

Results of a Survey on Priorities for a National Initiative on Evidence-based Mental Health Practices for Older Persons

Conducted by Dartmouth University (2004) for the
NASMHPD Older Persons Division, EBP Workgroup

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Methods

- Telephone, mail, email?
- Sent to State Mental Health Directors of 50 states?
- When?
- Defined EBP as including evidence-based, value-based, and promising/emerging practices

Results

32 responses from AK, AL, CA, CO, CT, DE, DC, GA, HI, IL, IN, KY, KS, LA, MA, MD, MO, NC, NE, NH, NJ, NM, OH, OK, OR, PA, RI, TN, VA, VT, WI, WV.

By Region:

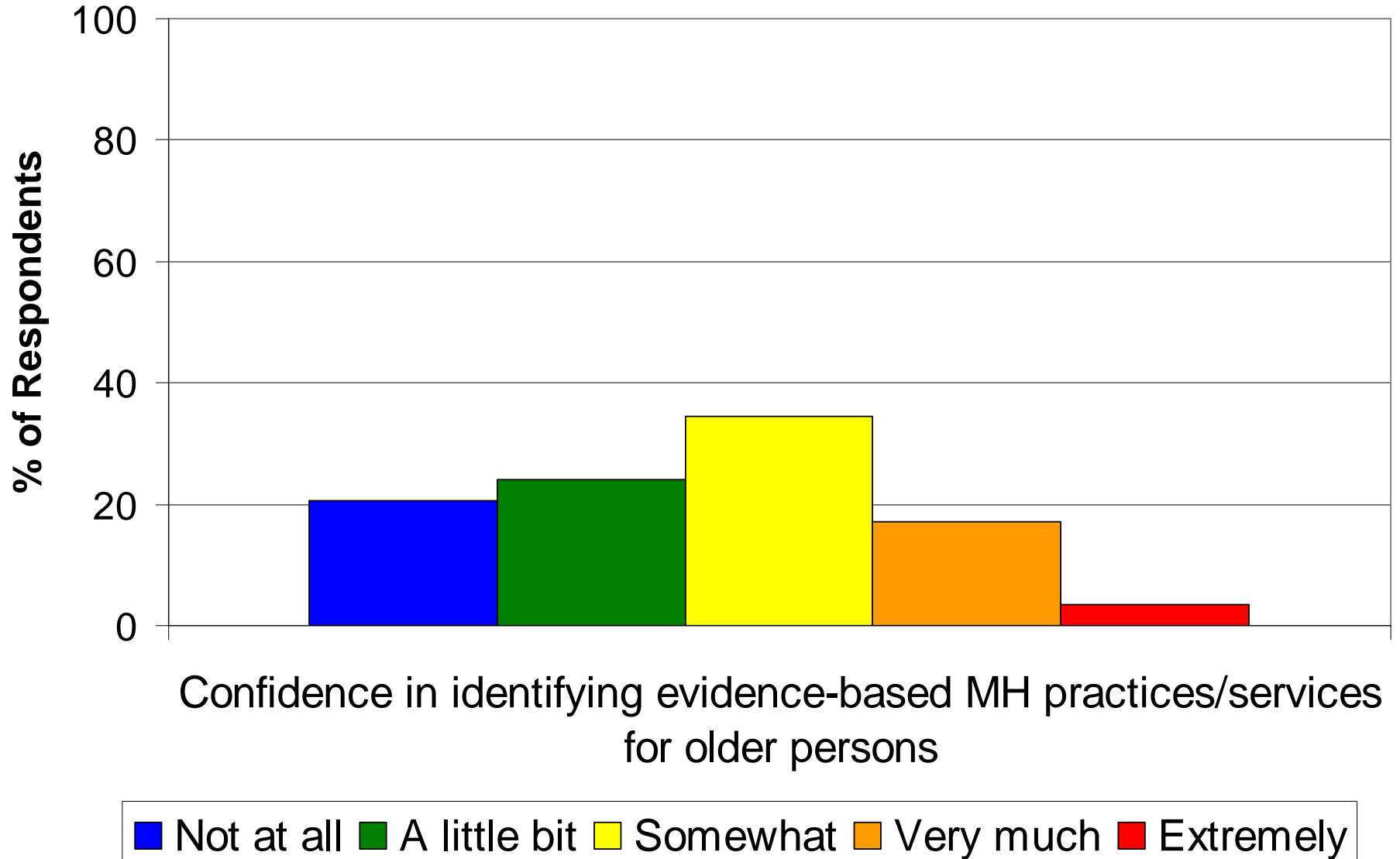
Northeast – 10 states

South – 8 states

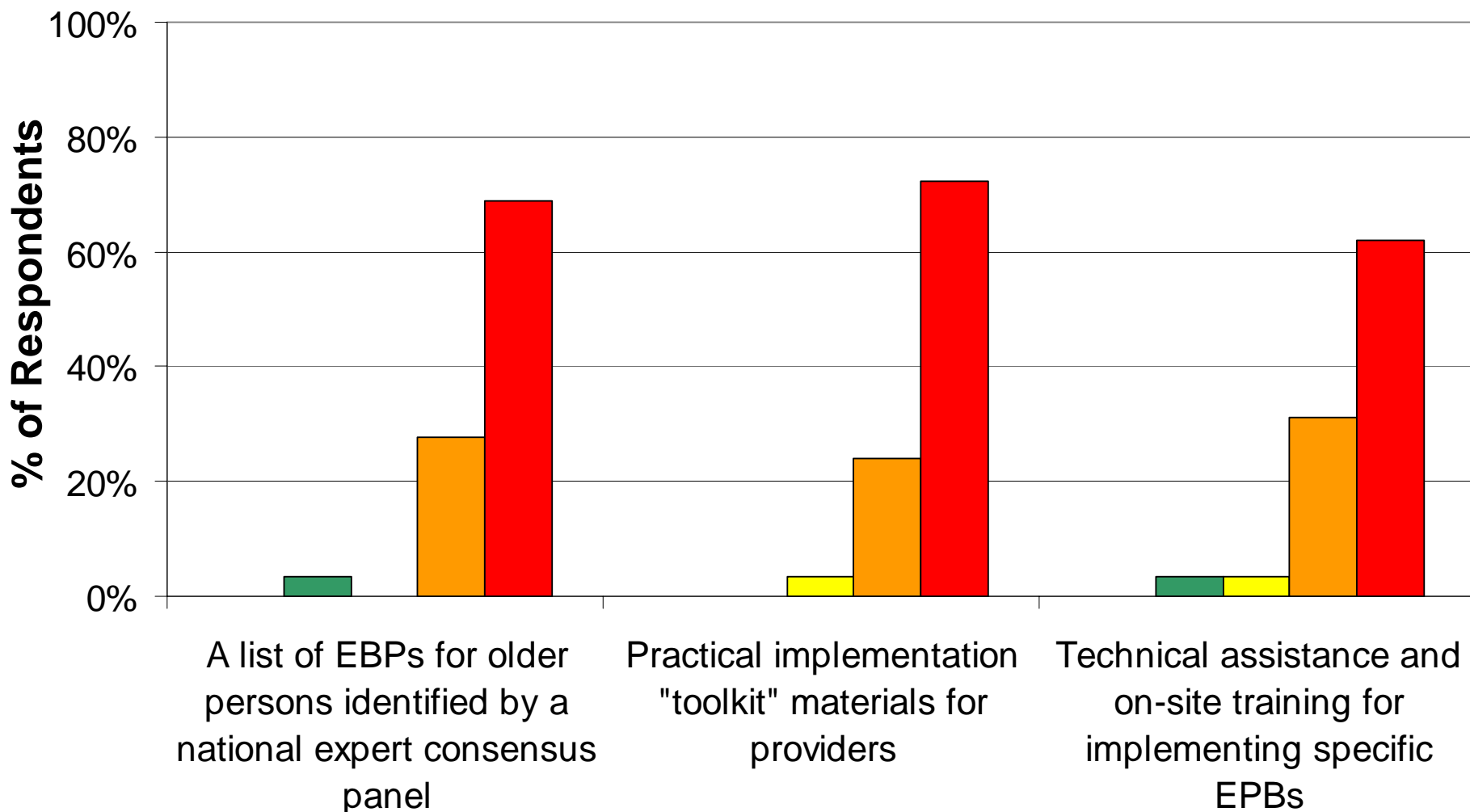
Midwest – 7 states

West – 7 states

Confidence in Identifying EBPs for Older Adults



How helpful would the following be?



