EVIDENCE-BASED
PRACTICES

KIT

Knowledge Informing Transformation

How to Use
the Evidence-Based
Practices KITs

Assertive
Community
Treatment

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EVIDENCE-BASED
PRACTICES

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Knowledge Informing Transformation

How to Use the Evidence-Based Practices KITs

The Evidence-Based Practices KITs, a product of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS), gives states, communities, administrators, practitioners, consumers of mental health care, and their family members resources to implement mental health practices that work.

Assertive Community Treatment

For references, see the booklet *The Evidence*.

This KIT is part of a series of Evidence-Based Practices KITs created by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of the Assertive Community Treatment KIT that includes a DVD, CD-ROM, and seven booklets:

How to Use the Evidence-Based Practices KITs

Getting Started with Evidence-Based Practices

Building Your Program

Training Frontline Staff

Evaluating Your Program

The Evidence

Using Multimedia to Introduce Your EBP

EVIDENCE-BASED
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How to Use the Evidence-Based Practices KITs

The emphasis on implementing evidence-based practices (EBP) stems from a consensus that a gap exists between what we know about effective treatments and the services currently offered. Several key reports call for closing the gap between what research tells us is effective and how services are delivered. These reports include the following:

- U.S. Department of Health and Human Services, 1999; 2001;

- National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment (2001);

- Institute of Medicine (2006); and

- New Freedom Commission on Mental Health (2003).

SAMHSA recognizes the importance of identifying and implementing EBPs in real settings. This EBP Knowledge Informing Transformation (KIT) series incorporates state-of-the-art research to help mental health agencies implement EBPs or clinical and administrative practices found to consistently produce specific, intended results. The KIT also meets scientific and stakeholder criteria for effectiveness.

> **While many mental health agencies provide excellent services, the opportunity to integrate the best that science has to offer into the service delivery system has compelled many agencies to implement EBPs.**

In 2004, 47 states were implementing EBPs either in part or statewide (Ganju, 2004), and the number of interested communities and organizations was growing.

How the KITs Started

The Evidence-Based Practices KITs were born in 1998 when the Robert Wood Johnson Foundation convened a panel of researchers, clinicians, administrators, consumers, and family advocates to evaluate the research and determine which practices demonstrated positive outcomes in multiple research studies.

The panel identified six EBPs:

- Illness Management and Recovery;

- Supported Employment;

- Family Psychoeducation;

- Assertive Community Treatment;

- Integrated Treatment for Co-Occurring Disorders (substance use and mental illness); and

- Medication Management.

KITs, formerly called Information Resource Kits, were piloted in 2003 and subsequent field evaluations have helped refine them. The contributions of many organizations, researchers, providers, administrators, policymakers, consumers, and family members give these KITs their strength and vitality.

Developing the KITs is one of several SAMHSA activities focused on encouraging EBPs in mental health. We expect to identify more EBPs for future KITs. Topics include the following:

- Consumer-Operated Services;

- Treatment of Depression in Older Adults;

- Supportive Housing; and

- Children's Services.

Widespread adoption of effective practice interventions is at the center of SAMHSA's mission to improve service and is a major part of achieving its strategic goals of improving accountability, capacity, and effectiveness. SAMHSA hopes that the KITs will help communities provide the most effective services possible for people with mental illnesses and substance abuse problems.

Using the KITs

Each KIT provides the EBP's practice principles, beliefs, and values that guide the following:

- Clinical judgments;
- Specific treatment components;
- Structured service-delivery components; and
- Evaluation components.

KITs outline the essential components of each EBP and provide suggestions collected from those who have successfully implemented them. These materials are based on professionals' experience of how to develop new programs within mental health systems and agencies.

> **Two philosophical tenets steer these KITs:**
>
> **Consumers and families have a right to information about effective treatments, and, in areas where EBPs exist, they have a right to access effective services.**
>
> **Mental health services should have the goal of helping people achieve their personal recovery goals; develop resilience; and live, work, learn, and participate in the community.**

Research shows that giving written educational materials to practitioners alone does not change practice (Hyde et al., 2003). The KITs, therefore, include materials in various formats for a wide array of stakeholder groups. The KITs are primarily geared toward five critical groups of stakeholders:

- Public mental health authorities;
- Agency administrators and program leaders;
- EBP practitioners;
- Consumers; and
- Family members and other supporters.

The KITs present materials in different formats, including the following:

- Slides for a PowerPoint presentation;
- Brochures;
- Videos and CD-ROMs;
- Practice workbooks and exercises; and
- Program guidelines.

