>	<b>Supported</b>	<b>Well Supported</b>
<ul style="list-style-type: none"><li>• Ongoing collection of pre/post Data</li><li>• Peer Review</li><li>• Document all implementation activities</li></ul>	<ul style="list-style-type: none"><li>• All elements of emerging, plus:</li><li>• 1 study, quasi-experimental design with control or comparison group</li><li>• model fidelity</li></ul>	<ul style="list-style-type: none"><li>• All elements of promising, plus:</li><li>• 2 randomized trials or 2 between group studies (or comparable methodology)</li><li>• one year sustained effect</li></ul>	<ul style="list-style-type: none"><li>• All elements of supported, plus:</li><li>• Multiple site replication</li></ul>
<p><i>Evidence Informed</i> ←————→ <i>Evidence-</i></p>			

# Should you be moving *rooms*?

***ONLY*** if it makes  
sense—**REALLY**

Of 1<sup>st</sup>  
Importance—move



# Where am I? Let's check...

Does your program

- have a logic model?
- have a guide, training materials, or manual?
- follow practices accepted by peers as appropriate?
- Conduct evaluations?
- follow practices known *NOT* to cause harm?



All answers *yes*? You're probably in the Emerging/Evidence Informed room

# Does your program...

- meet all of the requirements for Emerging/Evidence Informed?
- have at least 1 study using a quasi-experimental study design with control or comparison group?
- demonstrate model fidelity?



All answers still *yes*? You probably are in the Promising Practice room

# Does your program use a model that

- meets all previous criteria?
- has research showing sustained effects for at least 1 year?
- used reliable & valid measures
  - ✓ 2 rigorous randomized control trials, or
  - ✓ 2 between group design studies
- is followed with fidelity?



All answers still *yes*? Might be in the Supported Programs and Practices room.

# Does your program use a model that

- Has all elements of Emerging/Evidence Informed, Promising and Supported Programs and Practices PLUS
- research has shown the same positive results in multiple site replications?
- Do you follow the model with rigorous fidelity?



Yes to each and every question so far? Likely, you are in the Well Supported room

In the house? Great. To stay there...

Diligently strengthen your position--  
Maintain a CQI Environment

- Staff support
- Keep in touch with your community
- Stay abreast of research.
- Routinely monitor & evaluate implementation and outcomes.



# Why Measure Fidelity?

Measure Fidelity & Measure Outcomes  
BECAUSE you need to know:

Is there an implementation problem?

- Low fidelity + Poor outcome =  
Implementation problem

OR

Is there an effectiveness problem?

- High fidelity + Poor outcome =  
Effectiveness problem

# Fidelity

## **Fidelity: A Necessary Component of Effective Implementation**

Fidelity is the degree to which a program provides services according to the way the developer intended (Fixsen, Naoom, Blase, Friedman & Wallace, 2005, National Implementation Research Network)

Fidelity measures are tools that track how services were provided—with the to the developer's requirements as the yard stick.

# Well-developed Fidelity Measures

- ✓ Can discriminate between practices
- ✓ Are correlated with better outcomes
- ✓ Help in interpreting research findings
- ✓ Help in interpreting program outcomes and guiding implementation