■ Not at all ■ A little bit ■ Somewhat ■ Very much ■ Extremely

5a. Clinical Topic Areas where EBP Knowledge Would be Helpful to Your State

- Responses Given
 - Co-Occurring (18)
 - Disease Specific Treatment (18)
 - Community Outreach (12)
 - Geropsychiatry/Medication (11)
 - Specialty Service Needs (11)
 - Prevention (6)
 - Setting-Based Services (4)
 - Training (4)
 - Housing/Housing Alternatives (3)
 - Intake/Emergency Services (3)
 - Caregiver (1)
 - Need-Based Services (1)
 - Peer and Daily Living (1)

5a. Clinical Topic Areas where EBP Knowledge Would be Helpful to Your State

- Co-occurring (18)
 - Co-occurring SA/MH (9)
 - e.g. Dual diagnosis; integrated services
 - Primary Care/Medical Condition (7)
 - e.g. Somatic/psychiatric dual diagnosis; integrated services; treatment of chronic conditions
 - Co-occurring (2)
 - e.g. MI/SA; MI/developmental disability; MI/medical conditions

5a. Clinical Topic Areas where EBP Knowledge Would be Helpful to Your State, Cont'd...

- Disease Specific Treatment (18)
 - Depression (7)
 - e.g. Outreach/prevention/treatment strategies
 - Therapy Services (6)
 - e.g. Anxiety disorder; brief therapy; counseling interventions & strategies
 - Dementia Services (3)
 - e.g. Screening & intervention; dementia with behavioral disturbances and treatment of end-stage dementia; MI/dementia
 - Diagnosis & Assessment (2)
 - e.g. Differential diagnosis

5a. Clinical Topic Areas where EBP Knowledge Would be Helpful to Your State, cont'd...

■ Community Outreach (12)

■ ACT (4)

- e.g. ACT teams for older adults with MI/SA; PACT

■ Community Outreach Services (4)

- e.g. Outreach services and integrated service models with senior services

■ Home/Community Services (4)

- e.g. In-home, mobile and public psychiatric services

5a. Clinical Topic Areas where EBP Knowledge Would be Helpful to Your State, Cont'd...

- Geropsychiatry/Medication (11)
 - Medication (7)
 - e.g. Algorithms; initiatives; management; psychotropic medication
 - Medication misuse (3)
 - e.g. Prevention strategies; pharmacological management
 - Geropsychiatry (1)
 - e.g. Pharmacology geriatric medicine

5a. Clinical Topic Areas where EBP Knowledge Would be Helpful to Your State, cont'd...

- Specialty Service Needs (11)
 - Services (9)
 - e.g. Continuity; consumer engagement; integration; transitioning long-term care; community services; increased community-living tenure; support systems
 - Programs (1)
 - e.g. Day programs
 - Stigma (1)
 - e.g. The reduction of stigma

5a. Clinical Topic Areas where EBP Knowledge Would be Helpful to Your State, cont'd...

- Prevention (6)
 - Suicide Prevention (4)
 - e.g. Increased awareness
 - Prevention (2)
- Setting Based Services (4)
 - NF & other settings (4)
 - e.g. Effective MH interventions; PASARR; psychiatric services; services for non-mental health facilities

5a. Clinical Topic Areas where EBP Knowledge Would be Helpful to Your State, cont'd...

- Training (4)
 - e.g. Curricula for all mental health treatment providers; diagnostic instruments and approaches to assess mental, AODA, Cognitive and functional status
- Housing/Housing Alternatives (3)
 - Housing Alternatives (2)
 - e.g. In-place initiatives; residential options/services for those who do not meet nursing-level of care but are unable to live independently
 - Housing (1)

5a. Clinical Topic Areas where EBP Knowledge Would be Helpful to Your State, cont'd...

- Intake/Emergency Services (3)
 - e.g. Assaults; emergency screening, evaluation & referral; outreach services
- Service Population (2)
 - Chronic mental illness
- Caregiver (1)
 - e.g. Informal support by network interventions such as families, neighbors & apartment managers
- Need Based Services (1)
 - e.g. Falls
- Peer & Daily Living (1)
 - e.g. Peer support & counseling programs

5a. Clinical Topic Areas where EBP Knowledge Would be Helpful to Your State, cont'd...

