

# DHHS Office of Adult Mental Health Services

## EVIDENCE-BASED PRACTICES PROCEDURAL GUIDELINES

*September 2007*

### I. Purpose of Document

- Develop a shared vision for the development and implementation of Evidence-Based Practices (EBPs)
- Articulate principles to guide our work
- Commit to continued quality improvement and decision making based on data
- Guide the OAMHS concerning the place of EBPs in the delivery of services

### II. National Perspective

In 2001, the Institute of Medicine released a report, *"Crossing the Quality Chasm: A New Health System for the 21st Century"*, that called for building a stronger health system over the coming decade that is capable of providing state-of-the-art health care to all Americans.

The report included the following statements regarding healthcare in the United States:

- "Evidence based decision making: Patients should receive care based on the best available scientific knowledge. Care should not vary illogically from clinician to clinician or from place to place."
- "Organizations...can improve their performance only by incorporating care process and outcome measures into their daily work...to understand the degree to which performance is consistent with best practices, and the extent to which patients are being helped."
- "Applying Evidence to Health Care Delivery: In the current health care system... about 17 years is required for new knowledge generated by randomized controlled trials to be incorporated into practice, and even then application is highly uneven (Balas and Boren, 2000)."

### III. Guiding Principles

The Maine State Health Plan, defining health broadly to include both physical and behavioral health, informs these guiding principles.

- *Broad Definition of Health*

We are defining health as a state of physical, mental and social well-being and safety across the lifespan. Health promotion includes medical care as well as other factors that influence wellness such as healthy lifestyles, prevention, secure social relationships and adequate income.

- *Health Across the Lifespan*

Quality services must be age appropriate.

- *Wide Spectrum of Interventions*

We support the use of a wide spectrum of effective interventions that include the promotion of healthy communities, prevention strategies, early intervention and quality services.

- *Person-centeredness*

Person-centeredness means acknowledging individual differences and characteristics, including different biology, culture, beliefs, values, preferences, history, abilities and interest.

- *Partnership Building*

Ongoing meaningful multi-stakeholder participation is essential to the implementation of EBPs

- *Decision-Making Based on Data*

Meaningful data and objective analyses of population-based needs are necessary for effective program planning, decision-making and quality assurance.

- *Outcome Oriented*

Quality service design and delivery are based on measurable outcomes that are meaningful to a variety of stakeholders and reflect the vision and goals of the Office of Adult Mental Health Services as well as the Department as a whole. Outcomes ultimately will promote recovery, health, wellness and community integration in relation to individuals' self-determined goals.

- *Quality Services*

Our goal is that every individual will receive services that are evidence-based and effective

- *Informed Choice*

Every individual is entitled to receive information on risks and benefits necessary to make an informed choice

- *Respect*

The nature and quality of the relationship between consumer and provider is critical to quality services

- *Individualized Service*

Quality service is individualized: matching services to the needs, strengths, preferences and values of the recipient. It is the right service for the right person at the right time.

- *Cultural Competence*

Quality services must be culturally competent

#### [IV. The Office of Adult Mental Health Services' Statement of Intent](#)

The mission of Maine's Department of Health and Human Services (DHHS) is to provide integrated health and human services to the people of Maine to assist individuals in meeting their needs, while respecting the rights and preferences of the individual and family, within available resources.

In keeping with that mission, OAMHS is committed to providing services that are based on the best evidence available; and that improve outcomes and quality of life for Maine people. This is part of a system-wide commitment to continuous quality improvement and decision making based on individual, system and service outcomes. The outcomes to be measured will be defined in collaboration with multiple stakeholders. We will continually develop the system of care, and change and realign existing services to appropriately support all levels of Evidence Based Practices.

## V. Definitions

### A. Evidence-Based Practices

Evidence-Based Practices is an umbrella term defining a range of levels of evidence or research-supported practices. The levels of evidence span the spectrum from extensive to minimal.

*(Based on Turning Knowledge Into Practice: A Manual for Behavioral Health Administrators and Practitioners About Understanding and Implementing Evidence-Based Practices, Fall 2003)*

Evidence-Based Practices (EBPs)

*Evidence-Based Practice is the integration of best research evidence with clinical expertise and patient values (Institute of Medicine, 2001), or clinical or administrative interventions/ practices for which there is consistent scientific evidence showing that they improve client outcomes (Drake, et al. 2001).*

The term Evidence-Based Practices encompasses three categories listed below that reflect practices with varying levels of evidence: practices based on scientific evidence; promising practices; and emerging practices. All levels of Evidence-Based Practices must include to varying degrees the following:

- They are accepted practice for a specific group and problem
- There is literature in peer reviewed journals providing data regarding efficacy
- Implementation guidelines exist
- They have a sound theoretical basis

#### 1. Practices Based on Scientific (see definition below) Evidence

*Practices Based on Scientific Evidence are clearly defined practices that have been shown to adhere to the highest level of scientific evidence based on rigorous research, to improve client outcomes or population or systemic goals. For health care, these practices include those endorsed nationally as quality standards by the Agency for Health Care Research and Quality and the National Quality Forum*

#### 2. Promising Practices

*Promising practices are practices that have considerable evidence or expert consensus and which show promise in improving client outcomes, but which are not yet proven by the highest or strongest scientific evidence. These practices must be clearly defined, by practice guidelines, decision support tools, manuals or algorithms to guide their implementation and performance and outcome measurement.*

#### 3. Emerging Practices

*Emerging practices are new, clearly defined innovations with practice guidelines that address critical needs of a particular program, population or system, but do not yet have scientific evidence or broad consensus support.*

### B. Scientific Evidence

Scientific evidence results from a study or research project that has a rigorous controlled design (including a clearly articulated hypothesis and rigorous methodology along with controlled conditions and random assignments to various comparison conditions), with experimental and control groups, that includes sufficient subjects to overcome the possibility that the result could have occurred by chance, and is repeated with the same result in multiple sites with different

researchers and different experimental and control groups. Are published in peer-reviewed journals within the discipline most appropriate for the subject matter

### C. Outcomes

Outcomes are changes resulting from activities and product or service delivery