Saginaw County Community Mental Health Authority

Overview of Evidence-Based Practices and Treatments

Mary Baukus, MSW, LMSW, CCTP
Mary.Baukus@sccmha.org
(989)272-7372

2024

Saginaw County Community Mental Health Authority

Overview of Presentation

- Goals
- Definition of terms
  - Understand EBP & related terms
- History: moving from macro to micro
  - Federal
  - State
  - Local (SCCMHA)
- Roles & responsibilities of consumers & providers
- Recovery & person-centered planning

Saginaw County Community Mental Health Authority

Goals of Presentation

- Understanding what EBPs are
- Understanding why we are implementing EBPs
  - Understanding reasons why EBPs are of value
- Understanding the status of EBP implementation at SCCMHA
- Understanding the basics of adapting EBPs

Saginaw County Community Mental Health Authority

What is an EBP?

A clinical intervention that has a strongly rooted scientific foundation and produces consistent results in assisting consumers to achieve *their* desired goals or outcomes.

Saginaw County Community Mental Health Authority

Other Definitions

- **Evidence-Based Practice** – The overall idea that we practice in an evidence-based way, understanding the importance of scientific research and producing consistent overall positive outcomes
  - Clinical
  - Service delivery (admin.)
- **Evidence-Based Treatment** – A specific treatment that is rooted in scientific evidence and produces specific proven results (Often referred to as Evidence-Based Practice)
- **Best Practice** – The best clinical or administrative practice or approach currently, given the situation, consumer's/family's needs & desires, evidence about what works for this situation/need/desire, & available resources
  - Best practice ≠ EBP
- **Promising Practice** – Considerable evidence or expert opinion; shows potential for + results &/or significant evidence or expert consensus
- **Emerging Practice** – New innovation but lacks broad consensus support & scientific evidence; innovative practice that deals with specific needs, but not supported by the strongest scientific evidence

Saginaw County Community Mental Health Authority

Components of EBPs

- Highest level of scientific evidence
- Clinical expertise of the practitioner-your thoughts and ideas and creativity matter!
- Choices, values, & goals of consumer

EBP

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Why focus on EBPs?

- Ethical responsibility to provide best possible care
- Commitment to quality
- Consumers' right to choose most effective services
- Positive consumer outcomes
- Model of service for clinicians
- Accountability for outcomes and dollars spent
- Allocation of scarce resources – doing more with less
- Do no harm
- Support recovery & resiliency
- Trauma-informed

Saginaw County Community Mental Health Authority

Defining "What Works"

- What works can mean:
  - Reducing symptoms or increasing function
  - Getting a job, staying in school, having a friend, or getting to live where you want
  - Staying out of the hospital or out of trouble with the law
- Based on the individual's perspective
  - Start with a shared definition
  - Start with the person, not the dx
  - Start where the person is – stage of treatment for each problem

What to Look For

- At least 2 Randomized Control Trials (RCTs) with at least 30 participants
  - Independent replication
- Published in peer-reviewed journals-more than one and ones without bias
- High quality meta-analyses, systematic reviews of RCTs
- Demonstrated sustained effectiveness in everyday practice settings
- Theory – explains why the practice works
- Manualized – not all but most EBT's have manuals
- Fidelity measurement tool

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Weighing the Evidence

1. Controlled clinical trials with random assignment of individuals from similar groups to the experimental care or routine care
   - Randomized Control Trials (RCT) = gold standard
   - Replicated in routine settings

2. Scientific controlled studies unproven outside of the controlled environment

   i.e. at clinics in real life settings with real life non-collegiate practitioners

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Weighing the Evidence

3. Evaluations and demonstrations
   - Compare the “before” and “after”
4. Expert consensus
5. Case studies
   - Individual anecdotal stories/experiences about practices in general, or those based upon treatment approaches by an individual practitioner or for a particular individual

Saginaw County Community Mental Health Authority

Federal History

- Surgeon General Report on MH (1999)
- IOM - Crossing the Quality Chasm (2001)
- President's New Freedom Commission on MH (2003)
- IOM – Crossing the Quality Chasm: Improving MH/SUD Care (2005)
- SAMHSA EBP Toolkits & National Registry of Evidence-based Programs and Practices (NREPP) (former, until 2016)
- SAMHSA Evidence-Based Practices Resource Center (present)

Saginaw County Community Mental Health Authority

State History

- Michigan Mental Health Commission Final Report (2004)
- Closing the Quality Gap in Michigan — Prescription for Health Care 2004 (Flynn Foundation, Michigan)
- MDCH Evidence-Based Practice Steering Committee (2005)
- improvingMIpractices.org (2013)
- State of Michigan Mental Health and Wellness Commission Report (2013, 2020)

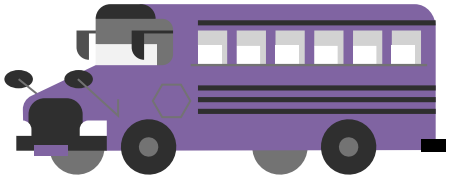
Saginaw County Community Mental Health Authority

