

Governor's Behavioral Health Services Planning Council Evidence Based Practices Subcommittee Behavioral Health September 2022 Annual Report

Vision

To have an expansive resource of sustainable evidence-based practices for practitioners to identify and utilize in order to provide best quality care for Kansans. Evidence-based practices centralize feedback from individuals receiving care and practitioner feedback, agency collaboration and research-based outcomes.

Mission

Develop a framework to identify EBP and practice-based evidence to implement in Kansas, a process to provide training for those EBP and practice-based evidence, and a procedure for quality reviews that leads to fidelity.

Background

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.

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.

Philosophical Approach

The EBP Subcommittee 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 Subcommittee 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 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.

The EBP Subcommittee recognizes Trauma Informed Care as a necessary organizing principle for any effective EBP Framework.

“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).

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.

Accomplishments

1. The Sub-Committee has started building a foundation for educational materials on Implementation Science and Evidence Based Practices through collaboration with the Kansas Institute for Positive, Healthy and Inclusive Communities (KIPHIC);
2. The Sub-committee reviewed Evidence Based Practices Survey and incorporated feedback from the Healthy Youth and Positive Practices Surveys, Interviews and Focus Groups and organized this information into 4 different Implementation Science Features to guide our work toward establishing a framework.
 - a. Engagement & Collaboration
 - b. Building Effective Teams
 - c. Analysis & Diagnosis
 - d. Facilitating Change
3. Members of the subcommittee attended and presented at the Kansas Recovery Conference to move toward authentic engagement with individuals and families served. The subcommittee purposefully chose members with lived experience for this presentation. The presentation included conversation and feedback regarding strategies for effective and continuous consumer input to the EBP process and early discussion around consumer priorities for EBP implementation in their home communities.
4. Sub-Committee members have attended other sub-committees in efforts to align our work with the work of other committees in the state. Below are sub-committees attended:
 - a. Rural and Frontier
 - b. Housing and Homelessness
 - c. Prevention
5. The Subcommittee partnered with Matt Enyart from The Kansas Institute for Positive, Healthy and Inclusive Communities to explore Implementation Science and how that supports our framework.

Recommendations

Implementation Science Feature: Engagement and Collaboration:

Data Dashboard: Engagement and Collaboration includes relationship development and leadership engagement and guidance. To establish and nurture authentic relationships leaders, individuals served, and organizations must have accessible information on implementation science and evidence-based practices. An accessible Data Dashboard will allow providers and the public access to information on implementation of evidence-based practices across the state, outcomes of those implementation including fidelity and areas of flexibility and modifications in fidelity, and to provide information on emerging best practices.

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 Certified Community Behavioral Health Clinics (CCBHC) will be available through this data dashboard to demonstrate outcomes, validate current practices and support recommendations for future practices. Additionally, data from the Nursing Facilities for Mental Health (NFMH) Agreement regarding the implementation of evidence-based Specialized Services and the expansion of these services into the NFMH will be available to determine success of the model. Further, maintaining a data-dashboard will allow for a historical record of practices and outcomes provided throughout the state.

The recommendation of the Evidence-Based Practice Subcommittee

- KDADS allocate funds to create a Data Dashboard related to evidence-based practice implementation.
- Funds be allocated for staff or consultant to develop, create, monitor, and continually update the Data Dashboard to ensure information is up to date.

- That information from the Data Dashboard be considered and made relevant on an ongoing basis and in current processes to ensure the dashboard is a priority through state and organizational leadership changes.

Implementation Science Feature: Building Effective Teams:

Regional Implementation Teams: The implementation Science Feature of Building Effective Teams includes trained statewide, regional, and organizational implementation teams. Regional Implementation teams would partner with providers in the selection of evidence-based practices with a trauma-informed lens and allow for provisions and modifications specific to the local environment, culture, and population. Use of Regional Implementation teams would engage, educate, and guide providers through the process of implementation and increase the use of evidence-based practices across the state.

The recommendation of the Evidence-Based Practice Subcommittee

- KDADS develop or contract for Regional Implementation teams to partner with agencies to offer guidance and consultation through identification and implementation of evidence-based practices appropriate to the agency's community and population.
- Regional Implementation teams recognize and treat fidelity scales as a tool for quality improvement to demonstrate movement toward fidelity rather than a tool that triggers punitive action. KDADS would partner with the participating agency to provide necessary tools and implement strategies improve service quality and achieve fidelity over time.

