General Organizational Index (GOI) Scale

Presentation Goals

- What is an Evidence Based Practice (EBP) ?
- Why are EBPs relevant?
- What is the General Organizational Index (GOI)?
- How does the GOI relate to EBP?
- Where to go from here?

Principles for Consideration:

- The path to using EBPs: Defining Concepts
  - A Process not an Event
  - Communication in the interest of effectiveness and clinical impact
  - Operational obstacles and conceptual hurdles

- Knowing where you started
  - Using key references to get oriented
  - Self assessments and the beginning

- Clinical Endeavors and Change
  - Practice, Practice, Practice……Practice

The Route Taken: "Why Start Here?"

- Level setting on the ideas of Evidence Based Practices

- Introducing the General Organizational Index Scale

Evidence Based Practices: Definitions

- As defined by the Institute of Medicine:

"the integration of the best research evidence with clinical expertise and patient values" (IOM, 2001)

- As defined by the American Psychological Association:

"Evidence-based practice in psychology (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.

- SAMHSA defines EBP with a three staged criteria and four guidelines: *(continued next slide)*

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Evidence Based Practices: Criteria

As defined by SAMHSA when meeting one or more of three criteria and in accordance with four guidelines:

Category #1	• The intervention is included in Federal registries of evidence-based interventions; **OR**
Category #2	• The intervention is reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; **OR**
Category #3	• The intervention has documented evidence of effectiveness, based on guidelines developed by SAMHSA/CSAP and/or the state, tribe or jurisdiction. Documented evidence should be implemented in accordance with four recommended guidelines, all of which should be followed. These guidelines include the following: *(continued next slide)*

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Evidence Based Practices: Four Guidelines

Guideline 1

- The intervention is based on a theory of change that is documented in a clear logic or conceptual mode; **AND**

Guideline 2

- The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; **AND**

Guideline 3

- The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; **AND**

Guideline 4

- The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

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Evidence Based Practices: “Short Course”

- Trends within healthcare were evidenced in the 1980’s that suggested an increasing emphasis on accountability and the consumer’s right to be involved with care.
- Mental health care providers and consumers were also seeking parity with medical care in the context of third party coverage for services.
- Payor sources (Federal agencies, Insurance providers, Legislatures, etc.) were also seeking a better way of knowing how resources were being used and what interventions actually worked best.
- Over the next 25 years, changes in law, research and practice resulted in increasing interest in those interventions that yielded more consistent results within specified groups of consumers.
- Currently, there are many publically and privately funded resources for identifying EBPs and their applicability to consumer and treatment agency needs for service provision:
  - **Substance Abuse and Mental Health Services Administration (SAMHSA)**
  - **American Psychological Association (APA)**
  - **American Psychiatric Association (APA)**
  - **National Institute of Health (NIH)**

(continued next slide)

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Evidence Based Practices: “Short Course”

- Increased availability of treatment information has brought about a better understanding, by consumers and providers, of the roles taken in the process of service delivery.
- Considerations for the use of EBPs have also expanded due to an emerging awareness that change is not only possible but can consistently be expected within the spectrum of mental health concerns.
- Within the context of clinician and agency practices a number of relevant considerations exist for implementing EBPs:
  - **Clinical Reasons**
  - **Financial Reasons**
  - **Quality Reasons**
  - **Administrative Reasons**
  - **Policy Reasons**

(Turning Knowledge into Practice, 2003)

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EBP's: What are the Benefits?

- Enables an agency to provide improved customer service
- Results in an agency's increased profile for excellence and yields improved market share
- Provides better outcomes with more consistent results
- Agencies using EBPs in combination with the points from above are more sought out by customers and referral sources

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Recovery/Resiliency and EBP:

- **Recovery** in the context of mental health considerations is a relatively new idea, although it has been an important component of SUDs treatment for many years.
  - From the perspective of the consumer advocate, “the concept of recovery has evolved to mean the individual process by which an individual consumer comes to grips with the illness and by which he or she learns to cope with the symptoms and limitations the illness causes.”

(Turning Knowledge into Practice, 2003)

- **Resiliency** refers to the capacity of a human being to survive and thrive in the face of adversity. It is a term that can be applied to people of any age. It affirms the importance of incorporating all of the elements of support in a child/family or adult’s effort to regain and maintain balance in life activities. This is often considered especially in the context of treating children and the family as they continue in their development

Brene` Brown (2010)

Recovery/Resiliency and EBP:

- Recovery and Resiliency concepts incorporate the consumer's role and responsibility in the course of treatment:
  - EBPs enable the possibility of "informed consent" for the consumer as they exercise their options for care
  - This transparency enhances the empowerment of clients in treatment and facilitates the understanding of responsibility in the treatment paradigm.