SCCMHA

- 2004: Start
  - EBP research and guides
- 2005: System Transformation & Culture Shift
  - Moving from practitioner-based to practice-based system
- 2006: Initiation of EBP training
- 2014-2015: EBP Coordinator, EBP Leadership Team
  - Privileging
  - System-wide fidelity reviews
  - Training and consultation
- 2016-2018: Implementing new EBPs, data collection/quality control
- 2019 and beyond: Focusing on continually improving quality and outcome processes and addressing CCBHC EBP needs

Saginaw County Community Mental Health Authority

Transporting EBPs to Everyday Practice Settings



- Takes about 10 years for system transformation
- Activities:
  - Change Management
  - Improving Practices Oversight (state & local)
  - $$: Block Grants – Beginning Implementation FY 2005-2006
  - National experts/purveyors for local & statewide training
  - Contractual requirements for all Michigan PIHPs
  - Training for staff and administrators
  - Ongoing fidelity monitoring to prevent drift

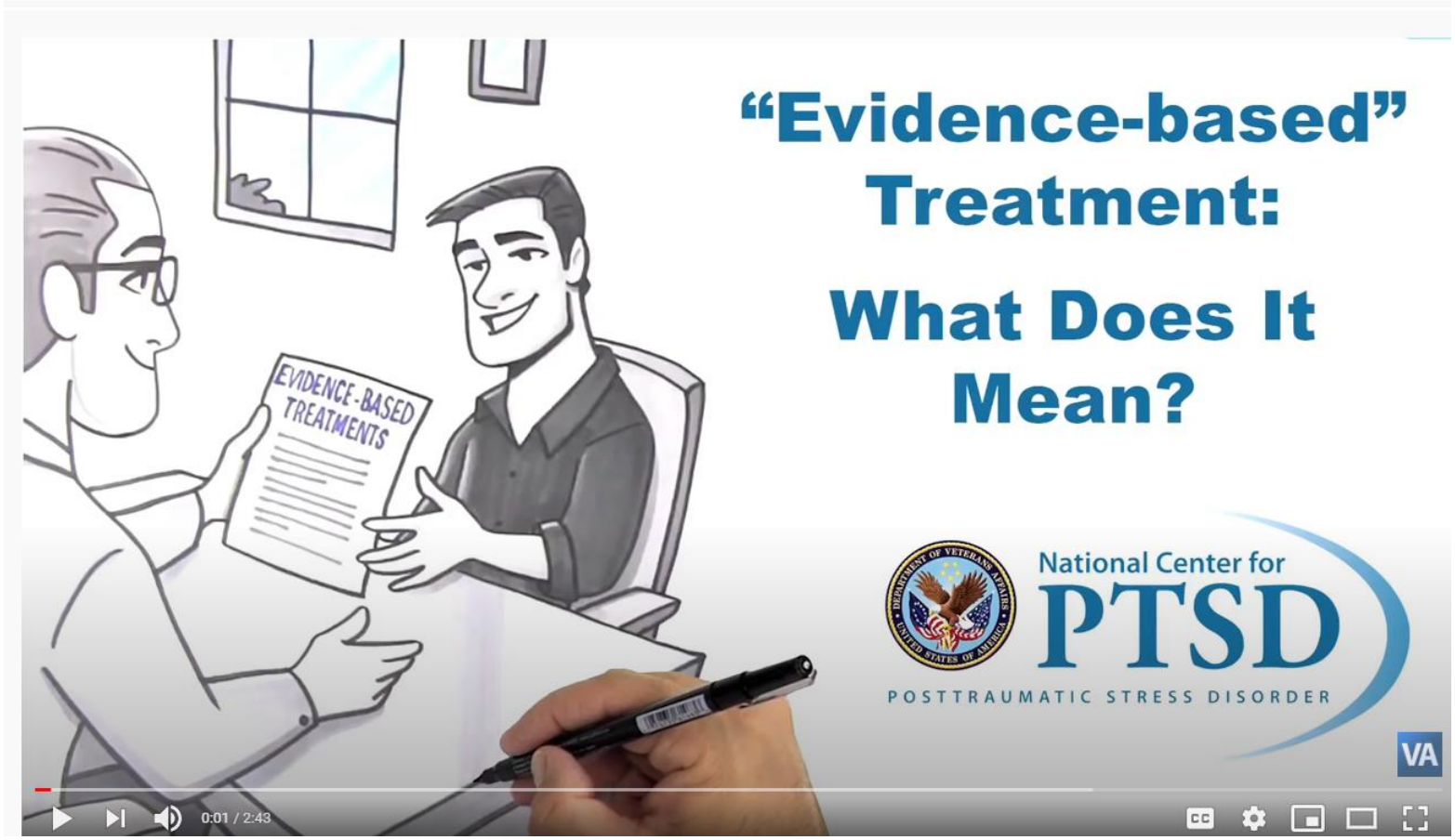
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Cautions

- Evidence-based practices are not available for all needs and problems
- Even when evidence-based practices are available, they do not always produce the same outcomes for all consumers
- Just because something says it is researched does not mean it is an EBP
- EBPs can take a long time from creation of a research question to published results
  - From the time of conception to the time of roll out it can take up to 10 years
  - An EBP must go through all the steps and research before being considered an EBP

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Video



SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Implementing EBPs at SCCMHA

- The implementation & supervision of specific practices takes time and much consideration
- Consideration of cost vs. need-penetration rates, overall system need
  - Training cost
  - Turn over
  - Sustainability
- EBP Leadership team
  - EBP oversight
  - Consultation to EBP/TIC Coordinator
  - Evaluating & approving additional EBPs
- Privileging
- Fidelity reviews

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Considerations made when implementing a new EBP

- Is the practice an actual EBP?
  - Check national registries:
    - Blueprintsprograms.com
    - www.centerforebp.case.edu
  - Evaluate the research
- Feasibility:
  - Cost-of implementation and training and ongoing fidelity reviews/certifications etc.
  - Population needs
  - Penetration rates
  - Team Capacity/workloads/time
- Sustainability
  - Is the practice sustainable –staff training needs, cost, benefits etc.

