

**Office of Mental Health and Addiction Services
12-7-2004**

**EVIDENCE-BASED PRACTICES ADOPTION AND IMPLEMENTATION
WORKGROUP
SUMMARY OF DISCUSSIONS**

Present: K Anderson, CA Baskerville, D Duerscheidt, R Fortner, D Hirt, C Johnson, L Magnuson, B Malek, M McBride, C McDonald, M Parcell, D Rush, K Savicki, J Schultz, R Shelton, A Uhler, W Urban

Staff: K Burns, S Clark, M Hlebechuk, B Miller, CJ Reid,

Handouts: Agenda, minutes, EBP FAQ, project plan, technical assistance draft plan, state hospital EBP survey results, proposed draft rule language

- Introductions completed and signature sheet distributed.
- Agenda reviewed and minutes approved.
- Bob Miller distributed a letter from Bob Nikkel appointing Bob Miller EBP Project Manager and the project plan as approved by OMHAS management.
- Gina Firman of CMHP's to attend OMHAS EBP steering Committee.
- Bob provided update on the Interagency steering committee. FAQs draft was distributed. Final will be sent to stakeholders and posted on website.
- State Hospital EBP surveys distributed and comments included concern about how they went about "estimating". Bob Miller to set up meeting with State Hospital administrators and report back to the workgroups.
- OMHAS Technical Assistance Plan was distributed.
- Responses to proposed plan as follows:
 - Looks ok, suggest 5 different modalities, suggest prevention as one, suggest OMHAS as one, have them select the EBP before they get there.
 - What about the higher education involvement?
 - Been doing agency change for years and want specific EBP training.
- **Action:**
 - Shawn to work with NFATTC to do pilot TA plan
 - Shawn to meet with Dr. Pollack and write for CSAT Conference Grant, also plan summer conference
 - Shawn to meet with OCASE to develop plan for 05-07
 - Bob Miller to meet with State hospital Administrators regarding survey data and plans
- Administrative Rules

Options:

1. Blend Mental Health Rules
2. **Establish Structural Framework for Quality Assurance (309-14000)(NOTE: Send GOI out electronically and/or post on website for reference)**
3. Eliminate rules
4. Adopt new rules
5. A combination of above

Responses:

Use Rules as a method to “nurture” the adoption of EBPs

Many rules have the same general characteristics i.e. staff qualifications, safety etc. and so those similarities could be included into a general MH rule with specific program rules listed under them like the ATOD rule.

Suggest that the new MH rule and/or ATOD rule be based on Commission on Accreditation of Rehabilitation Facilities (CARF) or Joint Commission of Accreditation of Healthcare Organizations (JCAHO)

Reminder that the law may move policy in an unplanned way i.e. may increase outcomes for clients with severe symptoms but at cost of not having resources to intervene/support those clients with less severe symptoms.

Rules should support client-selected outcomes and standards should meet the population that is being served.

Don't think increasing rules regarding certification/licensing boards would be helpful.

Most prevention specialists don't believe they need a prevention rule but some do support that as a way to move EBPs implementation forward.

Action Recommended:

- Meet to revise MH rule, include common characteristics, use other certification categories, get rid of “useless” rules, increase access to underserved populations, and combine the co-occurring treatment rules in the general rule.

(Use Drake/Museur and Minkoff work as infrastructure to build rule)

- Bob Miller and CJ Reid/Kim Brown to meet with Ginger Martin and Darcy Edwards re: Corrections program rule
- CJ Reid to meet with stakeholders workgroup to discuss Concurring rule
- A and I group to meet to begin work on Administrative rule change options

All Members invited to the Outcomes group, which will meet on January 21st, 9 to 11am at the Lottery, Pacific, and room.

Next Meeting: January 4th 1:00-4:00

Oregon State Lottery Building, Cascade Room
500 Airport Road, Salem, OR 97301