

# EVIDENCE-BASED PRACTICES

## STRATEGIES FOR INCORPORATING EBPs INTO SERVICE SYSTEMS

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National Association of State Mental Health Program Directors Commissioners Meeting  
Georgetown University National Technical Assistance Center for Children's Mental Health  
2004 Training Institutes ♦ San Francisco, California  
Wednesday, June 23, 2004

### DEFINITION OF THE ISSUE

The call for incorporating evidence-based practices (and best practices) into systems of care validates the need to merge quality and outcome-based services with effective and efficient systems of care. Initially, there appeared to be a dichotomy between the 'systems of care' concept/model and the attention to 'evidence-based practices.' More recently, the field has recognized that these are not, nor should not be, mutually exclusive goals. There is a synergistic relationship between systems of care and evidence-based practice that strengthens each component which will produce a more clinically, systemically, and fiscally responsive system.

### IMPLEMENTATION CHALLENGES

Actually implementing strategies to incorporate evidence-based practices (EBP), which include best practices in procedural, process, and organizational aspects, into established or developing systems of care, is where the real challenge lies. The organization of child and family behavioral health across the country and across communities within a state varies widely, therefore posing an additional challenge in providing cogent advice on strategies. The primary implementation challenges revolve around the key domains of clinical, fiscal, and systemic/policy. Each of these domains has their own specific challenges but also overlaps and affects each of the others.

**Organizational/Clinical/Practice Level.** Experience and observation tells us that most mental health and other youth-serving systems do not routinely use evidence-based practices; thus posing the empirical question of 'why not'? A myriad of reasons can be cited from a 'disconnect' between university-based behavioral health training and the workforce needs of the public mental health system to reluctance to adopt EBPs. There is also the challenge of bridging the gap between science and practice, in other words, translating the literature to routine effective practice application. Unfortunately, reluctance at the organizational and clinical level to adopt EBPs often stems from a lack of knowledge, a belief that the practice will not work for a particular population or community, and a lack of organizational commitment or willingness to change. Furthermore, it is impossible to uncouple clinical practices from funding and reimbursement requirements, which is one reason why individualized care is often the exception rather than the rule.

**Financial/Funding.** Since the advent of the systems of care model up to this time, the lack of 'fit' between how mental health services are financed and the structure of the public mental health system endures. Countless recommendations, task forces, micro and macro studies, ALL identify funding streams as a key factor inhibiting the development of the flexible system we need, and yet the patterns have altered little, and where they have, they are the exception or 'pilot.' Even accounting for state and community differences, this lack of adaptation of more effective funding approaches continues.

While it is important to continue to identify these barriers, more attention on strategies to overcome them and impact system change is needed. To ask funders, policy makers and providers to reinvest and redirect current funding, without a demonstrable action plan to actually alter funding streams, may feel like a one-way street. Continuing to fit the square peg of what we need into the round hole of what we have, is not productive, and in fact can engender stasis. Progress is often inhibited by each and every community and state struggling with “rediscovering” effective strategies. In addition, a process of adjusting the resources to match the needs requires our attention. If, for example, keeping youth and families together and reducing out of home placements are shared systems values, then we need to advocate for investment into those practices and procedures that achieve those outcomes.

**Systemic/Policy.** Perhaps the most significant challenge in this area is in the essential factor of ‘preparing the field,’ metaphorically and literally. Simply dropping evidence-based practices into an existing system as a requirement may inadvertently create a certain level of dissonance. For all the reasons outlined above, and many more, lack of preparation will only serve to frustrate and countermand implementation. The challenge involved embedding the development and introduction of EBPs within a thoughtful planning process, whether state or local, to help create a more sustainable environment for acceptance and growth of such practices. Strategic errors often include a lack of consideration for the culture of the system and how it functions. Further, the language of EBPs also can be confusing, therefore perhaps a clearer statement can be found in talking about ‘outcome based interventions & data driven systems of care’. Despite the growing attention to EBPs, the current reality is that an extremely small percentage of youth and families have access to them.

Ideally, the alignment of the federal, state, and local factors would all serve to support system of care and evidence-base practices development; however since this is a process in motion, cataloging and assessing the ‘lessons learned’ from various initiatives at these levels (federal, state and local) can serve as a touchstone to more individualized implementation.