Saginaw County Community Mental Health Authority

Challenges

- Resource intensive
- Coordination/integration of multiple practices
- System change/organizational structure
- Attitudes & beliefs/buy-in
  - Changing from doing what is comfortable or familiar
- Training
- Appropriate documentation
- Sustainability
  - Fidelity vs. drift

Saginaw County Community Mental Health Authority

The Knowledge Gap

- There is a significant gap between the knowledge base of effective interventions and what is practiced in everyday settings
- **Knowledge Gap = Need for Fidelity**

Saginaw County Community Mental Health Authority

Fidelity

- Adherence to the key elements of an EBP
  - Changing or modifying EBPs can change the researched results
- Critical to achieving + results
  - The quality of implementation strongly influences outcomes
- Replication/transportability
- Manualized
- Prevent drift

Saginaw County Community Mental Health Authority

SAMHSA Toolkits

- Illness Management & Recovery (M&R)
- Supported Employment/IPS (SE)
- Family Psychoeducation (FPE)
- **Assertive Community Treatment (ACT)**
- **Integrated Dual Disorders Treatment (IDDT)**
- Dual Diagnosis Capability in Mental Health Treatment (DDCMHT)
- **Permanent Supportive Housing (PSH)**
- Interventions for Disruptive Behavior Disorders (IDBD)
- Treatment of Depression in Older Adults
- Preventing Suicide in High Schools
- Promoting Emotional Health and Preventing Suicide in Senior Living Communities
- Smoking Cessation for Persons with MI
- Supported Education (SEd)
- MedTEAM (Medication, Treatment, Evaluation, and Management)

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Example from ACT

Organizational boundaries						
		Ratings / Anchors				
Criterion		1	2	3	4	5
O1	**Explicit admission criteria:** Has clearly identified mission to serve a particular population. Has and uses measurable and operationally defined criteria to screen out inappropriate referrals.	Has no set criteria and takes all types of cases as determined outside the program	Has a generally defined mission but admission process dominated by organizational convenience	Tries to seek and select a defined set of consumers but accepts most referrals	Typically actively seeks and screens referrals carefully but occasionally bows to organizational pressure	Actively recruits a defined population and all cases comply with explicit admission criteria
O2	**Intake rate:** Takes consumers in at a low rate to maintain a stable service environment	Highest monthly intake rate in the last 6 months = greater than 15 consumers/month	13–15	10–12	7–9	Highest monthly intake rate in the last 6 months no greater than 6 consumers/month
O3	**Full responsibility for treatment services:** In addition to case management, directly provides psychiatric services, counseling/ psychotherapy, housing support, substance abuse treatment, employment and rehabilitative services	Provides no more than case management services	Provides 1 of 5 additional services and refers externally for others	Provides 2 of 5 additional services and refers externally for others	Provides 3 or 4 of 5 additional services and refers externally for others	Provides all 5 services to consumers
O4	**Responsibility for crisis services:** Has 24-hour responsibility for covering psychiatric crises	Has no responsibility for handling crises after hours	Emergency service has program-generated protocol for program consumers	Is available by phone, mostly in consulting role	Provides emergency service backup; e.g., program is called, makes decision about need for direct program involvement	Provides 24-hour coverage

This snapshot is not the complete instrument.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Global Organizational Index Scale

