

# Kentucky's Quest for the Best

Report of Kentucky's Best Practices  
State Planning Grant



Submitted to the Kentucky Department for Mental  
Health & Mental Retardation Services

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## ACKNOWLEDGEMENTS

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## BACKGROUND & CONTEXT

Defined as “the integration of the best research evidence with clinical expertise and patient values” (IOM, 2001), evidence-based care holds the promise of recovery and resiliency for individuals facing mental health and co-occurring substance use challenges. The evidence-based care movement is based on the philosophy that every individual has the right to choose and receive the best health care services that science has to offer.

Driven by federal calls for systems transformation and recognition of the need for a state infrastructure to support the adoption and implementation of evidence-based practices, the Kentucky Department for Mental Health and Mental Retardation Services applied for and was awarded a NIMH-funded evidence-based practices state planning grant in 2005. This 24-month planning grant had 3 primary aims:

- To form a Kentucky Best Practices Advisory Group comprised of state policymakers, researchers, families, consumers, advocates, clinicians, and program administrators responsible for the development of a recommended plan for promoting the use of best practices throughout Kentucky's public mental health systems. This group met 10 times over the course of the planning period. Additionally, a related aim was to conduct a series of Consumer and Family Best Practice Forums as a means of educating a select group of consumers and family members about best practices. Five education and awareness sessions were held during the course of the planning process.

## BACKGROUND & CONTEXT

- To conduct two (2) intensive case studies of best practice implementation in Kentucky as a means of gaining a richer understanding of the implementation process, including factors that facilitate or impede successful implementation, effective dissemination techniques, cultural or community adaptations, and indicators of organizational readiness to undertake best practice implementation. Case studies were conducted of medication algorithms and integrated treatment for co-occurring mental health and substance use disorders. The case study reports are available for review.
- To identify university-linking agents to facilitate the development of partnerships between providers and researchers for the purpose of advancing best practice research in Kentucky's public mental health service system. University representatives from the University of Kentucky and the University of Louisville participated on the Advisory Group. A NIMH research grant on transition-age youth was submitted in partnership with the KDMHMRS and the University of Kentucky School of Social Work.

This *recommended* plan of action is the culmination of these grant aims.

## PURPOSE

A primary purpose of the state best planning grant was the development of a *recommended* plan for promoting the use of best practices throughout Kentucky's public mental health system. The plan was designed to provide the Kentucky Department for Mental Health and Mental Retardation Services with recommended strategies and activities that serve to build and enhance the infrastructure necessary to support the effective identification, adoption, implementation, and sustainability of best practices.

It is hoped that the plan contained in this report will guide state mental health transformation efforts and be integrated into block grant applications, department-wide strategic plans, HB843 Commission proceedings, and other similar planning efforts. The ultimate goal of this report is to guide the Department's efforts to improve the system of care for individuals served in the public mental health system.

## METHOD

Two groups were active throughout the life of the planning grant. The Best Practices State Advisory Committee was comprised of a diverse array of stakeholders who served in an advisory capacity. Additionally, a group of individuals attended a series of Consumer and Family Best Practice Forums. These two groups of individuals, along with key staff from the Department for Mental Health and Mental Retardation Services, were invited to attend a 2-day retreat in March 2007. A total of 23 individuals and two facilitators from the Facilitation Center at Eastern Kentucky University participated in the retreat.

During the retreat, there was focused discussion, group dialogue, small group activities, and report-outs. Desired outcomes from the retreat included (1) the identification of best practice gaps in Kentucky's public mental health care system; (2) a prioritized list of strategies and actions to begin improving best practice implementation; and (3) a list of strategies for disseminating the plan and gaining support from administration.

The realization of these desired outcomes was captured in a written report disseminated to all participants for feedback and reflection and served as the foundation for this report.

## FRAMEWORK FOR RECOMMENDATIONS

### Advisory Group's *Vision* Elements

- The use of **Best Practices**
- A system that is **Consumer & Family Driven**
- A **High Quality Service Delivery System**
- **Recovery & Resiliency** based outcomes

The following six (6) areas provided a framework for retreat participants as they crafted recommendations, strategies, and activities to support best practices:

- Policy, Legislation, and Regulations
- Planning and Program Development
- Training, Technical Assistance & Supervision/Coaching around Implementation
- Funding, Financing, and Contracting
- Workforce Development
- Research and Practice Improvement

These areas were identified because they serve as the infrastructure necessary for the identification, adoption, implementation, and sustainability of any best practice.