Implementation Science Feature: Analysis and Diagnosis

Basic Education Package and Technical Assistance: The Implementation Science Feature of Analysis and Diagnosis includes strategic analysis to support and complete change and data-informed decision making. A critical element to implementing change is education and training of staff, individuals served, and legislators. Education at all levels results in comprehension of the need for the use of evidence-based practices and the funding requirements to successfully implement interventions that promote sustainable change and improve system outcomes.

The recommendation of the Evidence-Based Practice Subcommittee:

- KDADS provide trainings or technical assistance to providers on evidence-based practices in multiple formats that is targeted to both individuals served and staff. The ability to access information in varied formats was communicated to EBP Presenters at the Recovery Conference as the most effective way to reach consumers and family of individuals served.
- Trainings should include a basic level of understanding of evidence-based practices and their importance to be distributed to community members, legislature, and individuals receiving services.
- Education and information should include a process for identifying and supporting both emerging best practices and sustaining current practices across the state.

Ongoing/ New Goals

Ongoing:

Provide a framework

1. 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 individuals served.
2. 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.
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:

1. 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;
2. Discuss and review the fourth Implementation Science Feature: Facilitating Change;
3. Create a toolbox that can be used for all providers;
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);
5. Continually monitor and review previous work based on data collected and feedback from providers and individuals serve to inform decision making.
6. Partner with KDADS to sustainability plans of EBP's.

Membership:

| Role | Members | Affiliation |
|------------------------|------------------|--|
| Co-Chair | Lori Libel | Valeo Behavioral Health |
| Co-Chair | Rachel Erpelding | Kim Wilson Housing, Inc. |
| Vice Chair | Randy Johnson | Aetna |
| Co-Secretary | Julie Kramp | Center for Counseling and Consultation |
| Co-Secretary | Liz Worth | Johnson County Mental Health Center |
| KDADS Liaison | Tara Jo Latham | KDADS |
| | | |
| Voting Members: | | |
| | Christine Skeen | Compass Behavioral Health |
| | David Larson | Individual Served |
| | Dianna Erckson | Sunflower Health Plan |
| | Douglas Wallace | Sunflower Health Plan |
| | Jameshia Spencer | Aetna |
| | Jennifer Kaufman | Central Kansas Mental Health Center |
| | Jennifer Woodson | ComCare of Sedgewick County |
| | Koleen Garrison | Kansas Consumer Advisory Council |
| | Miranda Unruh | Individual served |
| | Matt Enyart | KIPHIC |
| | Sandra Berg | United Health Care |

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|----------------------------|---------------------|--|
| | Sherrie Vaughn | KDHE |
| | Susan Montague | St. Francis |
| | | |
| General Membership: | | |
| | Amy Wacker | Elizabeth Layton Center |
| | Angela Baker | Sumner Mental Health |
| | Barbara Peeples | Individual served |
| | Ulisa Buckingham | Sunflower Health Plan |
| | Cammie Rumback | Horizons Mental Health Center |
| | Chad Childs | Wichita State University |
| | Chris Lund | SUD Provider |
| | Clarice Podrebarac | PACES, Inc. |
| | David Anderson | Individual Served |
| | Doug Wright | Southeast Kansas Mental Health Center |
| | Fran Seymour-Hunter | KDHE |
| | Heather Richardson | ACMHCK |
| | Hunter Markam | Individual Served |
| | Janie Yannacitio | Johnson County Mental Health Center |
| | Krista Machado | DCCCA |
| | Kyle Kessler | ACMHCK |
| | Marla Lira | Compass Behavioral Health |
| | Marsha Page-White | Bert Nash Mental Health Center |
| | Nan Perrin | Sunflower Health Plan |
| | Rick Gaskill | Sumner Mental Health Center/Retired |
| | Samantha Adams | The Guidance Center |
| | Shane Hudson | CKF Addiction Treatment |
| | Shantel Westbrook | ComCare of Sedgewick County |
| | Shelli Schottler | Pawnee Mental Health Services |
| | Sheri Jurad | KDHE |
| | Simon Messmer | Aetna |
| | Stuart Little | Behavioral Health Coalition |
| | Taylor Miller | Keys for Networking |
| | Theron Platt | KDHE |
| | Tim Detrich | Individual Served |
| | Timothy Hein | Prairie View CMHC |
| | Wendy Lockwood | Center for Counseling and Consultation |
| | William Warnes | The Guidance Center |