

Provision and Funding of Evidence-Based Practices



NRI's 2020-2021 State Profiles

January 7, 2022

HIGHLIGHTS BASED ON 46 STATES RESPONDING TO THE EVIDENCE-BASED PRACTICES COMPONENT OF NRI'S 2020 STATE PROFILES AS WELL AS SUPPLEMENTAL INFORMATION FROM THE 2020 SAMHSA UNIFORM REPORTING SYSTEM

Note: although 46 states responded to the EPB component, not all states provided answers to all questions; therefore, some of the information presented in this report is based on responses from less than the total number of reporting states.

For decades State Mental Health Agencies (SMHAs) have worked towards incorporating evidence-based practices (EBPs)—services that have been demonstrated to provide positive results—into their community-based mental health services. EBPs are designed for adults with serious mental illnesses (SMI) and children/adolescents with serious emotional disturbances (SED).

Number of SMHAs Implementing or Planning to Implement EBPs

SMHAs have implemented or are planning to implement a variety of EBPs for adults with SMI and children/adolescents with SED. Among EBPs designed for adults with SMI, the most frequently implemented EBPs are assertive community treatment (42 SMHAs), supported employment (40 SMHAs), and supported housing (33 SMHAs). Among EBPs designed for children/adolescents, the most frequently implemented EBPs are trauma-focused cognitive behavior therapy (31 SMHAs), parent-child interaction therapy (25 SMHAs), and therapeutic foster care (21 SMHAs).

EBPs are programs with specified practices and procedures. The closer the model is followed, the more successful the program may be. More SMHAs monitor the fidelity of assertive community treatment (31 SMHAs) and supported employment (25 SMHAs) than other EBPs.

EBP Implementation Status, by Number of SMHAs

| EBP | Implementing Statewide | Implementing in Parts of State | Piloting | Planning to Implement | Monitor Fidelity | Total Implementing (Statewide or Parts of State) |
|---|------------------------|--------------------------------|----------|-----------------------|------------------|--|
| Adults | | | | | | |
| Assertive Community Treatment | 19 | 23 | 0 | 0 | 31 | 42 |
| Supported Employment | 23 | 17 | 1 | 0 | 25 | 40 |
| Family Psychoeducation | 13 | 15 | 0 | 0 | 4 | 28 |
| Integrated Dual Diagnosis Treatment (M/SUD) | 14 | 15 | 1 | 0 | 10 | 29 |
| Illness Self-Management and Recovery | 10 | 11 | 2 | 0 | 5 | 21 |
| Supported Housing | 21 | 12 | 2 | 0 | 9 | 33 |
| Consumer Operated Services | 15 | 12 | 1 | 0 | 3 | 27 |
| Child/Adolescent | | | | | | |
| Multisystemic Therapy | 4 | 13 | 0 | 1 | 9 | 17 |
| Therapeutic Foster Care | 14 | 7 | 1 | 0 | 3 | 21 |
| Functional Family Therapy | 6 | 13 | 0 | 0 | 6 | 19 |
| Parent-Child Interaction Therapy | 4 | 21 | 0 | 0 | 8 | 25 |
| Trauma-Focused Cognitive Behavior Therapy | 14 | 17 | 0 | 0 | 8 | 31 |

91%

of SMHAs have implemented assertive community treatment

72%

of SMHAs have implemented supported housing services

67%

of SMHAs have implemented trauma-focused cognitive behavior therapy

Number of EBP Programs and Number of Clients Receiving EBPs

The most widely available adult EBP is supported housing with a total of 2,103 programs in 24 states, ranging from a low of 1 program in Illinois, Mississippi, and Vermont to a high of 1,012 programs in New York. In 2020, 70,648 adults with SMI (2020 SAMHSA Uniform Reporting System) received supported housing services. Although illness self-management and recovery is the least widely available EBP with a total of 277 programs in 14 states, SMHAs provided this services to 308,378 adults with SMI (2020 SAMHSA Uniform Reporting System). The most widely available child/adolescent EBP is trauma-focused cognitive behavior therapy with a total of 749 programs in 12 states, ranging from a low of 5 programs in the District of Columbia to a high of 500 programs in North Carolina.

