

Toward
Effective
Mental Health
Practices

*A Strategic Work Plan to
Develop Organizational
Capacity for Incorporating
Values and Science Into
Mental Health Practices*

EXECUTIVE SUMMARY

CALIFORNIA INSTITUTE
FOR MENTAL HEALTH
NOVEMBER 2003



California Institute for Mental Health

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November 12, 2003

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Summary Statement

The California Institute for Mental Health (CIMH) values the use of scientific information in mental health system planning and service delivery. A key component of this process is the promotion of “evidence-based practices,” a term that has many meanings. CIMH recognizes that science is not the only determinant of the worth of a mental health practice, and maintains that evidence-based practices are relevant only when various levels of scientific evidence and stakeholder values are factored together.

For purposes of this document and the work that CIMH conducts, CIMH will emphasize the incorporation of the values of the California mental health delivery system and evidence-based practices to promote: *Values-driven, evidence-based practices.*

Values-driven, evidence-based practices are defined as *practices that reflect key values of the California Mental Health System Stakeholders—such as recovery/resiliency and cultural competence—and which are supported by an identified level of scientific evidence.*

Introduction

The California Institute for Mental Health (CIMH) strategic goals identify the need to develop organizational capacity to assist county mental health program and other local system personnel understand, develop and implement *values driven evidence-based mental health practices*¹. As a result, CIMH leadership, staff, board members, constituents and consultants have worked together to develop this agency plan.

The California Institute for Mental Health

CIMH grew out of, and remains responsive to, county mental health systems. Consequently, the values, visions and missions of the California Institute for Mental Health and the California Mental Health Directors Association share common themes. These themes include:

- ▶ A commitment to consumer and family-centered planning and services;
- ▶ A belief in the community as the right locus of care and living;
- ▶ A belief in the recovery and resiliency for adults and children/adolescents with psychiatric disabilities;
- ▶ An understanding of the critical nature of cultural differences and cultural competency; and
- ▶ A commitment to quality, including the discovery and implementation of those service and administrative practices that are supported by the strongest evidence available, with a commitment to tracking and improving client outcomes.

Since 1993, CIMH’s projects—driven by the needs of county mental health systems and the consumers and families they serve—have grown. However, project funding often influences the Institute’s activities and

¹ Subsequently called values/evidence-based practices or evidence-based practices.

agendas. As a result, CIMH conducts a multitude of programs, training sessions, and projects, each responsive to its own funding source. This Strategic Work Plan is part of a series of CIMH activities designed to unify its many projects with some common themes, and to set priorities for future services and programs, while still retaining the organization's critical strength: responsiveness to county mental health systems and to issues of immediate import for California's evolving mental health delivery system.

Why a Strategic Work Plan About Values-Driven, Evidence-Based Practices?

During the 1990s, the drive toward quality and accountability in public-sector mental health care, coupled with new research on mental health service delivery technology, increasingly prompted researchers and policy-makers to use this research in mental health system planning and service delivery.

In order to participate effectively in this process, CIMH itself must become a learning organization, willing and able to change as new technologies develop. CIMH must identify, utilize, and promote development of effective practices based on the best available scientific evidence regarding the Institute's primary functions (i.e., training, providing technical assistance, initiating policy discussions and development, conducting research and evaluations, and disseminating information.) CIMH must know which administrative and service delivery practices are evidence-based, and how to best support local implementation of these practices. CIMH will support the identification of practices that are promising and will provide technical assistance, evaluation and research to help build the scientific knowledge base. This Strategic Plan is intended to help achieve those objectives.

The Strategic Planning Process

In the spring of 2002, the David and Lucile Packard Foundation funded a CIMH organizational development proposal to increase the Institute's capacity to promote evidence-based mental health practices. The Institute established a staff and board leadership group and engaged a consultant² for the project. The con-

sultant conducted a number of key informant interviews, and convened a series of meetings with CIMH staff members and key stakeholders during the summer and fall of 2002. The resulting Strategic Work Plan draft was reviewed by CIMH staff members, the CIMH Board of Directors, and key stakeholders, as well as by national consultants with expertise in evidence-based practices. A draft of this Work Plan was presented at the CMHDA Full Association meeting in April 2003. The CIMH Board of Directors approved the final draft in September 2003.

