



# NORTH CAROLINA COUNCIL OF COMMUNITY PROGRAMS

<p><u>Status of Council Action:</u> <i>Developed by Clinical Services &amp; Support Workgroup</i> <i>6/15/07: Endorsed by Area Directors Forum</i> <i>11/16/07: Approved by Council Board of Directors</i> <i>12/12/07: Adopted by Council Membership</i></p>
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## **Position Statement: Evidence-Based Practices**

### **Council Position**

The NC Council recognizes that substantial clinical research indicates that evidence-based practices offer the promise of the most effective results and the most positive outcomes for consumers in all disability areas. The Council urges the statewide implementation of evidence-based practices and supports the development of policy and infrastructure at the state and local levels as well as the funding necessary to ensure that these practices are made widely-available to the citizens of North Carolina and are maintained to fidelity. It is the position of The Council that evidence-based practices promote and enact positive changes within the system of care that reflect a continued commitment to providing the highest-quality and most effective mental health, developmental disability and substance abuse services possible.

### **Background Information and Historical Perspective**

- Evidence-based practices have objective measures showing improved life outcomes for consumers when they are offered with fidelity to the treatment model.

- Evidence-based practices support consumer empowerment and recovery and are based on the premise that the consumer is often the best person to guide which services will support recovery.
- North Carolina mental health reform legislation called for the use of practices that are promising and science-based.
- Subsequent national studies, including those conducted by the Institute of Medicine and the President's New Freedom Commission on Mental Health, have highlighted the poor implementation of evidence-based practices and called for national effort to improve access for consumers. The U.S. Substance Abuse and Mental Health Services Administration is working with the Centers for Medicare and Medicaid Services to develop policies to foster greater national implementation.
- Implementation of evidence-based practices requires organizational infrastructure at the State, LME and provider levels that includes training, marketing and promotion, financing, fidelity reviews, outcomes data collection and analysis, authorization protocols and provider recruitment and contracting.

### **Council Recommendations**

- It is important that the State clearly identify which evidence-based practices it recognizes and supports within each disability areas.
- Comprehensive training on evidence-based practice models must be more widely-available and affordable to providers, consumers and families, and other appropriate audiences. It is also important that these training opportunities extend to staff of Value Options and LMEs.
  - Funding must be identified and allocated to assist in the research, start-up and timely implementation of evidence-based practices in the community.
- Funding must be identified and allocated to incentivize local providers to offer evidence-based practices meeting fidelity standards.
- Teams of experts within both the public and private sectors should be created to provide intensive, long-term and on-site technical assistance to LMEs in the development of evidence-based practice infrastructure.
- Teams of experts within both the public and private sectors should be created to provide intensive, long-term, and on-site assistance to providers in the implementation of evidence-based practices in their organizations.
- Similar consultation and support should be made readily available to providers using the "Center of Excellence" model to share technical assistance in the development of local infrastructure.

- A mechanism should be established to allow LME Care Coordinators and Utilization Management staff to have access to information and data managed by Value Options to enable them to better identify locally-available evidence-based practices of potential value to consumers.
- The State should identify service authorization packages to support fidelity to the evidence-based practice model.
- State-level capacity should be established to offer independent fidelity review to providers at low or no cost.
- LME access to data to facilitate the analysis of specific evidence-based practice outcomes such as NC-TOPPS should be improved, expanded, and timely.