

## ***Cross-cutting Issue 6: Identifying, Promoting, and Implementing the Use of Research, Evidence-Based Programs and Best Practices and the Connection Between the Mental Health System and Universities.***

### *Rationale*

Michigan has placed a high priority on implementing evidence-based practices. The 1999 Surgeon General's report shows an imperative need to develop "innovative strategies" to bridge the gap "between what is known from research and what is practiced." More recently the President's New Freedom Commission on Mental Health said that the mental health care system "needs dramatic reform because it is incapable of efficiently delivering and financing effective treatments, such as medications, psychotherapies, and other services that have taken decades to develop."

### *Scope of Issue and Options*

Michigan's public mental health system needs to identify, promote, disseminate, implement and operationalize the use of research and evidenced-based practices. One state has already passed legislation mandating evidenced-based practices for its publicly funded programs. Evidenced-based practice (EBP) includes program practices and models identified as evidence based by credible organizations, other best and evidence-based practices and models, emerging best practices and models, and exemplary service delivery systems. Beyond the mere identification of existing research and EBP, the public mental health system must promote research, development, and assessment of promising and innovate practices and models, especially those in Michigan. Further, all current care and treatment programs and services supported with public funds in Michigan should be assessed and evaluated as to the level of evidence and/or scientific support. Wider dissemination of EBP to all stakeholders will improve quality of care.

The public mental health system must engage researchers, evaluators, and those involved in developing programs and practices in public/private partnerships to help identify EBP and to help assess the implementation and delivery of care and services models to develop best practices. The public mental health system must cooperatively tap the resources of this state's excellent academic institutions for the public/private partnerships. These partnerships will also help develop continual quality improvement practices that involve participatory (involvement of all stakeholders, including providers and consumers) assessment, evaluation, data collection and feedback, training, and technology. These partnerships should help implement and operationalize the results from these assessments in a manner that is not burdensome to providers and consumers. Partnerships include partnerships at the Community Mental Health (CMH) level (i.e., University of Michigan–Washtenaw County Health Organization) as well as at the state level.

The public mental health system needs state-of-the-art information technology in order to implement and operationalize EBP. Integrated medical record systems are necessary for the assessment, evaluation, and data collection that will produce continual quality improvement systems. State-of-the-art technology is itself an EBP and facilitates both integrated physical and mental health care and information sharing across physical

boundaries between facilities, and maximizes efficiencies while improving accuracy. As CMHs explore the use of state of the art technology, the State will need to coordinate information systems across the state to ensure compatibility.

The public mental health system will need to rebuild its infrastructure to implement EBP. Additional resources and personnel at the state level will be necessary to effectively manage the public/private partnership, supervise the implementation of best practices and help apply state-of-the-art information technology to the public mental health care system.