



EVIDENCE-BASED
PRACTICES

KIT

Knowledge Informing Transformation



How To Use the Evidence-Based Practices KITs

Consumer- Operated Services



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov



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Acknowledgments

This document was produced for the Substance Abuse and Mental Health Services Administration (SAMHSA) by Karen V. Unger, Ph.D., Rehabilitation Through Education, Portland, Oregon under contract number P233200500802P and Westat under contract number 270-03-6005, with SAMHSA, U.S. Department of Health and Human Services (HHS). Marian Scheinholtz served as the SAMHSA Government Project Officer.

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Recommended Citation

Substance Abuse and Mental Health Services Administration. *Consumer-Operated Services: How to Use the Evidence-Based Practices KITS*. HHS Pub. No. SMA-11-4633, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2011.

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HHS Publication No. SMA-11-4633
Printed 2011



How To Use the Evidence-Based Practices KITs

The Evidence-Based Practices KITs, a product of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS), gives states, communities, administrators, practitioners, consumers of mental health care, and their family members the resources to implement mental health practices that work.

Consumer-Operated Services

For references, see the booklet, *The Evidence*.

This KIT is part of a series of Evidence-Based and Promising Practices KITs created by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of the Consumer-Operated Services KIT, which includes seven booklets:

How to Use the Evidence-Based Practices KITs

Getting Started with Evidence-Based Practices

Building Your Program

Training Frontline Staff

Evaluating Your Program

The Evidence

Using Multimedia to Introduce Consumer-Operated Services



How To Use the Evidence-Based Practices KITs

The emphasis on implementing evidence-based and promising practices stems from a consensus that a gap exists between what we know about effective treatments and the services currently offered. Several key reports call for closing the gap between what research tells us is effective and how services are delivered. These reports include the following:

- U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (1999); *Mental Health: Culture, Race and Ethnicity. A Supplement to Mental Health: A Report of the Surgeon General* (2001);
- National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment, *Blueprint for Change: Research on Child and Adolescent Mental Health* (2001);
- Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001); and
- New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report* (2003).

SAMHSA recognizes the importance of identifying and implementing EBPs in real-life settings. This EBP Knowledge Informing Transformation (KIT) series incorporates state-of-the-art research to help agencies and programs implement EBPs or practices found to consistently produce specific, intended results. The KIT also meets scientific and stakeholder criteria for effectiveness.

While many agencies provide excellent services, the opportunity to integrate the best that science has to offer into the service delivery system has compelled many agencies to implement EBPs.

In 2004, 47 states were implementing EBPs either in part or statewide (Ganju, 2004), and the number of interested communities and organizations was growing.

How the KITs Started

The Evidence-Based Practices KITs were born in 1998 when the Robert Wood Johnson Foundation convened a panel of researchers, clinicians, administrators, consumers, and family advocates to evaluate the research and determine which practices demonstrated positive outcomes

The panel identified six EBPs:

- Illness Management and Recovery;
- Supported Employment;
- Family Psychoeducation;
- Assertive Community Treatment;
- Integrated Treatment for Co-Occurring Disorders (substance use and mental illness); and
- Medication Treatment, Evaluation and Management (MedTEAM).

KITs, formerly called Information Resource Kits, were piloted in 2003 and subsequent field evaluations have helped refine them. The contributions of many organizations, researchers, providers, administrators, policymakers, consumers, and family members give these EBP KITs their strength and vitality.

Developing the KITs is one of several SAMHSA activities focused on encouraging the use of evidence-based practices in mental health. In addition to the original six EBPs noted earlier, KITs have now been developed for the following EBPs:

- Consumer-Operated Services;
- Interventions for Disruptive Behavior Disorders;
- Mental Health Promotion and Prevention of Behavioral Problems;
- Permanent Supportive Housing;
- Supported Education; and
- Treatment of Depression in Older Adults.

In addition to the KITs, SAMHSA is creating guides for promising practices, such as Supported Education. Additional research is encouraged to establish more evidence for promising practices.

Widespread adoption of effective practice interventions is at the center of SAMHSA's mission to improve services and an important means of achieving its strategic goals of improving accountability, capacity, and effectiveness. SAMHSA hopes that the KITs will help communities provide the most effective services possible for people with mental illnesses and substance abuse problems.

Using the KITs

Each KIT provides the EBP's practice philosophy, beliefs, and values that guide the following areas:

- Clinical judgments;
- Specific program components;
- Structured service-delivery components; and
- Evaluation components.

KITs outline the essential components of each EBP and give you suggestions collected from those who have successfully implemented them. These materials are based on consumer leaders' experience of how to develop new programs and services within mental health systems.

Two philosophical tenets steer these KITs:

Consumers and families have a right to information about effective practices and, in areas where EBPs exist, they have a right to access effective services.

Mental health services, including consumer-operated services, should have the goal of helping people achieve their personal recovery goals; develop resilience; and live, work, learn, and participate in the community.

Research shows that giving written educational materials to practitioners alone does not change practice (Hyde, Falls, Morris, & Schoenwald, 2003). The EBP KITs, therefore, include materials in various formats for a wide array of stakeholder groups. The KITs are primarily geared toward five critical groups of stakeholders:

- Public mental health authorities;
- Agency administrators and program leaders;
- Supervisors and direct service practitioners;
- Consumers of mental health services; and
- Family members and other supporters.

