

# Governor's Behavioral Health Services Planning Council Evidence Based Practices (EBP) Sub-Committee September 2023 Annual Report-Updated

## Vision

A robust network of support for communities implementing EBPs that best meet the needs of their population. This network will include making connections between individuals served, providers, trauma responsive communities, and information to implement needed EBPs in the community. This process will utilize best practices in implementation science and will centralize feedback from individuals receiving care, practitioners, agency collaboration, and research-based outcomes.

These following trauma informed principles guide the work of this sub-committee.

- Safety.
- Trustworthiness & transparency.
- Peer support.
- Collaboration & mutuality.
- Empowerment & choice.
- Cultural, historical & gender issues.

## Mission

Creating connections, community, and resource models for implementation, evaluation, and sustainability of EBPs in Kansas. We will hold ourselves and each other accountable to the principles of Trauma Informed Care in all we do, following the principles outlined in the Vision.

## Background

The EBP Sub-committee was established to enable agency collaboration and education of evidence-based practices. Using previous EBP experience and work to inform current practice and through collaboration among multiple partners, the Sub-committee will develop a sustainable framework to strengthen and expand access for all Kansans. The EBP Sub-committee will serve as a broad, representative voice as it relates to practices for a broad range of behavioral health issues.

The Evidence Based Practice (EBP) sub-committee restarted in April of 2021 after the anticipated passage of the Senate Substitute for House Bill 2208 which establishes a new model for providing behavioral health services – the Certified Community Behavioral Health Clinic (CCBHC). The Substance Abuse and Mental Health Services Administration (SAMHSA) sets

the guidelines for CCBHCs and requires the use of Evidence Based Practices (EBP) in CCBHCs. As stated in SAMHSA’s Strategic Plan for FY 2019-2023, SAMHSA is committed to advancing the use of science – in the form of data; research and evaluation; and evidence-based policies, programs, and practices – to improve the lives of Americans living with substance use disorders and mental illness, as well as their families.

In 2022, the EBP sub-committee received the additional charge of identifying the necessary steps to re-energize and sustain Kansas’ ongoing shift to a trauma-transformed system. Trauma-informed care is itself deeply rooted in a growing base of evidence and is a necessary part of any truly evidence-based and recovery-oriented system. The EBP subcommittee recognizes Trauma Informed Care as a necessary organizing principle for any effective EBP Framework.

## Philosophical Approach

The EBP Sub-committee created a space where the experience and voice of those receiving services are elevated and prioritized at all levels of implementation in an ongoing process. The perspective is intentionally shifted to privilege the experience of the individuals we serve.

The EBP Sub-committee will approach the framework in a way that builds equity and partnership with all communities and populations implementing EBP’s. A critical route to these partnerships is modifications and flexibilities within practice and evaluation.

The EBP Sub-committee will utilize Implementation Science as the framework for providing the resources, tools, training etc. to be available for all Behavioral Health Agencies (to include CMHC and SUD providers) to effectively implement evidence-based practices. The framework will include consideration of barriers to success and modifications to successful rural and frontier sites and sustainable evaluation processes.

## Membership

Composition of the Sub-committee must represent diversity within the State. The Sub-committee will make it a priority to elevate voices of the historically marginalized populations, paying attention to both organizational representation and diversity of experience. Members of the workgroup must have a stake in behavioral health. In response to member availability and employment turnover, the sub-committee, its leadership, and supporting KDADS staff continued to devote energy to recruitment throughout the year, adding new voting members as recently as the week of preparation for this report.

### 2022-2023 Leadership

- Chair: Ruby Johnson, OneCare Kansas Program Lead, Aetna Better Health of Kansas
- Vice Chair: Lori Libel, Director of Quality Management, Valeo Behavioral Health Care
- Past Chair: Rachel Erpelding, Executive Director Kim Wilson Housing, Inc., Wyandot Behavioral Health Network
- Secretary: Elizabeth Worth, Director of Adult Services, Johnson County Mental Health Center
- KDADS Liaison: Tara Jo Latham, Quality Assurance Manager, KDADS

### 2023-2024 Leadership

- Co-Chairs: Lori Libel, Director of Quality Management, Valeo Behavioral Health Care and Rachel Erpelding, Executive Director Kim Wilson Housing, Inc., Wyandot Behavioral Health Network
- Past Chair: Ruby Johnson, OneCare Kansas Program Lead, Aetna Better Health of Kansas
- Secretary: Elizabeth Worth, Director of Adult Services, Johnson County Mental Health Center
- KDADS Liaison: Tara Jo Latham, Quality Assurance Manager, KDADS

## Accomplishments

1. The Sub-Committee continued to utilize education provided by Matt Enyart from The Kansas Institute for Positive, Healthy and Inclusive Communities related to implementation science.
2. The Sub-Committee and its membership met with Dr Day, Osawatome State Hospital (OSH) Superintendent and Iryna Yeromenko, past Director of Operations at OSH. We met to learn from their experience implementing trauma informed care and understanding their strengths, challenges, outcomes.

3. The Sub-committee met with representatives from The Sanctuary Institute, a national resource related to trauma-informed care. The Sanctuary® Model is a blueprint for clinical and organizational change which, at its core, promotes safety and recovery from adversity through the active creation of a trauma-informed community. A recognition that trauma is pervasive in the experience of human beings forms the basis for the Sanctuary Model's focus not only on the people who seek treatment, but equally on the people and systems who provide that treatment.
4. We also met with Bryan Blankenship, Executive Director from Counseling and Recovery Services of Oklahoma, whose Center is Certified in the Sanctuary Institute model. Our efforts and questions focused particularly on culture, sustainability, and necessary resources for statewide implementation.

## New Recommendations

### Trauma-informed Care Infrastructure:

The work of creating and sustaining a trauma-informed system must take place at all levels to be successful. We recommend the Council and KDADS actively seek and identify funding to implement the full recommendations of this report. This includes but is not limited to

- A recommendation that appropriates costs for TIC Implementation be included in the CCBHC cost reports and for additional funds for all EBP service providers in Kansas outside of the CCBHC clinics.
- Continuation of the current practice of including trauma-informed care work in grants and projects applied for by KDADS and sub-awarded by KDADS.
- Identify baseline standards for trauma-informed care to be included in state contracts as appropriate – including all contracts in which TIC is mentioned related to deliverables.
- \$60k built into the state budget to support stakeholder attendance at any identified training germane to creating a trauma-informed, trauma-transformed system.

We recommend the state pursue a contract with an agency that can provide legwork, training, and facilitation to support the creation of a trauma-informed, trauma-transformed system. We recommend that any such contractor be able to

- provide an existing and proven model of cultural, system, and agency-level intervention.
- follow up and support for a significant period of time to support implementation and sustainability.
- and a train-the-trainer approach to equip our system stakeholders to sustain this important work going forward.

### EBP Data Dashboard:

A Data Dashboard. would increase data-driven decision-making and ensure standardization of data collection across the state. Specifically, data evaluated by a common set of quality measures

from implementation and ongoing services provided by all EBP providers. The data that would be available through this data dashboard can demonstrate outcomes, validate current practices, and support recommendations for future practices. Further, maintaining a data dashboard will allow for a historical record of practices and outcomes provided throughout the state.

A Data Dashboard has been both a current and a past recommendation from several sub-committees of this council. The Evidence-Based Practice Sub-Committee, in line with the stages of implementation science, recognizes that groundwork of establishing a data dashboard need to be fully explored to ensure the necessity and intentional use of data outcomes from evidence-based practices across the state. The EBP Sub-Committee commits to leading the effort of exploration of a data dashboard through assessing needs, fit, and capacity with stakeholders throughout the state. The hope of this sub-committee is to provide a comprehensive recommendation in 2024 report regarding a pilot for a data dashboard that has been fully researched and planned for the most effective and intentional use by stakeholders at all levels.

Recommendations will include the following:

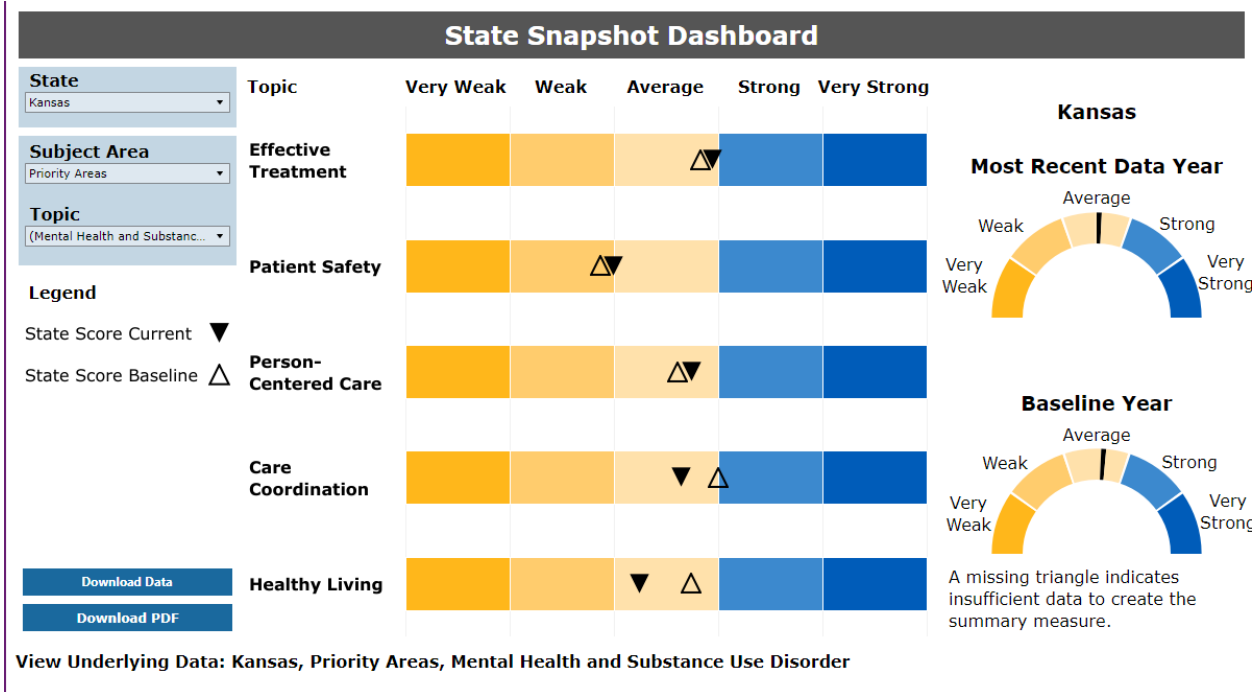
- Level of analytical intensity of data: static versus an interactive dashboard with drill down capabilities.
- User level (regulatory, agency administrator, clinician, person receiving services)
- Evidence-based practices to include in a data dashboard pilot program. Examples include ACT, IPS, MAT, SOAR, Seeking Safety, Housing First, AOT, Zero Suicide, TIC, PMTO, MRSS-MCR
- Determine the domains to be included in measurements for each domain (clinical outcomes, quality of life, social determinants of health, etc.)
- Assist in developing a data collection plan.
- Determine cost indicators based on pilot program.
- Potential vendor/contractor for data dashboard pilot program with experience in data blending from multiple data sources. (Ex. Qualtrics, Practical Data Solutions, Domo, Tableau, Icentrix)

To begin this work, the EBP Sub-Committee has the following recommendations:

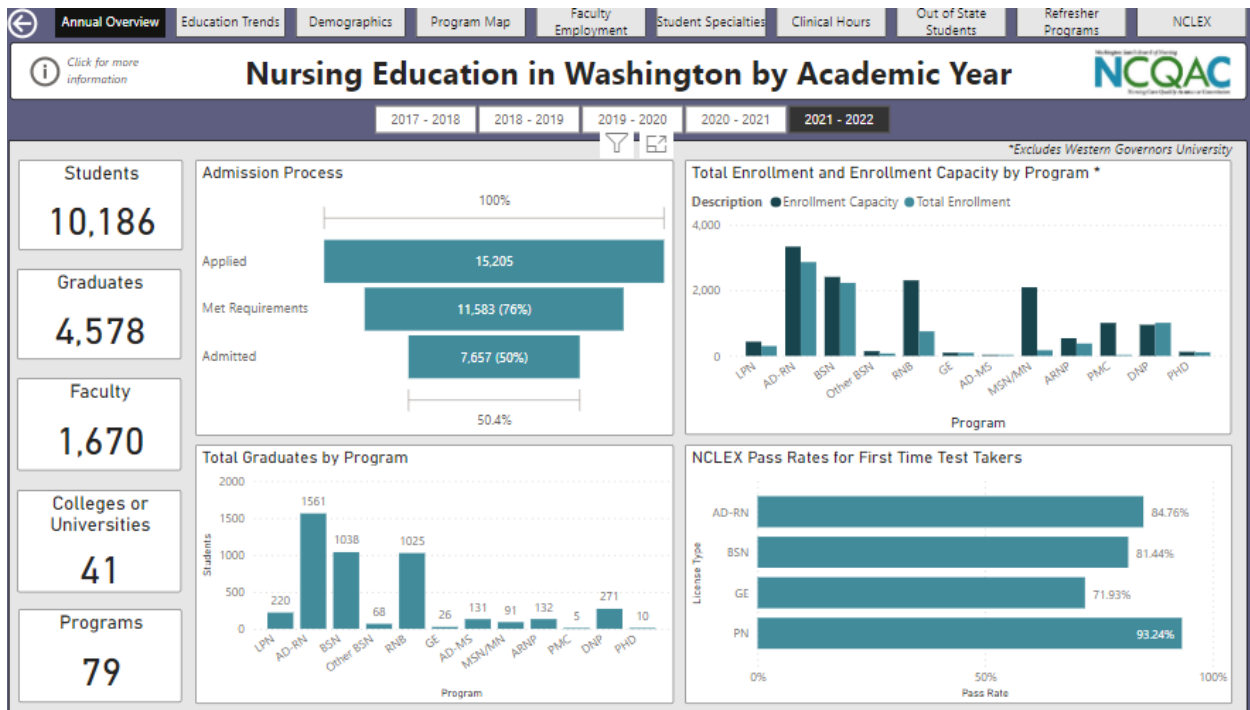
- KDADS supports the establishment of a work group that includes multiple state agencies, community EBP providers, individuals served, and other stakeholders. This committee would assist in the creation of common data standards, including both information and quality measures.

Below are examples of Data Dashboards in Health Care.

[https://datatools.ahrq.gov/nhqdr/?\\_gl=1%2A1l90fu%2A\\_ga%2AMTEzMTQ4NTIzNC4xNjk2Njk1NTY3%2A\\_ga\\_1NPT56LE7J%2AMTY5NjY5NTU2Ny4xLjAuMTY5NjY5NTU3MS41Ni4wLjA](https://datatools.ahrq.gov/nhqdr/?_gl=1%2A1l90fu%2A_ga%2AMTEzMTQ4NTIzNC4xNjk2Njk1NTY3%2A_ga_1NPT56LE7J%2AMTY5NjY5NTU2Ny4xLjAuMTY5NjY5NTU3MS41Ni4wLjA).



<https://nursing.wa.gov/research-and-data/data-dashboards/education-data-dashboard>



## 2024 Goals Preview:

### Ongoing: Provide a framework

1. For learning from other Council Sub-committee representatives, state stakeholders, providers, consumers, and family members for which EBPs or other measurement-based modes of care are creating positive outcomes for individuals served.
2. For sustainable technical assistance to providers so they can deliver the best practices (evidence-based practices with fidelity) chosen by the individual served in collaboration with the provider.
3. To equip providers to deliver efficient, effective, person-centered, value-based care.
4. For providers in measuring the value of care provision from the standpoint of structure, process, cost-effectiveness, and impact of care provision; and Managed Care Organizations (MCO) support of training and quality review that leads to fidelity for their provider network as required by their contracts.

### New Initiatives:

1. Partner with KDADS to develop a work group that includes stakeholders across the state to assess the need and use of a data dashboard. The EBP Sub-committee will lead a work group to explore the need through surveys, focus groups, convening other sub-committees around this goal, etc. and explore potential vendors and cost to develop an initial implementation plan of a data dashboard pilot for 2024.
2. Partner with KDADS to utilize ongoing Technical Assistance (TA) around common practices or themes that flow throughout all the EBPs as provided by the MHTTC with consideration of access to EBP's for a broad population. An example may include Diversity, Equity, and Inclusion (DE&I) practices.
3. Create a toolbox that can be used for all providers
  - This kit would focus on the implementation of any EBP across Kansas, looking into what is best for the community served, resources available and needed, where to start, and who are the available partners.
4. Define fidelity with quality as the indicator with specific consideration to modifications as appropriate for agency environment/circumstances (e.g., Rural and Frontier, workforce capacity, etc.).
5. Continually monitor and review previous work based on data collected and feedback from providers and individuals served to inform decision making.
6. Partner with KDADS to sustain future implementation of EBP's across Kansas.