



Vermont Division of Mental Health
Adult Services
*****DRAFT*****
Policy Framework
June, 2004

Evidence Based Practices, Emerging Practices, Values-Based Practices

This document is designed to provide a policy framework for DDMHS, the Designated Agency Service Provider Network, and Consumer and Family Stakeholders to guide our use of evolving practices in the community-based treatment of individuals with severe and persistent mental illnesses. Change challenges our current service practices, makes new demands on scarce resources, requires new skills of staff, and places new and different expectations on our administrative, procedural and fiscal systems. It is therefore important to have a shared vision of *when* and *how* we incorporate new practices and approaches into our service system.

This framework offers a preliminary plan for how Vermont's publicly-funded mental health service system tests, evaluates, and implements new practices; evaluates existing practices; and addresses the interaction across practices in a comprehensive system of care.

In this framework new practices being considered for implementation are organized into three categories: evidence-based, values based, and promising emerging practices. While the categories overlap, this framework proposes that the publicly funded adult community mental health system has a somewhat different obligation to implement practices in each category.

Evidence Based Practices are those practices for which there is consistent scientific evidence showing that they improve client outcomes. The scientific evidence is comprised of several randomized clinical trials (or quasi-experimental studies with comparison groups) in a variety of typical community mental health settings. The trials, conducted by different researchers, show consistently better results for consumers than alternative practices or no intervention. Currently, six practices have been identified as Evidence Based: Assertive Community Treatment, Family Psychoeducation, Illness Management and Recovery, Integrated Treatment for Mental Illness and Substance

Abuse, Medication Algorithms, and Supported Employment. A seventh - Dialectical Behavioral Therapy - is very close to meeting the standard. This policy framework proposes that the public mental health system has an obligation to pilot and, depending on the results of the pilot, to implement practices that reach this standard.

Values Based Practices are those practices for which there is limited scientific evidence of their effectiveness but are approaches that consumers and families particularly request and find helpful. Examples include family-to-family education, the Recovery Education Project, and transitional residential services. Given that the research agenda is limited, there will always be good practices for which there is little available evidence of their effectiveness. The publicly funded mental health system should implement such practices.

Promising Emerging Practices are those practices for which the scientific evidence is building and which address a widely held client need or gap in our service system. Supported Housing and various approaches to treating trauma are examples of promising emerging practices.

Statement of Intent

Vermont's publicly-funded adult mental health service system is committed to using all the resources available to our system to provide the best possible services to consumers and families in order to promote their recovery and full participation in our community.

Best possible means the consistent implementation of and wide access for consumers and family members to:

- *those services and practices for which there is strong scientific evidence of their effectiveness for the Community Rehabilitation and Treatment (CRT) target population in typical community mental health settings (evidence-based practices); and*
- *those services which reflect our system's values of recovery, empowerment, and community integration (values-based practices)*

*In addition, **best possible**, means proactively identifying, piloting, and evaluating the effectiveness of promising approaches to address issues of widespread need (promising emerging practices).*

Commitment to Act: Evidence-Based Practices

DDMHS, Service Providers, and Consumer and Family leadership will all pro-actively pursue implementation of **evidence-based** practices in our service system in a phased approach.

1. Learn about the practice and consider its potential applicability to our system.
2. Pilot the practice with high model fidelity in enough settings to provide meaningful experience with the practice.
3. Evaluate the pilot for:
 - consumer outcomes,
 - cost effectiveness, and
 - compatibility with our systems' values of recovery, empowerment, and community integration.

Based on the experience of the pilot decide among the following options:

- ✓ Either commit to widespread implementation of the evidence-based practice with high model fidelity; or
- ✓ adapt the practice and measure to ensure expected outcomes are in fact achieved; or
- ✓ decide not to use the practice.

Vermont will explore use of **all** practices deemed “evidence-based” in this manner.

Commitment to Act: Promising Emerging Practices

DDMHS, Service Providers, and Consumer and Family leadership will all pro-actively pursue implementation of **promising emerging** practices in our service system in the following manner.

