

Development of the Implementation Resource Kit for Older Adults' EBPs: Proposed Process and Parameters

Vijay Ganju, Ph.D.

Director, Center for Mental Health Quality and Accountability
NASMHPD Research Institute

Presentation at the NASMHPD Older Adults' Division Conference
Washington, D.C., September 26 – 27, 2005

Implementation Resource Kits (“Toolkits”): History & Current Activities

- Six IRKs for Adults
 - ACT
 - Supported Employment
 - Illness Self-Management
 - Integrated Treatment for Dual Diagnosis (MH/SA)
 - Family Psychoeducation
 - Medication Management
- Five IRKs Piloted in 8 states
- 2nd Generation SAMHSA/CMHS EBP Implementation Grants
- Four New IRKs

Development of New Toolkits: Organizational Structure

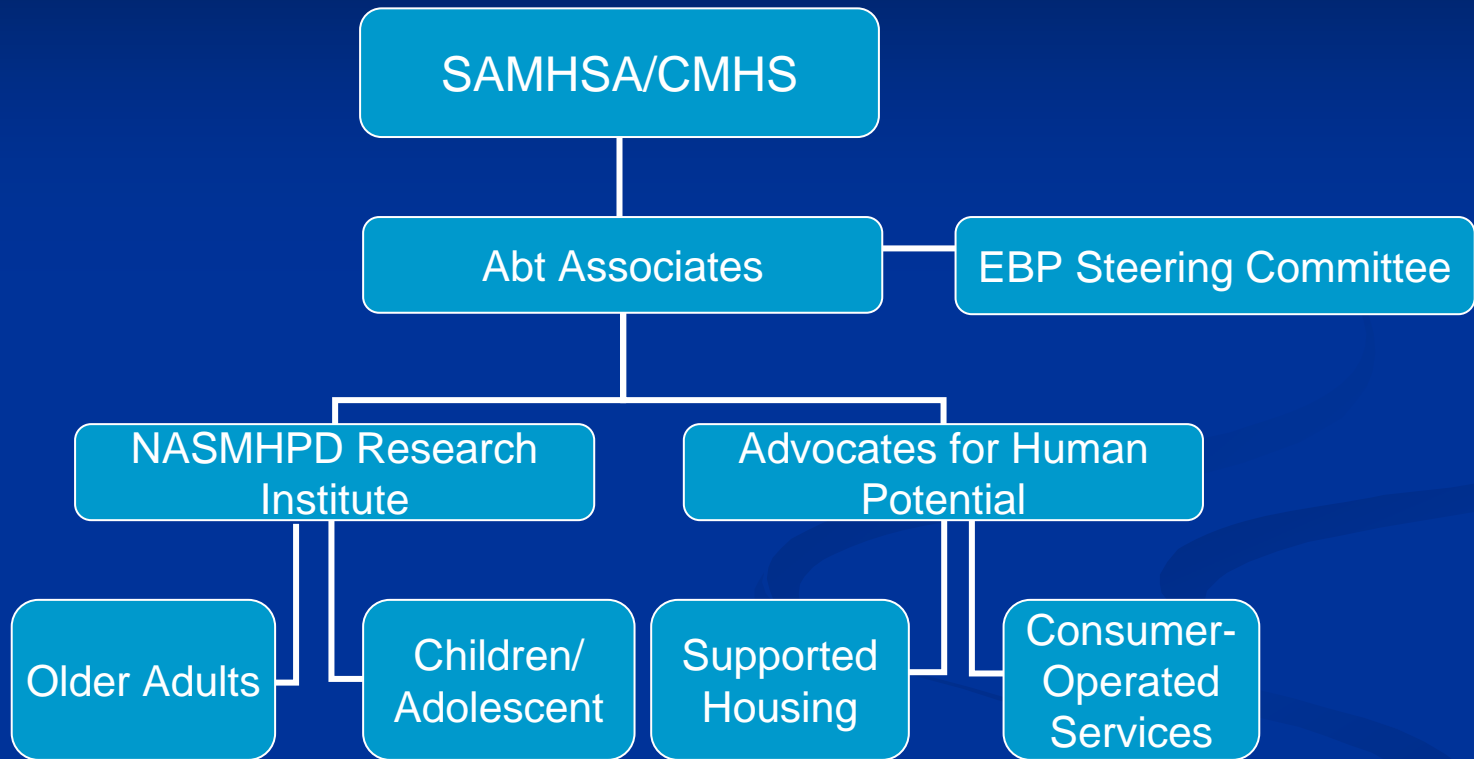
Older Adults

Children/
Adolescent

Supported
Housing

Consumer-
Operated
Services

Development of New Toolkits: Organizational Structure



For Each Toolkit:

- Team Leader
- Staff
- Consensus Panel (5-7 members)
- Advisory Group / Consultants

Toolkit Development: Specific Activities

- EBP Steering Committee
- Review of the Literature
- Consensus Panel
- Development of Draft Toolkit
- Review/Comment Process
- Pilot Study

Toolkit Development: Factors Influencing Development Process

- Lessons Learned from 1st and 2nd Generation EBP Implementation Initiatives
- Approach to Children's EBP IRK Development
- Priorities and Needs of Field
- Prior and Current Activities Related to Older Adults' EBPs

Lessons Learned from 1st Generation EBP Implementation

- Lack of Science and Evidence Related to Dissemination and Implementation of Complex Change
- Multiple Levels
 - System
 - Organization
 - Program
- Multiple Stakeholders
 - Consumers
 - Family Members
 - Practitioners
 - Supervisors
 - Agency Administrators and Managers
 - State Mental Health Authority

Public Mental Health Authority

Provider Organization

- Leadership
- Organizational Culture
- Administrative Support
- Information Technology

