



**NASMHPD/NRI SURVEY OF
STATE MENTAL HEALTH AGENCY
COMMISSIONERS/DIRECTORS
ON STATE NEEDS RELATED TO
EVIDENCE-BASED PRACTICES
IMPLEMENTATION**

**Preliminary Draft Results Based on Responses from
49 States, the District of Columbia and 2 Territories.**

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Question 1:

Is implementation of EBPs a high priority for your state? (N=52)

Total number of States responding (52 of 55)	Percentage:	Number:
Yes – Currently	86.5%	45
Yes – not currently, but as a long term objective	11.5%	6
No	2%	1

Question 2:

What are the 3 most important needs that must be met for your state to move forward with an EBP agenda? (Or advance its current agenda?)

	#	%
Funds / Money issues	29	16.4%
Training other than staff	22	12.4%
Infrastructure / Implementation / Integration	21	11.9%
Consensus Building / Buy-In	15	8.5%
Personnel / Staff issues	14	7.9%
Outcome Measures / Fidelity Measures	12	6.8%
Technical Support/TA	10	5.6%
Distinction of EBP's / EBP vs other practices	7	4%
Knowledge sharing / Dissemination	7	4%
Misc.	6	3.4%
Planning / Budgeting Plans/Models	6	3.4%
Statewide network/Interagency agreements/Collaboration with stakeholders	6	3.4%
Training of staff	5	2.8%
Incentives	4	2.3%
Administrative Support / Issues	3	1.7%
Rural Areas Concerns and Issues	3	1.7%
Reimbursement / Medicaid Issues	3	1.7%
Cultural Concerns	2	1.1%
Time Issues	2	1.1%
Total	177	100%

Note: Some responses are counted towards more than one category.

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Question 3:

What are the 3 most important barriers to statewide implementation of EBPs in your state?

	#	%
Funds / Money issues	40	21.1%
Personnel / Staff issues	28	14.7%
Training other than staff	17	8.9%
Consensus Building / Buy-In	14	7.4%
Provider Resistance	10	5.3%
Distinction of EBP's / EBP vs other practices	8	4.2%
Infrastructure / Implementation / Integration	8	4.2%
Administrative Support / Issues	7	3.7%
Rural Areas	7	3.7%
Knowledge sharing / Dissemination	6	3.2%
Misc.	6	3.2%
System/Regulatory issues	6	3.2%
Training of staff	6	3.2%
Outcome Measures / Fidelity Measures	5	2.6%
Statewide network / Collaboration with stakeholders	5	2.6%
Technical Support/TA	4	2.1%
Time Issues	4	2.1%
Cultural Concerns	3	1.6%
Incentives	3	1.6%
Reimbursement / Medicaid Issues	3	1.6%
Total	190	100%

Note: Some responses are counted towards more than one category.

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Question 4:

To address these needs, which of the following areas (which were previously identified by Commissioners as high priority areas) would you rate as helping you the most through technical assistance or collaboration with other states? (N=52, Total Answers=159)

	#	%
Consensus-building with stakeholders, funders, other agencies, etc	28	17.6%
Planning/ budgeting models for EBPs	37	23.3%
Readiness assessment	12	7.5%
Program implementation models for rural areas	25	15.7%
Children's EBPs	13	8.2%
Fidelity measurement/monitoring	21	13.2%
Networking opportunities	3	1.9%
Implementation of specific EBPs (see 4.8 below)	13	8.2%
Other Areas (see 4.9 on next page)	7	4.4%

Question 4-8: Implementation of Specific EBPs:

	#	%
Co-occurring Disorder / Dual Diagnosis (MH and SA)	7	18.4%
Assertive Community Treatment	6	15.8%
Medication Algorithms	5	13.2%
Supported Employment	4	10.5%
Multi-Systemic Therapy	3	7.9%
Planning/Budget models	3	7.9%
Dual Diagnosis	2	5.3%
Family Psychoeducation	2	5.3%
Illness Self-Management	2	5.3%
School Based	2	5.3%
Collaborative Networks	1	2.6%
Cultural Competency	1	2.6%
Total	38	100%

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Question 5:

Which of the following mechanisms would be most useful for your state to help carry out these activities? Check 3 High Priority (N=149)

	%	#
Direct (on-site) TA to state	69.2%	36
Availability of research materials and states' experiences on a web-site	46.2%	24
Collaborative networks involving states working on similar priorities or problems	51.9%	27
Institutes/workshops	21.2%	11
Periodic newsletters	3.8%	2
Evaluation of results for specific EBPs	46.2%	24
Training/TA focused on specific topics (for specific responses see below)	40.4%	21
Additional mechanisms (for specific responses see next page)	7.7%	4

Question 5: Specific Topics for Training/TA:

	#	%
Planning/Budget models	3	12%
Assertive Community Treatment	2	8%
Co-occurring Disorder / Dual Diagnosis (MH and SA)	2	8%
Medication Algorithms/Management	2	8%
Supported Employment	2	8%
Adherence to treatment	1	4%
Case management	1	4%
Cross-system collaboration	1	4%
Developing new EBPs	1	4%
Direct TA	1	4%
Grant writing	1	4%
Housing	1	4%
MIS	1	4%
Motivation	1	4%
Peer Provided Services	1	4%
Proven toolkits	1	4%
Recovery	1	4%
Reimbursement	1	4%
Training methods and models	1	4%
Total	25	100%

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Question 5: *Additional Mechanisms:*

	#	%
Analysis/Evaluations of specific practice (including non-EBPs)	5	42%
Misc.	4	33%
Focused TA/Onsite Mentoring	3	25%
Total	12	58%

Question 6:

How viable is it for your state to contribute to a state-federal partnership to develop resources to move forward with and EBP agenda over the next year? (N=52)

	%	#	\$
Can contribute \$5,000 to move forward with a broad-based EBP implementation agenda.	23.1%	12	\$60,000
Can contribute \$5,000 to collaborate on specific priorities and needs identified by my state.	19.2%	10	\$45,000
Can contribute less than \$5,000. (One state said it could contribute \$2,000)	1.9%	1	\$2,000
Cannot contribute any amount currently.	55.8%	29	\$0

One state answered that it needs more information before it can make a decision.

One state assumed that this meant a Federal match, in kind contributions (i.e. working with other states) are possible.

Question 7:

Do you feel that you have adequate information on the current EBP-related projects supported at the national and state levels? (N=52)

50% Yes

If No, list all the ways you would like to receive such information:

	#	%
E-mail	16	21%
Web Site	15	19%
Publications	12	15%
Mail	7	9%
Workshops	7	9%
Toolkits	6	8%
Conference calls	4	5%
Networks	4	5%
Technical Assistance	4	5%
Conferences	2	3%
Regional meeting	1	1%
Total	76	100%

Note: Some responses are counted towards more than one category.