

National Reporting of Evidence-Based Practices: The Next Generation

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Issues

- **WHAT** needs to be reported
- **HOW** is the data to be collected and aggregated?
- **WHEN** does a practice or service meet EBP criteria?

ISSUE:

WHAT Needs to Be Reported?

- Current Reporting
 - EBPs in current SAMHSA Toolkits
 - Supported Housing and some EBPs for children and adolescents
- What About EBPs in the New SAMHSA Toolkits?
 - Consumer Operated
 - Supported Housing
 - Older Adults with Depression
 - Children and Adolescents with Disruptive Behaviors
 - Mental Health Promotion/Prevention
- Other EBPs

ISSUE:

HOW is Data Collected and Aggregated?

- EBP data often not reported to a central location.
- Billing codes don't exist or are often for EBP components (not the EBP itself).
- Recipients who have received more than one EBP are double counted.
- What is the best way to report EBPs to the Office of Management and Budget.

ISSUE:

Criteria for EBP Reporting

- Fidelity measures not used
- DIG EBP Reporting Guidelines – Are these okay?

Expert Panel:

Meeting on EBP Reporting for URS & NOMs

- Meeting held September 13, 2007 in Alexandria, Virginia
- Participants included:
 - Jean Campbell, Missouri
 - Will Ferriss, Virginia
 - Vijay Ganju, Texas
 - Richard di Geronimo, SAMHSA/CMHS
 - Olinda Gonzalez, SAMHSA/CMHS
 - David Graham, Washington, DC
 - Melanie Harrison, Alabama
 - Kimberly Hoagwood, Columbia University
 - Marna Hoard, SAMHSA
 - Ruth Knapp, Minnesota
 - Sue Lummus, Indiana
 - Ted Lutterman, NRI, Inc.
 - John McGrew, Purdue University
 - Jeanne Rivard, NRI, Inc.
 - Bernadette Phelan, NRI, Inc.
 - Sandra Sundeen, Maryland
 - Mary Smith, Illinois
 - Angela Rollins, Purdue University
 - Gregory Teague, USF, FMHI
 - Deborah Trunzo, SAMHSA/CMHS

Key Questions

- Which EBPs need to be included in the DIG tables?
- What criteria should be used by States to decide whether data are included on the DIG tables?
- Are there more user-friendly ways to monitor fidelity (for DIG reporting)?
- What are good summary measures for NOMs reporting?
- Should the DIG tables related to EBPs be revised? If yes, how?

State Perspectives on EBP Reporting

- Many states are implementing EBPs without strict adherence to fidelity
- Some states are monitoring fidelity for some EBPs, but not others
- Current fidelity monitoring methodologies are burdensome and expensive
- For some EBPs, fidelity measures do not exist
- For children's EBPs, fidelity is monitored most consistently for MST
- States are implementing EBPs not in the DIG tables
- Federal expectations and potential uses related to EBP reporting are not clear

Expert Perspectives

- A quality improvement framework is needed for defining data parameters for EBP reporting.
- The purpose of data collection needs better definition.
- Current fidelity measures are limited; some have not been validated. A strategy for refining fidelity measurement is needed.
- Such refinement may require data from multiple sources at different levels of intensity.

Expert Perspectives, Continued...

- The approach used in the DIG guidelines is practical and a good place to start.
- The list of children's EBPs should be expanded.
- Data related to supports for EBP implementation are needed.
- Costs of EBP implementation should be tracked down and reported.

RECOMMENDATIONS

Which EBPs Need to be Included in the DIG Tables?

- EBPs in new SAMHSA KITs
 - Consumer-Run Services
 - EBPs for Children and Adolescents with Disruptive Behaviors
 - EBPs for Older Adults with Depression
 - Supported Housing
 - Mental Health Promotion/Prevention
- Children's EBPs
 - CBT for Trauma
 - CBT for Anxiety
 - CBT for Depression
 - IPT for Depression
- CBT for Adults

RECOMMENDATIONS

What Criteria Should be Used?

- Approach in EBP Guidelines is practical.
- Critical components should be vetted with treatment developers.

RECOMMENDATIONS

Can EBP Reporting be More User-Friendly?

- Explore alternative mechanisms
 - Phone interviews
 - Frequency of reporting
 - Brief measures?

NEXT STEPS?