- Leadership
- Policies
- Regulation
- Resources



Practitioner

- Knowledge
- Perceived advantage
- Feedback

EBP

- Cost
- Compatibility
- Payoffs
- Complexity

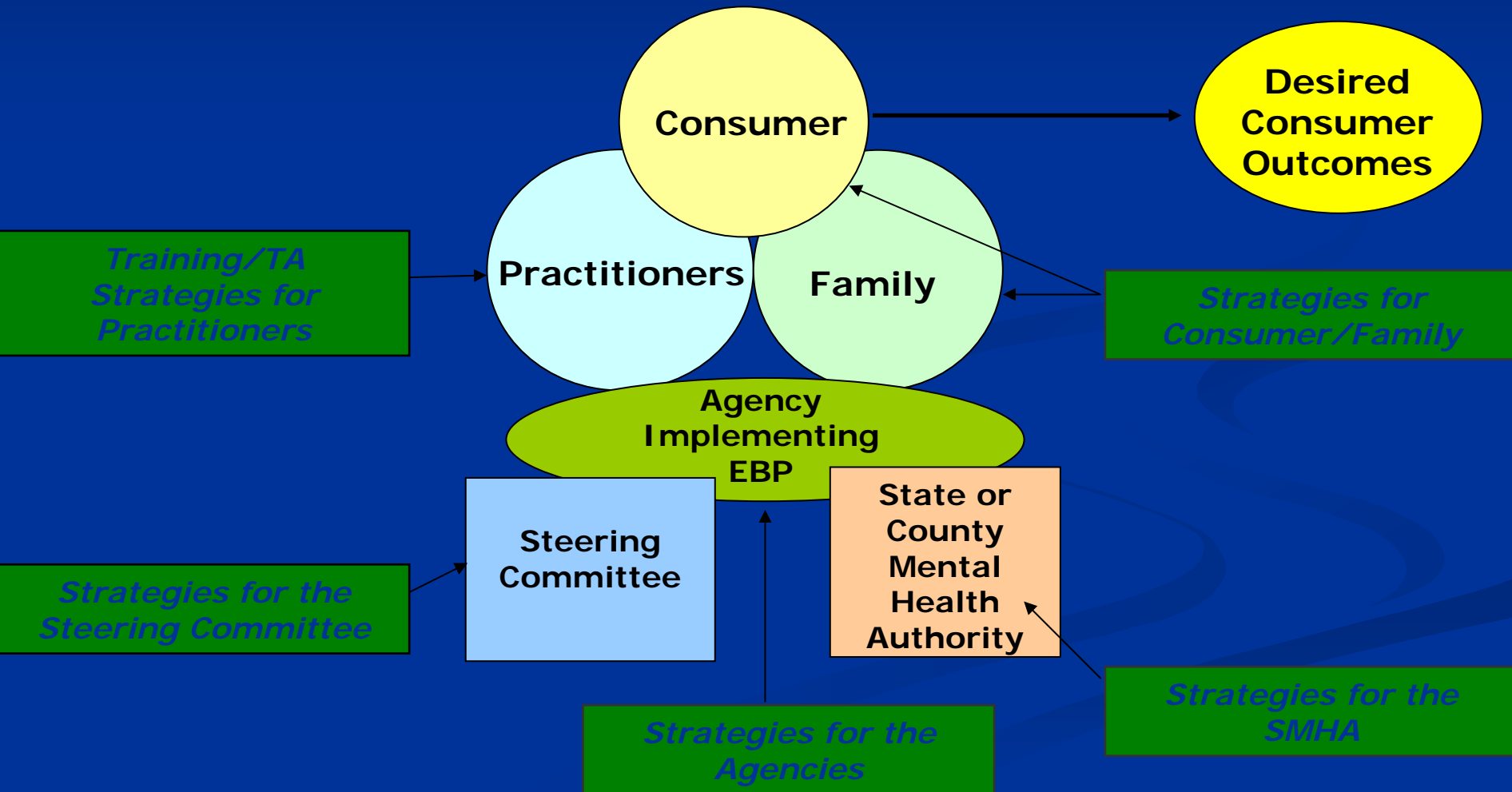
Consumer/Family Member

- Choice
- Commitment
- Perceived advantage

Lessons Learned from Toolkit Trainers, Consultants, Evaluators

- Organizational development component is critical
- Outcomes must be integrated into EBP implementation
- Cultural competence issues need to be addressed
- Ongoing consultation was a great facilitator

Lessons Learned from April 2003 Meeting of “Toolkit” Trainers, Consultants and Evaluators



Strategies for the SMHA

- Need powerful champion(s) at state level
- Create special billing categories for EBP - Learn to finesse Medicaid, Medicare, other insurance
- Change state regulations to support EBP implementation
- Educate budget people to track data for cost effectiveness
- Train across agencies
- State contracts specify use of fidelity measures
- Give EBP high priority - “Take every opportunity, every aspect of our authority to reduce barriers, help providers, advance EBP”
- Provide TA in form of “Dear Provider” letters to encourage EBP implementation (tips on writing billable progress notes; tips on financing)
- Create Centers of Excellence or other state TA structure
- Collaboration among various levels of authority – state, county, local.

Factors Affecting Statewide EBP Implementation

- System leadership
- Organizational culture/consensus
- IT capacity/outcomes measurement
- Policies/procedures
- Integration with performance/quality improvement
- Human resource capacity/training
- Funding methods

Approach to Development of Children's Implementation Resource Kits

- Resource Guide for an Evidence-Based Culture
 - Family Members/Adolescents
 - Providers
 - Administrators
- Resource Guide for Cultural Competence
- Parallel Activity for IRK Development

Priorities and Needs: Older Persons Division EBP Survey (32 States Responding)

- Priority Clinical Areas
 - Co-Occurring Disorders (18)
 - Dual Diagnosis (MI/SA) (9)
 - Physical/Mental Health (7)
 - MI/SA; MI/DD; MI/Physical (2)
 - Disease Specific Treatment (18)
 - Depression (7)
 - Therapy Service (7)
 - Dementia (3)
 - Diagnosis/Assessment (2)

Priorities and Needs: Older Persons Division EBP Survey (32 States Responding), Cont'd...