Relationship of This Plan to Other Key CIMH Initiatives

In addition to this values-driven, evidence-based practices initiative, CIMH has other initiatives under way to encourage improvements in the delivery of mental health services in California. Two key initiatives involve cultural competence and recovery/resiliency. Each of these three initiatives embodies unique philosophies, ideas, and agenda recommendations. However, they share commonality in the fundamental values that distinguish all CIMH projects. Tensions between these initiatives help to drive the ongoing evolution and improvement of CIMH's work in each area. Proponents of cultural competency and recovery/resiliency have expressed concerns about the lack of scientific evidence supporting mental health practices such as peer support services or traditional healing ceremonies that incorporate these core values. Likewise, current practices that have strong scientific support rarely have been tested specifically with different ethnic groups to verify that they are unilaterally effective among all populations. Hence, each of these initiatives will contribute to, and benefit from, the others.

² Pamela S. Hyde is an attorney with considerable administrative experience with public mental health and social service agencies including but not limited to tenure as the director of the Ohio State Department of Mental Health, Ohio State Department of Human Services and Seattle Department of Housing and Human Services. Her experience in private nonprofit behavioral health management includes serving as the president and CEO of COMCARE, and Ms. Hyde has held the position of senior consultant to The Technical Assistance Collaborative, Inc.

Key Terms and Concepts

CIMH is interested in helping California’s mental health system to develop evaluative mechanisms to assure the effectiveness of all its services and administrative practices. The need for accurate evaluative processes becomes most apparent when practices, supported by a range of identified levels of scientific support, are considered in context of the values to which the public mental health system is committed. Therefore, this Work Plan uses the term **values-driven, evidence-based practices** to reinforce the integration of these two concepts in identifying and promoting effective mental health practices.

The concept of values-driven, evidence-based practices first posits that stakeholder values must drive the research and implementation of evidence-based practices. Priority must be given to those practices with a high level of scientific support that are also consistent with the recovery/resiliency vision and principles of cultural competence. Similarly, we must identify practices that embody the recovery vision and cultural competence that have not been adequately investigated, and must promote their inclusion in the scientific agenda. CIMH will promote research models that are consistent with recovery/resiliency and cultural competence, and are intended to increase understanding of consumer self help, family partnership programs, and other important traditional healing practices.

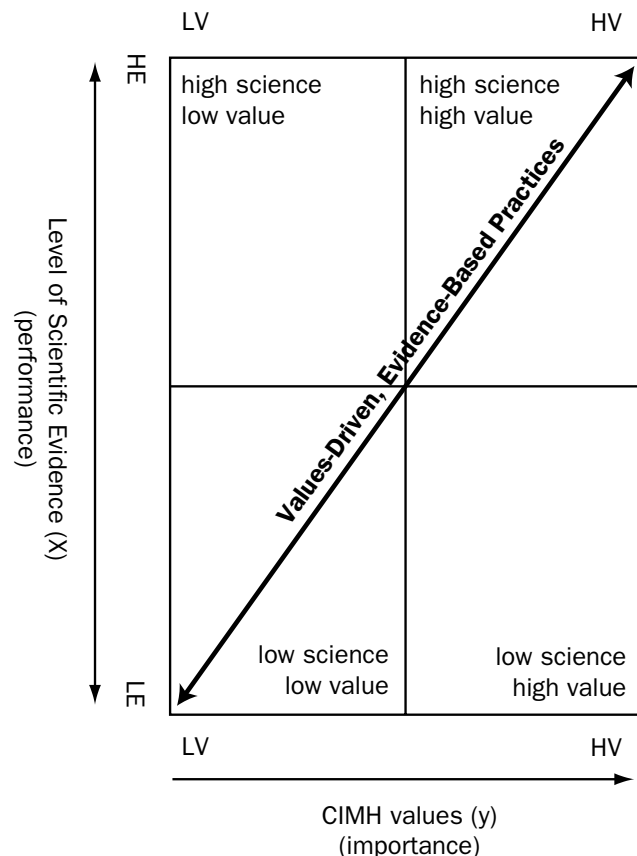
Values-driven, evidence-based practices theory next assumes that a broad definition of *evidence* encompassing different levels of evidence must be identified when describing scientific support for practices, to allow research information to respond to key stakeholder values. CIMH relies upon the concept of a **hierarchy of scientific evidence** to acknowledge the existence of numerous types of scientific evidence ranging from rigorously designed research trials to systematic observations, including those that are a part of a structured continuous quality improvement process. The level of evidence in this hierarchy supporting a practice determines the relative strength of the scientific evidence for that practice.

