



Evidence-Based Practices and Mental Health System Transformation

Vijay Ganju

Director, Center for Mental Health Quality & Accountability

NASMHPD Research Institute, Inc.

703.739.9333 ext. 132

vijay.ganju@nri-inc.org

***Presentation at the 2004 National Statistics Conference,
Washington, D.C. June 1-4, 2004***



PRESIDENT'S NEW FREEDOM COMMISSION ON MENTAL HEALTH

GOAL 5: ACCESS TO EFFECTIVE CARE BASED ON BEST EMERGING SCIENCE

- Children and adults with mental health disorders will have ready access to the best treatments, services, and supports leading to recovery and cure. Accelerate research to enhance prevention of, recovery from, and ultimate discovery of cures for mental illness
- Strategic plan to improve recruitment, retention, diversity and skills of the workforce

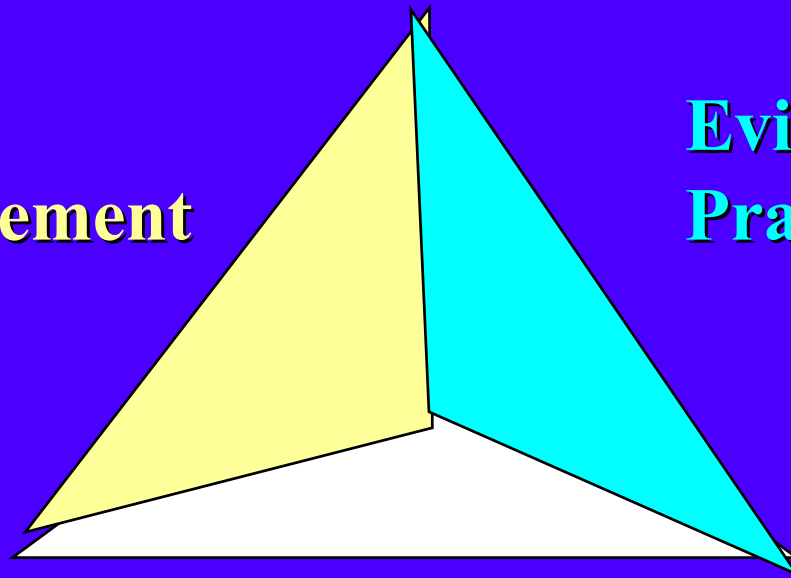


The Quality Pyramid

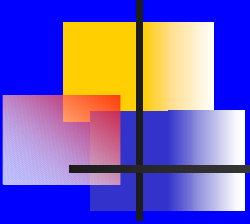
SYSTEM OUTCOMES

**Quality
Improvement**

**Evidence-Based
Practices**



Performance Measurement



What Are Evidence-Based Practices?

- Evidence-based practices refer to services and programs that have been shown to be effective using the highest standards of scientific proof
 - **NOTE:** *Only a few mental health services and programs meet this high standard.*

Evidence-Based Practices:

Some Definitions

- An evidence-based practice is considered to be any practice that has been established as effective through scientific research according to a set of explicit criteria (*Drake et al, 2001*).
- Evidence-based treatment is the use of treatments for which there is sufficiently persuasive evidence to support their effectiveness in attaining desired outcomes (*Rosen and Proctor, 2002*).
- Evidence-based practice is an approach to healthcare wherein health professionals use the best evidence possible to make clinical decisions for individual patients (McKibbon, 1998).
- Evidence-based practice is the integration of best research evidence with clinical expertise and patient values (*Institute of Medicine, 2001*).



Evidence- Based Practice = Best Care

- “The best care results from the conscientious, explicit, and judicious use of current best evidence and knowledge of patient values by well-trained experienced clinicians.”

-Crossing the Quality Chasm



Levels of Evidence

- | | |
|---------------------|---|
| Level I | Randomized control trials |
| Level II – 1 | Well designed trials without randomization |
| II – 2 | Cohort or case control, preferably multi-site |
| II – 3 | Multiple time series – with or without intervention |
| Level III | Opinions of respected authorities, based on clinical experience; descriptive studies, case reports |



Surgeon General's Report on Mental Health

CONCLUSIONS

- **A range of treatments of documented efficacy exists for most mental disorders**
- **State-of-the-art treatments, carefully refined through years of research, are not being translated into community settings**
- **Many people with mental illness are being denied the most up-to-date and advanced forms of treatment**

