

May 3, 2005

Evidence Based Practices: Adoption & Implementation Workgroup Minutes

In Attendance:

Kathleen Burns, Dianne Duerscheidt, Darcy Edwards, Robert Drake Ewbank ,Patty Frazien, Susan Harris, Clifford Hartman, Peg Jennette, Chris Johnson, Belinda Marier, Mary McBride, Catherine McDonald, Jacqueline Novet, John Porter, Teresa Posner, Kathy Savicki, Susan Schloss, Kathy Tomlin, Ann Uhler and Beverly Wright

On Phone: Maurine Nash and Pat Risser.

Review of minutes

EVIDENCE-BASED PRACTICES SURVEY DISCUSSION:

The surveys have been returned and the preliminary report is positive.

There were comments that the survey focuses on practices that treat people with severe and persistent mental health conditions. The group would like to see an increase in the practices listed that are used to treat those with lesser mental health issues. The plan is to continue to build a comprehensive list of evidence-based practices.

EVIDENCE-BASED PRACTICES SURVEY RECOMMENDATIONS

- ❖ Ask for stakeholder input prior to next survey.

EVIDENCE-BASED PRACTICES APPROVED TREATMENTS DISCUSSION

The field needs to work together to build a list of evidence-based practices. The statute says 25% of expenditures must be spent on evidence-based practices. The question remains, how do we connect the dollars to services provided? OMHAS will continue to work on methods to determine how the dollars will be distributed.

The Evidence-Based Practice Selection & Validation workgroup has not finalized the process for stakeholders to submit practices for consideration as an addition to the list of accepted evidence-based practices. They are considering changes to the definition to be more inclusive of prevention practices.

There needs to be a process to remove a practice from the evidence-based practice list if further research shows it may be harmful to clients/customers.

The state needs to be a clearinghouse for the practices others are using as evidence-based practices.

EVIDENCE-BASED PRACTICES APPROVED TREATMENTS RECOMENDATIONS

- ❖ Keep the evidence-based practice list open for expansion.
- ❖ Carefully consider how do we regulate and review each practice.
- ❖ Are narrative cautionary notes for evidence-based practices needed? (Example: Matrix does not fit needle user groups but is considered an option for methamphetamine treatment.)
- ❖ Develop a process to accept prevention practices as an evidence-based practice.
- ❖ Bob Miller will work with the Selection & Validation Workgroup to finalize the process for providers to apply to have a practice approved.
- ❖ Develop a process for consideration of removal of a practice. A position paper needs to be drafted for EBP steering committee review.
- ❖ Stakeholder quality improvement process group needs to be developed.
- ❖ Develop a form for evidence-based practice consideration for the web with links to relevant information.
- ❖ Develop a list of practices that are not evidence-based practices and list Have rejected (“harmful/not acceptable”) practices on the OMHAS web page. (i.e. - poly pharmacy)

DRAFT OF OMHAS FIDELITY POSITION PAPER DISCUSSION:

If OMHAS is going to require fidelity measures and scales there needs to be a review and a standard. Many of the current rules will need to be removed and a new way to rate agencies on organizational competence (GOI) will need to be placed into practice. We have been using rules to develop a minimum standard.

If agencies are using EBPs but not using fidelity measures, is the agency using evidence-based practices?

DRAFT OF OMHAS FIDELITY POSITION PAPER: QUESTIONS

- ❖ Will OMHAS require fidelity measures on every thing? New developments?
- ❖ Will there be a general list of things for each practice that will help providers head in the right direction?
- ❖ Will there be a system fidelity scale on the web page?
- ❖ Dollars are needed to help providers learn and adopt fidelity practices.
- ❖ How do we do “fidelity” to keep our licenses?
- ❖ Who is going to assess and validate programs and their fidelity?

- ❖ How do we create some basic understanding about evidence-based practices and how to adopt them incrementally?
- ❖ How can we capture what evidence-based practices we are already doing so we know where we are currently?

DRAFT OF OMHAS FIDELITY POSITION PAPER: RECOMENDATION

*Suggestion: Summit: STRATEGIES FOR DEVELOPING FIDELITY

OREGON ADMINISTRATIVE RULES: DISCUSSION

The treatment and prevention systems need a process to help them discover if they are using evidence-based practices. A review process is needed to make a functioning organization instead of one that adheres to a minimum standard (required by OARs).

Oregon shouldn't add rules before they have cleaned up the overlap, conflicts and redundancy in the many current rules. Example: An agency may currently have 12 separate personnel rules they need to follow to be in compliance with OARs.

Some participants suggested that perhaps it is time to think of a long-term change in how we monitor programs and agencies. It may be time to license programs through other national bodies that require a demonstration of how you are accomplishing evidence-based practices that also includes staff certification and facility certification (Alaska does this). Perhaps this could be a part of the "system change" process, starting with a few volunteer programs.

OREGON ADMINISTRATIVE RULES: Recommendations and Questions

- ❖ What would it look like if we removed some of the rules?
- ❖ Reduce amount of rules for mental health providers equals more time to implement evidence-based practices Bob will take to EBP steering committee.
- ❖ Make the definitions the same.
 - Assessment, treatment plan, quality improvement, and protective services that cross populations and modalities.
 - One set of client file.
- ❖ The process needs to reflect amount of client engagement.
- ❖ Suggestion: Do an accreditation pilot.

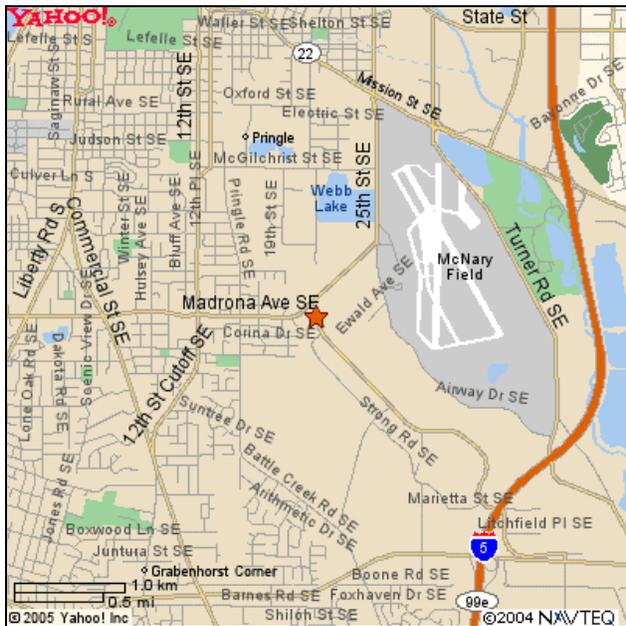
NEXT MEETING:

July 12, 2005 - 1 to 4:30pm

South Salem Seniors and People with Disabilities
3541 Fairview Industrial Dr SE
Salem 97302

Main Conference Room

If you would like to attend this meeting via phone call in at 1pm to 503-378-3313.



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