1. Identify gaps in current service and practice approaches which fail to address consumers' (and their family's) needs.
2. Search for practice approaches or program models that show promise in addressing the need.
3. Learn about the practice(s) - there is likely to be more than one practice to consider – and assess their potential applicability to our system.
4. Pilot the practices with high model fidelity in enough settings to provide meaningful experience with the practices.
5. Evaluate the pilots for:
 - consumer outcomes,
 - cost effectiveness, and
 - compatibility with our systems' values of recovery, empowerment, and community integration.

Based on the experience of the pilot decide among the following options.

- ✓ Either commit to widespread implementation of the evidence-based practice with high model fidelity; or
- ✓ adapt the practice and measure to ensure expected outcomes are in fact achieved; or
- ✓ decide not to use the practice.

Commitment to Act: Values-Based Practices

DDMHS, Service Providers, and Consumer and Family leadership will all pro-actively pursue implementation of **values-based** practices in our service system. We will:

1. assess the degree to which current practices actively promote recovery, empowerment and community integration;
2. change current practices to improve recovery, empowerment and integration outcomes;
3. actively support services and capacities that provide mutual aid and support among peers (both consumer and family) within the formal mental health system and external to it;
4. seek out opportunities to use a “Hats Off” approach in which consumers, providers, and family members learn and work together.

Stakeholder Roles and Responsibilities

DDMHS

- Work to assure availability of sufficient resources for the service system
- Pursue grant and other funding opportunities to pilot practices, subsidize training for staff, and to secure expert technical assistance for program managers and clinical supervisors.
- Change or revise administrative structures (policy, procedural, and fiscal) to support implementation of evidence-based practices and values based practices as needed. Consider changes needs to support implementation of emerging promising practices.
- Clearly communicate expectations for practice and program implementation to service providers.
- Integrate these expectations into existing contracting, evaluation, and designation processes.
- Nurture a culture in which change to improve client outcomes is an expectation.
- Work to insure that the entire system, providers, stakeholders have the support needed to effectively make changes.

SERVICE PROVIDERS

- Actively learn about new practices.
- Openly and actively pursue implementation of evidence-based practices,
- Explore promising emerging practices and practices consistent with our values.

- Pilot new practices with high fidelity and thoughtful evaluation of client outcomes, cost effectiveness and compatibility with our values.
- Refine and alter service and administrative structures at the agency level to support implementation of these practices.
- Support a culture in which change to improve client outcomes is an expectation and insure that staff and clinical leaders have the support they need to effectively make changes.
- Ensure that evidence-based practices and practices that reflect our values are widely available to consumers and their family members.

STAKEHOLDERS

- Advocate for sufficient resources in the services systems.
- Work collaboratively with DDMHS and the Provider Network on:
 - ✓ piloting and implementing evidence-based practices,
 - ✓ assisting in identifying needs and gaps yet to be addressed and promising emerging practices to meet those needs, and
 - ✓ supporting piloting and implementation of emerging practices.
- Assist DDMHS and the Provider Network to understand how our current practices could be changed to better support consumer recovery, empowerment and community integration.

IMPLEMENTING THE POLICY FRAMEWORK

The DMH, Provider Network, and consumers and family members will together commission the development of a **CLINICAL PRACTICES ADVISORY PANEL**. The purpose is to create a multi-stakeholder, consensus process by which our mental health system makes decisions about evolving practices.

The panel will be comprised of clinicians, consumers, family members and administrators. Its role will be to:

- Commission and evaluate reviews of the scientific and practice literature on emerging practices for consideration in Vermont.
- Commission service pilots of promising, emerging practices and values based-practices.
- For new and existing service pilots, evaluate the results in terms of:
 - ✓ consumer outcomes,
 - ✓ cost effectiveness, and
 - ✓ compatibility with our systems' values of recovery, empowerment, and community integration
 - ✓ interaction and compatibility with existing practices
- Create recommendations about the scope and scale of implementation