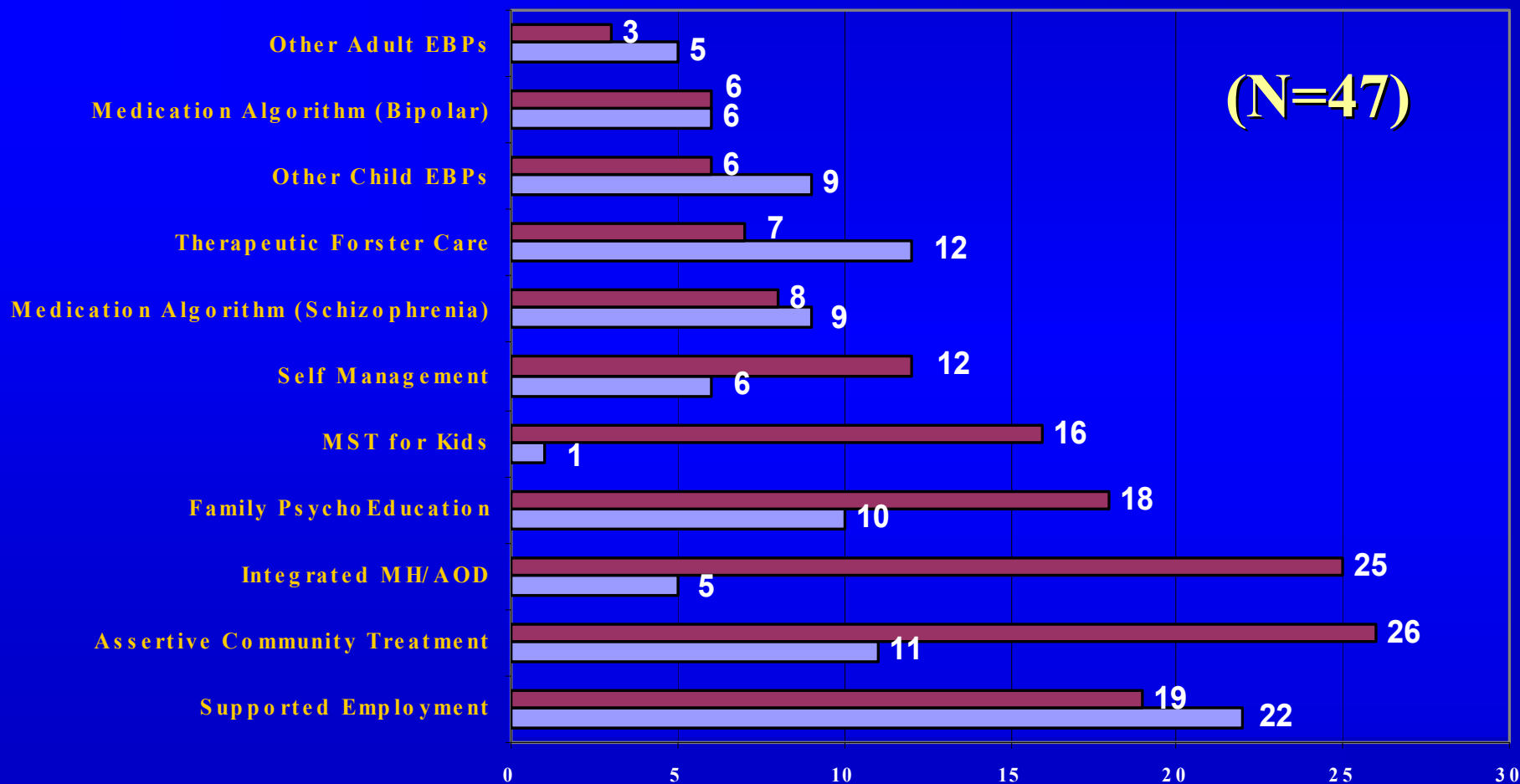


Evidence-Based Services

- One mechanism to achieve quality and accountability
- The Big Plus: Effectiveness is proven and inherent in evidence-based practices
- The Big Gap: Surgeon General's Report finding of the gap between knowledge and practice
- The Big Opportunity: Opportunities for system reform embedded in implementation of evidence-based practices