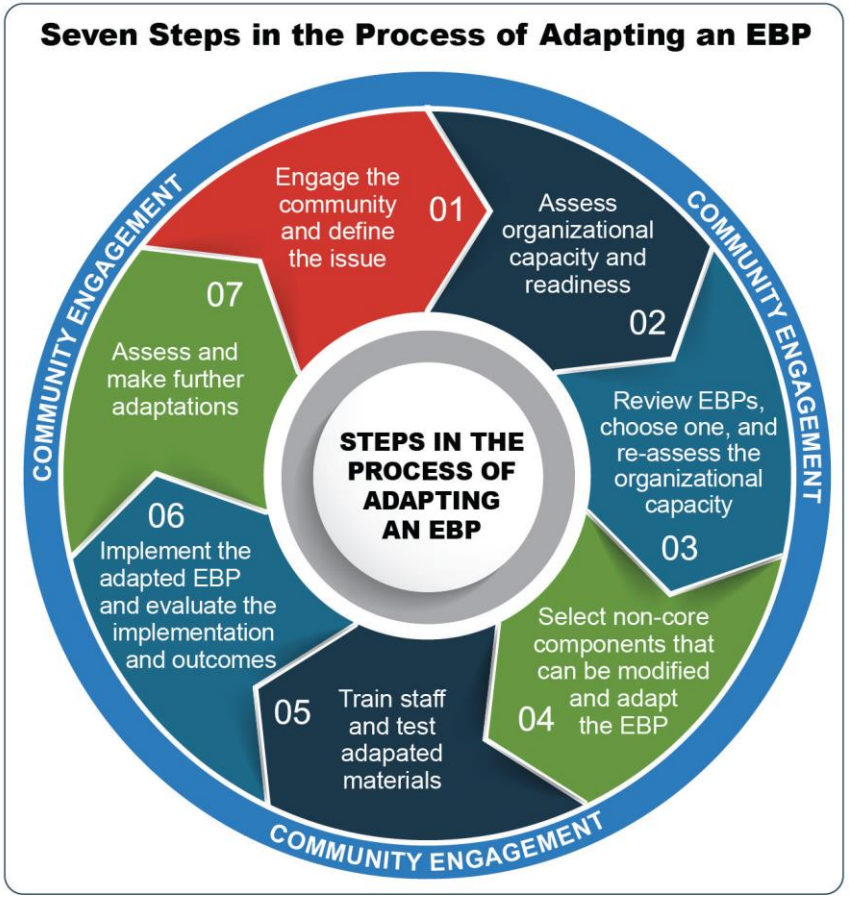
	1	2	3	4	5
G4. Assessment. Full standardized assessment of all clients who receive EBP services. Assessment includes history and treatment of medical / psychiatric / substance use disorders, current stages of all existing disorders, vocational history, and existing support network, and evaluation of biopsychosocial risk factors.	Assessments are completely absent or completely non-standardized	Pervasive deficiencies in two of the following: Standardization, Quality of assessments, Timelines, Comprehensiveness	Pervasive deficiencies in one of the following: Standardization, Quality of assessments, Timelines, Comprehensiveness	61%-80% of clients receive standardized, high quality assessments at least annually OR Information is deficient for one or two assessment domains	>80% of clients receive standardized, high quality assessments, the information is comprehensive across all assessment domains, and updated at least annually
G5. Individualized Treatment Plan. For all EBP clients, there is an explicit, individualized treatment plan *related to the EBP* that is consistent with assessment and updated every 3 months.	=20% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 months	21%-40% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 months	41%-60% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 months. OR Individualized treatment plans updated every 6 months for all clients	61%-80% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 months	>80% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 months
G6. Individualized Treatment. All EBP clients receive individualized treatment meeting the goals of the EBP.	=20% of clients served by EBP receive individualized services meeting the goals of the EBP	21%-40% of clients served by EBP receive individualized services meeting the goals of the EBP	41%-60% of clients served by EBP receive individualized services meeting the goals of the EBP	61%-80% of clients served by EBP receive individualized services meeting the goals of the EBP	>80% of clients served by EBP receive individualized services meeting the goals of the EBP
G7. Training. All new practitioners receive standardized training in the EBP (at least a 2-day workshop or its equivalent) *within 2 months of hiring*. Existing practitioners receive annual refresher training (at least 1-day workshop or its equivalent)	=20% of practitioners receive standardized training annually	21%-40% of practitioners receive standardized training annually	41%-60% of practitioners receive standardized training annually	61%-8-% of practitioners receive standardized training annually	>80% of practitioners receive standardized training annually
G8. Supervision. EBP practitioners receive structured, weekly supervision (group or individual format) from a practitioner experienced in the particular EBP. The supervision should be client-centered and explicitly address the EBP model and its application of *specific client situations*.	=20% of practitioners receive supervision	21%-40% of practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision on an informal basis	41%-60% of practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision monthly	61%-80% of EBP practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision twice a month	>80% of EBP practitioners receive structured weekly supervision, focusing on specific clients, in sessions that *explicitly address the EBP model and its application*

This snapshot is not the complete instrument.