# Components of Fidelity Measures

- Adherence
- Dosage/Exposure
- Quality of Program Delivery

# Fidelity Data Collection Methods

- Direct Observation
- Practitioner Self-report
- Consumer Self-report

## Sample Fidelity Measures

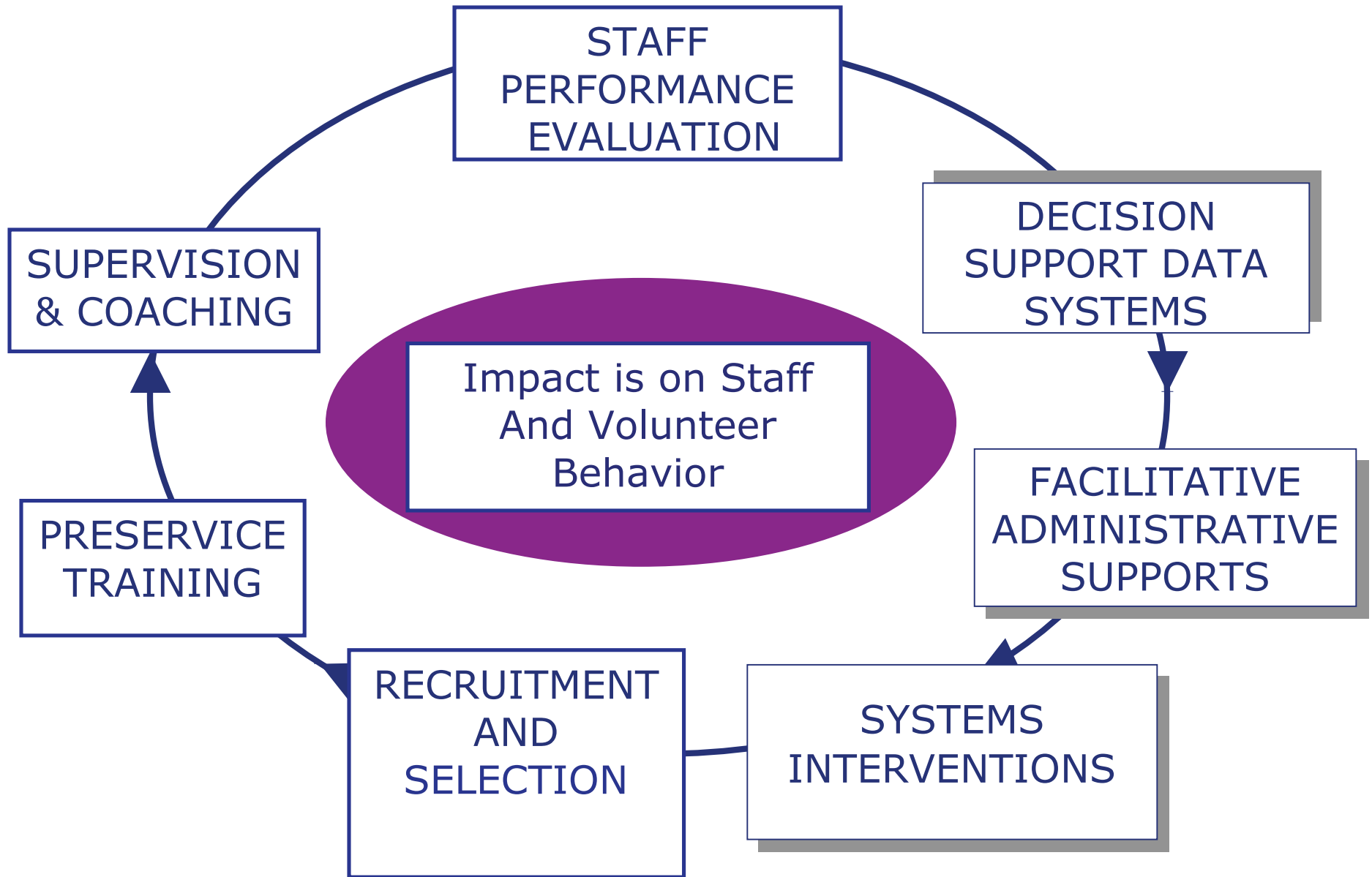


### Online Resource:

- California Healthy Kids
- Fidelity Guidelines & Checklists for Research-Validated Programs
  - Available on their website are six fidelity checklists for the following EBP's:
    - Keepin' it Real, Life Skills Training, Second Step, Project ALERT, Project Towards No Drug Abuse, Lions Quest Skills For Adolescence

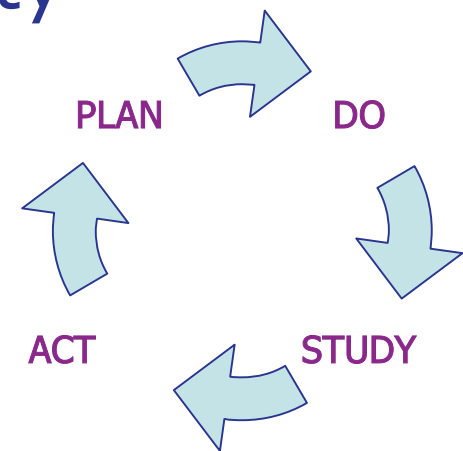
[http://www.californiahealthykids.org/c/@\\_WIHvBXjhcSZg/Pages/fidelity.html](http://www.californiahealthykids.org/c/@_WIHvBXjhcSZg/Pages/fidelity.html)