- Need Based Services (1)
 - e.g. Falls
- Peer & Daily Living (1)
 - e.g. Peer support & counseling programs

5b. Clinical Topic Areas as Identified by Older Adults that Would be Helpful to Your State

- Responses
 - Co-Occurring (12)
 - Disease Specific Treatment (12)
 - Specialty Service Needs (10)
 - Community Outreach (7)
 - Geropsychiatry/Medication (6)
 - Peer & Daily Living (6)
 - Caregiver (5)
 - Training (5)
 - Housing/Housing Alternatives (4)
 - Need Based Services (4)
 - Prevention (3)
 - Intake/Emergency Services (2)
 - Setting Based Services (2)
 - Other (1)

5b. Clinical Topic Areas as Identified by Older Adults that Would be Helpful to Your State

- Co-occurring (12)
 - Co-occurring SA/MH (6)
 - e.g. Dual diagnosis; long-term support through employee assistance; training; substance abuse screening and treatment
 - Primary Care/Medical Condition (5)
 - e.g. Somatic/psychiatric dual diagnosis; integrated services; staff behavioral health professionals in primary care/outpatient settings
 - Co-occurring (1)
 - e.g. Co-morbidity issues (SA, physical health)

5b. Clinical Topic Areas as Identified by Older Adults that Would be Helpful to Your State

- Disease Specific Treatment (12)
 - Depression (4)
 - e.g. Assessment; screening; intervention; suicide; early diagnosis
 - Dementia Services (3)
 - e.g. Assessment; screening; intervention
 - Diagnosis & Assessment (3)
 - e.g. Differential diagnosis; evaluation of functional behavior
 - Therapy Services (2)
 - e.g. Promotion of brief interventions; trauma-related issues inc. those brought on by seclusion and restraint

5b. Clinical Topic Areas as Identified by Older Adults that Would be Helpful to Your State, cont'd...

- Specialty Service Needs (10)
 - Stigma (4)
 - e.g. Reduction of stigma
 - Financing (2)
 - e.g. Funding and program design for specialized geriatric community-based residential services (other than nursing homes)
 - Program (2)
 - e.g. Collaboration – older adult wraparound; strategies to achieve community integration
 - Services (2)
 - e.g. Develop statewide systems of care; community services

5b. Clinical Topic Areas as Identified by Older Adults that Would be Helpful to Your State, cont'd...

- Community Outreach (7)
 - Home/Community Services (5)
 - e.g. Access in rural areas; in-home therapy; outreach
 - Community Outreach Services (2)
 - e.g. To increase community-living tenure
- Geropsychiatry/Medication (6)
 - Medication (4)
 - e.g. Impact of long-term use of psychotropic medications; side effects including weight gain, diabetes, doubled sensorium & gait disturbance; efficacy and funding of medications
 - Geropsychiatry (2)
 - e.g. Pharmacology geriatric medicine

5b. Clinical Topic Areas as Identified by Older Adults that Would be Helpful to Your State, cont'd...

- Peer and Daily Living (6)
 - e.g. Emphasis on recovery and meaningful activities; connection with community treatment; younger work; consumer movement; peer support groups and activities; peer counseling; social isolation – lack of meaning and purposeful activity
- Caregiver (5)
 - e.g. Stress; support; interventions by family and caregiver; support for grandparents who act as guardians of children whose parents are terminally ill, incarcerated, mentally ill or are substance abusers; establish in the framework of child welfare reform
- Training (5)
 - e.g. To build awareness of financial entitlements & social support services; identify and prevent inappropriate medication use (possibly in partnership with pharmacies)

5b. Clinical Topic Areas as Identified by Older Adults that Would be Helpful to Your State, cont'd...

- Housing/Housing Alternatives (4)
 - Assisted Living (2)
 - Housing (1)
 - Housing Alternatives (1)
 - e.g. Community residences with the capacity and authority to deal with medical problems such as diabetes, hypertension, special diets, etc...
- Need-Based Services (4)
 - e.g. End of life care; feeding tubes; guardianship abuse and neglect

5b. Clinical Topic Areas as Identified by Older Adults that Would be Helpful to Your State, cont'd...

