

CCBHC Expansion Grant Implementation Science Pilot

Purpose:

The Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with the National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health (NIMH), is launching an evidence-based practice implementation science initiative to further the knowledge base on successful adoption, implementation, and sustainment of Evidence-Based Practices (EBPs) in community behavioral health clinics. The goals of this initiative are to:

- 1) Utilize implementation science research to support the adoption, fidelity, and sustainability of selected evidence-based practices in community-based settings that provide mental health and substance use disorder care.
- 2) Support the removal of barriers and promotion of facilitating factors related to the implementation and sustainability of selected evidence-based practices.
- 3) Support SAMHSA-funded Certified Community Behavioral Health Clinic (CCBHC) grantees through practical guidance on implementing evidence-based treatments in public sector clinics.

The anticipated outcomes include 1) enhanced ability to implement evidence-based treatments by SAMHSA-funded CCBHC grantees and; 2) the development of a replicable and scalable model that can be used by grantees to support the needs assessment and EBP requirements included in the CCBHC Certification Criteria

(https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf).

Population of Focus: The population of focus is individuals with complex behavioral and physical health needs, who also have psychosocial and cultural factors and/or complexities precipitating and propagating health, mental health, and substance use concerns.

Background: Why Implementation Science?

Implementation science is defined as “the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services.” (Eccles MP & Mittman BS, 2006, as cited in Bauer et al, 2015).

Evidence-based/evidence-informed treatments exist for many mental health and substance use disorders and populations; however, many practices and clinics are unable to implement the full array of evidence-based and evidence-informed treatments that would best meet the needs of the people they serve. Failure to implement these treatments results from various barriers, including lack of information, access, training, or cost.

Implementation science is a fundamental, foundational way to begin to address both what makes it difficult to give our patients the care they need as well as what has worked for our patients and how to continue to strengthen and support those factors. Implementation science is one major way to fill the research-to-practice gap for our patients and help them receive the most applicable, up to date, and beneficial treatments.

Please see this article for a fuller description of implementation science examples that relate to direct patient and program outcomes, models, research trial designs, real-world implementation

study examples, and other important information:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4573926>.

Who can participate?

In 2022, SAMHSA issued two Notices of Funding Opportunity (<https://www.samhsa.gov/grants/grant-announcements/sm-22-002> and <https://www.samhsa.gov/grants/grant-announcements/sm-22-012>) to expand the Certified Community Behavioral Health Clinic-Expansion program and fund up to 312 additional CCBHC awardees nationwide. Awardees from the SAMHSA Notices of Funding Opportunity (NOFO) SM-22-002 for CCBHC–Planning Development and Implementation (CCBHC–PDI) and SM-22-012 for CCBHC–Improvement and Advancement (CCBHC–IA) will receive \$1 million per year for up to 4 years to establish new or advance and improve existing CCBHCs.

Under the allowable activities, applicants can propose to engage in (and dedicate a portion of their budgets to) activities that would assist with the implementation of and adherence to appropriate evidence-based treatments and practices for individuals with complex behavioral and physical health needs.

The Project

Following grant award, the SAMHSA-funded CCBHC-E National Technical Assistance and Training Center (CCBHC-E NTTAC) and SAMHSA will work with grant recipients to ensure they have every opportunity to partner and brainstorm project ideas with a researcher. SAMHSA, NIDA, and NIMH recognize that effective research-practice partnerships are crucial for identifying salient research questions and developing and testing realistic, adoptable, scalable, and sustainable implementation strategies that promote continuously improving mental health and substance use disorder care. To be competitive, CCBHC–PDI and CCBHC–IA grant recipients must partner with researchers, such as researchers applying for NIMH and NIDA implementation science proposals, however a research partnership with NIMH- and NIDA- funded researchers is *not necessary* to participate in the pilot. (For more information, see the NIMH/NIDA Notice of Special Interest [NOSI]: *Research using implementation science to support the delivery of evidence-based practices in community-based mental or general medical healthcare settings* at <https://grants.nih.gov/grants/guide/notice-files/NOT-MH-22-170.html>.)

