

# Evidence Based Practice Initiative



12/1/22

QUARTERLY PROVIDER MEETING.

Division of Mental Health & Addiction Services  
wellnessrecoveryprevention



# What is the EBPI?

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- DMHAS has partnered with the Nationally recognized JBS to provide a training and technical assistance initiative designed to:
  - Improve provider agencies delivery of Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT); and
  - Improve outcomes meaningful to the people they serve.

# What is different about the EBPI?

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- Through the EBPI, provider agencies will receive extensive staff training in Motivational Interviewing and Cognitive Behavioral Therapy.
- **But wait, there is more!**
  - In addition to the training staff will receive ongoing Evaluation and Coaching of clinical staff to assure implementation and fidelity to these EBPs.
  - Non-Clinical staff will receive basic training in these EBPs

# What is different, cont.

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- Agency leadership will work with JBS to implement strategies for systematically and sustainably implementing MI and CBT within all levels of your organization (we call this the **Big 7**)
  - Incorporating the EBPs as part of your policies, procedures, and workflow,
  - Creating the culture change necessary to accomplish the goals of the EBPI.



# The Three Components

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## Executive Consultation

- Site Visit
- Weekly coaching on “Big 6 + 1” core elements
- Sustainability Planning

## Clinical Training

- Training
- Coaching
- Fidelity Monitoring
- Supervisor Training and Coaching

## Non-Clinical Training

- Limited training on MI

# Why the EBPI?

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We have the data that demonstrates:  
Improve client outcomes!  
Improve staff morale and satisfaction

The EBPI will also:  
Address Stigma  
Prepare your agency for increased use  
of Value Based payment systems

# Previous Participants

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Previous agency cohorts:

2020- Four agencies

2021 – Six agencies

2022 – Eight agencies

2023 – JBS will work with 5-7 agencies

# What is new for 2023?

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DMHAS is recruiting for a new cohort of providers to participate.

This year we are accepting application from licensed Mental Health Providers who:

- Also have an SUD license and/or
- Have the CN&L waiver to prescribe MOUD
- 87 providers meet that criteria



# What is new for 2023?

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- We will be including an abbreviated SBIRT into the EBP program
  - Providers will receive assistance to institute a universal screening and follow up for individuals are screened as at risk for SUD

# Why is DMHAS offering the EBPI to Mental Health Providers?

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Growing number of traditional mental health agencies have waivers and licenses to provide services for co-occurring disorder (mental illness and substance use disorder)

Reliable data validates that increasing numbers of people struggle with COD

By instituting SBIRT, providers with a Mental Health and SUD license, or providers who offer SUD medication, can identify and treat more people with co-occurring disorders

MI and CBT will assist MH agencies to engage and help individuals who may not see their SUD as a problem



# Why Mental Health Providers? Lessons from the CCBHC Demo

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Each CCBHC in the Demonstration is licensed for both SUD and MH services

These CCBHCs are required to screen ALL clients for SUD

CCBHCs are required to collect data and report data on 21 measures. Three of these measures directly related to SUD:

- Screening for Unhealthy Alcohol Use
- Initiation and Engagement for Alcohol and other Drug Treatment
- Initiation of Medication Assisted Treatment for SUD

# Lessons from the CCBHC, cont.

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The CCBHC data is stratified by patient category:

- Individuals with SMI
  - Individuals with General Behavioral Health disorder
  - Individuals with Substance Use Disorders
  - Children and Young Adults
  - Veterans with PTSD
- 
- This allows us to track some measures by patient population

# Lessons from the CCBHC Data

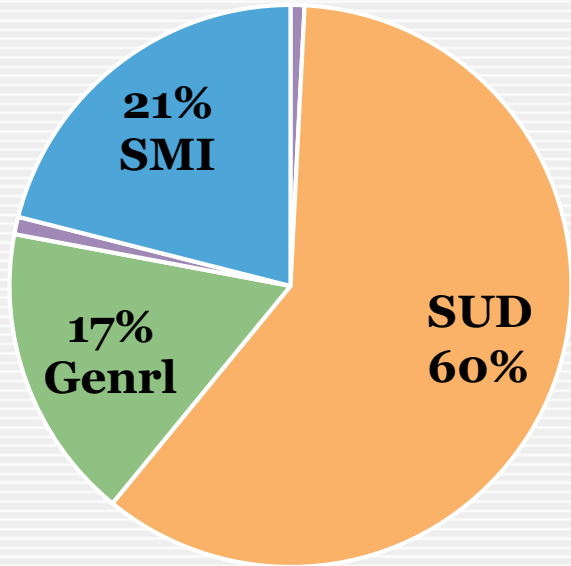
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- We looked at the SUD measures by patient category
- Universal screening for SUD increased the identification and treatment of individuals with Mental Illness and Serious Mental Illness

