Rutgers Health

EBP²:
Evolving Better Partnerships X Evidence-Based Practices

Rutgers Health UBHC Behavioral Research & Training Institute
IMR Training and Consultation Program

Presentation Speaker:
Anna Marie Toto, Ed.M.

Sponsored by the New Jersey Division of Mental Health and Addiction Services
Workshop Objectives

By end of this session, attendees will be able to:

1) Explain at least two key elements of the EBP\(^2\) Model

2) Describe the value of strategic collaborative partnerships to mitigate the common impediments preventing EBPs from obtaining sustainability

3) Describe a step that can be taken to begin to replicate this model at their agencies

And my personal objective…

4) With your permission to do some interactive work so we can experience the power of collaboration during this workshop
Imagine A Service Recipient You Know Who May Feel Alone
Imagine An EBP At Your Agency That Operates In Silo
HOPE IS A SONG
IN A WEARY THROAT

PAULI MURRAY
“I spent years on the Road To Success, but I was driving in the wrong direction.”
Implementation of EBP and Best Practices across the nation for six years...

Over 800 behavioral health organizations spanning 48 states
Myth 1: Training is Enough

BELIEF:
If it’s good, people will use it
Knowledge is sufficient

REALITY:
Training will change staff knowledge
Behavioral change requires additional interventions

Adapted from UBHC Partners for Excellence in Psychiatry Program, Leading Change Presentation 2005
Myth 2: Do It All At Once

RESULTS:
Unrealistic goals
Disillusionment
Overwhelming

REALITY:
Change starts small
Build momentum
It takes a TEAM

Adapted from UBHC Partners for Excellence in Psychiatry Program, Leading Change Presentation 2005
Standard Training and Consultation Model
It Takes a **TEAM** to Implement...

Organization’s Administrator  
(CEO, Pres, VP, and Dir. of Clin. Svs.)

IMR Team Leader

IMR Practitioners

Consumers

Other Staff

Significant Others

IMR Consultants

…BEGIN WITH A CHAMPION TEAM!
Effective Implementation Planning

• Creating a Vision
• Selecting the Right Team
• Designing the Right Plan to establish staff and consumer buy-in, effective implementation, and culture change
Outcomes of Standard Training & Consultation
Model: IMR 10 YEARS LATER

Program Type

- Supportive Housing
- Partial Care/Partial Hospital
- State Psychiatric Hospital
- PACT
- Outpatient
- Other (please specify)
Q13 Since your IMR implementation began, what continues to be the greatest challenge(s)? Check all that apply.

Answered: 64  Skipped: 13
Q14 Does your specified program have a system in place to measure IMR outcomes?

Answered: 67  Skipped: 14

- Yes
- No
- Unsure
FACTORS Affecting Sustainability of EBPs
(from most positive impact to most negative impact)

• Practitioner attitudes toward EBP
• Skills of EBP Practitioners
• Agency Leadership
• Consultation
• Training
• Supervision
• Involvement of consumers and families (if involved)
• Feedback/communication to practitioners about EBP fidelity/outcomes
• State/Local Mental Health Authority
• Financing
• Practitioner turnover (if turnover)
• Leadership turnover (if turnover)

## Characteristics of Sustainability of EBP

<table>
<thead>
<tr>
<th>Sustainers with state support</th>
<th>Sustainers w/out state support</th>
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<tbody>
<tr>
<td>Reasons for Sustaining</td>
<td>Reasons for sustaining</td>
</tr>
<tr>
<td>State financing</td>
<td>Agency leadership</td>
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<tr>
<td>State sponsored training</td>
<td>Dedicated team</td>
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<tr>
<td>Agency leadership/program leader</td>
<td>Presence of a “champion”</td>
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Key EBP Sustainability Factors & Attributes

COMMON KEY FACTORS:
* Expertise
* Champions
* Funding Resources
* Policy Change
* Relationships
* Ownership
* Compatibility
* Trialability (ability to pilot and implement in small steps)
* Priority
* Ongoing Supervision
* Sustainability Planning

TWO KEY ATTRIBUTES:
- Positive relationships among key stakeholders and ownership by key stakeholders
- Motivational factors (perceived incentives and disincentives)

A New Direction…\textit{EBP}^2
EBP² Model Criteria

- Kick-off event/application selection process for agency leadership
- Agencies must have at least one year of active IMR implementation
- Agency leadership selects and commits up to 3 IMR-trained staff to participate
- Staff is provided protective time to participate
- Cross-functional team representing the mental health continuum of care
- Commitment to continue in role beyond initial year
CURRENT REGIONAL COHORTS

14 Agencies: 8 Northern; 6 Southern
representing 24 programs (PC/PH, CSS, RIST, SEd, PACT, OP & In-Patient)
KEY BENEFITS for IMR Train-the-Trainers

- Training in facilitation and platform presentation skills
- Ongoing access to a network of regional experts
- Increased clinical competency and opportunity to practice with peers
- Ongoing support by UBHC IMR Coaches
- Motivation for and accountability to the Train-the-Trainer mission
- Recognition by peer professionals, leadership and the NJDMHAS
- Sharing of innovative implementation practices across the mental health service continuum
What if...
Value-Driven Collaboration

In triads, please answer the following two questions:

1) What would be your personal value-driven reason for participating and investing in this model?