Throughout the project period, grant recipients will be expected to engage with the CCBHC-E NTTAC (<https://www.thenationalcouncil.org/ccbhc-e-nttac/>). Areas of TTA support include:

- 1) Information from a literature review that will identify best practices and evidence-based/evidence-informed treatments for various categories of psychiatric disorders, strategies to address gaps in the delivery and knowledge of available practices, including implementation science models, and adaptations that may be needed for various populations.
- 2) Needs assessment and informal discussions early in the project to better understand barriers and facilitators to implementing EBPs and evidence-informed practices.
- 3) Ongoing technical assistance with their grant implementation science projects.

Applicants for the SAMHSA Certified Community Behavioral Health Clinic Notices of Funding Opportunity (NOFOs), SM-22-002 and SM-22-012, who are interested in

participating should review the allowable activities in the NOFOs. To download or view the full NOFOs please see SAMHSA website at: <https://www.samhsa.gov/grants/grant-announcements-2022>.

Examples of high priority projects include but are not limited to the following (see <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4573926> for additional information about real-world examples that may fit into the below categories):

- Projects that test/compare sustainable staff training and supervision approaches (e.g., technology-assisted training, expert telephone consultation) that can be used to train providers to initial competence, to monitor intervention quality, and to promote sustained fidelity in the delivery of research-supported services, across a range of clinical modalities, including telehealth, for people with mental illness and/or substance use disorders.
- Projects that use Type 3 hybrid effectiveness-implementation trial designs to test the effectiveness of implementation strategies and measure clinical outcomes for prevention, treatment, or services interventions with strong extant evidence of effectiveness (e.g., interventions recommended in a clinical practice guideline).
- Projects that use Type 2 hybrid effectiveness-implementation trial designs to simultaneously test the effectiveness of (a) implementation strategies and (b) promising prevention, treatment, or services interventions with some empirical support, but lacking sufficient evidence for inclusion in clinical practice guidelines.
- Projects focused on refining and testing scalable research-supported preventive and therapeutic intervention approaches that incorporate features explicitly designed to prevent threats to implementation fidelity, including approaches that incorporated consumer-facing technology (e.g., digitally assisted, self-administered interventions) and provider-facing technology (e.g., technology to support providers in delivery of core content of EBPs).
- Projects focused on refining and testing the utility of measurement-based care tools (e.g., paper-pencil questionnaires, mobile health technology, telephone monitoring), that can be used to assist providers and empower patients to track their progress.
- Projects that optimize interventions and implementation approaches by testing implementation strategies and their alignment with school programs, medical facilities (e.g., primary care, emergency departments), the criminal justice system and/or employment settings for people with mental illness, substance use disorders, and/or other co-occurring conditions.

- Projects that seek to streamline evidence-based service delivery interventions for people with mental illness, substance use disorder (e.g., opioid use disorder), and/or other medical or behavioral health needs to improve adoption, scalability, affordability, and sustainability.
- Projects that seek to adapt established EBPs to improve care for populations served by CCBHCs, including challenges related to social determinants of health (e.g., housing or food insecurities or involvement with the criminal justice or child welfare systems). Consistent with the NIMH experimental therapeutics paradigm (<https://www.nimh.nih.gov/about/director/messages/2017/an-experimental-therapeutic-approach-to-psychosocial-interventions>), projects that seek to adapt established EBPs should only be undertaken if there is (a) an empirical rationale for the adaptation, (b) a clear hypothesis and plan to address the mechanism by which the adapted EBP will enhance outcomes, and (c) evidence to suggest that the adapted intervention will result in a substantial improvement outcomes.
- Studies that test strategies that can be used to reduce health disparities and advance equity in mental health or substance use disorder interventions, services, and outcomes for racial and ethnic minority groups, individuals limited by language or cultural barriers, sexual and gender minorities, individuals living in rural areas, socioeconomically disadvantaged persons and other underserved groups.
- Projects that seek to understand circumstances and test strategies to stop or reduce (i.e., “de-implement”) the use of interventions that are ineffective, unproven, low-value, or harmful in efforts to demonstrably free up resources and then implement a high-value EBP.

References:

Bauer, M. S., Damschroder, L., Hagedorn, H., Smith, J., & Kilbourne, A. M. (2015). An introduction to implementation science for the non-specialist. *BMC psychology*, 3(1), 32. <https://doi.org/10.1186/s40359-015-0089-9>

Eccles MP, Mittman BS. Welcome to implementation science. *ImplementationSci.* 2006;1:1. doi: 10.1186/1748-5908-1-1.