Number of Programs and Number of Clients Served

| EBP | Number of Programs | Number of SMHAs | Number of Clients | Number of SMHAs |
|---|--------------------|-----------------|-------------------|-----------------|
| Adults | | | | |
| Assertive Community Treatment | 752 | 36 | 66,159 | 42 |
| Supported Employment | 667 | 29 | 66,662 | 41 |
| Family Psychoeducation | 250 | 15 | 37,873 | 16 |
| Integrated Dual Diagnosis Treatment (M/SUD) | 569 | 19 | 199,597 | 24 |
| Illness Self-Management and Recovery | 277 | 14 | 308,378 | 22 |
| Supported Housing | 2,103 | 24 | 70,648 | 30 |
| Consumer Operated Services | 597 | 21 | †† | †† |
| Child/Adolescent | | | | |
| Multisystemic Therapy | 120 | 13 | 31,303 | 20 |
| Therapeutic Foster Care | 191 | 11 | 13,178 | 21 |
| Functional Family Therapy | 66 | 10 | 31,817 | 15 |
| Parent-Child Interaction Therapy | 317 | 10 | †† | †† |
| Trauma-Focused Cognitive Behavior Therapy | 749 | 12 | †† | †† |

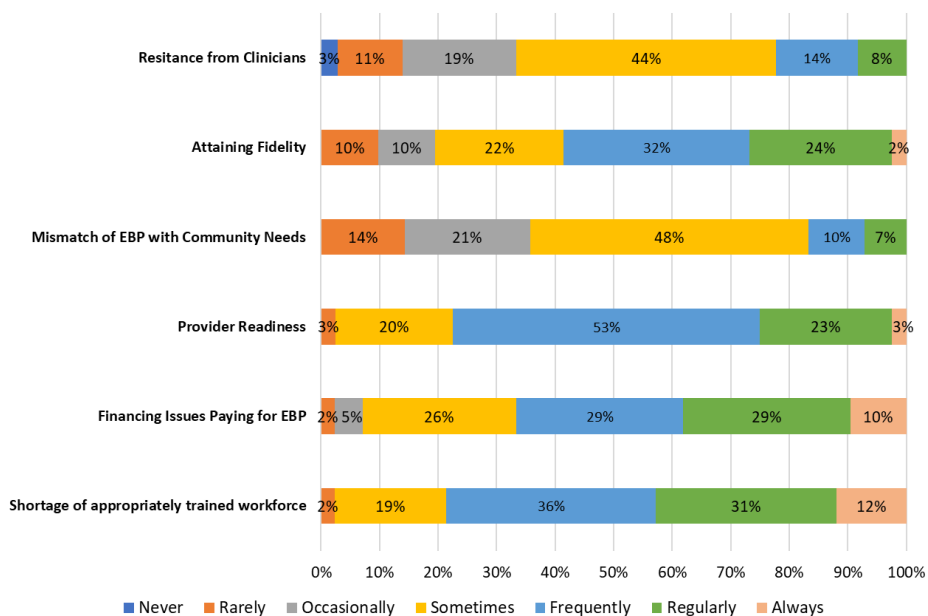
† Source: 2020 SAMHSA Uniform Reporting System

†† Not collected

Barriers to Implementation of EBPs

SMHAs were asked to rate the extent to which a variety of factors are barriers to the implantation of EBPs on a scale that ranged from never to always. The greatest barriers to implementing EBPs are shortage of appropriately trained workforce (frequently to always in 33 SMHAs), provider readiness (frequently to always in 31 SMHAs), financing issues paying for EBPs (frequently to always in 28 SMHAs), and attaining fidelity (frequently to always in 24 SMHAs).

SMHA Ratings of Barriers to Implementation of EBPs



SMHA Initiatives to Promote the Adoption of EBPs

SMHAs utilize an array of initiatives to promote the adoption of EBPs. These initiatives include incorporation of EBPs in contracts (35 SMHAs), providing awareness and training (34 SMHAs), consensus building among stakeholders (34 SMHAs), monitoring fidelity (32 SMHAs), modification of information systems and data reports (20 SMHAs), budget requests specific to EBPs (20 SMHAs), and financial incentives (14 SMHAs). In addition, SMHAs have adopted strategies to promote the adoption of EBPs, including paying for the provision of training and/or technical assistance (36 SMHAs), publicly recognizing high performing EBP providers (18 SMHAs), and enhancing reimbursement rates (11 SMHAs).