Saginaw County Community Mental Health Authority

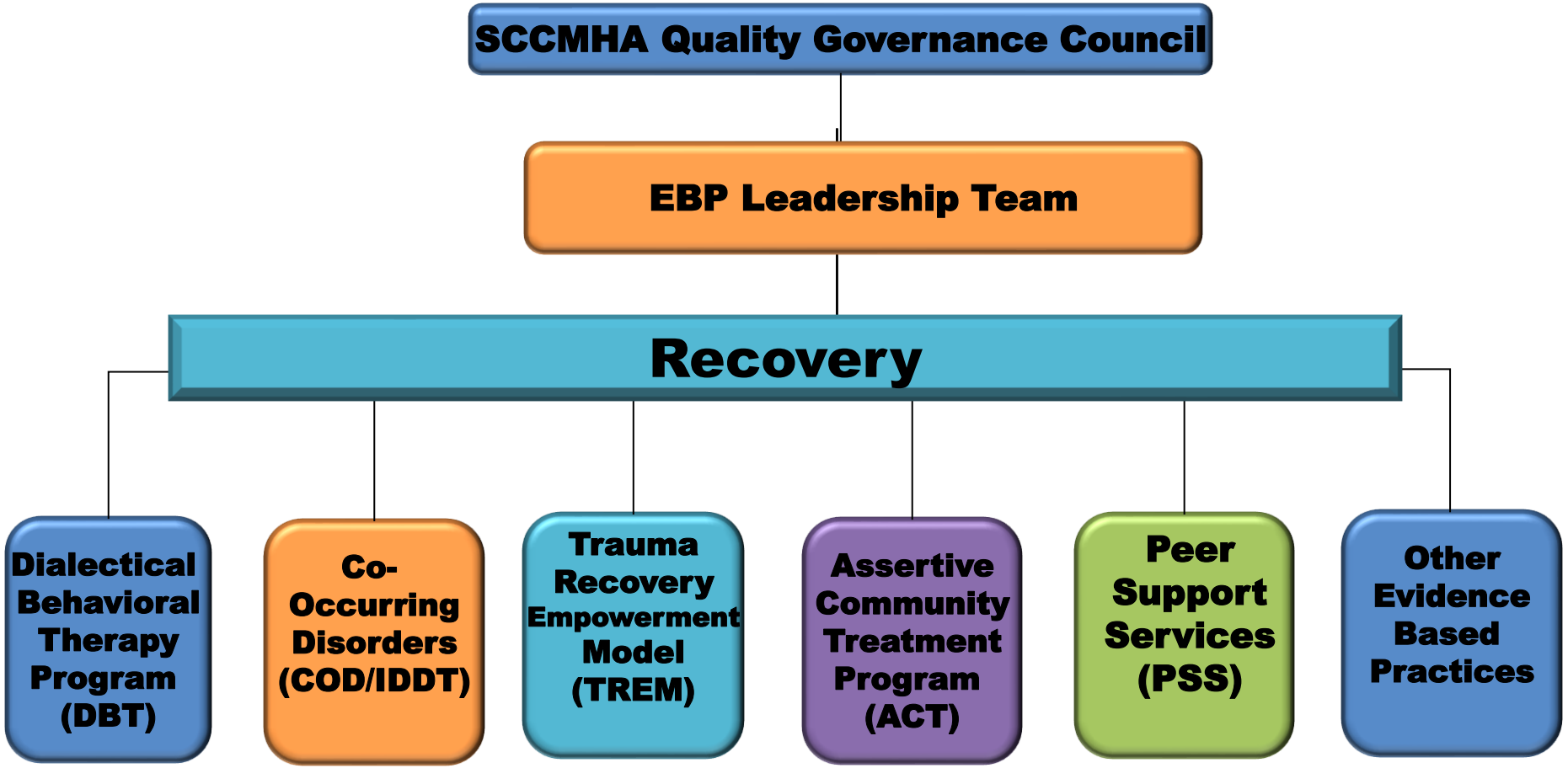
Adapting EBPs for Under-Resourced Populations

- Adapting evidence-based practices (EBPs) to the cultural, social, gender, age, and other socio-demographic contexts of individuals served yields positive outcomes
- Adaptation of an EBP involves making changes to better fit the needs of the population being served without negatively removing or changing core elements.
- Communities and individuals benefit when they receive behavioral health services that are clinically proven effective, equitable, and culturally appropriate.



Saginaw County Community Mental Health Authority

SCCMHA EBP Organizational Integration

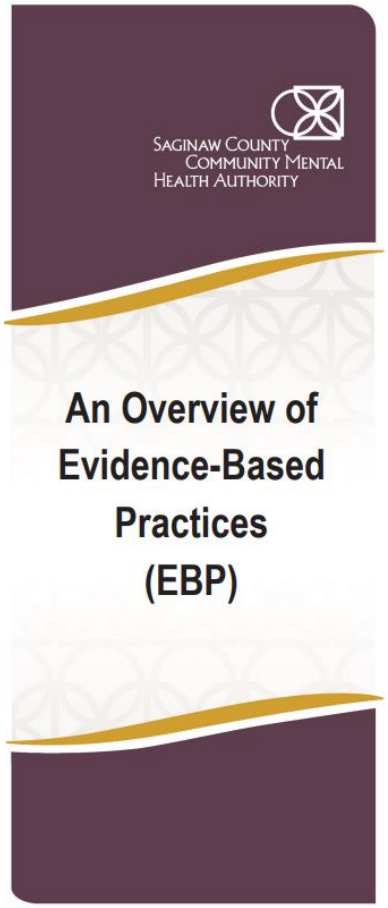


Saginaw County Community Mental Health Authority

SCCMHA EBPs/EBTS

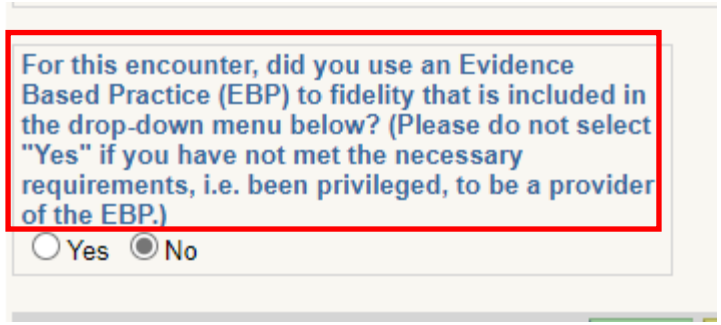
- Please refer to the SCCMHA website to see information about EBPs.
- Not all the EBPs listed are always offered.
- Each listed EBP has a printable brochure and a website link for more information.

