

**Addictions and Mental Health Division (AMH)
Evidence-Based Practices (EBP) Stakeholder Meeting
December 12, 2006 - Salem, Oregon**

In Attendance:

Patricia	Alderson	AMH
Mike	Barker	Multnomah County Education Service District (ESD)
Shawn	Clark	AMH
Jon	Collins	AMH
Julie	Earnest	AMH
Remi	Fairhurst	Pendleton Academics
Jay	Harris	Accountable Behavioral Health Alliance (ABHA)
Clifford	Hartman	Linn County Mental Health Services
Chris	Johnson	Yamhill County Health & Human Services (HHS)
Karen	Lutz	Alkermes, Inc.
Jim	MacLeod	Washington County Health & Human Services
Linda	Magnuson	Morrison Center
Bonnie	Malek	Marion County CAPS
Catherine	McDonald	Eastern Oregon Alcoholism Foundation
Rodney	McDowell	Mid-Columbia Center for Living
Bob	Miller	AMH
Gannett	Pitkin	Pendleton Academics
Chris	Potter	Clackamas County Community Health
Dana	Roberts	
Walter	Rosenthal	Lane County Mental Health
Kathy	Savicki	Mid Valley Behavioral Care Network (MVBCN)
Kathy	Tomlin	Kaiser Permanente Addiction Medicine

Introductions, Review of Agenda & Minutes

Introductions completed and the September stakeholder minutes were approved. Bob reviewed the meeting agenda.

Reception of Judiciary Report

The judiciary report was presented September 20. Bob provided an overview of the reception. The report is available at the AMH Web site:

<http://www.oregon.gov/DHS/mentalhealth/ebp/report2jud-com.pdf>

Review Draft Practice Format for AMH Web Site

A draft format for EBP summaries was distributed and discussed. These will be developed for the top 10-12 treatment EBPs that have fidelity tools and are most widely used. This list will be provided in January.

Feedback:

- Include local resources, “centers of excellence” (need permission from providers).
- Include outcomes section; make it as specific as possible.
- Include training requirements.
- Include staffing requirements related to fidelity including education level and experience.
- Under population, indicate the population “studied.”
- Include cultural consideration section.
- Include numbers of sessions where indicated in overview.

Questions and Clarifications asked during this discussion included:

- Question: Can you put the actual level on the website? We have chosen to indicate only that it is approved or not as there is often no consensus regarding the level.
- Question: When a subset/practice of an approved evidence-based program is submitted what do you do? We are currently working to respond to that issue and will have an update at the next meeting. There has been a subset of a program that has met the definition independently.
- How do we address the issue of staff resources when there is a ratio or educational level included in implementing the program with fidelity IE ACT and strengths-based case management? And is it the staffing patterns that make the practice work? Suggestion that this is documented as a barrier to 100% fidelity and use to request adequate resources.
- Are we considering implementation research and helping providers apply those principles and practices? As well as explain them to funders? AMH is using and providing implementation research and plans to continue with that effort. (Service Improvement Projects)

Draft Fidelity Monitoring Project Plan

- The Legislature will ask if AMH can provide documentation of EBP implementation with fidelity. AMH needs to have an “auditing function” in order to meet the legislative requirements. A process needs to be clearly

identified. In order to collect data and develop an appropriate response, AMH has drafted a project plan for use of internal resources to demonstrate accountability. However, the priority is to be useful for providers. The draft was designed as a separate process from the regulatory site review process. The draft document was distributed and discussed (see attached).

Feedback and Clarification

- The fidelity “team” will include provider and peer reviewers when possible.
- Many fidelity tools require that clients, staff and families be interviewed.
- There was not clear consensus that the fidelity review process should or should not be included in the site review process. There are pros and cons. If it were part of the site review, the finding could lead to technical assistance and identifying resources. There were few objections to it being part of the site review process. This will be discussed at the EBP Steering Committee as well as brought back to this committee in March.
- The fidelity monitoring/technical assistance/infrastructure issues and auditing needs for Legislature may be two separate issues.
- Suggest that AMH provide technical assistance on assessing and preparing the organization, such as using the General Organizational Index (GOI), rather than individual practices.
- Some but not all programs may want/need technical assistance.
- Some providers are further along and could be used as resource.
- There was concern expressed regarding EBP implementation regarding infrastructure, consumer choice, creativity, and staffing ratios.

Survey of EBPs Currently Being Implemented

AMH needs to determine the status in the state of EBP implementation and collect information for the next judiciary report. The “Draft EBP Activities Summary” survey tool was distributed and discussed (see attached).

Survey information:

- The survey will assist us to identify local resources for the Web site summaries.
- The survey can be submitted by provider for all the practices. Each practice does not have to be submitted separately.
- AMH anticipates this will be an annual survey and that distribution will be in spring/summer 2007.
- The survey will be distributed to responders to the second inventory and if resources permit distributed to all providers/counties.

- Data will not be presented as county-specific data rather it will be an aggregate of the practice throughout the state.
- Costing-out can be difficult – AMH will provide a formula in the document.

Feedback:

- Include section on barriers, i.e., finance, workforce development.
- Don't make it punitive.
- Providers want the survey distributed to everyone. It will be sent to CMHPs, MHOs and A&D providers.
- Request for MHOs to create a regional addendum for providers to attach to their submission.
- Provide examples of what you're asking for, so you get useful data.
- How do you cost-out Wraparound services? Providers want a common method, like the one to "cost-out" the money spent on a practice.

Governor's Council: The Domino Effect

Stephanie Soares Pump, Vice Chair of the Governor's Council on Alcohol & Drug Abuse Programs, presented "The Domino Effect: A Business Plan for Re-building Substance Abuse Prevention, Treatment & Recovery." The report is available on the AMH Web site: <http://www.oregon.gov/DHS/addiction/publications/07-09businessplan.pdf>

Meeting Schedule

Next meeting: Tuesday, March 13, 2007, 1:30-4:00 pm in the Oregon Room at the Willamette ESD. The **Willamette ESD** is located at 2611 Pringle Rd SE in Salem.

Agenda:

- Fidelity Monitoring
- EBP Activities Summary
- OAR Update
- Draft Workforce Development Plan

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