SMHAs working with Academic or University Partners

Thirty-three (33) SMHAs work with academic or university partners to implement or evaluate EBPs or promising practices. Examples of these partnerships include:

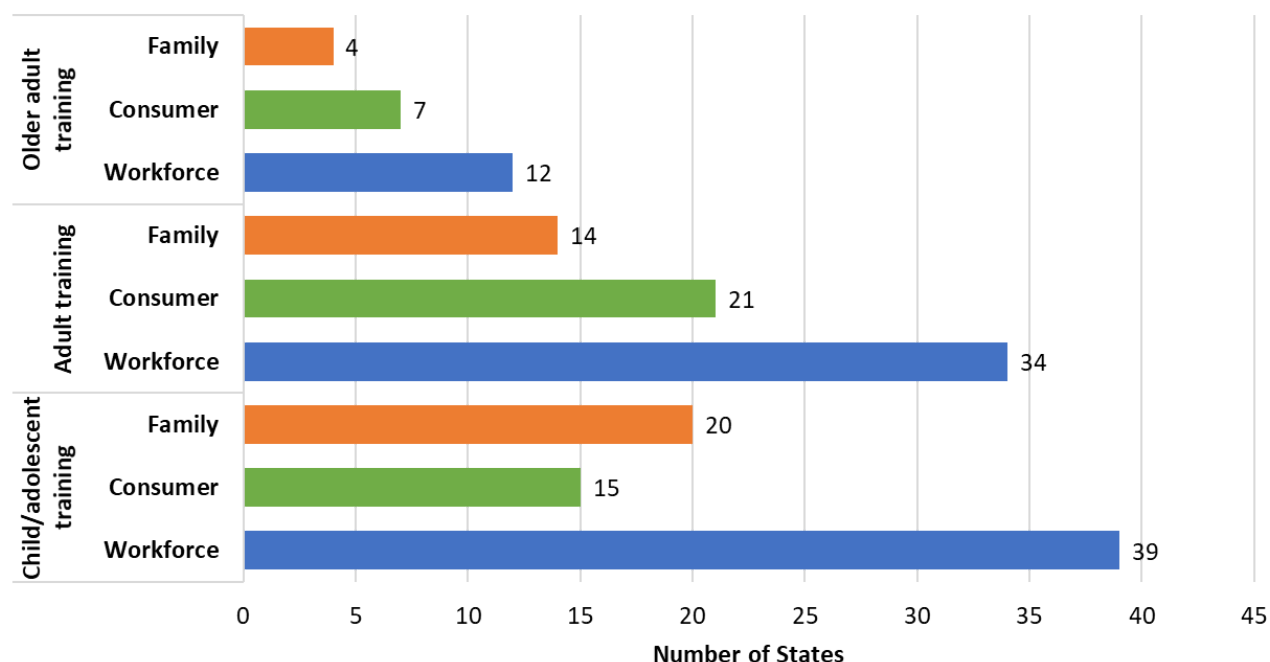
- In Connecticut, the Department of Mental Health and Addiction Services (DMHAS) works with the Southern Connecticut State University's Social Work Department to maintain a weekend MSW program focused on serving individuals with co-occurring disorders. The DMHAS Research Division (University of Connecticut) works with the department's housing unit to determine the effectiveness of the supportive housing programs on tenants' lives. Specifically, the Research Division is evaluating outcomes on providing supportive housing to individuals cycling between the criminal justice system and homeless shelter systems. DMHAS partners closely with the Yale Program for Recovery and Community Health (PRCH) to implement person-centered recovery planning, recovery-oriented care, citizenship-based care, and other practices.
- In Louisiana, the Office of Behavioral Health has established a "Center for Evidence to Practice" at a state public university to serve as a hub for EBP training and implementation, modeled after "Centers for Excellence" in other states.
- In Maryland, the Behavioral Health Administration (BHA) has a contract with the University of Maryland School of Medicine for the operation of Behavioral Health Systems Improvement Collaboration (BHSIC), which consists of three centers—the Training Center, the Evidence-Based Practice Center (EBPC), and the Systems Evaluation Center (SEC). These three centers function interactively to educate, evaluate, and advise the Public Behavioral Health System (PBHS) and its stakeholders in EBP dissemination and implementation. The EBPC has dedicated supported employment, assertive community treatment, and co-occurring disorders consultants/trainers that provide individualized training, technical assistance, and consultation to interested community behavioral health providers on fidelity of EBP implementation.
- In Wisconsin, under a contract with Mental Health American and their subcontract with the University of Wisconsin-Green Bay Behavioral Health Training Partnership, the SMHA has organized workforce training and suicide care EBPs for child/adolescent and adult populations.
- In Missouri, the Children's Trauma Network is a network of clinicians and advocates dedicated to expanding access to evidence-based mental health treatment for traumatized children. Recognizing that many Missouri children experience abuse and neglect that often has life-long adverse consequences, the Network works to promote the healing of children by (1) training clinicians in evidence-based models, (2) improving screening, assessment, and referral of traumatized children, (3) identifying and working to address systematic barriers to implementation of evidence-based services, (4) collecting data on treatment outcomes to demonstrate value. In the next few years, the Missouri Children's Trauma Network plans to raise the standard of care and improve access to services for children, families, and communities impacted by trauma. Members of the Network include University of Missouri, Columbia, and St. Louis.