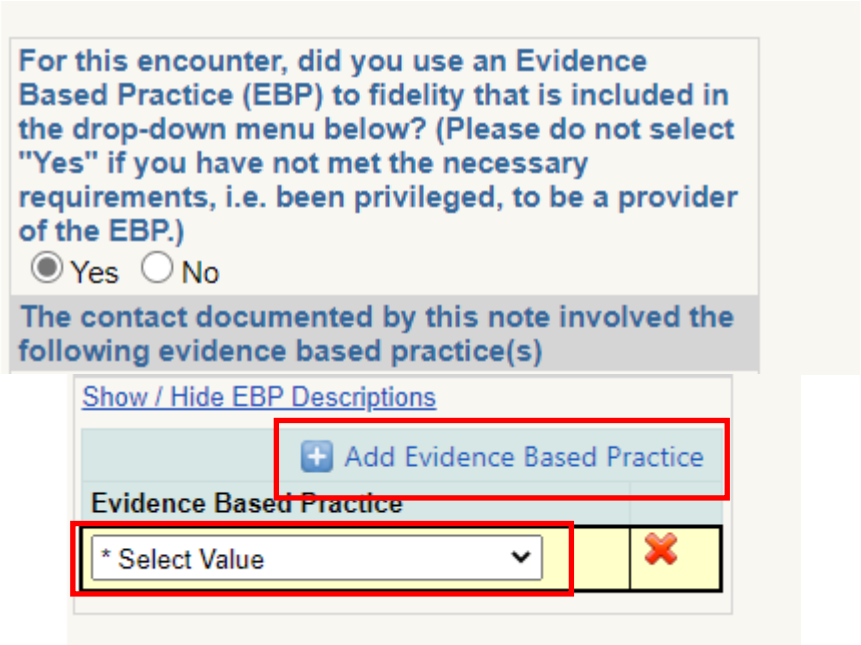
  Evidence-Based Practices | SCCMHA



Saginaw County Community Mental Health Authority

Capturing EBP Use In SENTRI II



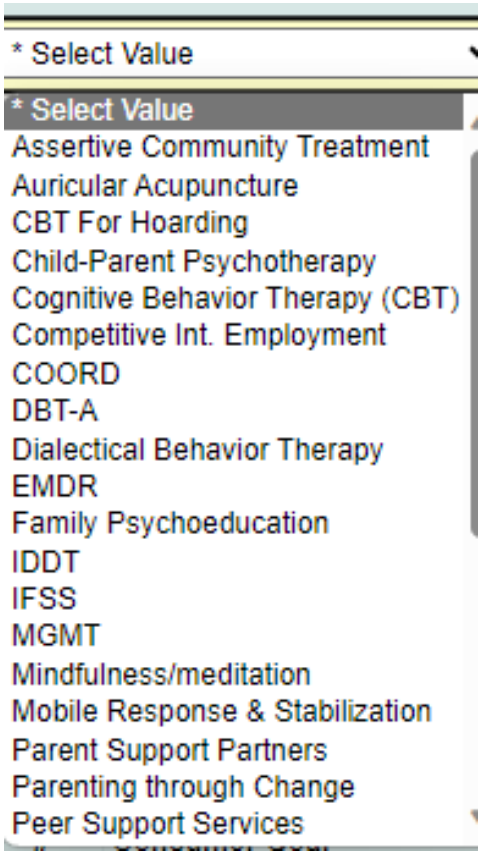


Answer this question, “yes” or “no” . IF “no” there is nothing else you need to do related to EBPs.

To view the drop-down menu, you can select “yes” (see instructions below) and change it back to “no” if “no” is the appropriate response for this contact.

Saginaw County Community Mental Health Authority

Capturing EBP Use In SENTRI II

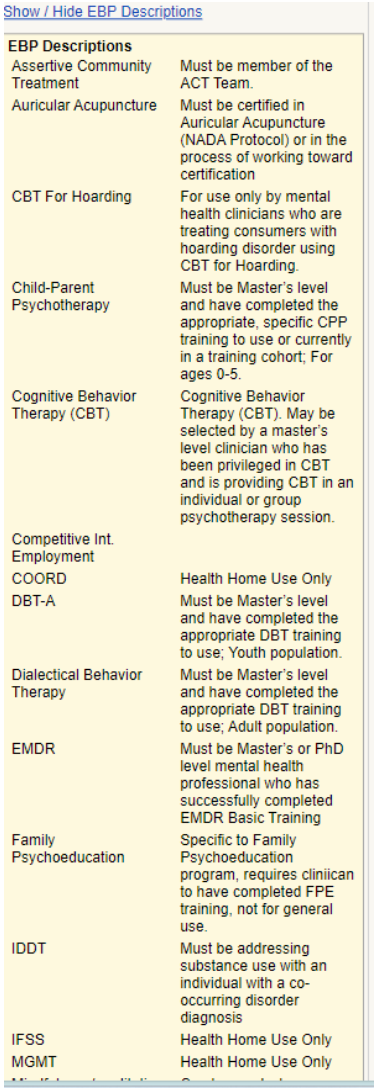


If your answer is “yes”, please choose “Add Evidence Based Practice” and select the appropriate practice from the drop-down menu, “Select Value”.

