

SAMHSA's Evidence-Based Practices Implementation Resource Kits: The Next Generation

An Overview

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EBPs – Origins and Impetus

- U.S. Surgeon General's Report
- SAMHSA's Priority Matrix
- Institute of Medicine's (IOM) Quality Chasm Report
- President's New Freedom Commission
- SAMHSA's Transformation Initiative
- IOM's Behavioral Health Report

Moving Forward with Evidence-Based Services

- Federal Initiatives
 - SAMHSA National EBP Demonstration Project
 - NIMH/SAMHSA Planning Grants
 - SAMHSA/CMHS EBP Training & Evaluation Grants
 - SAMHSA National Registry for Effective Practices (NREP)
 - HRSA's Federal Qualified Health Centers
 - NRI Center for Mental Health Quality and Accountability

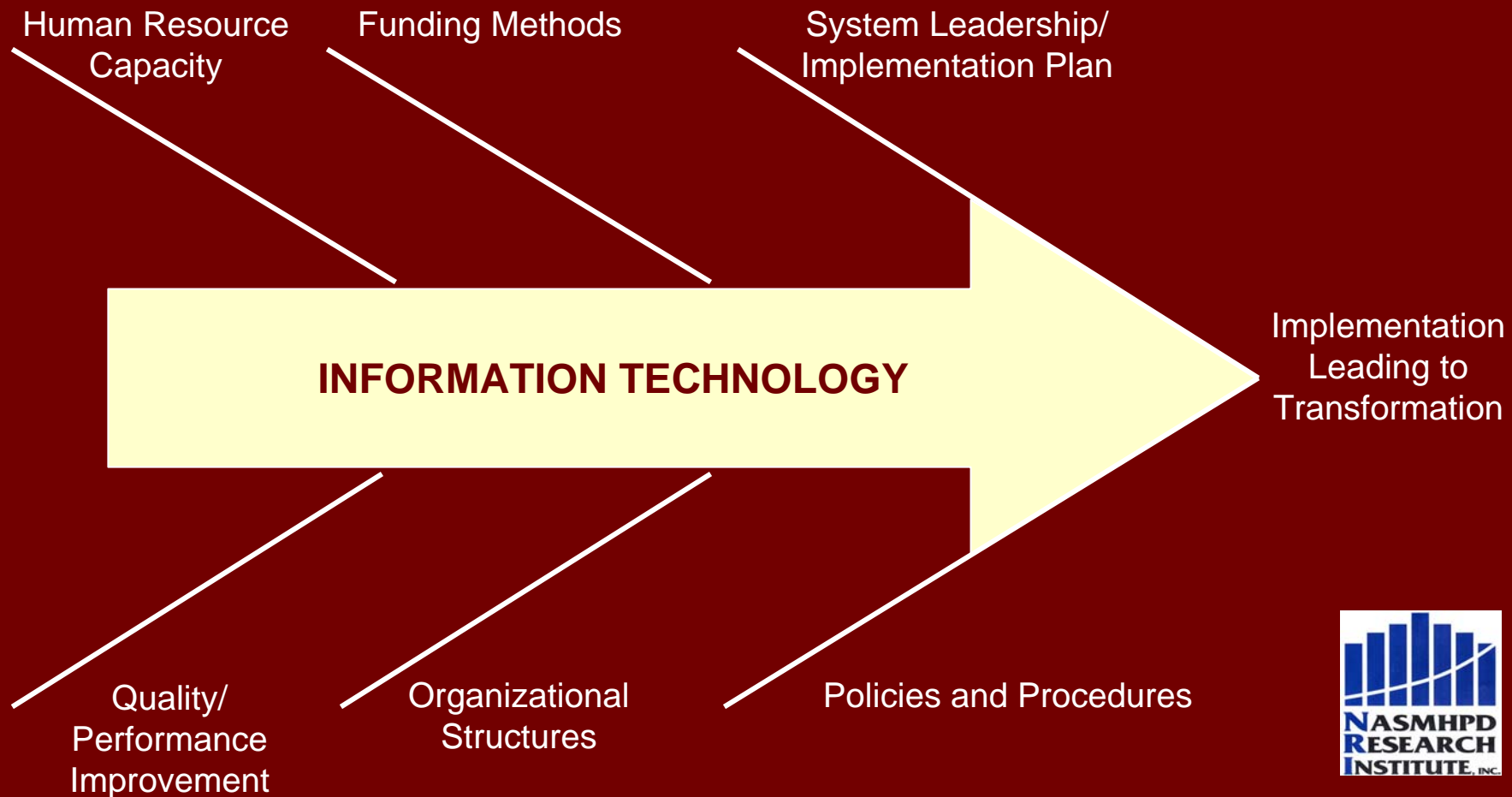
First Generation of Implementation Resource Kits (Toolkits): History