The KITs present materials in different formats, such as the following:

- Slides for a PowerPoint presentation;
- Brochures;
- DVDs and CD-ROMs;
- Practice workbooks and exercises; and
- Program guidelines.

If you manage the implementation process—and if you are administratively responsible for developing and managing the EBP program—you should read this entire KIT and be prepared to disseminate KIT materials to the appropriate people.

While all stakeholders are welcome to read the entire KIT, we realize that many will not have the time to do so. For this reason, we targeted specific materials to particular stakeholder groups.

On page 5, *This KIT at a Glance* shows you the variety of educational tools within this KIT. The booklets were not intended to be read sequentially, but rather to be used by different stakeholders as resources throughout the implementation process.



A word about terms we use

People from various backgrounds and perspectives developed these materials. During development, it became evident that many different terms describe the key stakeholders. For clarity and consistency, in most instances we used common terms to identify these groups; however, in some situations, we use more precise or alternative terms.

Here are some notes about some of the terms we use in the Consumer-Operated Services KIT:

- **Consumers:** We most frequently use consumer or peer in the EBP KITs. Consumers and peers are people who use or have used professional mental health services. Some KITs may target people who are not yet using mental health services and, therefore, may refer to *people who have experienced psychiatric symptoms*.
- **Consumer-operated service:** A support program which is administratively fully controlled by consumers and run on self-help principles.
- **Family and other supporters:** Recognizing that many consumers have key supporters who are not family members, we often use *family and other supporters*.
- **EBP program leader:** The agency staff person who is trying to put the EBP into practice. We use this term instead of *program supervisor, operations director, program manager, or program administrator* because it clarifies the fact that this person's job is to manage the EBP implementation process with the support of the agency administration.
- **Public mental health authorities:** People who determine the regulations and funding structures of the public mental health system. We recognize that evidence-based practices may also be implemented and overseen in the private sector. (*Authorities here do not refer to specific people, but rather to the agencies themselves.*)

This KIT at a glance

Getting Started With Evidence-Based Practices for agency administrators, EBP program leaders, and mental health authorities	Building Consumer-Operated Services for mental health authorities, agency administrators and leaders	Training in Consumer-Operated Services for staff, members, and volunteers	Evaluating Consumer-Operated Services for members of quality assurance team members
<ul style="list-style-type: none"> ■ Implementing EBPs ■ About cultural competence <p><i>Getting Started with Evidence-Based Practices</i> gives you essential general information for implementing EBPs and tells you how to develop culturally competent services. It covers common initial tasks and activities in implementing EBPs, including:</p> <ul style="list-style-type: none"> ■ Consensus-building; ■ Integrating EBP principles into agency policies and procedures; and ■ Developing an EBP training and evaluation structure. <p>Regarding cultural competence, in addition to background information and guidance, a comprehensive list of resources is provided.</p>	<ul style="list-style-type: none"> ■ Tips for public mental health authorities ■ Implementation tips for leaders of consumer-operated services <p><i>Building Your Program</i> offers suggestions on how mental health authorities may support developing and implementing consumer-operated service programs. It also gives tips to help leaders of consumer-operated services develop and sustain their programs, including information about the following:</p> <ul style="list-style-type: none"> ■ Staffing; ■ Developing policies and procedures; ■ Understanding consumer-operated services revenue sources and budgeting; and ■ Developing a training structure. 	<ul style="list-style-type: none"> ■ Training orientation ■ Overview of peer-support practices ■ Specific knowledge and skills <p><i>Training in Consumer-Operated Services</i> is a workbook especially for developing people's skills in providing consumer-operated services. It covers the nuts and bolts and includes information about the following:</p> <ul style="list-style-type: none"> ■ Leadership; ■ Environment; ■ Belief systems; ■ Peer Support; ■ Education; and ■ Advocacy. 	<ul style="list-style-type: none"> ■ Process measures specific to consumer-operated services ■ How to conduct process and outcome evaluations <p><i>Evaluating Your Program</i> gives you general information about developing a quality assurance system for a consumer-operated service and integrating specific process and outcomes measures into a quality assurance system.</p> <p>It also tells you how to conduct process assessments and outcomes monitoring and includes tips on how to use process and outcomes data to improve the program.</p>
Using Multimedia to Introduce Consumer-Operated Services for all stakeholders			The Evidence for all stakeholders
<p><i>Using Multimedia to Introduce Consumer-Operated Services</i> presents introductory materials to explain the foundational principles of consumer-operated services and how they help consumers and families. Examples include introductory DVDs, sample brochures, and introductory PowerPoint presentations. Use them during in-service training meetings or for community presentations to cover the following:</p> <ul style="list-style-type: none"> ■ Background information; ■ The practice philosophy and values of consumer-operated services; and ■ The basic rationale for core components of consumer-operated services. <p>Anyone knowledgeable about consumer-operated services (including program leaders, staff, and advisory group members) should be able to use these tools to educate other stakeholder groups.</p>			<p>Any reference cited in this KIT can be found in this booklet.</p> <p>This section introduces all stakeholders to the evidence that supports consumer-operated services.</p> <p>Citations throughout the KIT refer readers to this section for more information on a variety of topics.</p>