- Prevention (3)
 - Suicide Prevention (2)
 - Prevention (1)
- Intake/Emergency Services(2)
 - e.g. screening; evaluation; referral; gatekeeper programs
- Setting-Based Services (2)
 - NF & Other Settings (2)
 - e.g. Restraint-free institutions; specialized mental health long-term nursing care and education
- Other (1)
 - e.g. Assessing the impact of complications of meta-analysis timing, intensity, duration, location and type of treatment modality

6. Descriptions of EBP/Promising Emerging Practice/Values-Based Practice, Programs or Projects in Your State

■ Responses

- Services (12)
- Other (10)
- Outreach (10)
- Collaboration (9)
- Consumer-Focused Care (6)
- Long-Term Care (6)
- Integrated Care (4)
- Protective Services (4)
- Caregivers (2)

6. Descriptions of EBP/Promising Emerging Practice/Values-Based Practice, Programs or Projects in Your State

- Services (12)
 - Wrap-Around (2)
 - Family Psychoeducation (2)
 - e.g. Integration
 - Alcohol Abuse Program (1)
 - Community-Based Care (1)
 - e.g. Older adults service committee, under the umbrella of the state association of CMHCs
 - CSP Focused on Recovery (1)
 - e.g. Elderly CSP based on recovery – Marathon Co.
 - ECT (1)
 - Medication Algorithm (1)
 - e.g. TMAP
 - OBTP Evaluation (1)
 - e.g. Promising/outcome based treatment planning
 - REAP (1)
 - Supported Employment (1)
 - e.g. Integration

6. Descriptions of EBP/Promising Emerging Practice/Values-Based Practice, Programs or Projects in Your State, Cont'd...

■ Other (10)

■ Other (9)

- Dementia Education Training (DETA Program)
- Fuqua Center for Late-Life Depression (Emory University)
- Geriatric Specialty Teams
- LA County Genesis Program
- Multidisciplinary Team
- Nevada Geriatric Education Center
- New Jersey University-based Programs (2 examples) that focus on mental illness and/or dementia in later life. State funded.
- Statewide Mental Health and Aging Conference

■ Health Care Management (1)

6. Descriptions of EBP/Promising Emerging Practice/Values-Based Practice, Programs or Projects in Your State, Cont'd...

- Outreach (10)
 - ACT (2)
 - e.g. Focus on both behavioral and somatic health; integration
 - Home-based Care (2)
 - e.g. Brief interventions; mobile outreach; provide support via infrastructure of the aging system
 - For Substance-Using Elderly (1)
 - Gatekeeper (1)
 - Outreach Team (1)
 - e.g. Division of Mental Health & Developmental Services Outreach Program
 - PATCH (1)
- Collaboration (9)
 - Aging & Mental Health (6)
 - e.g. Partnerships; Co-location of Staff; Annual State Conferences; Systems Integration Task Force; Aging Coalition
 - Caregivers & Mental Health (1)
 - e.g. Grant Collaboration
 - Geropsych Specialist Position (1)
 - e.g. Funded for Systems Integration, Education, Training & Consultation
 - Mental Health & Substance Abuse (1)
 - e.g. Statewide Collaboration
- Consumer-Focused Care (6)
 - Peer Counseling (2)
 - Strength-Based Care (2)
 - e.g. Recovery focus; case management
 - Residential Programs (1)
 - e.g. Focus on Consumer Choice Models for Community Living
 - Consumer-Run Organizations (1)

6. Descriptions of EBP/Promising Emerging Practice/Values-Based Practice, Programs or Projects in Your State, Cont'd...

- Collaboration (9)
 - Aging & Mental Health (6)
 - e.g. Partnerships; Co-location of Staff; Annual State Conferences; Systems Integration Task Force; Aging Coalition
 - Caregivers & Mental Health (1)
 - e.g. Grant Collaboration
 - Geropsych Specialist Position (1)
 - e.g. Funded for Systems Integration, Education, Training & Consultation
 - Mental Health & Substance Abuse (1)
 - e.g. Statewide Collaboration
- Consumer-Focused Care (6)
 - Peer Counseling (2)
 - Strength-Based Care (2)
 - e.g. Recovery focus; case management
 - Residential Programs (1)
 - e.g. Focus on Consumer Choice Models for Community Living
 - Consumer-Run Organizations (1)