■ Priority Clinical Areas, Cont'd...

■ Community Outreach (12)

- ACT (4)

- Community Outreach (4)

- Home/Community Services (4)

■ Geropsychiatry/Medications (11)

■ Specialty Service Needs (11)

(Stigma reduction, financing, collaboration)

Older Persons Division EBP Survey (32 States Responding)

- Priority Initiatives for Older Adults
 - Integration of MH/Aging Services
 - Integrated MH/SA Services
 - Medication Algorithms
 - MH Services in Primary Care
 - Community Geriatric Outreach

Older Persons Division EBP Survey (32 States Responding)

- What Should be Done to Most Effectively Promote EBPs for Older Adults:
 - Education/Training (17)
 - Dissemination (10)
 - Funding (9)
 - Collaboration (6)
 - Other (6)
 - Create Position (2)
 - Outcome Data (2)
 - Toolkits (2)

Older Persons Division EBP Survey (32 States Responding), Cont'd...

- Education/Training (17)
 - Create training/increased awareness modules for utilization in all states
 - Educate providers, older adults consumers, advocates and professionals
 - Enhance clinician competencies
 - Establish workshop CE series with national experts
 - Include in curriculum in university clinical social work classes
 - Onsite TA
 - Statewide conferences and training

Older Persons Division EBP Survey (32 States Responding), Cont'd...

■ Dissemination (10)

- The importance of older adult treatment initiatives; grant opportunities; EBP info; value-based and promising practices; national initiatives

■ Funding (9)

- Additional block grant money; resources based on justification; financial incentives for expanding older adult EBPs and quality improvement monitoring; Medicaid to reimburse for defined EBPs

Older Adults' EBP Toolkit Development Activities

- Review of Literature
 - Content Areas
 - Adult Learning Theory
 - Presentation Ergonomics (ease of access to information)
 - Implementation Process

Older Adults' EBP Toolkit Consensus Panel

Task Force Leader	Organizational Affiliation
Steve Bartels, MD, MS	Dartmouth College

Members	Organizational Affiliation
Hikmah Gardiner	Southeastern Mental Health Association
Charlotte Kauffman, MA, LCPC	Illinois Department of Human Services, Division of Mental Health
Melen McBride, Ph.D., RN	Stanford Geriatric Education Center
Alix McNeill, MPA	The National Council on Aging
Forrest Scogin, Ph.D.	The University of Alabama

