

<p>Office of Mental Health and Addiction Services (OMHAS) Evidence-Based Practices (EBP) Stakeholder Meeting June 13, 2006 - Salem, Oregon</p>

In Attendance:

Mike	Barker	Multnomah County Education Service District
Shawn	Clark	OMHAS
Kathy	Drew	Deschutes County Mental Health
Julie	Earnest	OMHAS
Jay	Harris	Accountable Behavioral Health Alliance (ABHA)
Clifford	Hartman	Linn County Mental Health Services
Sheryl	Hogan	Deschutes County Mental Health
Anthony	Kahaly	Jefferson Behavioral Health
Jim	MacLeod	Washington County Health & Human Services
Bonnie	Malek	Marion County CAPS
Pauline	Martel	Alcohol and Drug Abuse Prevention & Treatment (ADAPT)
Mary	McBride	Clackamas County Community Health
Catherine	McDonald	Eastern Oregon Alcoholism Foundation
Rodney	McDowell	Mid-Columbia Center for Living
Sandra	Moreland	OMHAS
Maureen	Nash	Tuality Forest Grove Hospital
Chris	Potter	Clackamas County Community Health
Kathy	Savicki	Mid Valley Behavioral Care Network (MVBCN)
Michele	Solloway	Trillium Family Services
Chris	Steele	ShelterCare
Erin	Whitemore	Morrison Child & Family services
Claudia	Wilcox	Addiction Counselor Certification Board of Oregon (ACCBO)
Sue	Zakes	Oregon State Hospital (OSH)
Don	Ziegler	Serenity Lane

Introductions, Review of Agenda & Minutes

Introductions completed. Shawn Clark reviewed the agenda. The March stakeholder minutes were approved. General training announcements were made and flyers distributed.

Measuring Progress: Draft Judiciary Report

The draft report was distributed. There were two major recommendations from the stakeholders.

Share information regarding the challenges.

- Don't gloss over the barriers as identified by the stakeholders.
- Comment about Oregon's position in leading other states in this effort. Many have commented on how daunting the task is.
- Implementation of any new practice takes time for staff to be trained and, as such, billable hours are "lost."
- Fidelity monitoring is a challenge for all programs, as it takes time to educate staff.
- The statute has required the delivery system to change, including the administrative structure, i.e., supervision standards. This system change means there is a need to revise the Administrative Rules. That process takes time of both the OMHAS and providers.
- The Substance Abuse and Mental Health Providers have a varied population with diverse needs and multiple practices; this is different and more challenging than the Corrections System.
- Workforce development is an ongoing process. Providers are training staff to be generalists and developing specialists concurrently. Turnover is high and the higher education system is not providing students prepared to implement EBPs.
- The example of supported employment and fidelity monitoring should be accompanied by a note that makes clear this is one of the only EBPs that you have OMHAS staff trained to monitor fidelity and that grant money is available to support that project.

Include the work being done by the provider system.

- Include what OMHAS is doing and focus on what stakeholders are doing. List some of the players and their roles.
- Providers determining how to use data to move the system toward increased identification and implementation of EBPs.
- Providers developing methods (and time) to determine costs of EBP delivery such as "Wraparound" for children and Dialectical Behavioral Therapy (DBT) for adults.
- Providers working with consumer and advocacy groups to consider and meet their needs regarding selection of EBPs.
- Providers, colleges and certification bodies, including the Addiction Counselor Certification Board of Oregon (ACCBO), are working on a Behavioral Workforce Development Plan that includes identifying competencies and matching provider employee needs with college and certification preparation of students.

- Providers are working to insure that all services including, EBPs, are trauma-informed. That is a challenge to implementing the EBPs with fidelity.

Recommendations Specific to Cost-Effectiveness Document

- Include administration and implementation costs in estimates of cost of delivering an EBP.
- In assessing cost –offset note that we save other systems costs unlike Corrections, which offset their own costs.