Are you not sure if your answer should be “yes” or “no”?
See next slide.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

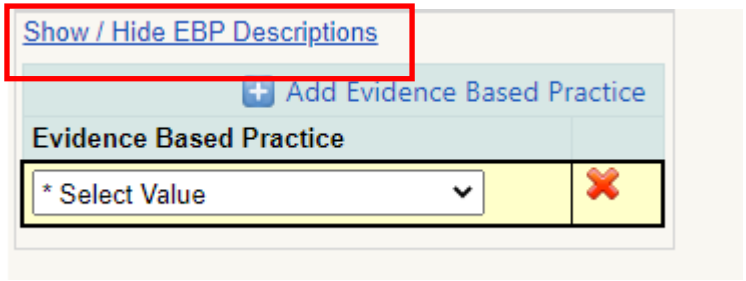
Capturing EBP Use In SENTRI II



Show / Hide EBP Descriptions

EBP Descriptions

Assertive Community Treatment	Must be member of the ACT Team.
Auricular Acupuncture	Must be certified in Auricular Acupuncture (NADA Protocol) or in the process of working toward certification
CBT For Hoarding	For use only by mental health clinicians who are treating consumers with hoarding disorder using CBT for Hoarding.
Child-Parent Psychotherapy	Must be Master's level and have completed the appropriate, specific CPP training to use or currently in a training cohort; For ages 0-5.
Cognitive Behavior Therapy (CBT)	Cognitive Behavior Therapy (CBT). May be selected by a master's level clinician who has been privileged in CBT and is providing CBT in an individual or group psychotherapy session.
Competitive Int. Employment	
COORD	Health Home Use Only
DBT-A	Must be Master's level and have completed the appropriate DBT training to use; Youth population.
Dialectical Behavior Therapy	Must be Master's level and have completed the appropriate DBT training to use; Adult population.
EMDR	Must be Master's or PhD level mental health professional who has successfully completed EMDR Basic Training
Family Psychoeducation	Specific to Family Psychoeducation program, requires cliniican to have completed FPE training, not for general use.
IDDT	Must be addressing substance use with an individual with a co-occurring disorder diagnosis
IFSS	Health Home Use Only
MGMT	Health Home Use Only



If you are not sure if you should answer "yes" or "no", please click "Show/Hide EBP Description" for more information to help you decide.

Saginaw County Community Mental Health Authority

EBPs promote Recovery

Saginaw County Community Mental Health Authority

Recovery – definition

Recovery from mental and/or substance use disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

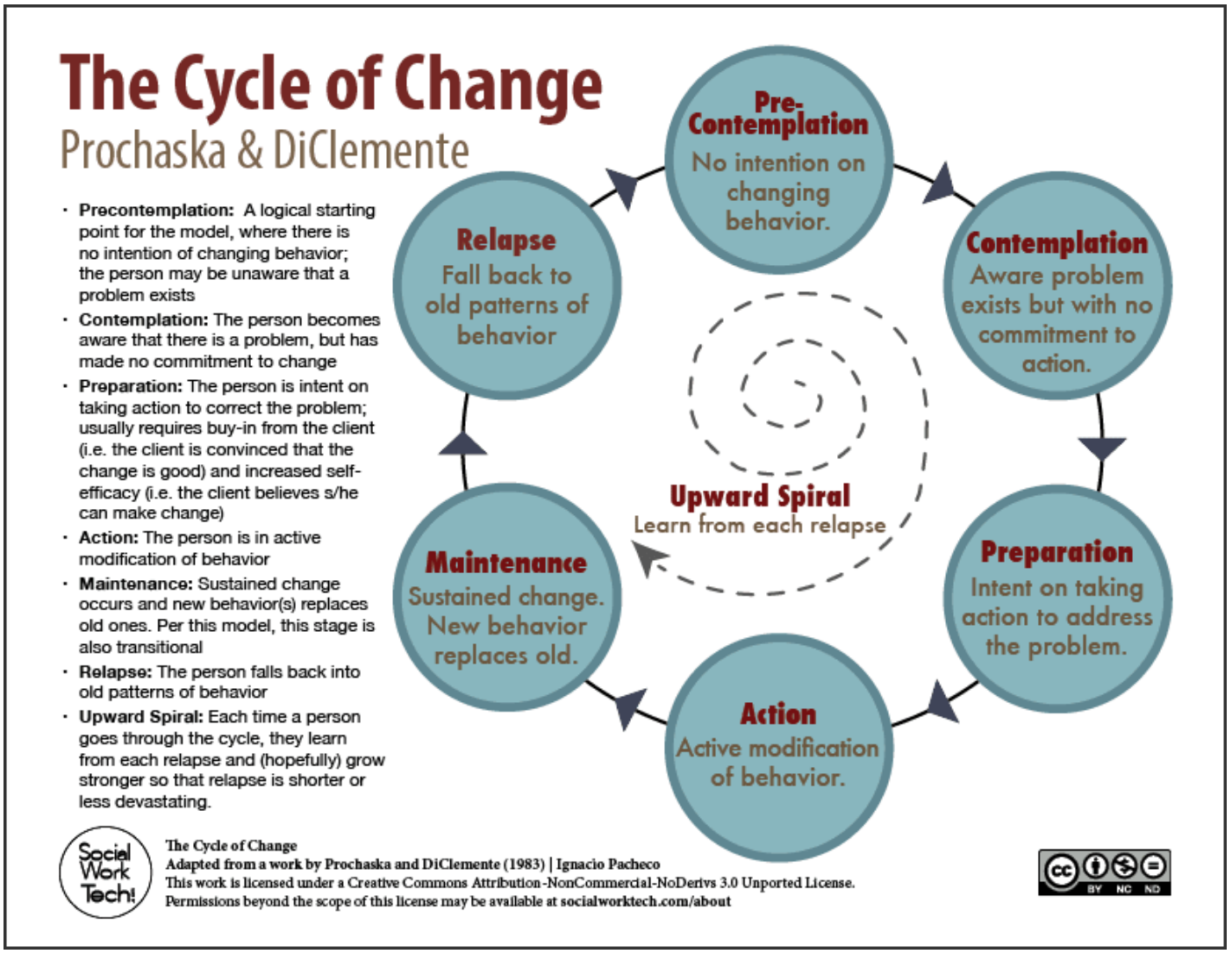
Saginaw County Community Mental Health Authority