Number of States

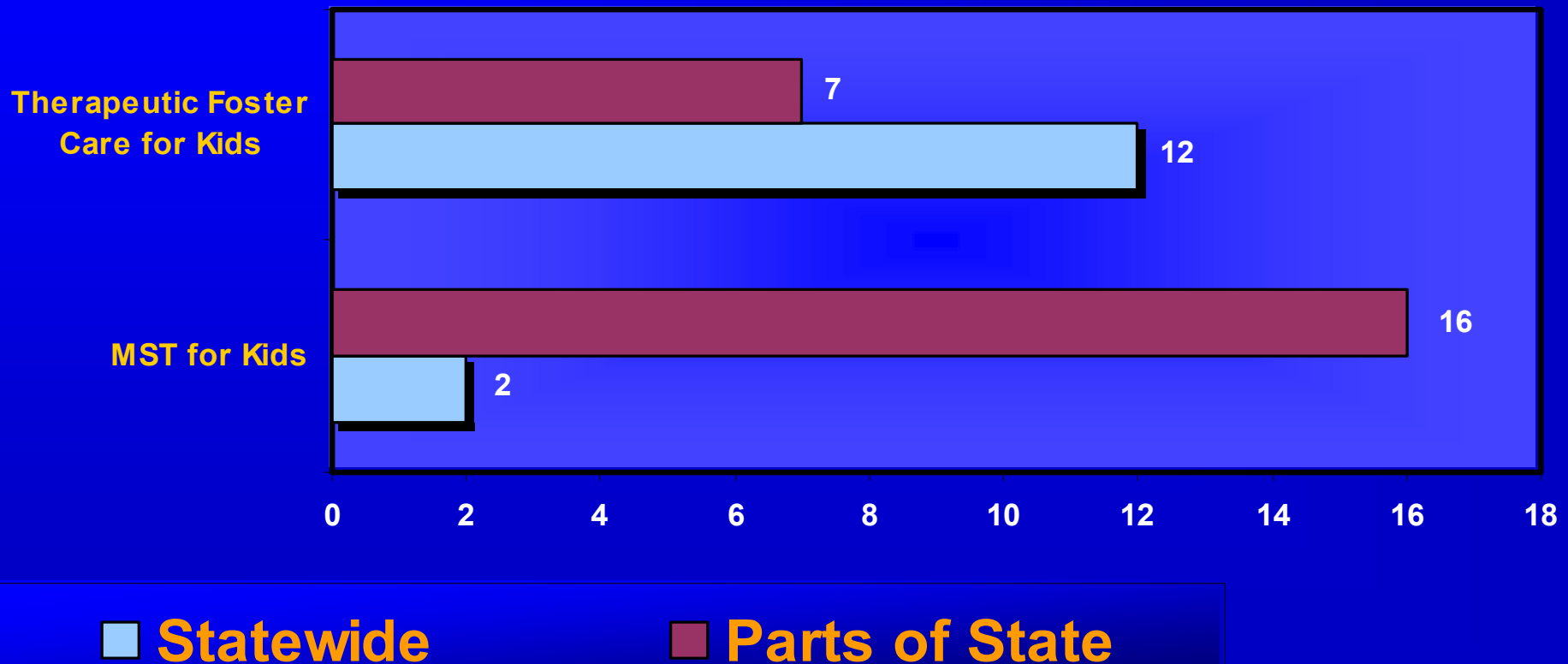
Implementing EBPs: FY 2003



■ Implementing Statewide

■ Implementing Parts of State

Implementation of Evidence-Based Practices For Children





Assessment of Fidelity : FY 2003

| | |
|--------------------------------------|------------|
| Assertive Community Treatment | 53% |
| Supported Employment | 22% |
| Family Psycho Education | 18% |
| Integrated Dual Diagnosis | 22% |
| Self Management | 13% |
| Medications (Schizophrenia) | 13% |
| Medications (Bipolar) | 4% |



Evidence-Based Practices for Adults with Serious Mental Illness

Toolkit Project

- **Six evidence-based services in project**
 - **Medications management**
 - **Illness self-management**
 - **Assertive community treatment**
 - **Family psychoeducation**
 - **Supported employment**
 - **Integrated substance abuse/mental illness services**



Different Toolkits for Different Audiences

- For each evidence-based practice, there are toolkits for different audiences
 - State Mental Health Authority
 - Provider organization
 - Clinician/provider
 - Consumer
 - Family member



States Involved in Toolkit Project

- Ohio
- Maryland
- New York
- New Hampshire / Vermont
- Kansas
- Indiana
- Oregon



Aims of National EBP Demonstration Project

- **Revise implementation materials**
- **Assess fidelity/penetration of EBPs**
- **Study implementation process to learn how to implement more effectively**
- **Study client outcomes**



MOVING FORWARD WITH EVIDENCE-BASED SERVICES

FEDERAL INITIATIVES

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

Public Mental Health Authority

Provider Organization

- Leadership
- Organizational Culture
- Administrative Support
- Information Technology

