

EBP Implementation at Scale: Successes and Overcoming Challenges in Connecticut

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NEW ENGLAND



CT POLICY AND ECONOMIC COUNCIL

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www.cpec.org

Getting to MST....

- Existing contracts weren't working and their funding was in jeopardy
- Literature review
- Endorsements and accolades
- Washington State Institute for Public Policy
 - Cost Benefit Analysis
- Termination of old contracts and initiation of MST

Lessons Learning...

- Focus on bidders' organizational readiness
- Implement new models at a reasonable pace
- Listen at the site visits
- Promise small and deliver big
- Details matter. Anticipate and plan for nuances.
- Habituate case-specific **and** system level communications
- Track and monitor outcomes from the start

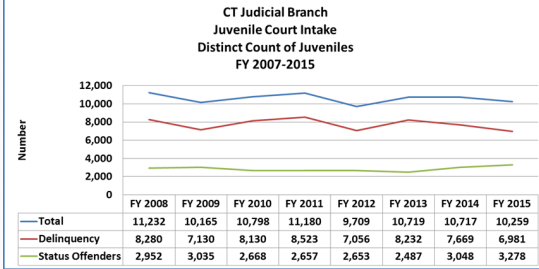
Lessons (*continued*)

- Train therapists in juvenile justice issues and culture
- Pay attention to funder, provider and referral source characteristics and patterns
- Empower Network Partners
- Attend to workforce development issues
- Develop a plan for transfer of knowledge
- Offer tune-ups
- Celebrate successes!

MST Client Outcomes (at Discharge) in 2015

Item (click on an item to view a comparison chart)	Score
Total cases discharged	303
Total cases with opportunity for full course treatment	281
Ultimate Outcomes Review	
Percent of Youth Living at Home (Target: 80%)	93%
Percent of Youth in School/Working (Target: 80%)	83%
Percent of Youth With No New Arrests (Target: 72%)	80%
Case Closure Data	
Average length of stay in days for youth receiving MST (Target: 120-150)	135
Percent of youth completing treatment (Target: 85%)	85%
Percent of youth discharged due to lack of engagement (Target: <5%)	7%
Percent of youth placed (Target: <10%)	8%
Adherence Data	
Overall Average Adherence Score (Target: .61)	0.794

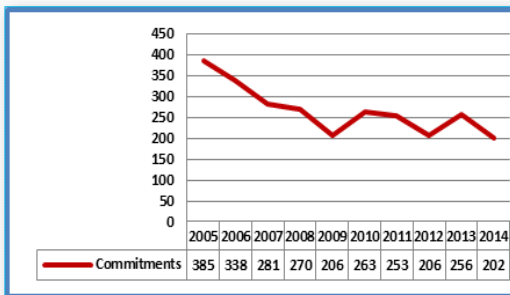
Court Intake Reduction



The number of juveniles referred to the court is down 9% since 2008, despite full implementation of Raise the Age.

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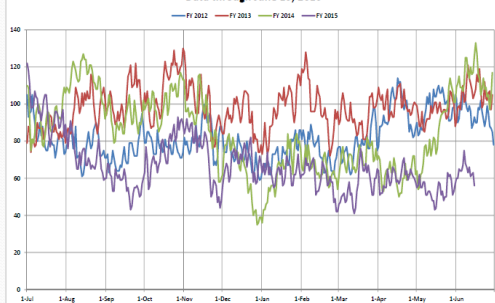
Juveniles Committed to DCF, 1999-2014



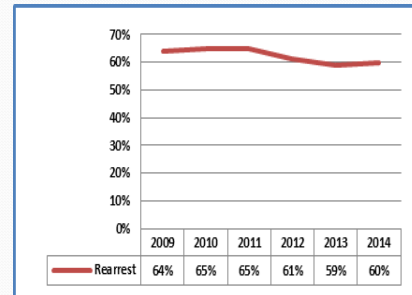
Detention Metrics

	2006	2009	2012	2015
Detention Admissions	2,880	1,806	2,178	1,959
Juveniles Admitted	2,036	1,314	1,446	1,261
Average Daily Population	132	77	79	67
Length of Stay (in Days)	0-13: 1,826	0-13: 1,039	0-13: 1,493	0-13: 1,401
	14-27: 642	14-27: 485	14-27: 429	14-27: 385
	28-59: 289	28-59: 213	28-59: 174	28-59: 139
	60+: 120	60+: 69	60+: 36	60+: 34
Avg LOS (in Days)	14	14	11	10

Comparison of Total Juvenile Detention Population by Fiscal Year



24-Month Rearrest Rate, 2008-2014



In sum...

- How was MST brought to CT?
 - Opportunism!
- What were the implementation challenges?
 - Very rapid adoption of MST statewide
 - Overselling
 - Workforce issues

In sum (continued)...

- What factors contributed to the successful implementation of MST when taken to scale?
 - Readiness for change
 - Cost – benefit analysis (WSIPP)
 - And MST is third party reimbursable
 - MSTs / NPs have clinical and structural know-how
 - Eager championship of the model
 - Data focus
 - Adherence / quality assurance

If you remember nothing else...

1. Details matter!
2. Adherence won't be easy, but should be prioritized... even when it's inconvenient.
3. Promise small, but deliver big

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Working with Local Champions The Network Partner Perspective



Michael Williams
Vice President of Programs



ABH's Mission

"To advance the recovery, health and well being of individuals, families and communities through an array of innovative and results-based integrated health programs and technology solutions."

ABH Fast Facts

- ABH incorporated in 1995
- Non-profit behavioral health company located in Middletown, Connecticut
- 150+ Employees
- 13 member voluntary Board of Directors
- Licensed Utilization Review Company in Connecticut and Rhode Island
- Serving over 60,000 unduplicated users annually

ABH Products and Services

- Behavioral Health Management
 - Project Management, Care Management, Case Management
- Information Technology
 - Customized data collection and reporting
 - Customized Electronic Health Records (EHR)
 - MST Adherence Call Center
- Research
 - Partnering with major academic institutions to bring evidence based treatments to communities
- Consulting
 - Quality improvement initiatives and technology

For more information please visit: ABHCT.com

MST in Connecticut

28 Teams (ABH provides consultation for the 18 standard MST teams; Model developers currently provide consultation for the adaptations)

6 Provider Agencies:

- North American Family Institute (NAFI)
- Boys and Girls Village
- Wheeler Clinic
- Connecticut Junior Republic (CJR)
- Connecticut Renaissance
- Child and Family Guidance Center

2 Funding Streams:

- Department of Children & Families (DCF)
- Court Support Services Division (CSSD)

Maintaining/Building Relationships with Champions

- Make yourself available
- Regularly scheduled meetings/communication
 - Network Partner Director role
 - Expert role
 - MNP role
- Network wide provider meetings
- PIR meetings – preferably done in person but can be done by phone
- Open invitations to trainings (5 day, boosters)

Maintaining/Building Relationships with Champions

- Celebrate your champions
- Understand their needs
- Regular sharing of outcomes
- Make you or your organization the outlet for desired information.

Navigating Potential Threats

- Staying on top of local political trends or potential changes
- Managing stakeholder dissatisfaction
- Dealing with the loss of a champion
- Managing champions from multiple agencies

Questions