6. Descriptions of EBP/Promising Emerging Practice/Values-Based Practice, Programs or Projects in Your State, Cont'd...

- Long-Term Care (6)
 - PACE (2)
 - e.g. CCO/CCE; feasibility studies
 - PASRR Referral Process (2)
 - e.g. Collaborative practice; follow-up
 - Skilled Assisted Living Facilities (1)
 - Other (1)
 - e.g. Nursing home transition initiative
- Integrated Care (4)
 - Mental Health & Substance Abuse (3)
 - e.g. EBP; co-occurring disorders
 - Medical & Mental Health (1)

6. Descriptions of EBP/Promising Emerging Practice/Values-Based Practice, Programs or Projects in Your State, cont'd...

- Protective Services (4)
 - Other (2)
 - e.g. Brief service unit/Protective Services (Milwaukee County Department on Aging)
 - e.g. Division for Aging Elder Protective Services and CHIP services
 - Elders at Risk (1)
 - e.g. Collaboration between Department of Aging and Office of Mental Health on evaluation
 - Nursing Home Abuse (1)
 - e.g. Collaboration between Department of Health and Nursing Facility Regulation; PASRR referral Process
- Caregivers (2)
 - Respite (1)
 - Support Groups (1)

7. Behavioral Health Outcome Monitoring & QI Initiatives for Older Persons Served by Your State Agency

■ Responses:

■ Outcome Monitoring:

- Outcomes (19)
- PASRR (4)

■ Quality Improvement

- Programs (4)
- Other (4)
- Data Management Systems (2)
- Training (2)

7. Behavioral Health Outcome Monitoring & QI Initiatives for Older Persons Served by Your State Agency

■ Outcome Monitoring

■ Outcomes (19)

■ Service Use (6)

- e.g. Acute care hospitalizations & long-term hospitalization admission & discharges; community tenure; monitor wait list times; penetration rates by age groups, including those served through Medicaid managed care mental health benefits; division of mental health for the state of Colorado is monitoring the number of older adults with SPMI and the numbers seen by psychiatrists; NAPIS hours and number of clients served

■ Symptoms (3)

- e.g. Pre and post geriatric depression scales (at intake and at 3 months); SA; symptom management

■ Functioning (3)

- e.g. Adult Daily Living Skills; Falls; MHSIP

7. Behavioral Health Outcome Monitoring & QI Initiatives for Older Persons Served by Your State Agency, Cont'd...

- Outcome Monitoring (23), Cont'd...
 - Outcomes (19), Cont'd...
 - Multiple (2)
 - e.g. Program-specific (primarily quantitative) number of elders served identified by age, race, referral sources, number of times hospitalized, length of stays; number of suicides, client satisfaction surveys, number SPMI, and number seen by a psychiatrist; assessment of nutrition and demographics
 - Homeless (1)
 - e.g. Outcome data on 186 participants, 59 years and older enrolled in the AB 2034 Program, Homeless mentally ill program
 - Medical (1)
 - e.g. Urinary tract infection
 - Program Specific (1)
 - e.g. Comprehensive application to all programs and services operated and/or funded by DMH. There are no separate QI processes specifically designed for elders receiving mental health services
 - Quality (1)
 - e.g. Colorado DMH
 - Satisfaction (1)

7. Behavioral Health Outcome Monitoring & QI Initiatives for Older Persons Served by Your State Agency, Cont'd...

■ Outcome Monitoring (23), Cont'd...

■ PASRR (4)

- For NF diversion, and in concert with the Department of Health and Senior Services staff (conducting the Level I Screen), the DMHS PASRR coordinator promotes and expedites NF alternatives where placements are available and appropriate
- PASRR II annual (basic demographics, diagnoses of individuals evaluated, specialized services determinations)
- The follow-up of PASRR NF residents described above
- SMHA coordinates the Level II Screening Process for PASRR where serious mental illness is present or suspected – regardless of the client's age

7. Behavioral Health Outcome Monitoring & QI Initiatives for Older Persons Served by Your State Agency, Cont'd...

■ Quality Improvement Initiatives (12)

■ Programs (4)

- CSAs monitor specific programs that service older adults
- Monitor the GeroPsy Specialist Initiative
- Psychosocial Day Programming

■ Other (4)

- In process through “outcome measurement system.” MHA plans to pilot this project.
- NC in midst of MH reform and outcome monitoring is being developed
- Geropsychiatric workgroup has been studying the service system
- Long-term care ombudsman