- The recognition Recovery and Resiliency concepts affirms the underlying idea with EBPs that unique situations can be manageable and measured in the course of change:
  - **"Evidence Based Thinking" enables flexibility for the given circumstances being addressed in care**

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EBP and Related Terms:

- Best Practices - Scientifically known and can be done
- Promising Practices - Well known, but with limited scientific rigor
- Emerging Practices - New, well received, with very little science
- Consensus Opinion - Expert agreement without or little research
- Efficacious Tx - Treatment with + outcomes in controlled research
- Effective Tx - Treatment with + results in “real world” circumstances
- Fidelity - Adherence to key elements of EBP as described in research

(Turning Knowledge into Practice, 2013)

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Regarding Potential Barriers to Change

- Individuals and Organizations should take stock of a variety of considerations that may represent obstacles to the use of EBPs:
  - Staff readiness assessment
  - Consumer assessment
  - Program/Organizational Assessment
  - Financial Assessment
  - Policy and Procedures Assessment
  - Political Assessment

(Turning Knowledge into Practice, 2013)

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EBP Readiness and Assessment

- Readiness occurs at more than one level:
  - Individual Practitioners
  - Organization or Agency

(Turning Knowledge into Practice, 2013

Readiness, Assessment & General Organizational Index (GOI)

- Tools like the GOI enable an understanding of how an agency is functioning in relation to the general concept of evidence based practices:
  - What elements of the agency's operations are congruent with successful implementation of EBPs?
  - Does the agency's overall philosophy of practice and clinical service match with what is known in the effective use of EBPs?
- When a specific type of evidence based practice is in question, the GOI is used in tandem with a fidelity scale addressing the elements of the EBP being examined

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General Organizational Index (GOI) Elements

G1	Program Philosophy
G2	Eligibility / Client Identification
G3	Penetration
G4	Assessment
G5	Individualized Treatment Plan
G6	Individualized Treatment
G7	Training
G8	Supervision
G9	Process Monitoring
G10	Outcome Monitoring
G11	Quality Assurance (QA)
G12	Client Choice Regarding Service Provision

Capobianco, et al.

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GOI Rating Scales

	1	2	3	4	5
G1. Program Philosophy. The program is committed to a clearly articulated philosophy consistent with the specific evidence-based model, based on the following 5 sources: ▪ Program leader ▪ Senior staff (e.g., executive director, psychiatrist) ▪ Practitioners providing the EBP ▪ Clients and/or families receiving EBP ▪ Written materials (e.g,brochures)	No more than 1 of the 5 sources shows clear understanding of the program philosophy OR All sources have numerous major areas of discrepancy	2 of the 5 sources show clear understanding of the program philosophy OR All sources have several major areas of discrepancy	3 of the 5 sources show clear understanding of the program philosophy OR Sources mostly aligned to program philosophy, but have one major area of discrepancy	4 of the 5 sources show clear understanding of the program philosophy OR Sources mostly aligned to program philosophy, but have one or two minor areas of discrepancy	All 5 sources display a clear understanding and commitment to the program philosophy for the specific EBP
***G2. Eligibility/Client Identification.** All clients with severe mental illness in the community support program, crisis clients, and institutionalized clients are screened to determine whether they qualify for the EBP using standardized tools or admission criteria consistent with the EBP. Also, the agency tracks the number of eligible clients in a systematic fashion.	≤20% of clients receive standardized screening and/or agency DOES NOT systematically track eligibility	21%-40% of clients receive standardized screening and agency systematically tracks eligibility	41%-60% of clients receive standardized screening and agency systematically tracks eligibility	61%-80% of clients receive standardized screening and agency systematically tracks eligibility	>80% of clients receive standardized screening and agency systematically tracks eligibility
***G3. Penetration.** The maximum number of eligible clients are served by the EBP, as defined by the ratio: **# clients receiving EBP** **# clients eligible for EBP**	Ratio ≤ .20	Ratio between .21 and .40	Ratio between .41 and .60	Ratio between .61 and .80	Ratio > .80

**These two items coded based on all clients with SMI at the site or sites where the EBP is being implemented; all other items refer specifically to those receiving the EBP.*

_____ *Total # clients in target population*
_____ *Total # clients eligible for EBP* — *% eligible:* ___%
_____ *Total # clients receiving EBP* — *Penetration rate:* _____

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GOI Rating Scales (continued)

	1	2	3	4	5
G4. Assessment. Full standardized assessment of all clients who receive EBP services. Assessment includes history and treatment of medical/psychiatric/ substance use disorders, current stages of all existing disorders, vocational history, any existing support network, and evaluation of biopsychosocial risk factors.	Assessments are completely absent or completely non-standardized	Pervasive deficiencies in two of the following: Standardization, Quality of assessments, Timeliness, Comprehensive-ness	Pervasive deficiencies in one of the following: Standardization, Quality of assessments, Timeliness, Comprehensive-ness	61%-80% of clients receive standardized, high quality assessments at least annually OR Information is deficient for one or two assessment domains	>80% of clients receive standardized, high quality assessments, the information is comprehensive across all assessment domains, and updated at least annually
G5. Individualized Treatment Plan. For all EBP clients, there is an explicit, individualized treatment plan *related to the EBP* that is consistent with assessment and updated every 3 months.	≤20% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 mos.	21%-40% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 mos.	41%-60% of clients served by EBP have an individualized treatment plan, *related to the EBP*, updated every 3 mos. OR Individualized treatment plan is updated every 6 mos. for all clients	61%-80% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 mos.	>80% of clients served by EBP have an explicit individualized treatment plan *related to the EBP*, updated every 3 mos.