- Six IRKs for Adults
 - ACT
 - Supported Employment
 - Illness Self-Management
 - Integrated Treatment for Dual Diagnosis (MH/SA)
 - Family Psychoeducation
 - Medication Management
- Five IRKs Piloted in 8 states

First Generation of Implementation Resource Kits (Toolkits): Lessons Learned

- Organizational development component is critical
- Outcomes must be integrated into EBP implementation
- Cultural competence issues need to be addressed
- Ongoing consultation was a great facilitator

Lessons Learned from the National EBP Demonstration Project



Factors Affecting State-wide EBP Implementation

- System Leadership
- Organizational Culture/Consensus
- IT Capacity/Outcomes Measurement
- Policies/Procedures
- Integration with Performance/Quality Improvement
- Human Resource Capacity/Training
- Funding Methods

Framework for Technical Assistance Content Needs: Developing Infrastructure for EBPs

(9/03)

System Leadership – Implementation Plan

- Long term goal to transform system & sustain
- Vision/mission/values in alignment
- Bridge to other agencies & coalition of partners
- Select & empower project leaders
- Promote consensus building/buy-in
- Priority setting
- Scan horizon and adapting practice to meet needs
- Marketing and PR
- Promote dissemination

Organizational Structures

- Interorganizational collaboration
- Formalize role of advocates/stakeholders in decision-making
- Transformation of MHA/local MHA
- Seamless system of care
- ‘Center of Excellence’ model
- State readiness – ability to monitor
- Engage ‘guilds’ in reform
- Engage local authority
- Incorporate EBP initiative in state plan

Policies & Procedures

- Review all P&P with an eye to “barrier busting”
- Regulations must define and support EBP
- License/certification – individual and agency
- Family/consumer involvement in P&P development
- Focus on process/quality of care – not just ‘paper’
- Align with SAMHSA matrix
- Auditors to be EBP knowledgeable
- LMHA and state MHA needs to be in ‘sync’

Information Technology Assess current IT infrastructure/web access; state/agency/local integration; standards for IT; use IT as a learning tool; assist local agency obtain technology; high-level system champion

Funding Methods

- Identify and shift resources
- Must think of all EBPs funded in common way
- Reliable cost modeling
- Medicaid cover services
- Lobbying: mental health is not optional
- Fiscal incentives
- Tie fidelity/outcome to \$
- Define core expectations
- Explicit funding for supervisor/training
- Budget models
- \$ to transform system
- Acknowledge productivity costs offset for initial training

Performance Improvement

- Ongoing fidelity measurement/refinement-key elements?
- Who does it-who gets information-for what purpose?
- Quantitative & qualitative measures
- Consumer-based outcomes monitoring in all care
- Ongoing avail. of TA
- Assess GOI at state level as well as local
- Stakeholder involvement in performance improvement data loop

Human Resource Capacity

- Develop internal capacity to train state/local agency
- Out source training to state university & community colleges
- Select trainers with creditability in model
- Supervision: practice- specific emphasizing data/outcomes
- Resources for competency-based management
- State sponsored program to train consumers & families to be MH professionals

EBP Systems
Infrastructure /
Organizational
Culture Needs

=

Mental Health
Systems
Transformation
Priorities

Format:

What Worked and What Did Not

- Video components were used and considered useful
- Manual was intimidating in size and format
- Tone of manual was too “academic”
- Toolkits assumed knowledge that people already had
- Issues related to infrastructure needs were missing

Lessons Learned from Distribution and Use of Previous “Toolkits”

- Emphasize marketing and buy-in from target user groups
- Authors of toolkits should have solid knowledge about conditions at the frontlines of services provision
- Avoid reflexive assumptions about knowledge people have
- Avoid approaches or “tone” that is “too academic”
- Detail specific infrastructure needs (rather than general guidance)
- Consider multiple formats and technologies to convey information
- Consider potential lifespan of toolkit
- Break down materials into clear teachable units

Revised Format of “Toolkits”

■ Booklets

- Booklet 1: User’s Guide
- Booklet 2: What is [Name of Practice]? Ensuring the Quality of the Practice
- Booklet 3: System Organization & Program Administration for [Name of Practice]
- Booklet 4: [Name of Practice] Workbook for Practitioners