7. Behavioral Health Outcome Monitoring & QI Initiatives for Older Persons Served by Your State Agency, Cont'd...

- Quality Improvement Initiatives (12), Cont'd...
 - Data Management Systems (2)
 - AIMS for SMI consumers
 - Single CMHC data collection from mental health & aging consumers
 - Training (2)
 - Semi-annual training conferences for CMHC older adult and PASRR staff
 - Consultation and TA provided by the SMHA

8. Description of Dissemination Strategies to Improve the use of EBPs for Older Persons in Your State

- Responses:
 - Conference (12)
 - Other (10)
 - Workgroup (8)
 - Training (6)
 - Materials (5)
 - Contract (3)
 - Multi-faceted (3)
 - Collaboration (2)
 - System (2)
 - Funding (1)

8. Description of Dissemination Strategies to Improve the use of EBPs for Older Persons in Your State

- Conference (12)
 - Annual Conference of Association of CMHCs
 - Annual Statewide Conference
 - Department Coordinator of Aging & Long-Term Care presents workshops across the state on mental health and substance abuse topics to aging network
 - Sponsor mental health and aging tracks at conferences and workshops
 - DETA Conference and Training Program
 - Discussion and presentations at aging conferences on psychopharmacology and the elderly
 - “NJ Partners” planning a state-wide conference on “Depression, Substance Abuse and Suicide in Later Life: Do They Have to Happen?”
 - Web Conferences

8. Description of Dissemination Strategies to Improve the use of EBPs for Older Persons in Your State

■ Other (10)

- Coordination of care and non-client case consultation
- ACT team; Division of SA/MH in association with the Division of Aging promoting community awareness
- EBPs are program/service specific, therefore there are no current activities underway specifically for elders
- Limited
- Office of Consumer Affairs working to engage advocacy by persons in recovery
- Pilots
- Regional discussions to gauge interest and assistance with TA
- System integration task force

8. Description of Dissemination Strategies to Improve the use of EBPs for Older Persons in Your State, Cont'd...

- Workgroup (6)
 - CMHDA Older Adult System of Care Committee
 - Colorado to organize a workgroup to develop EBP dissemination and implementation strategies
 - Council of advocates & providers advising the state
 - Input from members of the community, stakeholders, providers and other interested entities to develop a plan
 - Funding needed for implementation
- Training (6)
 - Network training; annual mental health training; collaborative established within the bureau for behavioral health facilities with one of the goals identifying & disseminating EBP information for all disability groups and target populations

8. Description of Dissemination Strategies to Improve the use of EBPs for Older Persons in Your State, Cont'd...

- Materials (5)
 - Information guide on aging and mental health
 - Market geropsychiatry case consultation and targeted resource materials on MI, SA, multimediations, interrelatedness of illness, conditions to assist clinician and case managers with complex cases of older persons with MH/SA disorders
 - Dissemination of materials to area agencies on aging, county care management coordinators, service providers for Medicaid Waiver and other long-term care programs, providers of state-funded programs, Alzheimer's day services and congregate housing services
 - Organizational structure that encourages dissemination from area directors to regional directors to clinical managers
 - Work closely with all certified mental health agencies

8. Description of Dissemination Strategies to Improve the use of EBPs for Older Persons in Your State, Cont'd...

■ Contract (3)

- NJ Division of Mental Health Services contracts with universities for mental health emergency screener certification and nursing facility training in behavioral and psycho-pharmacological assessment and care and PASRR

■ Multifaceted (3)

- Aging network conference/training, TA visits, web-based training, community forum, newsletters, videos, statewide conferences

8. Description of Dissemination Strategies to Improve the use of EBPs for Older Persons in Your State, Cont'd...

- Collaboration (2)
 - Collaboration with division of Aging Services to consider the needs of older persons
 - Collaboration with Geriatric Education Center
- System (2)
 - Area Agency on Aging
 - CMHC system
- Funding (1)
 - To promote integrated care and wellness groups

9. Identify how likely your state would be interested in the following behavioral health service initiatives specific to older persons served by your agency?