GOI Rating Scales (continued)

	1	2	3	4	5
G6. Individualized Treatment. All EBP clients receive individualized treatment meeting the goals of the EBP.	≤20% of clients served by EBP receive individualized services meeting the goals of the EBP	21%-40% of clients served by EBP receive individualized services meeting the goals of the EBP	41%-60% of clients served by EBP receive individualized services meeting the goals of the EBP	61% - 80% of clients served by EBP receive individualized services meeting the goals of the EBP	>80% of clients served by EBP receive individualized services meeting the goals of the EBP
G7. Training. All new practitioners receive standardized training in the EBP (at least a 2-day workshop or its equivalent) *within 2 months of hiring.* Existing practitioners receive annual refresher training (at least 1-day workshop or its equivalent).	≤20% of practitioners receive standardized training annually	21%-40% of practitioners receive standardized training annually	41%-60% of practitioners receive standardized training annually	61%-80% of practitioners receive standardized training annually	>80% of practitioners receive standardized training annually
G8. Supervision. EBP practitioners receive structured, weekly supervision (group or individual format) from a practitioner experienced in the particular EBP. The supervision should be client-centered and explicitly address the EBP model and its application to specific client situations.	≤20% of practitioners receive supervision	21% - 40% of practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision on an informal basis	41%-60% of practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision monthly	61%-80% of EBP practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision twice a month	>80% of EBP practitioners receive structured weekly supervision, focusing on specific clients, in sessions that explicitly address the EBP model and its application

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GOI Rating Scales (continued)

	1	2	3	4	5
G9. Process Monitoring. Supervisors and program leaders monitor the process of implementing the EBP every 6 months and use the data to improve the program. Monitoring involves a standardized approach, e.g., use of a fidelity scale or other comprehensive set of process indicators.	No attempt at monitoring process is made	Informal process monitoring is used at least annually	Process monitoring is deficient on 2 of these 3 criteria: (1) Comprehensive & standardized; (2) Completed every 6 mos.; (3) Used to guide program improvements OR Standardized monitoring done annually only	Process monitoring is deficient on one of these three criteria: (1) Comprehensive and standardized; (2) Completed every 6 months; (3) Used to guide program improvements	Standardized comprehensive process monitoring occurs at least every 6 mos. and is used to guide program improvements
G10. Outcome Monitoring. Supervisors/program leaders monitor the outcomes for EBP clients every 3 months and share the data with EBP practitioners. Monitoring involves a standardized approach to assessing a key outcome related to the EBP, e.g., psychiatric admissions, substance abuse treatment scale, or employment rate.	No outcome monitoring occurs	Outcome monitoring occurs at least once a year, but results are not shared with practitioners	Standardized outcome monitoring occurs at least once a year and results are shared with practitioners	Standardized outcome monitoring occurs at least twice a year and results are shared with practitioners	Standardized outcome monitoring occurs quarterly and results are shared with EBP practitioners
G11. Quality Assurance (QA). The agency has a QA Committee or implementation steering committee with an explicit plan to review the EBP, or components of the program, every 6 months.	No review or no committee	QA committee has been formed, but no reviews have been completed	Explicit QA review occurs less than annually OR QA review is superficial	Explicit QA review occurs annually	Explicit review every 6 months by a QA group *or steering committee for the EBP*

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GOI Rating Scales (continued)

	1	2	3	4	5
G12. Client Choice Regarding Service Provision. All clients receiving EBP services are offered choices; the EBP practitioners consider and abide by client preferences for treatment when offering and providing services.	Client-centered services are absent (or all EBP decisions are made by staff)	Few sources agree that type and frequency of EBP services reflect client choice	Half sources agree that type and frequency of EBP services reflect client choice	Most sources agree that type and frequency of EBP services reflect client choice OR Agency fully embraces client choice with one exception	All sources agree that type and frequency of EBP services reflect client choice

Sources for EBP and GOI Information

- Relias Learning: Contact your Optum Idaho Regional Network Manager
- SAMSHA:
  - http://store.samhsa.gov/facet/Professional-Research-Topics/term/Evidence-Based-Practices?pageNumber=1
  - NREPP | View All
- GOI Scale available on the OptumIdaho.com website

(Turning Knowledge into Practice, 2013)

What Have We Covered?

- What is an Evidence Based Practice (EBP) ?
- Why are EBPs relevant?
- What is the General Organizational Index (GOI)?
- How does the GOI relate to EBP?
- Where to go from here?

Questions?

Thank you!

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