Recovery

- An individual process directed by the individual rather than by practitioners or others
- The desired outcome of treatment or services
- Very individualistic
- Choice and control are central
- Hope for a fulfilling life is critical

Saginaw County Community Mental Health Authority

Stages of Change



SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Stage of Change - MI Techniques

Precontemplation Denial/lack of recognition	Engagement Self-assessment
Contemplation Ambivalence	Benefits & Consequences Analysis Tip the balance: –s outweigh +s of changing
Preparation/Action Commitment to change	Menu of options This is where you give EBT's
Maintenance Solidifying change	Support/reinforce progress Trigger analysis
Relapse Learn from slips	Opportunity to learn Fine-tune plan

Saginaw County Community Mental Health Authority

4 major Dimensions that support a life in recovery

1. Health: Overcoming or managing one's disease(s) or symptoms — for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

2. Home: A stable and safe place to live.

3. Purpose: Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.

4. Community: Relationships and social networks that provide support, friendship, love, and hope.

Saginaw County Community Mental Health Authority

Guiding Principles of Recovery

- Recovery emerges from hope
- Recovery is person-driven
- Recovery occurs via many pathways
- Recovery is holistic
- Recovery is supported by peers and allies
- Recovery is supported through relationship and social networks
- Recovery is culturally-based and influenced
- Recovery is supported by addressing trauma
- Recovery involves individual, family, and community strengths and responsibility
- Recovery is based on respect

Saginaw County Community Mental Health Authority

Relationship Skills

- Genuine warmth
- Empathy
- Honesty
- Enthusiasm
- Collaboration/Partnership

Saginaw County Community Mental Health Authority

Rapport is Critical

- The personal characteristics of the practitioner and strength of the therapeutic relationship have been found to be critical to the outcomes of psychosocial therapies
- The relationship accounts for 30% of improvement

Saginaw County Community Mental Health Authority

Remember

- Think evidence-based
  - Is what I am doing evidence-based?
  - Am I collaborating with the consumer in a true partnership?
  - Am I showing cultural humility?
  - Does the consumer's IPOS reflect use of EBPs?
- Advocate for consumers' access to EBPs

Saginaw County Community Mental Health Authority

Want More Information?

- SCCMHA Website (Resources section)
- SCCMHA Website, staff section
- G-drive/Teams
- Practice Champions
- National Implementation Research Network (NIRN)

Saginaw County Community Mental Health Authority

Questions, Comments, Feedback

Feel free to unmute to ask questions or comment or you may do so in the chat box.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

References

Center for Evidence-Based Practices at Case Western Reserve University. (2019). Retrieved from Case Western Reserve University : https://www.centerforebp.case.edu/

Joyfields Institute. (2021). Retrieved from EBP Society Evidence-Based Professionals: https://www.joyfields.org/

Miller, W. R., & Rollnick, S. (2023). *Motivational Interviewing: Helping People Change And Grow.* Fourth Edition.

SAMHSA EBP Resources Center. (2019). Retrieved from Evidence Based Practices Resource Center: https://www.samhsa.gov/ebp-resource-center.

Substance Abuse and Mental Health Services Administration. (2022) *Adapting Evidence-Based Practices for Under-Resourced Populations.* SAMHSA Publication No. PEP22-06-02-004. Rockville, MD: National Mental Health and Substance Use Policy Laboratory.

Simmons University Library, An Evidence-Based Approach - Evidence-Based Social Work - LibGuides at Simmons University, retrieved 02/27/2021

U.S. Department of Health & Human Services. (2019). Retrieved from SAMHSA Substance Abuse and Mental Health Services Administration: https://www.samhsa.gov/

Veterans Health Administration (2014) “Evidence-based” Treatment: What Does It Mean? In *YouTube.* https://www.youtube.com/watch?v=7dzkS0ioqqw

Saginaw County
Community Mental
Health Authority

Saginaw County Community Mental Health Authority

Main Facility

500 Hancock, Saginaw, Michigan 48602

Phone: (989) 797-3400

Toll Free: 1-800-258-8678

Michigan Relay 711

24 Hour Mental Health Emergency Services

(989) 792-9732

Toll Free: 1-800-233-0022

www.sccmha.org