

July 12, 2005

Evidence Based Practices: Adoption & Implementation Workgroup Minutes

In Attendance:

Kathleen Burns, Shawn Clark, Darcy Edwards, Valarie Hamby, Jay Harris, Susan Harrison, Clifford Hartman, Chuck Hemingway, Peg Jennette, Anthony Kahaly, Ron Lanergren, Larry Langdon, Bonnie Malek, Belinda Marier, Pauline Martel, Mary McBride, Bob Miller, Maureen Nash, Jacqueline Novet, Len Peavy, John Porter, Teresa Posner, C.J. Reid, Kathy Savicki, Susan Schloss, Jeanne Schulz, Ann Uhler, Keith Urban, Beverly Wright, Adrienne Young and Lucy Zammarelli.

Review of minutes

No corrections to the minutes.

The following is an update of recommendations and actions from the last meeting.

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

Issue addressed

OMHAS is in the process and has a draft comparison list of the NREP, U of W and NIDA/NIAA lists.

- ❖ Keep the evidence-based practice list open for expansion.

Issue addressed

The list will remain open

- ❖ Carefully consider how do we regulate and review each practice.

Issue addressed

There are three people for internal review and there will eventually be an external review

- ❖ Cautionary notes for evidence-based practices should be stated.

Issue addressed

The template that is in draft will have a place for cautions

- ❖ Develop a process to accept prevention practices as an evidence-based practice.

Issue addressed

The updated definition was presented to the group which now makes it possible to include more of the prevention practices.

- ❖ Bob M. will work with the S & V group to finalize the process for providers to apply to have a practice approved.

Issue addressed

The application process was approved and the form distributed and posted on the web.

- ❖ Develop a process for consideration of removal of a practice. A position paper needs to be drafted for EBP steering committee review.

Issue not yet addressed

- ❖ Stakeholder quality improvement process group needs to be formed.

Issue addressed

A “forum” group will plan an event to develop this process. (Gina Firman to chair)

- ❖ Develop a form for evidence-based practice consideration for the web with links to relevant information.

Issue addressed

The format for each approved practice will have links to relevant information.

- ❖ Develop a list of practices that are not evidence-based practices and list practices on the OMHAS web page.

Issue to be addressed

The EBPSC will send their recommendations to Bob Nikkel. A policy/procedure will be developed by the EBPSC and brought to Stakeholder group for review.

- ❖ If OMHAS is going to require fidelity measures and scales there needs to be a review and a standard. Many of the current rules may need to be removed and a method of validation needs to be implemented.

Issue to be addressed

The issue is on the EBPSC agenda for 7/26/05. A draft plan will be brought to stakeholders for review.

- ❖ Recommend an OMHAS fidelity position paper to address the following questions.

1. Will there be a general list of things for each practice?
2. Will there be a system fidelity scale on the web page?
3. Will there be money or TA to help providers learn and adopt fidelity practices?
4. How is “fidelity” related to our licenses?
5. Who is going to assess and validate programs and their fidelity?
6. How do we create some basic understanding about evidence-based practices and how to adopt them incrementally?
7. How can we capture what evidence-based practices we are already doing so we know where we are currently?

Issue to be addressed

These concerns to be addresses at the forum/summit, on going EBPSC recommendations and brought for stakeholder review.

- ❖ OARS: RECOMMENDATIONS & QUESTIONS FOLLOW;

1. What would it look like if we removed some of the rules?
2. Reduce amount of rules for mental health providers equals more time to implement evidence-based practices.
3. Make the definitions the same.
4. The process needs to reflect amount of client engagement.
5. Do an accreditation pilot.

Issue to be addressed

This will be taken to the EBPSC and recommendations will be developed for review by stakeholders.

The following are the minutes of the agenda items at the July 12th meeting.

Review of the updated definition and approved EBPs.

Recommendations:

1. Recommend that language be added to the III definition to clarify that the modifications are to be based on practices in the 1 and 2 levels.
2. Recommend that the matrix be modified to more closely match the definitions of transparency.