> **If you are administratively and clinically responsible for developing and managing the EBP program—you should read this entire KIT and be prepared to disseminate KIT materials to the appropriate people.**

While all stakeholders are welcome to read the entire KIT, we realize that many will not have the time to do so. For this reason, we targeted specific materials to particular stakeholder groups.

On page 5, *Each KIT at a Glance* shows you the variety of educational tools within each KIT. The booklets were not intended to be read sequentially, but rather to be used by different stakeholders as resources throughout the implementation process.

A Word About Terms We Use

People from various backgrounds and perspectives developed these materials. During development, it became evident that many different terms describe the key stakeholders. For clarity and consistency, in most instances we used common terms to identify these groups; however, in some situations, we use more precise or alternative terms. Here are some notes about some of the terms we use:

- **Consumers:** We most frequently use *consumer* in the KITs. Consumers are people who are living with serious mental illnesses and who use professional mental health services. Some KITs may target people who are not yet using mental health services and, therefore, may refer to *people who have experienced psychiatric symptoms.*

- **Family and other supporters:** Recognizing that many consumers have key supporters who are not family members, we often use *family and other supporters.*

- **Practitioners:** *Practitioner* means the person who delivers mental health services. This term is used instead of *clinician, case manager, nurse, psychiatrist, therapist,* etc., except when referring to a specific kind of role (for example, the employment specialist in the *Supported Employment KIT*).

- **EBP leader or program leaders:** *Program leader* refers to the agency staff person who oversees the evidence-based practice. We use this term instead of *program supervisor, operations director, program manager, or program administrator* because it clarifies the fact that this person's job is to manage the EBP implementation process with the support of the agency's administration. In the Family Psychoeducation KIT, the program leader is called the *family intervention coordinator.*

- **Public mental health authorities:** People who determine the regulations and funding structures of the public mental health system. We recognize that EBPs may also be implemented and overseen in the private sector.

Each KIT at a Glance

Getting Started with EBPs	Building Your Program	Training Frontline Staff	Evaluating Your Program
for agency administrators, program leaders, and mental health authorities	for agency administrators, program leaders, and mental health authorities	for EBP practitioners	for members of the EBP's quality assurance team

Getting Started with EBPs

- ■ **Implementing EBPs**
- ■ **About cultural competence**

Getting Started with EBPs gives you essential general information for implementing EBPs and tells you how to develop culturally competent services.

It covers common initial tasks and activities in implementing EBPs:

- ■ Consensus-building;
- ■ Integrating EBP principles into agency's policies and procedures; and
- ■ Developing an EBP training and evaluation structure.

Building Your Program

- ■ **Implementation tips for agency administrators and program leaders**
- ■ **Tips for public mental health authorities**

Building Your Program offers suggestions on how mental health authorities may support EBP implementation. It also gives tips to help agency staff develop the EBP program, including information about the following:

- ■ Staffing;
- ■ Developing policies and procedures;
- ■ Understanding EBP revenue sources and budgeting; and
- ■ Developing a training structure.

Training Frontline Staff

- ■ **Overview of the EBP practice**
- ■ **EBP-specific practitioner's knowledge and skills**

Training Frontline Staff, a workbook especially for EBP practitioners, covers the nuts and bolts of delivering EBP services. The workbook is designed to be used with the *Introductory Video* and *Practice Demonstration Video* on the DVD in the KITs.

These materials assume that staff are trained and experienced in working with people with serious mental illnesses. General information about working with people with serious mental illnesses is not included.

Evaluating Your Program

- ■ **EBP-specific process and outcome measures**
- ■ **How to conduct process and outcome assessments**

Evaluating Your Program gives you general information about developing a quality assurance system and for integrating EBP-specific process and outcome measures into a quality assurance system.

It also tells you how to conduct process assessments and outcomes monitoring. Tips on how to use process and outcomes data to improve the EBP program are included.

Using Multimedia to Introduce Your EBP
for all stakeholders

The Evidence
for all stakeholders

Using Multimedia to Introduce Your EBP presents introductory materials to explain the principles of the specific EBP and how it helps consumers and families. Examples include introductory videos, sample brochures, and introductory PowerPoint presentations that are on the DVDs and CD-ROMs in the KITs. The videos and brochures are available in both English and Spanish. Use them during in-service training meetings or for community presentations to cover the following:

- ■ Background information;
- ■ The EBP practice principles and values; and
- ■ The basic rationale for EBP service components.

Anyone trained in the EBP (including program leaders, staff, and advisory group members) should be able to use these tools to educate other stakeholder groups.

This section introduces all stakeholders to the evidence that supports each specific EBP.

Any reference cited in this KIT can be found in this booklet.

A Life in the Community for Everyone

SAMHSA

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services