

State Trends in Reporting and Implementation of Evidence-Based Practices

Vijay Ganju, Ph.D.

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Presentation Outline

- Context of EBP reporting
- EBP-related National Outcome Measures (NOMs)
- Trends in EBP reporting
- Do reports reflect the reality of EBP implementation?
- Fidelity issues
- Use of EBP data for planning and quality improvement
- Considerations for future planning and implementation of EBPs

EBP Reporting - Context

- Surgeon General's Report
- SAMHSA Implementation Resource Kits
- President's New Freedom Commission Recommendations
- SAMHSA/CMHS Initiatives
- EBPs as an Indicator of Quality
- Inclusion in DIG Reports and National Outcome Measures (NOMs) Reporting

Issues Related to EBP Implementation

- Definition of EBPs
- Limited knowledge and understanding of critical ingredients
- Fidelity monitoring: EBP reporting guidelines
- Adaptations – cultural, rural, etc...
- Target populations
- Funding EBPs
- Types of data to support EBP implementation
- EBP implementation as a “silo” activity

National Outcomes Measures: EBPs Trend Over Time

	2004	2005	2006
States Reporting – Adults with SMI (at least one EBP)	30	37	45
States Reporting – Children with SED (at least one EBP)	13	23	27
Percentage of Adults with SMI Receiving at Least One EBP	9.3%	9.7%	9.8%
Percentage of Children with SED Receiving at Least One EBP	1.7%	3.4%	2.4%
Average Number of EBPs per State (all EBPs)	2.3	3.9	4.0
– EBPs for Adults	1.9	2.7	3.0
– EBPs for Children	0.3	1.5	1.6

State Trends – EBPs for Adults

Number of Adults Receiving an EBP

	2004	2005	2006
Supported Housing	54,031	65,799	77,434
Supported Employment	36,277	32,421	41,838
Assertive Community Treatment	25,077	36,356	46,907
Family Psychoeducation	9,796	12,541	7,800
Integrated Treatment: Co-Occurring MI/SA	2,002	25,472	29,373
Illness Self Management	46,026	128,820	117,118
Medication Management	78,259	153,086	136,475

State Trends – EBPs for Adults

Percentage of Adults with SMI Receiving an EBP
(N of States)

	2004	2005	2006
Supported Housing	4.6% (24)	5.0% (26)	5.9% (32)
Supported Employment	3.1% (28)	2.5% (30)	2.8% (34)
Assertive Community Treatment	2.1% (24)	2.2% (33)	3.0% (35)
Family Psychoeducation	3.9% (11)	1.8% (12)	1.1% (15)
Integrated Treatment: Co-Occurring MI/SA	3.1% (8)	6.2% (11)	5.7% (18)
Illness Self Management	17.4% (10)	25.3% (11)	19.8% (16)
Medication Management	27.4% (8)	41.6% (9)	39.8% (11)

State Trends: EBPs for Children/Adolescents

Number of Children/Adolescents Receiving an EBP

	2004	2005	2006
Therapeutic Foster Care	4,005	9,671	8,802
Multisystemic Therapy	729	5,431	3,134
Functional Family Therapy	1,722	2,036	2,950

State Trends: EBPs for Children/Adolescents

Percentage of Children/Adolescents Receiving an EBP
(N of States)

	2004	2005	2006
Therapeutic Foster Care	1.4% (12)	2.1% (21)	2.1% (25)
Multisystemic Therapy	1.3% (5)	3.7% (9)	0.8% (11)
Functional Family Therapy	3.9% (2)	1.1% (6)	2.4% (8)

Do the EBP Data Reflect the Reality of What SMHAs are Doing Related to EBPs?

- YES: 21%
 - Numbers enrolled accurate
 - Accurate for most EBPs
- NO: 79%
 - Implementation just started; pilot-testing
 - Doing more EBPs than in DIG tables
 - No mechanisms to report EBPs
 - Constraints on self-report
 - Delays in claims data
 - Don't know

Problems in Reporting EBPs

- No mechanisms for completeness of data quality control
- Medicaid coding issues; not able to count
- Resources
- Lack of policy emphasis on EBPs
- Over-reporting of EBP numbers
- Special forms to obtain EBP data
- Data obtained through aggregate reports

Fidelity Issues

- Most likely with ACT, SE and IDDT
- Medication Management is a challenge
- No fidelity measure for Supported Housing
- Fidelity reports not part of data system
- Fidelity measures occurring with SAMHSA grant support: who is going to do it after grant is over?
- Staffing levels do not support fidelity measurement
- Very time consuming
- Not a requirement in managed care contracts
- TA capacity very limited
- Cultural adaptation/relevance

Reports on EBPs

To:	YES:
State Planning Councils	71%
Administration/Management	93%
By Area:	
– Data	74%
– EBPs	43%

Level of Reporting

- Client-level: 86%
- Aggregate: 14%

Technical Assistance/Training for Data Reporting

- Written instructions
- Meetings with data managers
- Individualized consultations based on data reports submitted
- Part of introduction of new information systems
- Monthly conference calls
- Contractual relationship with ASO or managed care entity

Challenges and Recommendations

- Fluctuations in EBP trend data should be expected
- Develop guidelines for EBP reporting using Medicaid HIPAA and CPT codes
- Develop models and materials for technical assistance and training related to EBP and other reporting
- Integrate planning and implementation of EBPs into state planning and Block Grant initiatives
- Develop a federal initiative related to fidelity measures for EBPs and for rapid assessment and reporting methodologies related to fidelity
- Explore potential for states reporting NOMs measures