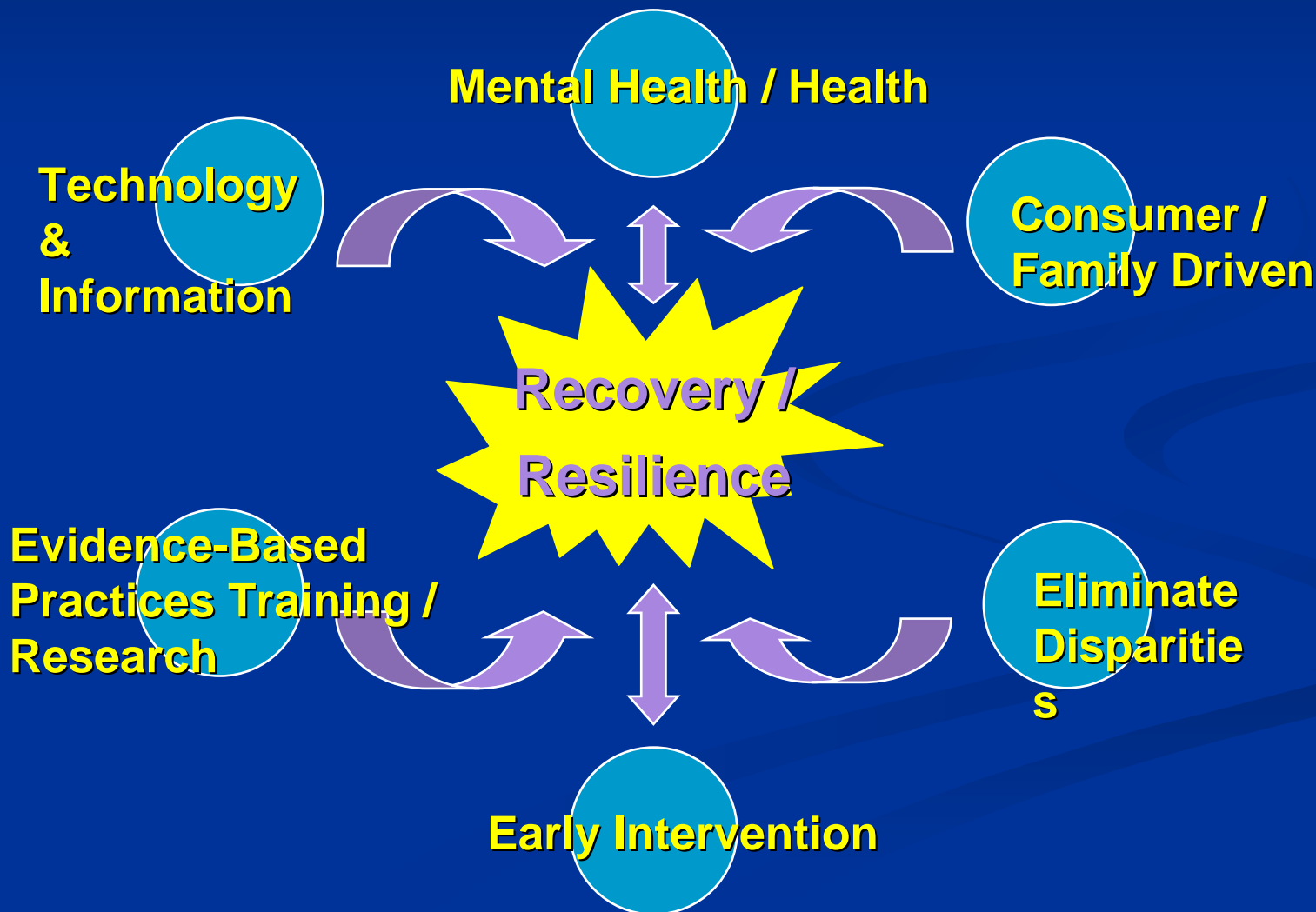
Older Adults' EBP Toolkit: Timelines

Activity	Time Line
Introductory conference call with consensus panel members for orientation to the project and to discuss the agenda for the first consensus panel meeting.	Mid November, 2005
One-day meeting in Alexandria, VA to discuss content, structure, and development process of IRK. Literature review will be distributed prior to meeting.	December 5, 2005
Development of IRK outline and other materials and products.	January – July, 2006
Second, one-day consensus panel meeting in Alexandria, VA.	April – June 2006
Pilot test of IRK	July, 2006 – February, 2007
Revision of IRK based on pilot test results	March – June, 2007

Differences Between 1st Generation and Older Adults' Toolkit Development

- Population vs. Practice Focus
- Less Resource-Intensive (fewer funding sources)
- Fidelity Measure for Adult Practices (developed through contract with NRI)
- No Video Component
- Minimal Evaluation Component
- Use of Adult Learning Theory
- Older Adults Toolkit Builds on Lessons Learned

Mental Health System Transformation



Toolkit Development: Communication/Collaboration with Older Persons Division

- Monthly Calls
- Representation in a Consensus Panel
- Conference Participation
- Other?