Training on EBPs for Workforce, Clients, and Family Members

To improve EBPs, SMHAs organize workforce, client, and family member training for child/adolescent, adult, and older adult EBPs. SMHAs organize workforce training for child/adolescent EBPs (39 SMHAs), adult EBPs (34 SMHAs), and older adult EBPs (12 SMHAs). For example, in Connecticut DMHAS provides these trainings through the Workforce Development Division and contracted vendors

SMHAs use a variety of mechanisms to provide ongoing training to providers related to the provision of EBPs including expert consultants (38 SMHAs), collaboration with universities (35 SMHAs), internal staff (34 SMHAs), provider-to-provider training (24 SMHAs), establishment of research/training institutes (17 SMHAs), and outside accreditation (10 SMHAs).

SMHA Training on Child/Adolescent, Adult, and Older Adult EBPs



Funding Sources for EBPs

SMHAs use a variety of funding sources to pay for the provision of EBPs. SMHAs most commonly use state general funds and Medicaid, followed by the SAMHSA Mental Health Block Grant to pay for EBPs. Local and other funds are used to a lesser extent to pay for EBPs

With the passage of the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 and the Affordable Care Act, states were hopeful that private insurance and Medicaid would reimburse for more EBP services for adults with SMI and children/adolescents with SED. Majority of states (33) have not observed a change in insurance payments for EBPs. Insurance is paying for more EBPs in only 8 states

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Number of SMHAs Using Funding Sources, by EBPs

| EBP | State General Funds | Medicaid | Mental Health Block Grants | Local Funds | Other Funds |
|---|---------------------|----------|----------------------------|-------------|-------------|
| Adults | | | | | |
| Assertive Community Treatment | 31 | 37 | 13 | 5 | 3 |
| Supported Employment | 30 | 18 | 20 | 7 | 7 |
| Family Psychoeducation | 17 | 16 | 12 | 6 | 4 |
| Integrated Dual Diagnosis Treatment (M/SUD) | 19 | 21 | 11 | 4 | 6 |
| Illness Self-Management and Recovery | 11 | 17 | 9 | 3 | 6 |
| Supported Housing | 29 | 10 | 9 | 6 | 4 |
| Consumer Operated Services | 18 | 10 | 18 | 1 | 4 |
| Child/Adolescent | | | | | |
| Multisystemic Therapy | 14 | 16 | 4 | 3 | 3 |
| Therapeutic Foster Care | 13 | 15 | 5 | 2 | 3 |
| Functional Family Therapy | 12 | 15 | 5 | 2 | 4 |
| Parent-Child Interaction Therapy | 19 | 18 | 10 | 3 | 2 |
| Trauma-Focused Cognitive Behavior Therapy | 23 | 25 | 13 | 3 | 5 |

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