## RECOMMENDATIONS

*The group was asked to identify gaps in the 6 areas comprising the infrastructure framework. Once the critical gaps were identified, the group was asked to develop 2-3 recommendations for bridging these gaps within each area. The group then prioritized, through a dotting exercise, the recommendations for "criticality" (C) and "quick wins" (QW). These recommendations are ranked below:*

### Criticality:

To develop a **singularly focused program**, through a collaborative partnership with consumers, family members, and providers for best practices implementation of supervision, training, and coaching that is appropriately funded to: keep a list of best practices; develop training around best practices; and train and provide ongoing support for supervisors on best practices. (C-14, QW-2)

To **integrate treatment** via training, cross-training, and building in mentoring / supervisory support. (C-8)

To develop a **financial map** (across agencies) for consumers, family members, and providers to improve access to resources and avoid system level duplication. (C-5, QW-4)

To define **co-occurring / integrated treatment** to guide state level decision making regarding funding and agency policies and procedures (attention: Medicaid). (C-2, QW-3)

The Department will promote/support, through education and training, **the role of consumers, family members, and youth** as extenders of support to enhance evidence-based treatment. (C-1, QW-5)

CMHCs will present a **plan and budget** within the best practices framework, and DMHMRS will review the plan and budgets utilizing the best practices framework. (C-1, QW-2)

The Department will develop **core competencies** that will be included in education and training across the beautiful state of Kentucky. (C-1, QW-1)



## RECOMMENDATIONS

### Quick Wins:

The Department will determine the most efficient method of conducting **treatment and workforce needs assessments** and use the results to further the workforce issues related to implementing the Best Practices Plan. (QW-8)

The Department will promote/support, through education and training, **the role of consumers, family members, and youth** as extenders of support to enhance evidence-based treatment. (C-1, QW-5)

Via the 843 Commission, provide a forum to discuss, assess, and evaluate advanced directives, mental health parity, and current regulations to determine if there is a need for **additional legislative action**. (QW-4)

To develop a **financial map** (across agencies) for consumers, family members, and providers to improve access to resources and avoid system level duplication. (C-5, QW-4)

To develop **policy statements** defining practice parameters reflecting the values and mission of consumer / family driven best practice service array. (QW-3)

To define **co-occurring / integrated treatment** to guide state level decision making regarding funding and agency policies and procedures (attention: Medicaid). (C-2, QW-3)

CMHCs will present a **plan and budget** within the best practices framework, and DMHMRS will review the plan and budgets utilizing the best practices framework. (C-1, QW-2)

To develop a **singularly focused program**, through a collaborative partnership with consumers and family members, for best practices implementation of supervision, training, and coaching that is appropriately funded to: keep a list of best practices; develop training around best practices; and train and provide ongoing support for supervisors on best practices. (C-14, QW-2)

The Department will develop **core competencies** that will be included in education and training across the beautiful state of Kentucky. (C-1, QW-1)

## ANALYSIS & SYNTHESIS

The most critical recommendation made by the Advisory Group was for the Department to **“develop a singularly-focused program, through a collaborative partnership with consumers, families, and youth, that focuses on developing the infrastructure necessary to support the identification, adoption, implementation, and sustainability of best practices”**. This program would be responsible for facilitating needed policy, legislation, and regulations; planning and developing programs; providing best practice training, technical assistance, coaching and supervision; developing necessary funding, financing, and contracting mechanisms; identifying strategies to address workforce development issues; and conducting research and practice improvement activities.

At least initially, this program would focus on two best practices prioritized during the retreat: **Peer Support and Integrated Treatment for Co-Occurring Mental Health and Substance Use Disorders**. Many of the recommendations made by retreat participants can be applied to the development of these and other specific practices. Both recommendations will require considerable resources, including funding and staff; a sustained multi-year effort; and ongoing leadership to truly transform the public mental health system.

The following page offers a sample implementation planning matrix that can serve to guide the activities of a practice-specific workgroup, such as peer support or integrated treatment for co-occurring mental health and substance use disorders.

## SAMPLE IMPLEMENTATION PLANNING MATRIX

Infrastructure Element	Strengths/Existing Efforts to Build Upon	Potential Barriers & Challenges	National, State, Local Resources	Action Steps/ Implementation Options
POLICY, LEGISLATION, & REGULATIONS				
PLANNING & DEVELOPMENT				
TRAINING, SUPERVISION & COACHING				
FUNDING, FINANCING, & CONTRACTING				
WORKFORCE DEVELOPMENT				
RESEARCH & PRACTICE IMPROVEMENT				

## DISSEMINATION PLAN & NEXT STEPS

### Recommended Report Dissemination Plan

- Disseminate report to Department and Cabinet-level staff and other relevant stakeholders
- Create a PowerPoint display highlighting key elements and recommendations from the report
- Conduct presentations to various planning groups, including the State Interagency Council, HB843 Commission, Mental Health Planning Council, and the Mental Health Coalition

### Next Steps

- Identify change agents/champions of the cause
- Consider all infrastructure elements when planning for best practice implementation
- Embed recommendations in planning documents
- Evaluate existing policies and procedures for alignment against recommendations
- Dedicate resources for development of a program to focus exclusively upon building an infrastructure to support best practice identification, adoption, implementation, and sustainability, including resources to support social marketing efforts
- Establish workgroups to complete practice-specific implementation planning matrix (see previous page).