# Analyze Implementation Drivers



# Staff

- **PLAN** to improve
  - Staff and Volunteer Skills and Abilities
  - Agency or System Functioning
- **DO** the Plan as You Detailed It
- **STUDY** the Impact on Fidelity and Outcomes
- **ACT** by making the next adjustment (e.g. more change, different “drivers” keep the change)



# Are you offering the “right” services? for your community?

**PLAN** to assess community needs regularly in collaboration with other partners

**DO** the assessment together

**STUDY** the results

**ACT** to make program adjustments

- Change social marketing and recruitment
- Change cultural and linguistic adaptations
- Change target population
- Change desired outcomes
- Change strategies (curriculum, program, practices) based on population and outcomes

# Deciding on Change

You are  
here:  
*Evidence  
Informed  
or  
Promising*

- Ask: Are your services consistently
- ✓ achieving good outcomes?
  - ✓ in sync with community needs?
  - ✓ valued by consumers, funders, other stakeholders?
  - ✓ in keeping with your mission/values?
  - ✓ sustainable?

## Yes?

- Stay put (with CQI), *or*
- consider greater evaluation rigor to achieve *promising* or *supported* status

## No?

- Find out why.
- Adopt new practices or correct your current course

# Deciding on change

You are  
here:  
*Supported  
or Well  
Supported*

- Ask: Are your services consistently
- ✓ achieving good outcomes?
  - ✓ in sync with community needs?
  - ✓ valued by consumers, funders, other stakeholders?
  - ✓ in keeping with your mission/values?
  - ✓ sustainable?

## Yes?

- Continue the program
- continue CQI activities
- Keep monitoring fidelity

## No?

- Find out why
- Adopt new program
- correct current course
- consider an adaptation

# Stages of Implementation

What do we mean by “implementation”?

Implementation is a specified set of activities designed to put into practice an activity or program of known dimensions.

*National Implementation Research Network*

What do we mean by “stages of implementation”?

Implementation stages are a series of overlapping sets of activities that help move an EBP from an “idea” to “reality”.

*National Implementation Research Network*

# Implementation Stages

- Exploration: assess potential match among needs of children & families, evidence-based program benefits & requirements, & community resources available in order to make the decision to proceed (or not).
- Program Installation: tasks related to the evidence-based program that must be completed before first child and/or family is seen.
- Initial Implementation: Program begins to function; staff in place, referrals begin, & children & families begin receiving services.

# Implementation Stages

- Full operation: Program fully operational; procedures/processes routinized; 'realities of doing business' are worked through.
- Innovation: Local factors can lead to novel and effective solutions within context of the program; BUT there is a big difference between an innovation and program drift.
- Sustainability: A key part of every stage! Internal and external factors impinge on a program and lead to demise or continuation; coping/adaptation are notable features.

# Adaptation

- May facilitate a decision to adopt
- adaptation may result in an ineffective program or practice.
- Adaptations made after full, high fidelity implementation more likely to be useful
- Requires identification of core intervention elements.
- Requires a clear understanding of function versus form.

## To Adapt: Plan

- Identify & justify the planned adaptations
  - ✓ Implementation Drivers
  - ✓ Should we *adapt* or *adopt* another program?
- Contact program developer
  - ✓ Share plans for adaption
  - ✓ Ideas for evaluating adaptation?

## Do

- Proceed with adaptation
- Document all activities
- Evaluate
  - ✓ Outcomes
  - ✓ implementation

# Study

- Review outcome and implementation Data
  - ✓ Good outcomes?
  - ✓ To what are the outcomes attributed?
  - ✓ Poor outcomes?

# Act

Discuss outcomes with developer  
Make any changes Document all activities

- Evaluate
  - ✓ Outcomes
  - ✓ implementation