## **SUCCESSFUL STRATEGIES/LESSONS LEARNED**

Implementation of strong systems of care is showing us that organizing policies, procedures, fiscal strategies, and clinical interventions, in a harmonious fashion, is the key to outcomes that are successful across the various stakeholders: children and families, providers, funders, and policy makers. ‘Simply’ adding evidence-based and promising practices to the menu is not systems improvement. If not introduced and implemented within the context of an overall plan, these practices can be more difficult to implement and sustain.

The process and the lessons regarding moving systems of care to greater levels of integrating EBPs are complex. We need to take a lesson from our parent partners and recognize that individualized strategic planning is absolutely necessary in order to achieve implementation that is compatible with state and local realities. Whatever steps states and communities take, must be framed within their particular set of strengths, assets, risks and opportunities. While each community or organization will face its own discrete variables, attitudes, circumstances, there are some general strategies and lessons learned that are applicable:

### **Clinical and Practice Level**

- Driving clinical practices through a local planning process that determines needs based on community assessment of assets, risks, and protective factors
- Focusing on youth and family strengths and including diverse family voice
- Identifying specific practices, whether evidence-based or promising, as preferred treatment interventions for specific disorders and behavioral health care needs
- Broadening the array of evidence-based practices available
- Increasing education, training, and re-training efforts to focus on outcome-based treatments

- Holding providers accountable for fidelity to model implementation, and therefore ultimately accountable for outcomes
- Increasing clinician and supervisor accountability through adherence to fidelity standards and/or external use of coaching and consultation
- Moving from a productivity reimbursement service delivery model to an outcome-based set of practices

### **Financing**

- Finding incentives to alter current funding patterns that support traditional service delivery to more integrated and consolidated resource management
- Identifying and creating an array of state and federal waivers that allow communities and states to drive the funding process based on needs and outcomes
- Creating or altering current federal funding requirements that actually support the direction the field is moving (e.g., family based care, flexible integration of public funding tied to shared outcomes)
- Providing precision focused federal and state financial technical assistance to create and implement sustainable funding strategies
- Effectively using federal Medicaid waivers/options (e.g., 1915A, EPSDT) to create integrated funding streams that focus on individualized needs regardless of systems' identification
- Pooling resources across systems as a demonstration of collaboration and shared risk taking

### **Policy and Systemic**

- Adequately preparing for systems change through strategic planning and providing adequate time for communities to prepare for implementation
- Identifying state and local leaders who are/can be champions and advocates for shared goals
- Involving diverse family members in all aspects of policy making and changes
- Focusing on model adaptations that will meet the greatest need
- Collectively identifying the shared outcomes across the public youth serving systems (child welfare, mental health, juvenile justice, substance abuse, education) demonstrating the 'value added' to integrating these outcomes across those systems
- Building the case for: Evidence + Effectiveness + Relevance + Cost
- Creating shared screening and assessment practices at all critical gateways that provide opportunity for early identification and intervention
- Identifying the range of research/evaluation points on the continuum and match up with interventions accordingly
- Implementing 'best administrative practices' that impact SOC (e.g., intersystem screening for youth at risk for out of home placement, regardless of system involvement; pooled funding as Medicaid match; unified service plans that incorporate all goals and objectives of the systems' involved with a youth/family, including the family's goals and objectives as central to that plan; shared assessment and screening protocols co-located at various system gateways)

### **NEXT STEPS**

Many of the successful strategies and lessons learned just presented can also be considered next steps for the field for further adoption and integration of evidence-based practices into systems of care. Additional next steps may include:

### **Clinical and Practice level...**

- Identify the individuals/organizations that have a culture of change, progress, champion behavior and have high credibility and presence across stakeholders to further chronicle effective strategies and lessons learned
- To further continuous quality improvement and accountability, require provider-developed interventions or programs to collect and analyze outcome data for effectiveness
- Bringing effective clinical practices ‘to scale’

**Policies that...**

- Require local, community specific planning processes (based on data, needs, risks, protective factors, and assets) that guide the implementation, evaluation, re-engineering of local SOC and their components and plan for future reinvestment of dollars for sustainability
- Develop state/local ‘centers of excellence’ that provide expertise, technical assistance and planning assistance to move from policy to practice in specific evidence based practices and/or with specific target populations

**Research that...**

- Further investigates EBPs - what populations are the focus, relevance to the community, and needs assessment data
- Identify effective family involvement strategies
- Supports the creation of state and local data bases to support that EBPs are effective ‘here at home’
- Identifies the key outcome elements that make a difference to all stakeholders (including financial outcomes)...these will be key to sustainability and demonstrating success over time