



How to Use the KITs

Supported Education

A Promising Practice



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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How to Use the KITs

The Knowledge Informing Transformation (KIT) series, 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 resources to implement mental health practices that work.

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

How to Use the 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. *Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series* (2006); 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 effective practices in real settings. This Knowledge Informing Transformation (KIT) series incorporates state-of-the-art research to help mental health agencies implement evidence-based practices (EBPs) or clinical and administrative practices found to consistently produce specific, intended results. Similarly, promising practices are clinical and administrative practices that have demonstrated some results and show promise of an evolving evidence base. By standardizing the implementation of promising practices, SAMHSA hopes to promote further research.

Supported Education is the first in SAMHSA's series of Promising Practices. Current evidence indicates that Supported Education has demonstrated results and warrants additional research to validate and expand existing knowledge. This KIT provides information to standardize this practice and promote its further development and evaluation. For more information including questions that are key to building the current evidence base see *The Evidence* in this KIT.

While many mental health 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 evidence-based and promising practices.

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 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 in multiple research studies.

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.

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 KITs their strength and vitality.

Developing additional Evidence-Based Practices and Promising Practices KITs is one of several SAMHSA activities focused on encouraging effective practices in mental health. Other KITs include:

- Permanent Supportive Housing;
- Consumer-Operated Services;
- Treatment of Depression in Older Adults;
- Interventions for Disruptive Behavior Disorders; and
- Promoting Mental Health and Preventing Mental, Emotional, and Behavioral Disorders Among Children and Adolescents.

Visit <http://store.samhsa.gov> to access the KITs.

Widespread adoption of effective practice interventions is at the center of SAMHSA's mission to improve service and is a major part 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 practice principles, beliefs, and values that guide the following:

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

KITs outline the essential components of each evidence-based or promising practice and provide suggestions collected from those who have successfully implemented them. These materials are based on professionals' experience of how to develop new programs within mental health systems and agencies.

Two philosophical tenets steer these KITs:

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

Mental health 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 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;
- Practitioners;
- Consumers; and
- Family members and other supporters.

The KITs present materials in different formats, including the following:

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

If you are administratively and clinically responsible for developing and managing the evidence-based or promising practices 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, *Each KIT at a Glance* shows you the variety of educational tools within each KIT. The booklets were not intended to be read sequentially, but rather to be used by different stakeholders as resources throughout the planning and 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 notes about some of the terms we use:

- **Consumers:** We most frequently use *consumer* in the KITs. Consumers are people who are living with serious mental illnesses and who use 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*.
- **Family and other supporters:** Recognizing that many consumers have key supporters who are not family members, we often use *family and other supporters*.
- **Practitioners:** *Practitioner* means the person who delivers mental health services. This term is used instead of *clinician, case manager, nurse, therapist, etc.*, except when referring to a specific kind of role (for example, the education specialist in the *Supported Education KIT*).
- **Prescribers:** *Prescriber* refers to staff who prescribe medications such as psychiatrists or other staff who have prescribing rights.
- **EBP leader or program leader:** *Program leader* refers to the agency staff person who oversees the 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 implementation process with the support of the agency's administration.
- **Public mental health authorities:** Government agencies that determine the regulations and funding structures of the public mental health system. We recognize that evidence-based and promising practices may also be implemented and overseen in the private sector.

Each KIT at a glance

<p>Getting Started with Evidence-Based and Promising Practices for agency administrators, program leaders, and mental health authorities</p> <ul style="list-style-type: none"> ■ Implementing evidence-based and promising practices ■ About cultural competence <p><i>Getting Started With Evidence-Based and Promising Practices</i> gives you essential general information for implementing effective practices and tells you how to develop culturally competent services.</p> <p>It covers common initial tasks and activities including the following:</p> <ul style="list-style-type: none"> ■ Consensus-building; ■ Integrating practice principles into agency's policies and procedures; and ■ Developing training and evaluation structures. <p>Using Multimedia to Introduce Your Promising Practice</p>	<p>Building Your Program for agency administrators, program leaders, and mental health authorities</p> <ul style="list-style-type: none"> ■ Implementation tips for agency administrators and program leaders ■ Tips for public mental health authorities <p><i>Building Your Program</i> offers suggestions on how mental health authorities may support implementation. It also gives tips to help agency staff develop the program, including information about the following:</p> <ul style="list-style-type: none"> ■ Staffing; ■ Developing policies and procedures; ■ Understanding revenue sources and budgeting; and ■ Developing a training structure. 	<p>Training Frontline Staff for practitioners</p> <ul style="list-style-type: none"> ■ Overview of the practice ■ Practitioners' knowledge and skills <p><i>Training Frontline Staff</i>, a workbook especially for practitioners, covers the nuts and bolts of delivering services. These materials assume that staff are trained and experienced in working with people with serious mental illnesses. General information about working with people with serious mental illnesses is not included.</p>	<p>Evaluating Your Program for quality assurance team members</p> <ul style="list-style-type: none"> ■ Process and outcome measures ■ How to conduct process and outcome assessments <p><i>Evaluating Your Program</i> gives you general information about developing a quality assurance system and for integrating process and outcome measures into a quality assurance system.</p> <p>It also tells you how to conduct process assessments and outcomes monitoring. Tips on how to use process and outcomes data to improve the program are included.</p> <p>The Evidence</p>
<p><i>Using Multimedia to Introduce Your Promising Practice</i> presents introductory materials to explain the practice and how it helps consumers and families. Examples include sample brochures and introductory PowerPoint presentations, that are on the CD-ROM in the KITs. Brochures are available in both English and Spanish. Use them during inservice training meetings or for community presentations to cover the following:</p> <ul style="list-style-type: none"> ■ Background information; ■ The practice principles and values; and ■ The basic rationale for service components. <p>Anyone trained in the promising practice (including program leaders, staff, and advisory group members) should be able to use these tools to educate other stakeholder groups.</p>			<p>This section introduces all stakeholders to the evidence that supports the promising practice.</p> <p>Any reference cited in the KIT can be found in this booklet.</p>