The matrix (at right) illustrates the approach by which CIMH will assess practices.

CIMH also promotes the concept of **evidence-based thinking** to describe a process by which practitioners stay abreast of all levels of scientific evidence and integrate this understanding with key values, in order to best serve consumers and families in achieving the

outcomes they desire. Evidence-based thinking is consistent with Sackett’s definition of evidence-based practices in the physical health care field—“the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.” This definition establishes that program administrators or practitioners must be cognizant of a) who they are trying to serve {the salient characteristics of the individual or population, including culture, history, support system, diagnosis and symptoms}; b) the outcomes they are trying to achieve {determined with the individual/family or representatives of the population to be served}; and c) the strength of the evidence available—whether from controlled trials, evaluations, observations, or consensus opinion of professional or stakeholder groups—about what might be effective in achieving those desired outcomes.

Matrix of Values-Driven, Evidence-Based Mental Health Practices



Objectives and Strategies for FY 2003–2005³

CIMH has developed four objectives and related strategies which are described below. The time frame indicated after each strategy relates to the date on which CIMH expects to *begin* work. “Immediate” means within six months; “mid-range” means within 12 to 18 months; and “long-range” means 18 months or longer.

Objective One: To increase CIMH’s capacity to provide leadership in the identification and implementation of values-driven, evidence-based mental health practices.

Strategies:

- A. Increase the CIMH staff’s knowledge of concepts related to research, science, and dissemination and diffusion clinical and administrative practices considered to be evidence-based. [Immediate]
- B. Assure that all CIMH staff members understand the stages of organizational change, how to identify and eliminate barriers, and how to use incentives to improve the implementation of effective mental health practices. [Immediate]
- C. Identify and catalogue evidence-based service and administrative practices in use within the California public mental health system, including promising and emerging practices, for use by CIMH staff members and stakeholders. [Mid-range]

Objective Two: To increase CIMH’s capacity to include values-driven, evidence-based practices content in its work and to apply evidence-based approaches to knowledge exchange and skill development in CIMH’s consultation, training, and technical assistance activities.

Strategies:

- A. Require all CIMH staff members to understand the range of evidence-based practices concepts (for example, effective, efficacious, promising, and emerging) and incorporate them into the design and methods for training sessions, technical assistance, and information dissemination activities, while applying principles of adult learning styles and organizational behavior change. [Immediate]

³ Each of the strategies identified here has numerous associated specific action steps to assure they are accomplished and that success can be measured. Once these strategies and action steps are finalized, time lines and responsible parties will be identified as part of the final Strategic Plan.

- B. Assure that evidence-based practices concepts and content are incorporated into every CIMH project. [Mid-range]

Objective Three: To increase CIMH’s capacity to help personnel of county mental health systems identify and remove barriers and create incentives to support adoption of values-driven, evidence-based mental health practices in California.

Strategies:

- A. Identify barriers interfering with implementation of evidence-based practices capable of producing person-centered, culturally competent assessment, treatment planning, and service delivery. Targeted impediments could include financial, structural, clinical, political, philosophical, human resource or other barriers. [Immediate]
- B. Sponsor discussions with public mental health stakeholders intended to build strategies to overcome identified barriers and create incentives for implementation of evidence-based mental health practices; identify specific action steps, responsible personnel, and time lines for each action step. [Mid-range]
- C. With public mental health stakeholders, develop options for introducing disincentives to mental health practices proven through research to be ineffective in producing constructive consumer/family outcomes; develop specific recommendations to induce discontinuation of practices that have been proven to be ineffective or harmful. [Long range]

Objective Four: To increase CIMH’s leadership capabilities in the evaluation and research of mental health practices in California.

Strategies:

- A. Infuse the CIMH staff with the knowledge and capacity to conduct research and to review, analyze, and utilize research literature and findings. [Immediate]
- B. Develop an action agenda for needed research about values-driven, evidence-based mental health service and administrative practices in California. [Long range]
- C. Identify research and evaluation priorities to advance effective practices, including promising and emerging practices within California. [Long range]