Issue to be addressed

Will take to EBPSC and clarify language.

Review of the provider applications process.

Recommendations:

1. Not require that every thing have to be filled out to be reviewed
2. Make it optional to have the signature of the Executive or CMHP Director.
3. Clarify "...list outcomes desired..." so that it states what appears to be important or valuable about the approach that benefits clients.

Issue to be addressed

OMHAS EBPSC will decide whether or not to review applications if not complete (as long as there is sufficient data to complete the review).

OMHAS agreed, subject to review by the EBPSC to make it optional for signature, if changed it will be posted on the web.

Ideas for expanding the list of approved EBPs.

1. Contact One Sky and the Hispanic EBP research on the SA side as well.
2. Recommend more diverse stakeholder membership or separate group.

Issue addressed

Shawn will call Dale Walker and Greta will research the web for the information regarding the Hispanic research project to increase the number of culturally specific practices.

OMHAS and stakeholders will reach out to diverse stakeholders and invite to the workgroup.

3. Consider assessment an EBP, both tools which may be research based (ASI and the DSM) and the process itself. Some estimate that as much as 30 % of clinician's time may be involved in assessment and it would help capture the time spent with clients who are evaluation only or leave AMA.

Issue to be addressed

Idea will be taken to the EBPSC for consideration. OMHAS staff will research to see if some of the "tools" meet the criteria such as the ASAM.

4. Need to make it clear to legislature that many services that are required are not per se EBPs and yet we must provide them such as crisis services, ICP, PSRB, and involuntary commitment. How do we adjust for those considerations?

Issue to be addressed

This will be discussed at both the OMHAS EBPSC and the internal EBPSC.

5. Offender treatment EBPs and assessment (LSI/CPAI) need to be added to the approved list.

Issue to be addressed

Darcy Edwards to put in an application for "Milkman/Wanberg's" EBP. OMHAS staff will continue to review practices and CJ Reid will do corrections reviews including Drug Court, family court and the Hazelden "Criminal and Addictive Thinking" manuals.

6. Suggest adopting practices from other nationally approved lists that have similar criteria. There were several comments that this was most appropriate so as to not reinvent the wheel" and to respect our colleges work.

Issue to be addressed

Discussion and review will continue at the EBPSC with recommendation to go to BN/MO.

7. Suggest that OMHAS get outside resources to speed up the list of approved and/or disapproved practices. This could include graduate students.

Issue to be addressed

Discussion and review will continue at the EBPSC with recommendation to go to BN/MO.

Suggest that Len schedule the internal S and V staff group with management support to dedicate time to complete this task.

Shawn will bring to the OCASE meeting and the WFD conference in August.

8. What place do the TIPS play in completing the list of EBPs and is OMHAS going to "toss" out that national work.

Issue to be addressed

OMHAS EBPSC to consider a review of the practices identified in the latest tips and seek information to include those practices that meet the definition.

Comments on the EBP survey summary.

1. Suggest next time that a survey not be used to gather the data but some other method.

Issue to be addressed

Review draft form for EBP Activities Summary at next meeting.

Ideas for EBP information distribution and TA provision.

1. Include in FAQ document the following; Amount only includes “clinical services”, relationships to outcomes, definitions for fidelity,
2. Include on the website information regarding fidelity tools and the development of same.
3. Add the contact information to the website for each of the approved EBPs
4. Suggest the development of a “TA hotline”
5. Establish an EBP chat room or listserv. Suggest these be very specific and perhaps short term.
6. OMHAS to establish a clearing house” regarding policy and procedure for EBP implementation including outcome measures and quality assurance information.
7. Staff and stakeholders go to local level and have information/feedback meetings sponsored by the communities.
8. Provide statewide TA to “groups” i.e. MHOs or counties. The TA could include but not limited to the following; identifying populations to be served, assessing the infrastructure, focusing on a single level of care, and priority for EBPs by population served (either number or underserved) etc.
9. Recommend that the SIP project be continued with modifications suggested by those involved.
10. Training efforts should be directed at Clinical supervisors as change agents at the implementation level. The efforts should be ongoing and specific.
11. Put on the agenda for next meeting a discussion of cost-effectiveness and suggest that protocols be developed to support that effort.