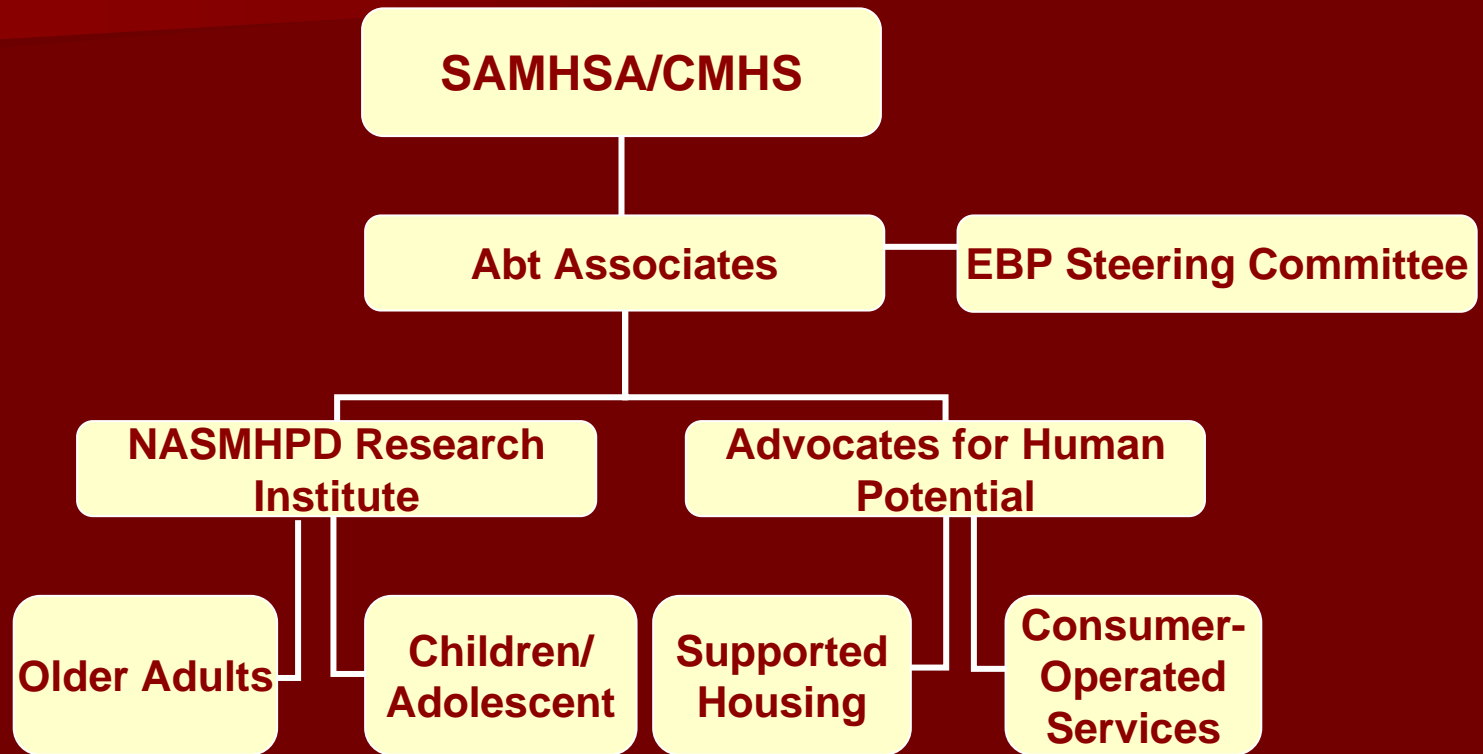
■ Additional Materials

- Fold-Out “Quick Reference Guide”
- Brochure
- Forms & Handouts (GOI and practice-specific fidelity rating sheets; PowerPoint slide handouts; workbook forms and handouts)

New Implementation Resource Kits

- Supported Housing
- Consumer Operated Programs
- EBPs for Older Adults
- EBPs for Children / Adolescents

Development of New Toolkits: Organizational Structure



For each toolkit:

Team Leader
Staff

Consensus Panel (5-7 Members)
Advisory Group/Consultants



RFA Requirements Development for New IRKs

- EBP Steering Committee
- Review of the Literature
- Consensus Panel
- Development of Draft Toolkit
- Review/Comment Process
- Pilot Study

Building on CMHQA Initiatives Related to EBPs

- “Lessons Learned”
- Resource Guide on Evidence-Based Culture
- Change Management and EBPs
- Measuring System Change and Transformation

NRI Center for Mental Health Quality and Accountability

- Population-focused
- Based on “evidence” related to adult learning
- Clear emphasis on systems change and infrastructure
- Technologically friendly and compatible