



Evidence-Based Practice



SAGINAW COUNTY  
COMMUNITY MENTAL  
HEALTH AUTHORITY

# **EVIDENCE-BASED PRACTICES** *and* **SYSTEM TRANSFORMATION**

**2005-2010 Report - Update**

**Improving**  
**Practices**  
*at SCCMHA*

**JUNE 2012**

## **Introduction**

Since the publication of the March 2011 five (5) year report, evidence-based practice efforts continue throughout the SCCMHA network. Challenges and successes continue, including the implementation of a few new practices, as highlighted in this brief update.

## **New Practices**

Several new evidence-based practices have taken root at SCCMHA over the past two years. Of note is that SCCMHA has not discontinued the use of any practices, in spite of ongoing staff turnover or system budget challenges in 2011. For the children's service area, Alternative for Families – Cognitive Behavior Therapy and Seven Challenges are two specific new practice areas in which certain staff working in children and family programs have been trained and have initiated practice dimensions. AF-CBT is a practice designed to improve the relationships between children and parents/caregivers in families involved in physical coercion and/or force and chronic conflict or hostility. Seven Challenges is designed specifically for adolescents with drug problems, to motivate a decision and commitment to change, and to support success in implementing the desired changes. In addition, as part of the children's mental health grant funded by SAMHSA starting October 1, 2010, SCCMHA and its community partners have been working to implement significant changes in supports for children and families. Now called Saginaw MAX System of Care, the effort has resulted in both extensive training in Wraparound services for families of children with serious emotional disorders, and expansion of wraparound capacity.

With a renewed focus on wellness education, SCCMHA is still exploring additional desired adult practices such as Illness Management & Recovery (IM&R) and Wellness Recovery Action Plan. (WRAP). In September 2011, SCCMHA hosted a block grant funded consumer recovery and wellness conference for adults with serious mental illness, titled "Live Well." This conference was planned by a consumer committee, and served as a SCCMHA kick-off event off for the promotion of the SAMHSA eight (8) dimensions of wellness and the related 10x 10 national wellness campaign. Since that time, SCCMHA has published several *LIVE WELL* newsletters, and has strengthened consumer health and wellness trainings for case managers and supports coordinators, as well as wellness messages for consumers and to all persons working in the SCCMHA network with an overall goal of a healthier SCCMHA network, both consumers and staff alike. SCCMHA also expanded block grant co-location projects with the FQHC, Health Delivery Inc. (HDI) in FY 2011 and FY 2012, by adding peer services and added capacity for evidence-based services for adults with serious mental illness who are not Medicaid recipients.

## **Other Updates**

In addition to a few key staff members leaving the system due to retirements, a few other key staff involved in evidence-based practice areas have changed their roles, such as working in new team environments. SCCMHA has been able to weather the sustainability of practices in spite of these changes. Changes have also occurred in the peer support specialists in adult case management teams, many of whom have been previous or new leaders in certain practice areas. Fidelity reviews have continued with good outcomes, and overview trainings on EBP for new practitioners as they begin their work at SCCMHA are ongoing. All involved in service delivery are expected to be competent in core areas of welcoming and recovery, trauma and

resilience, health care integration and wellness, and motivational interviewing. SCCMHA continues to maximize block grant funds through MDCH to support EBP sustainability wherever feasible. System sustainability has been also been most recently aided by several key practitioners who now have the expertise and credentials to provide direct training in core areas, including MI, PMTO and FPE as well as trauma informed practice. The SCCMHA EBP guide for persons who are returning citizens from prison was published in June 2011. In May 2012 Fran Erwin, CEO of Saginaw Psychological Services, was the recipient of the Improving Practices Champion award given at the community recognition Everyday Heroes event.

### **Future Directions**

As health care integration changes progressively occur throughout the state and nationally, more and more SCCMHA will likely be focused on practice models that integrate behavioral health and primary care. Currently there are four sites of co-location services or consultation in primary care, including HDI, Partners in Pediatrics and Synergy Medical Group. SCCMHA has not yet implemented a planned privileging process for individuals in specific practice areas but does still intend to do so in the near future. During FY 2012 SCCMHA expects to have a HDI Physician Assistant available on site several hours weekly to support enhanced primary care access for individuals served. SCCMHA will continue to strengthen its continuing education programs to include key community colleagues given the continual integration of primary and behavioral health care.

SCCMHA plans to develop dedicated staff leadership to support overall system wellness goals, including the procurement of additional federal block grant dollars to support opening a wellness center for consumer use, as well as a drop in program with a wellness focus in the Saginaw community. SCCMHA will also be reviewing and incorporating any SAMHSA tool kit changes into local practice models. After several years of effort in seeking to apply an adult outcome tool to assist in measuring consumer outcomes, including relative to specific evidence-based practices, it now appears that by the end of 2012, SCCMHA will be implementing the Adult Needs and Strengths Assessment (ANSA). Additionally, while delayed, the publication of an older adult EBP guide is still planned. SCCMHA has also taken added steps to develop health registries for persons served, including individual and composite scores, so that those with the greatest health risks receive targeted, priority interventions.

In addition to the current goal areas of initiating staff privileging, health care integration and wellness expansion and adult outcome tool implementation, SCCMHA will also be continuing to focus on improved physician involvement; physician network changes included a new SCCMHA Medical Director. A comprehensive look at the evidence-based practice data across the network, with the development of strategies to ensure accurate and complete data collection for all practice areas is also a priority.

### **Summary**

SCCMHA remains committed to the sustainability of evidence-based practices for behavioral health, with an increased future focus on health care integration. This will require bi-lateral planning and education approaches, continued oversight vigilance in all specific practice areas, and leadership steadfastness throughout the local organizational system and community of partners.