# Distribution Substance Disorder Identified DY3, DY4

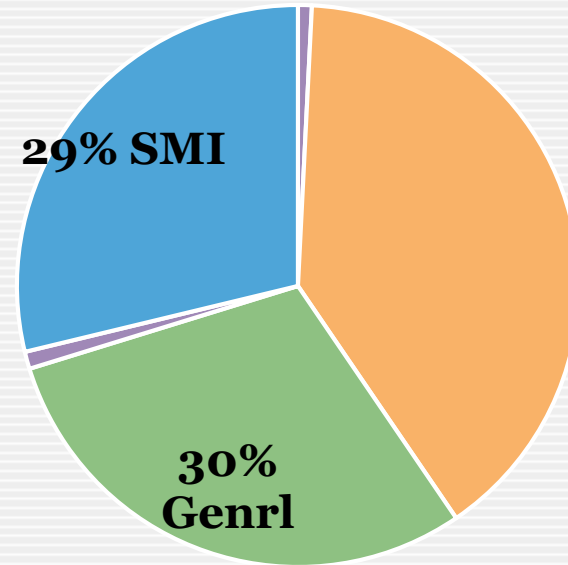
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Unhealthy Drug Use Identified by Population DY3 (N=2,306)



■ SUD ■ General ■ SMI

Unhealthy Drug Use Identified by Population DY4 (N=3,456)

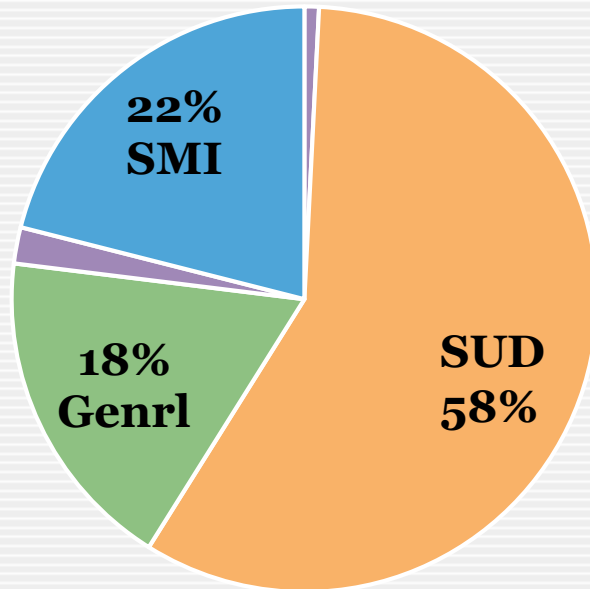


■ SUD ■ General ■ SMI

# Distribution Medications for Opioid Use Disorder DY3, DY4

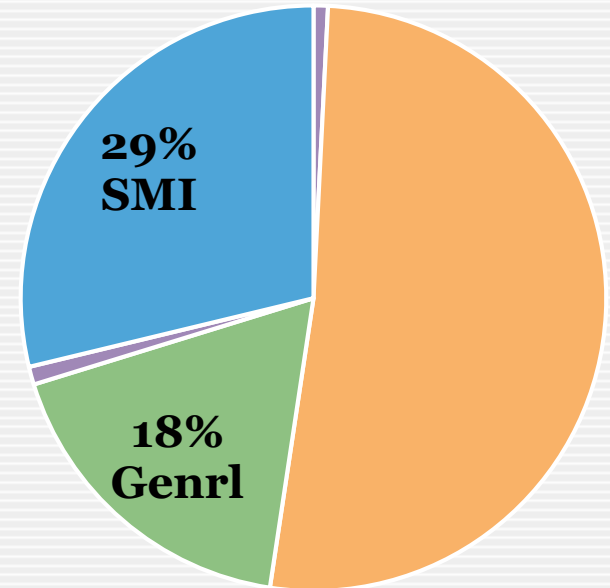
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MOUDs Provided DY3 (N=912)



■ SUD ■ General ■ SMI

MOUDs Provided DY4 (N=800)



■ SUD ■ General ■ SMI

# Next Steps

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- The documented need combined with the evidence that the EBPI provides improved patient satisfaction and staff morale combine to demonstrate the benefits of EBPI participation.
- We hope eligible providers will apply, and increase our services to individuals with COD!
- If you are an eligible provider, within the next week you will receive an email from Val Mielke inviting you to apply.
- The letter will include a link to a description of exactly what the EBPI entails, as well as the application.