EVIDENCE BASED PRACTICES OUTCOMES & COST BENEFITS WORKGROUP

Date: 3/30/05

Attendees:
Jon Collins, OMHAS, Facilitator; Roland Migchielsen, Douglas County Mental Health; Chris Steele, Shelter Care; Mike Finigan, NPC Research; Byron Fujita, Clackamas County Mental Health; Maria Lamb, Morrison Child and Family; Serendipity Center; Belinda Marier, Serendipity Center; Jay Harris, ABHA; Kathy Savicki, MVBCN; Andrew Grover, Christie School; Teresa Posner, Multnomah County Verity; Pauline Martel, ADAPT; Bonnie Malek, Marion County CAPS

KEY DISCUSSION POINTS

UPDATE ON SURVEY

A wide variety of responses were received on the first survey. The second survey had tighter guidelines. Jon distributed a copy of the second survey to demonstrate types of information requested.

Initial number crunching shows:

Substance Abuse services – 39 % EBP, 28% with fidelity.

MH services – 28 % EBP, 9.4% with fidelity.

Overall, excluding prevention – 29% EBP, 12% with fidelity.

No prevention numbers are available yet; expect draft report in a couple weeks. Final information will be available on website.

The value of the survey results will be how well people think they are doing on EBP.

Cost calculation is to be determined. The plan is to use the consistently occurring practices and methodologies to calculate costs. Rough estimate is what we are looking for at this time.

UPDATE ON COST EFFECTIVENESS

HSRI consulting agency is developing a program that estimates cost effectiveness of different Mental Health practices. DHS can be a pilot site on project; they will be working with community services people.

DHS concentrated on higher end services, e.g. people leaving the state hospital or other services. More information will be forthcoming as available. Probably getting started this summer.

There is a possibility of having presentations to community partners about the project when it gets going.

Some clarification needs to be obtained on how, when, or whether a report will be made to Legislature on how SB267 will be implemented.

UPDATE ON LAST MEETING.

Issue to be addressed: how to report/track on use of EBP. Want as unobtrusive reporting system as possible to show what already has been implemented and is being implemented.

Current forms used to report prevention services in Oregon are being reviewed for how they are used, such as internally, surveys, or boilerplate forms with basic information and ability to add narrative. Looking for a standard reporting method that can be used by all programs and that can be consistently applied regardless of the funding source.

Need to develop tracking system for outcomes. Jon envisions tracking numbers, cost, and fidelity of practices reported.

A question was raised on how to track without baseline information. Jon said such information is available now through several available databases. Need to determine what information will be used for baselines.

A question was raised on what to do with practices that are not necessarily EBP, but are effective and affect outcomes, such as in treating trauma.

EBP OUTCOME REPORTING

Reports on fidelity: Are there any other practices that should be included in reporting besides the four categories mentioned? What barriers exist?

Practices need to be defined clearly enough to have measurement capabilities.

Questions included: What about prevention services? What about follow up? There are inconsistencies as to who is using which practices.

If a practice is implemented, everything about the practice should be tracked.

Other questions to consider: What has been lost? What other activities might be affecting the outcome?

Other barriers to reporting numbers, costs, etc. might include:
Caseload increases due to the time required for reporting, the need for simplicity in reporting and the lack of staff qualified to do data collection and reporting, as well as increased demands on shrinking resources.

Brevity of some treatment can be a barrier to assessing outcomes.

A question was raised as to why data can't be collected from CPMS. The problem is it is too antiquated a system with limited storage.

We are looking to collect data that can be reasonably reported with the systems that are available.

Jon will try to get something concrete re reporting for the next meeting.
Provide information about what data can be reported using DHS/OMHAS current data collection systems.

SYSTEM OUTCOMES

Discussion regarding what kinds of things should be tracked at the core, and what at upper levels to see how the system is working.

Those things that reduce the need for emergency services mental health treatment and hospitalization and reduce recidivism in criminal activity related to mental health or alcohol and drug issues are what should be considered.

It is important to have a common language across all systems where possible.

Is data available to track people/services in corrections systems? *Yes.*

Core data on service impact to report:

- Effect of A/D treatment on foster care, employment, and health care costs;
- Prior history of treatment
- Intersections between mental health and medical care costs
- Outcomes that are applicable to other subgroups, e.g. children's mental health
- Domains/processes being used with kids' tracking; matching practice level outcomes
- Usable data that providers can use to improve services and identify highest profile clients and what makes them high profile.
- How to put together a picture of the folks that are in the system; develop profiles of various types of clients, e.g. drug seekers, chronically ill, and compare subsets with statewide types and impact on systems. Determine costs to state in terms of medical care, juvenile justice, etc.
- Mentally healthy: housing, employment, less reliance on mental health systems
- Costs without treatment vs. receiving treatment and getting healthier.
- Use of system resources by high user groups

Suggestion to focus on the two main requirements of SB267 and how to report out on those outcomes
Prepare a written summary of the suggestions and how to implement them.
(Jon Collins - Next meeting)

CLOSING COMMENTS

It's important not to get too wrapped up in legislative requests but go beyond and discuss more recovery issues

Methodology for reporting may come out of practices over the next few years.

Data elements available in hospital
Determine types of information available in OMHAS databases and what other information is available elsewhere that can be used. *(Jon Collins - Next meeting)*

NEXT MEETING

Schedule regular meeting date - Last Wednesday of the month. (Jon & Dixie)
Next meetings will all be at the same location:

April 27, 2005 – 1 to 4:30pm
West Salem
Oak Hills Mall / Division of Child Support
1495 Edgewater NW Salem, OR 97304
Umpqua Room (1st floor, past stairway on the right almost to the back doors)
Telephone conference: 503-378-3333

May 25, 2005 – 1 to 4:30pm
West Salem
Oak Hills Mall / Division of Child Support
1495 Edgewater NW Salem, OR 97304
Umpqua Room (1st floor, past stairway on the right almost to the back doors)
Telephone conference: 503-378-3333

June 29, 2005 – 1 to 4:30pm
West Salem
Oak Hills Mall / Division of Child Support
1495 Edgewater NW Salem, OR 97304
Umpqua Room (1st floor, past stairway on the right almost to the back doors)
Telephone conference: 503-378-3333