Ideas to be addressed

Greta and Shawn to meet and review the suggestions. Will bring a report to the EBPC for review and then to the next stakeholder meeting. The report will include recommendations regarding resources.

Next Steps

Recommend that the stakeholder groups be combined and that they meet every other month. OMHAS agreed and the next meeting will be 9- 20-05. The outcomes meetings will be cancelled and combined.

Next Meeting: Combined EBP Stakeholders Workgroup

When: September 20th

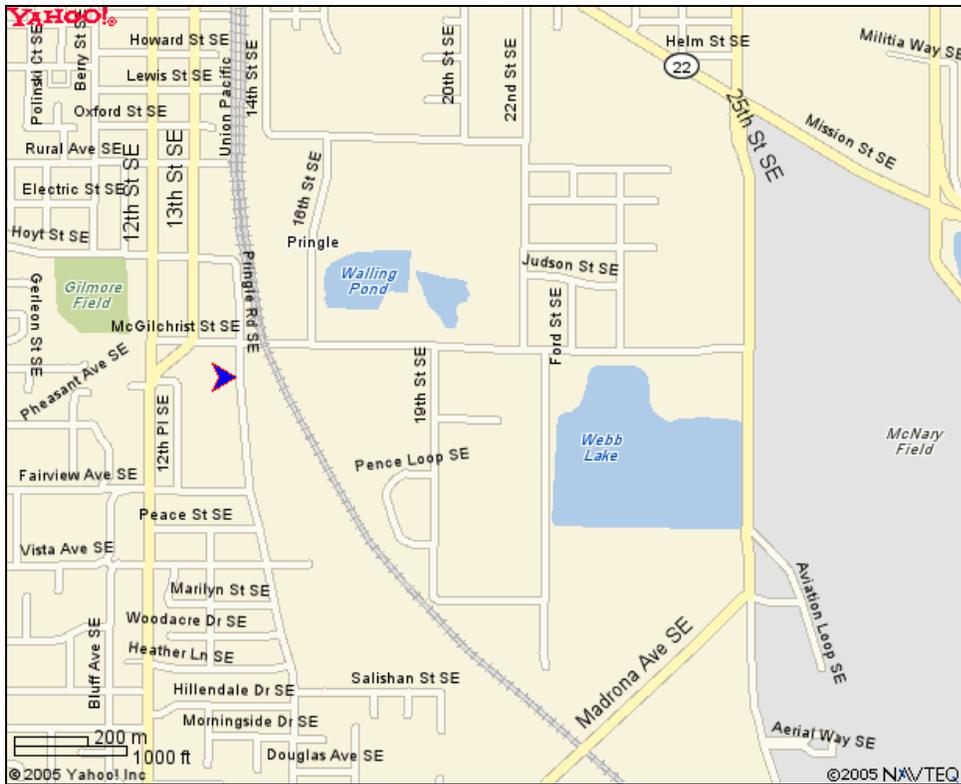
What time: 1:30-4:00

Where: Willamette ESD (**Pine Room**)
2600 Pringle Rd SE
Salem, OR 97302

Directions:

Take the Hwy 22/Mission St/Santiam Hwy exit form I-5
West towards Salem
Left on 25th St SE to McGilchrist
Right on McGilchrist St SE
Cross railroad tracks
Left onto Pringle Rd SE
About ½ block on left to 2600 Pringle Rd SE parking lot

Call (503) 945-5763 if you need further directions.



Draft Agenda

Introductions

Review of minutes and updates of actions

Recommend procedure for quality assurance and fidelity throughout the systems
Discussion of outcome measures and recommendations regarding adoption of the SAMHSA national outcome measures.

Discussion of cost-effectiveness and suggestions for protocols to support that effort (Including “do no harm”, ethical considerations and scope of practice).