Initiative	N	Mean
Integration of MH & Aging Services	31	4.23
Integrated MH/SA services	31	4.19
Medication algorithms	32	4.03
MH Services in primary care	31	3.94
Community geriatric outreach teams/PACT	32	3.91
Illness Mgmt. and Recovery	31	3.87
MH services in NF/assisted living	31	3.85
Brief alcohol intervention. for older persons	32	3.84
Wraparound/integration with adult MH services	32	3.75
Stigma reduction	31	3.74

Initiative	N	Mean
Family/caregiver MH supportive services	32	3.72
Peer support	31	3.68
PASRR initiatives	30	3.68
Co morbidity/MH coordination with primary care	32	3.62
Behavioral health prevention services	32	3.53
Cognitive therapy (CBT, IPT, PST)	31	3.29
Coordination with in-pt. services	31	3.26
Case id/Gatekeeper	31	3.16
Behavioral psychotherapy	31	2.90
Rehab/supported employment	31	2.90

RATING: 5-point scale ranging from 1 = Not at all , to 5=Extremely).

NOTE: No significant regional differences found in ratings

10. Identify how likely further practice development in the following areas would improve your state's ability to serve the needs of older persons. (5 point scale from 1 = Not at all , to 5=Extremely).

Initiatives	N	Mean
Funding/financing	32	4.62
Dissemination of older adult EBP	32	4.31
MH & Aging Coalition practices	31	3.94
Medication management/coordination	32	3.91
Screening and linkage to treatment	32	3.84
Outcome/evaluation practices	32	3.78
Co morbid medical conditions	32	3.66
Engagement techniques	32	3.59
MH & Guardianship re: abuse/neglect	32	3.59
Housing assistance	32	3.53
Community integration/development	32	3.50

Initiatives	N	Mean
Transportation assistance	32	3.41
Quality improvement initiatives	32	3.41
Late life/late onset MI	32	3.41
Public/private partnership	32	3.34
Emergency services	32	3.34
Ethnicity/culture	31	3.32
Geriatric inpatient services	32	3.13
Health promotion	32	2.94
Rehabilitation activities	32	2.87
Volunteer services	32	2.78

NOTE: Borderline to significant regional differences were found in ratings of:

- Community integration & development
- Medication management & coordination
- Late life/late onset MI

(where Western region rated much lower than all other regions)

11. What Should be Done to Most Effectively Promote EBPs for Older Persons?

- Responses:
 - Education/Training (17)
 - Dissemination (10)
 - Funding (9)
 - Collaboration (6)
 - Other (6)
 - Create Position (2)
 - Outcome Data (2)
 - Toolkits (2)

11. What Should be Done to Most Effectively Promote EBPs for Older Persons? Cont'd...

- Education/Training (17)
 - Create training/increased awareness modules for utilization in all states
 - Educate providers, older adults consumers, advocates and professionals
 - Enhance clinician competencies
 - Establish workshop CE series with national experts
 - Include in curriculum in university clinical social work classes
 - Onsite TA
 - Statewide conferences and training
- Dissemination (10)
 - The importance of older adult treatment initiatives; grant opportunities; EBP info; value-based and promising practices; national initiatives

11. What Should be Done to Most Effectively Promote EBPs for Older Persons?

- Funding (9)
 - Additional block grant money; resources based on justification; financial incentives for expanding older adult EBPs and quality improvement monitoring; Medicaid to reimburse for defined EBPs
- Collaboration (6)
 - Develop partnerships involving Human Services and Health & Senior Services at the state-level
 - Engage older adult advocacy groups
 - Gain the attention of government entities who monitor aging programs
 - Create mechanism that identifies other states that have implemented EBPs
 - Use of existing communication structure

11. What Should be Done to Most Effectively Promote EBPs for Older Persons? Cont'd

- Other (6)
 - Caregiver information
 - Have differing policies for EBP vs. value-based vs. emerging practices
 - Identify and define EBPs
 - Major push from SAMHSA & NIMH
 - Pilot Programs
 - Prepare information on EBPs in a service and system friendly manner for effective utilization by administrators, project directors and clinical line staff

11. What Should be Done to Most Effectively Promote EBPs for Older Persons? Cont'd...

- Create Position (2)
 - Each SMHA should have a minimum of one full-time person assigned to identify and promote older adult services
- Outcome Data (2)
 - Gather and disseminate data that supports positive outcomes; use existing data
- Toolkits (2)