- Leadership
- Policies
- Regulation
- Resources



Practitioner

- Knowledge
- Perceived advantage
- Feedback

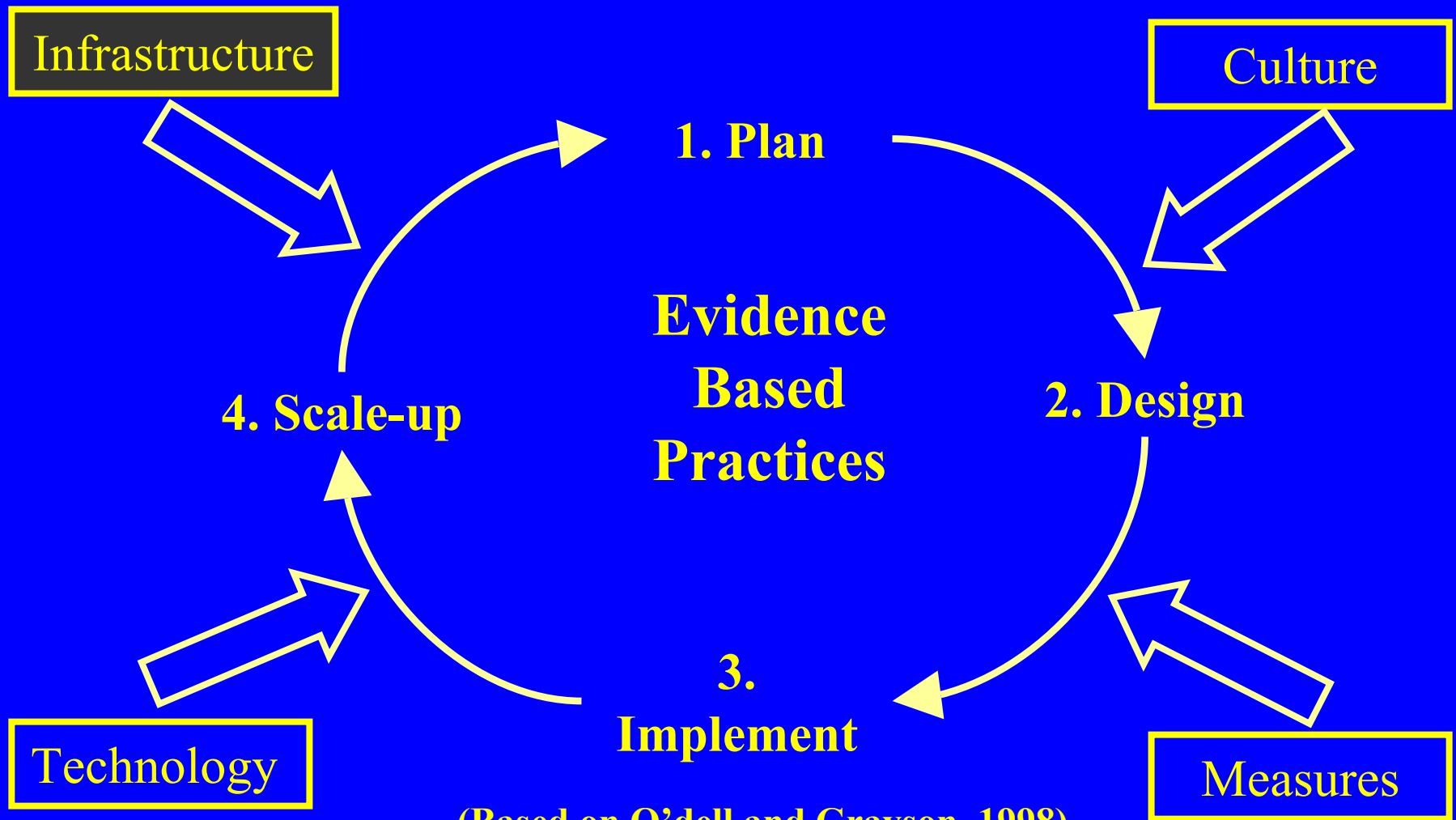
EBP

- Cost
- Compatibility
- Payoffs
- Complexity

Consumer/Family Member

- Choice
- Commitment
- Perceived advantage

Enabling Environment for EBP Implementation



(Based on O'dell and Grayson, 1998)



Reporting EBPs on the DIG Tables

- Reporting the 6 SAMHSA “Toolkit” EBPs
- Adding EBPs for Children – Multisystemic Therapy (MST), and Family Functional Therapy (FFT)
- No Reporting of Additional EBPs Being Provided by the State at this Time.

