

**Office of Mental Health and Addiction Services
11-02-04**

**EVIDENCE-BASED PRACTICES ADOPTION AND IMPLEMENTATION
WORKGROUP**

SUMMARY OF DISCUSSIONS

Present: K. Anderson, D. Edwards, C. Johnson, M. Lewinsohn, L. Magnesen, B. Malek, M. McBride, C. McDonald, T. Posner, K. Savicki, R. Shelton, K. Tomlin, and A. Uhler
Staff: Bob Miller, S. Clark, and T. Burns

Handouts:

1. Agenda (attachment #1)
2. 9/28/04 Minutes (attachment #2)
3. Draft Contract Language (attachment #3)
4. Technical Assistance Ideas (attachment #4)
5. Concept paper by Bonnie Malek and Kathy Tomlin on ASAM (attachment #5)
6. Article sent by Chris Potter (attachment #6)

Handouts are also available on the OMHAS website, located at: www.dhs.state.or.us

Introductions

Agenda reviewed

Minutes reviewed and approved

• **Update on Interagency Steering Committee**

Bob Miller reported that the statewide committee was discussing the meaning of what funds were to be considered in the “count.” The discussion suggested that perhaps only the General Funds spent on clinical practice should be considered and not Other Funds such as federal block grant funds. They will meet next week to continue the discussion.

• **Update on Selection/Validation Workgroup**

Discussion raised the following concerns/comments:

1. There are limited EBPs for some populations i.e., children.
2. Fearful that practices such as brief therapy won’t meet the standard and it is effective with children responding to situational family situations.
3. Challenges to the belief that just because a child is having adjustment problems to family situations that they are actually at risk of being incarcerated or use of crisis services.

4. The unintended result of the policy may be to increase resources directed at “high use consumers” leaving limited resources for lower use consumers.
5. The impact of many concurrent change processes i.e. Children’s Initiative and SB 267 on programs and providers.
6. Hope that the client/family is the focus and that treatment is designed to meet individual needs.
7. Concern that the focus should be outcomes.
8. Don’t think there is adequate discussion of “what’s in and what’s out”.
9. Concern about “rigid” adherence to fidelity scales

- **Review of contract language**

Result of discussion was to leave the language in current draft form and send it to Gina Firman this week to distribute to CMHPs for comment.

- **Recommendations**

1. Credit should be given for establishment of process that assures implementation i.e. use of GOI or other Quality Assurance planning.
2. Credit for movement towards establishment of EBPs. Document movement. This is the process being used by DOC and the use of the CPAI.
3. Need to track outcomes and support data collection.
4. Inform providers about the percentages in the state hospitals regarding funding of clinical practice and “room and board.” Bob **Miller** to seek this information.

- **Comments on technical assistance plan (see attached draft)**

1. Seed money to colleges to provide TA to BS/BA and graduate programs.
2. Work with colleges to implement courses on EBP and how to implement them.
3. Brokering TA: supports a system approach to EBP. Probably more effective and reduces likelihood of isolated programmatic implementation. Supports regional and local view.
4. Providing TA to programs on systems change technology.
5. Very helpful if you have the capacity to support changes in clinical infrastructure
6. Train on site, broker TA.
7. Consumer/Survivors as providing training and TA.
8. Support centers of excellence.
9. Biggest issue is taking the time to be trained, takes away time to providing services, therefore is a significant cost issue. Need ways to address these concerns.
10. Use Medicaid Match.
11. Train to track outcomes.
12. Look at systems change literature like John Franz. Focus on training in change technology.
13. Like idea of “Researchers in Residence.”

14. Really like supporting education for those new to the field. College credit for those in the field now to get training.
15. Seed money to providers is a good idea.
16. Allow implementation/training time as part of percentage.
17. For identification and adoption increase support of evidence collection for good practices without existing evidence.
18. Ongoing TA most useful.
19. I wouldn't see much payoff for trying to change LCSW requirements.
20. Agency choice of EBP and strategy important.
21. Support is good, money is good, and training is good. Implementation needs encouragement and support.
22. Follow K-12 style of additional pay for training and "release" time (subs) for ongoing TA.
23. Fund through Medicaid administrative match.
24. Statewide training with regional "cadres."
25. Mutual support and peer TA.
26. Provide TA on tracking outcomes in additions to EBP fidelity.
27. All ideas are good.
28. Information from other states on best approaches?
29. Approach foundations feds for funding and support.
30. Need to teach to most broadly applicable EBPs.
31. If OMHAS has an EBP they really want implemented, then need to state that clearly, provide TA and seed money. Could be a great pilot.
32. Focus on needs or gaps in what the system is doing.
33. OMHAS needs to identify what portion of State hospital acute care is counted as clearly as the ATOD 80 clinical 20 room and board.
34. Consider the issue of integrating all change initiatives.

- **Tentative Agenda for the next meeting**

Introduction/agenda and minute review

Review of all EBP workgroups and products

Update on contract language

Review of draft TA proposal

Administrative Rules

Next meeting: December 7, 2004
 1:00 to 4:00pm
 Oregon State Lottery Building, Pacific Room
 500 Airport Rd.
 Salem OR 97301

Number to participate via conference call: 503-540-1473

Driving Directions:

From I-5 **South**, take Exit #253 OR-22. Turn left at the light and get in the right-hand lane. Proceed to third light and turn right onto Airport Road. The Lottery Building is the last building on the right before State Street.

From I-5 **North**, take Exit #253 OR-22. Turn right and stay in the right-hand lane. Proceed to third light and turn right onto Airport Road. The Lottery Building is the last building on the right before State Street.