Format

The group suggested that it follow the outline of barriers from the Stakeholders work: Measuring Progress, Oregon Administrative Rules, Operationalizing the Mandate, Organizational Readiness and Resource Management.

Parking Lot

- Senate Bill 1. Is insurance another barrier?
- Have we agreed upon how to measure progress?
- Integrating county services toward percentage of EBPs.
- Educate legislators regarding fidelity monitoring.

Oregon Administrative Rules (OARs)

Limited action has been taken since the last meeting due to lack of staff resources. The following are emails for the Association of Oregon Community Mental Health Programs (AOCMHP): gnikkel@orlocalgov.org and the Oregon Prevention, Education and Recovery Association (OPERA): debra.gilmour@operatoendaddiction.org as requested by stakeholders to offer ideas for support in moving this effort forward. Several stakeholders offered their time and energy including Mary McBride and Kathy Savacki.

Len Ray leads the effort and supervises the staff working on this project. If you have questions or want to offer help, call him at OMHAS, 503-945-9714. The Rules Coordinator Position is vacant; hopefully it will be filled quickly.

Operationalizing the Mandate: Listing Practices

Shawn provided a history of the OMHAS EBP review process, both internal and external. She explained the upcoming National Registry of Evidence-based Programs and Practices (NREPP) review process, timelines and provided a handout summarizing NREPP. For more information see the NREPP Web site: <http://www.nationalregistry.samhsa.gov/>

OMHAS is considering using the NREPP process for review of EBPS and asked for feedback. Stakeholder comments follow:

- Using federal resources is a good idea, but concern about timeline.
- Concerned that only researchers can submit application.
- Suggest we use/honor other lists including lists from other states.
- Some practices are Co-occurring. Will NREPP address this?
- “Out-of-the-box” thinking could be difficult.
- What about practices that Oregon has approved but is not on NREPP? Will we honor them? i.e., Wraparound.
- Lose access to communication with OMHAS staff if we exclusively use NREPP (this was considered a loss).
- We would need to focus on outcomes during transition to NREPP.
- Need a way to get credit for creating EBPs that are not there yet.
- If using NREPP is our goal, we need a plan and process. We don’t have enough data yet and maybe it is a 5-year goal.
- Need caveat for credit for an EBP that “falls off the list later.”
- Need flexibility regarding the obligation to track fidelity and outcomes. Suggest that we have option to track either fidelity **or** outcomes.
- Outcome data is crucial.

Shawn described the OMHAS review process and staff resources, including the issue of submission of incomplete applications. Comments:

- Has OMHAS considered using an intern for EBP reviews?
- Could a sample model application be posted on Web site or provided to applicants upon request?
- Support offered for returning incomplete applications.

Communication

- Shared the inventory results, i.e., raw data from February 2006 EBP inventory handout was reviewed.
- Shawn provided the most recent list of EBPs and highlighted those newly approved and under review.
- Shared the following: Ginger Martin and Shawn Clark are writing a document to clarify the understanding among Corrections, OMHAS and the agencies identified in the statute. Shared Centers of Excellence concept. Ohio resource: <http://www.mh.state.oh.us/medicaldirdiv/clinicalbp/clinicalbp.ccoes.html>
- SIP update

Stakeholder Suggestions/Requests

- Stakeholders suggested that we add a section on OMHAS EBP Web site: “profiles” about cautions “not to use” a practice with identified populations. An example is the use of researched practices that have been studied with people of one socioeconomic class and not other class populations.
- Stakeholders request OMHAS to provide information on therapies that are good with Developmentally Delayed (DD) clients.

Meeting Schedule

Next meeting will be Tuesday, September 12, 2006 at 1:30-4:00 pm in the Marion Room at the Willamette ESD. The following quarterly meeting for 2006 will be December 12. **Willamette ESD** is located at 2611 Pringle Rd SE in Salem.

2007 Meeting dates: March 13, June 12, September 11 and December 11.