

**Meeting Date: 6/29/05**

**Meeting Title: Evidence Based Practices Outcomes & Cost Benefits Workgroup**

**Attendees: Jon Collins, Facilitator, OMHAS; Bonnie Malek, Marion County CAPS; Keith Urban, Yamhill County Chemical Dependency; Kathy Savicki, MBVCN; Mark Lewinsohn, LifeWorks NW; Clifford Hartman, Linn County Mental Health; Mary McBride, Clackamas County; Erin Whitemore, Morrison; Jay Roberts, Cascadia Behavioral Health Care; Pamela Clark, OMHAS; Lynda Sloan, OMHAS**

**Handouts:**

<b>Topic</b>	<b>Key Discussion Points</b>	<b>Action/Task/Decision Log</b>	<b>Responsible Persons</b>	<b>Due Date</b>
<b>Introductions</b>	Introductions were made and handouts were distributed.			
<b>Review previous minutes</b>	Minutes were distributed by e-mail prior to the meeting.			
<b>Results of Survey</b>	Jon distributed the results of the survey re EBPs already in use and reviewed them with attendees. Jon noted that the State Hospital and acute care hospitals were not surveyed.			

<p><b>Resetting of Goals for the Group</b></p>	<p>Jon distributed a handout summarizing the primary goals of the workgroup. Jon discussed the purpose of resetting goals is to obtain information to be used for responding to Legislature and to track use of EBPs. Several desirables were noted:</p> <ul style="list-style-type: none"> <li>• We want to be able to track people falling off the OHP and provide recommendations for addressing the “cost-effective” criterion from SB 267. Cost-effective relates to EBPs, not all methods of treatment.</li> <li>• A recommendation was made to look at accessibility of certain kinds of treatment.</li> <li>• Information re relative cost per client of treatment resources is desirable.</li> <li>• Clarify level of services being discussed in discussing cost effectiveness.</li> </ul>	<p>Agreed on goals.</p>		
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<p><b>Review of proposed set of system-wide outcomes</b></p>	<p>Jon distributed and reviewed outcome measures and proposed system-wide outcomes, which are the same as Feds are proposing, i.e. national outcome measures that will be required to be reported on block grant summary reports.</p> <p>It is important to remember the distinction between Evidence Based Practices and Evidence Based Programs. Need to determine how to track people that drop off the system due to recovery. Methodologies will affect outcome statistical results. Many of methodologies are being worked out at federal level.</p>	<ul style="list-style-type: none"> <li>• Agreed that the OYA system for tracking recidivism for kids can work for bullet 1 for MH &amp; A/D and will use for a while, then come back and review again.</li> <li>• Use similar system for adults, comparing w/non-MH group. Need to refine MH treatment, e.g. excluding holds, and other diagnoses not treated.</li> </ul>		
<p><b>Review proposed form for collection of EBP data from verified providers</b></p>	<p>Jon distributed a draft form for EBP Activities Summary. Reviewed the purpose, asked the group to review it at their convenience, and encouraged feedback. OMHAS will not be “checking” on claims of use of EBPs but will require sufficient information to make a judgment that EBP use is occurring. Reporting outcomes for specific practices is necessary part of tracking EBPs.</p>	<p>Re-review form thoroughly at next meeting.</p>		

<b>Review and detail goals and products for next meeting</b>				
<b>Model for treatment for correctional institutions</b>	Deferred to next meeting			