2) Collectively, name three outcomes you could achieve better working together than apart?
The Numbers Tell Our Story
EBP²: The IMR Regional Train-the-Trainer Model
Evolving Better Partnerships x Evidence-Based Practices

Please send feedback and/or inquiries to Anna Marie Toto, EdM at: totoam@ubhc.rutgers.edu

**QI TEAM**
Anna Marie Toto, EdM, Adrienne Hooper, MSW, LCSW; Nicole Swan, MA, NCC, LPC, IMR Northern Regional Cohort; IMR Southern Regional Cohort; NJ Mental Health and Addictions Services (Funder)

**MEET THE COHORT TEAMS**
- "The effort's worth it" Northern Cohort Member
- "Accountability is the cohort's strong motivator to keep IMR-RTT in the home agency" Northern Cohort Member
- "IMR Groups are becoming more motivating and creative" Southern Cohort Member
- "We've felt the culture of wellness and recovery by re-instituting IMR through this pilot" Southern Cohort Member
- "The cohort is a strong motivator to keep IMR-RTT in the home agency" Southern Cohort Member
- "IMR-RTT is a reality in our initiative" Southern Cohort Member
- "More clients are receiving IMR as a real time initiative" Southern Cohort Member

**IMR IMPLEMENTATION CHALLENGES**
- CHALLENGES - Control vs. Pilot

**KEY PILOT OUTCOMES**
The mid-term survey results are showing positive trends. IMR in-house training opportunities increased by 40 percentage points for the Pilot group as compared to the Control (33% vs. 13%).
IMR Sustainability Methods in place at agencies provided positive results (see handouts). IMR in New Staff Orientation increased by 10 percentage points for the Pilot as compared to the Control (42% vs. 24%).
In addition, IMR-RTT team members are demonstrating innovative applications to IMR in-house training. For example: 1) An overview of IMR has been included in agency-wide online learning system. 2) A new IMR topic is on the agenda to be presented during agency meeting time. And 3) To create an actionable feedback loop, post-training surveys are being administered to assess IMR knowledge, usage, and ongoing needs.

**ISSUES TO BE ADDRESSED**
Based upon each team's assessment of their agency's needs, there is significant variability in IMR training frequency, duration, and content. Further assessment is required to determine if training outcomes are being achieved.
Leveraging leadership support to achieve maximum outcomes is essential, yet remains a challenge. IMR-RTT requires a Champion Team Approach for effective and sustainable implementation. More opportunities to strategically support this approach will be explored.

**IMR IMPLEMENTATION BENEFITS**
- BENEFITS - Control vs. Pilot

**CONCLUSION**
Mid-term results demonstrate the lasting training benefit when used as a multiplier for standardization of IMR-RTT. It has the potential to build a sustainable foundation of collaborative culture change. IMR-RTT can be replicated to take your EBP implementation to the next level. As we expand IMR-RTT and expand to other regions, an Implementation Guide will be available in FY 2019. This Guide will greatly assist in the RTT program to create a more uniform and efficacious implementation in the agencies.
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<tr>
<th>METRICS</th>
<th>Control N=45</th>
<th>Pilot N=36</th>
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<tbody>
<tr>
<td><strong>IMR BENEFITS</strong></td>
<td></td>
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<tr>
<td>1. Increased IMR In-house Training Opportunities</td>
<td>13%</td>
<td>53%</td>
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<tr>
<td>2. Increased Clinical Supervision</td>
<td>7%</td>
<td>22%</td>
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<tr>
<td>3. Improved Client Attendance</td>
<td>22%</td>
<td>36%</td>
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<tr>
<td><strong>IMR CHALLENGES</strong></td>
<td></td>
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<tr>
<td>4. Access to IMR Training &amp; Support</td>
<td>45%</td>
<td>13%</td>
</tr>
<tr>
<td>5. Competing Responsibilities</td>
<td>52%</td>
<td>40%</td>
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<tr>
<td>6. IMR Skills/Competence</td>
<td>16%</td>
<td>8%</td>
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<tr>
<td><strong>METHODS OF SUSTAINABILITY</strong></td>
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<tr>
<td>7. IMR In-house Training Available</td>
<td>11%</td>
<td>70%</td>
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<tr>
<td>8. In-house Training on Clinical Competencies Available</td>
<td>16%</td>
<td>58%</td>
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<tr>
<td>9. IMR in New Staff Orientation</td>
<td>24%</td>
<td>42%</td>
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Moving Forward…

What steps can you take to replicate EBP²?