Table 16

NUMBER OF ADULTS WITH SERIOUS MENTAL ILLNESS RECEIVING SPECIFIC SERVICES DURING THE YEAR

State
Reporting Year

| | Adults with Serious Mental Illness (SMI) | | | | Children with Serious Emotional Disturbance (SED) | | | |
|---------------------------------|--|----------------------------------|---|---|---|------------------------------------|---------------------------------------|--|
| | n Receiving Supported Housing | n Receiving Supported Employment | n Receiving Assertive Community Treatment | Total unduplicated N - Adults with SMI served | n Receiving Therapeutic Foster Care | n Receiving Multi-Systemic Therapy | n Receiving Family Functional Therapy | Total unduplicated N - Children with SED |
| Age | | | | | | | | |
| 0-3 | | | | | | | | |
| 4-12 | | | | | | | | |
| 13-17 | | | | | | | | |
| 18-20 | | | | | | | | |
| 21-64 | | | | | | | | |
| 65-74 | | | | | | | | |
| 75+ | | | | | | | | |
| Unknown | | | | | | | | |
| TOTAL | | | | | | | | |
| Gender | | | | | | | | |
| Female | | | | | | | | |
| Male | | | | | | | | |
| Unknown | | | | | | | | |
| Race/Ethnicity | | | | | | | | |
| American Indian/ Alaskan Native | | | | | | | | |
| Asian | | | | | | | | |
| Black/African American | | | | | | | | |
| Hawaiian/Pacific Islander | | | | | | | | |
| White | | | | | | | | |
| Hispanic* | | | | | | | | |
| More than one race | | | | | | | | |
| Other | | | | | | | | |
| Unknown | | | | | | | | |
| Hispanic/Latino Origin | | | | | | | | |
| Hispanic/Latino Origin | | | | | | | | |
| Non Hispanic/Latino | | | | | | | | |
| Unknown | | | | | | | | |

Do You Monitor Fidelity for this Service? Yes No Yes No Yes No

IF YES,

| | | | | | | | | |
|-----------------------------------|--|--|--|--|--|--|--|--|
| What Fidelity Measure Do You Use? | | | | | | | | |
| Who Measures Fidelity? | | | | | | | | |
| How often is Fidelity Measured? | | | | | | | | |

* Hispanic is part of the total served. Yes No

* Only Report Hispanic as part of the "Race Category" if you are not able to report using the Federal 2 Question Format

Comments on Data:

Table 17

Table 17: ADULTS WITH SERIOUS MENTAL ILLNESS RECEIVING SPECIFIC SERVICES DURING THE YEAR

| | | | | | | | | |
|---|---|--------------------------------|---|--------------------------------|-----------------------------------|--------------------------------|---------------------------------|--------------------------------|
| State | | | | | | | | |
| Reporting Year | | | | | | | | |
| | ADULTS WITH SERIOUS MENTAL ILLNESS | | | | | | | |
| | Receiving Family Psychoeducation | | Receiving Integrated Treatment for Co-occurring Disorders | | Receiving Illness Self Management | | Receiving Medication Management | |
| Age | | | | | | | | |
| 18-20 | | | | | | | | |
| 21-64 | | | | | | | | |
| 65-74 | | | | | | | | |
| 75+ | | | | | | | | |
| Not Available | | | | | | | | |
| TOTAL | | | | | | | | |
| Gender | | | | | | | | |
| Female | | | | | | | | |
| Male | | | | | | | | |
| Race | | | | | | | | |
| American Indian/ Alaskan Native | | | | | | | | |
| Asian | | | | | | | | |
| Black/African American | | | | | | | | |
| Hawaiian/Pacific Islander | | | | | | | | |
| White | | | | | | | | |
| Hispanic* | | | | | | | | |
| More than one race | | | | | | | | |
| Other | | | | | | | | |
| Unknown | | | | | | | | |
| Hispanic/Latino Origin | | | | | | | | |
| Hispanic/Latino Origin | | | | | | | | |
| Non Hispanic/Latino | | | | | | | | |
| Hispanic/Latino Origin Not Available | | | | | | | | |
| Do You Monitor Fidelity for this Service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| IF YES, | | | | | | | | |
| What Fidelity Measure Do You Use? | | | | | | | | |
| Who Measures Fidelity? | | | | | | | | |
| How often is Fidelity Measured? | | | | | | | | |

* Only Report Hispanic as part of the "Race Category" if you are not able to report using the Federal 2 Question Format

* Hispanic is part of the total served. Yes No

Comments on Data: