

**Governor’s Behavioral Health Services Planning Council  
Evidence Based Practices Subcommittee Behavioral Health  
September 2021 Annual Report**

**Background:** The Evidence Based Practice (EBP) subcommittee 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.

The EBP Subcommittee 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 Subcommittee will develop a sustainable framework to strengthen and expand access for all Kansans. The EBP Subcommittee will serve as a broad, representative voice as it relates to practices for a broad range of behavioral health issues.

**Membership:** Composition of the Subcommittee must represent diversity within the State. The Subcommittee 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.

**Philosophical approach /lens:** The EBP Subcommittee created a space where consumer experience and voice 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 Subcommittee will approach the framework in a way that builds equity and partnership with all communities and populations implementing EBP’s.

The EBP Subcommittee will utilize Implementation Science (defined in the excerpt below) 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.

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*“Implementation science is defined as the study of factors that influence the full and effective use of innovations in practice the goal of implementation science is not to answer factual questions about what is, but to determine what is required (mission driven)”  
(Fixsen & Van Dyke, 2019)*

*Innovative research and evidence-based practices are typically lost if not methodically installed using implementation science processes and tools (Fixsen et al., 2005). Implementation science maximizes the effectiveness of innovations with collaborative implementer partnerships and contextual fidelity measures, achieving authentic sustainable socially significant outcomes. State, regional, and organization Implementation Teams, trained on use of implementation science processes and tools, could then carefully identify, and navigate factors which facilitate or impede the effective use and sustainability of innovations (Fixsen & Van Dyke, 2019).*

**Goal:** Provide a framework

- For learning from other Council Subcommittee representatives, state stakeholders, providers, consumers, and family members for which EBPs or other measurement-based modes of care are creating positive outcomes for consumers.
- For sustainable technical assistance to providers so they can deliver the best practices (evidence-based practices with fidelity) chosen by the consumer in collaboration with the provider.
- To equip providers to deliver efficient, effective, person-centered, value-based care.
- 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.

**Accomplishments:**

- Created the EBP Charter;
- Established a full inclusive membership, leadership team, and membership expectations;
- Held bi-monthly full subcommittee meetings;
- Held bi-monthly leadership subcommittee meetings;
- Partnered with Mid-America Mental Health Technology Transfer Center (MHTTC) -
  - Utilized MHTTC to explore best practices used in other states in or order to be most efficient in developing the framework.
- Leveraged previous subcommittee resources that have been provided to illustrate how past work helped us move forward to truly provide the structural support for the current vision;
  - Prevention matrix
  - Vocational subcommittee
  - Housing homeless
  - KCCC (Kansas Citizens Committee on alcohol and drugs)
  - Rural and Frontier
- Partnered with Matt Enyart from The Kansas Institute for Positive, Healthy and Inclusive Communities to explore Implementation Science and how that supports our framework.

**Plans:** EBP Subcommittee plans to

- Utilize information from the 2021 EBP survey for CMHC and for SUD Providers completed;
- Utilize the Individualized Placement and Support survey to inform decision making around readiness for statewide implementation of the Evidence Based Practice of Supported Employment implementation and sustainability including modifications for rural and frontier CMHCs;
- 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;
- Develop the approach to Evidence Based Practice and Practice Based Evidence that utilizes the framework features and phases of implementation science;
- Create a toolbox that can be used for all providers;
- 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);
- Utilize HRSA data and other reports available on workforce capacity in developing recommendations and acquiring TA; and

- Partner with KDADS to sustainability plans of EBP's.

### **Additional resources**



EBP Subcommittee  
Charter FINAL.docx

The Charter for the EBP Subcommittee can be accessed by double clicking on the icon above.



EBP 2021  
membership update

The full EBP Subcommittee Membership can be accessed by double clicking on the icon of the PDF.