

<p><b>Office of Mental Health and Addiction Services</b>  <b>Evidence-Based Practices (EBP) Stakeholder Meeting</b>  <b>March 14, 2006 - Salem, Oregon</b></p>
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In Attendance:

Patricia	Alderson	Office of Mental Health and Addictions Services (OMHAS)
Mike	Barker	Multnomah County Education Service District
Stephen	Brock	Albertina Kerr
Shawn	Clark	OMHAS
Julie	Dodge	Lifeworks NW
Kathy	Drew	Accountable Behavioral Heath Alliance (ABHA)
Ken	Dudley	Greater Oregon Behavioral Health Inc. (GOBHI)
Julie	Earnest	OMHAS
Darcy	Edwards	Department of Corrections (DOC)
Lori	Farmer	Alcohol & Drug Abuse Prevention & Treatment (ADAPT)
Patty	Frazier	Oregon State Hospital (OSH)
Byron	Fujita	Consultant
Nick	Gallo	Albertina Kerr
Clifford	Hartman	Linn County Mental Health Services
Anthony	Kahaly	Jefferson Behavioral Health
Leili	Kiaii	InAct, Inc.
Arlene	Logan	Jefferson Behavioral Health
Mary	McBride	Clackamas County Mental Health
Catherine	McDonald	Eastern Oregon Alcoholism Foundation
Rodney	McDowell	Mid-Columbia Center for Living
Bob	Miller	OMHAS
Sandra	Moreland	OMHAS
Teresa	Posner	Multnomah County/Verity
Chris	Potter	Clackamas County Mental Health
Daryl	Quick	Western Psychological Association
Kathy	Savicki	Mid Valley Behavioral Care Network (MVBCN)
Chris	Steele	ShelterCare
Kathy	Tomlin	Kaiser Permanente
Ann	Uhler	Governor's Council on Alcohol & Drug Abuse Programs
Erin	Whitemore	Morrison Child & Family services
Sue	Zakes	OSH
Don	Ziegler	Serenity Lane

**Introductions, Review of Agenda & Minutes**

Introductions completed. Bob Miller reviewed the agenda. The January stakeholder minutes approved.

**Future Strategic Efforts**

We have crafted a definition, conducted surveys and an inventory. Now we need to determine “next steps” and identify challenges and barriers to reaching our next goal: **providing tools and resources for the service delivery system in order to increase individual, family and community outcomes.** Our current resources are inadequate for the task. Bob provided an overview of proposed policy packages in development for quality improvement and clinical supervision.

The group participated in a strategic planning process to identify the focus for statewide efforts in implementing EBPs. The results of that process are listed below. This information will be reviewed by the EBP Steering Committee and incorporated into the EBP implementation plan.

**“Major Barriers” Identified**

- The methods, expectations and resources to **Measuring Progress** are not clear and/or available.
- Oregon Administrative Rules (**OARs**) are redundant, outdated and sometimes conflict with implementation of EBPs.
- **Operationalizing the Mandate** (“Putting the puzzle together.”)
- There are various levels of **Organizational Readiness.**
- **Resource Management**
- **Stigma** (Note: the Governor’s Council on Alcohol and Drug Abuse Programs is sponsoring a Stigma Reduction Forum May 16, 2006. The Council will develop legislative and policy packages as a result.)

<b>Measuring Progress (Confusion/don’t understand what is expected.)</b>
Barriers: <ul style="list-style-type: none"> <li>▪ Meaningful, manageable, measurable fidelity.</li> <li>▪ Outcomes – user friendly.</li> <li>▪ Example: clinical supervision by fidelity.</li> <li>▪ Knowledge of fidelity monitoring.</li> <li>▪ Mixed outcome expectations.</li> </ul>
What creative and innovation actions will overcome the barriers: <ul style="list-style-type: none"> <li>▪ Training – minimum standards.</li> <li>▪ Training – sharing how programs use fidelity for different practices.</li> <li>▪ Share what outcomes are being collected.</li> </ul>

- Share how organizations are using their data.
- Share implementation stories.
- Share data comparing outcomes by interventions.
- Provide information before site review regarding fidelity.
- Technical assistance by providers, use the peer review model.
- Focus technical assistance on fidelity.

## OARs

### Barrier:

- Need common system outcomes.
- Too much in the rules has little or no relevance.
- Administrative rules are out of date and sometimes conflict with EBP requirements.
- Too many rules and rules are poorly organized.

### What creative and innovation actions will overcome the barriers:

- Quality improvement section in OARs that makes requirements specific, relevant and clear, (as long as OARs have unnecessary requirements removed).
- Begin with one clearly defined model for the entire rule structure.
- Master plan for rules should go out for review. Solicit ideas for next steps. Should be done as a package – not a lot of stand-alones.
- **Use focus groups to develop draft.**
- Keep licensure and clinical standards separate. Make overall planned structure available for review.
- Integrated licensing rule.

Doable: Yes, but two-year timeline may be for overall rule change.

## Operationalizing the Mandate (“Putting the puzzle together.”)

### Barriers:

- Not having EBP in priority areas (kids, cultural competency).
- Identification of EBPs.
- Information about the practices.
- Limited knowledge or buy-in regarding EBPs.
- Time to get practice approved or denied.
- Rigidity of choices for different populations.
- No common definition (state/federal/agency).
- Intervention? Practice? Process? Principle?

### What creative and innovation actions will overcome the barriers:

- Differentiate between assessment, interventions, models, processes, principles, clinical and essential services to provide clinical practices.

- OMHAS provide easy and inexpensive access to information about practices, processes, and structures.
- It is challenging to demonstrate from a research basis that what you're doing is working. We need local knowledge and resource to help us do this.
- We need to clarify and share information about how EBPs relate or not to recovery.
- Need access to researchers.
- Need people to translate research into functional fidelity tool.
- Outcomes are more important than percentages of money spent on EBP's. We need to present these ideas to legislature.
- Create Centers of Excellence. Include several models.

Exciting: Recovery concept

### **Organizational Readiness**

Barriers:

- Culture of change within programs.
- Organizational stages of change.
- Fear of change.
- Dependent on organizational competence.

What creative and innovation actions will overcome the barriers:

- Creative marketing.
- Selling it to management and line staff.
- Searchable database, friendly Internet, easier to find organized list of EBPs.
- CEUs for line staff for exploring EBPs, including time on OMHAS Web site.
- Incentives for clinicians to "increase your scope of practice."
- Ideas to include the counselor's personal skills and style in delivering EBPs.
- Technical assistance on change management.

Doable:

- Money to market to organizations.
- Integrate what is already being used into current EBP.

Exciting: Offering new materials to staff. They will not be "Stepford" counselors.

Consensus on most important: Creative marketing to get commitment from top management to line staff.

### **Resource Management**

Barriers:

- Clinical judgment versus EBP; OMAP; medical necessity.
- Staff turnover.
- Staff training = losing encounters and money.

- Cost differences among practices.
- Sustainability
- Training
- Time

What creative and innovation actions will overcome the barriers:

- Develop a payment structure that reflects actual cost of implementing the EBP, e.g., include actual supervision and caseload ratios.
- Supervisor training on EBPs. These may be regional. In addition ongoing consultation and support. This should be skill-based and not theoretical.
- Build in COLAs that reflect inflation. Link to payment structure above.
- Design measurement strategies that have meaning to clinicians.
- Develop interactive listserv for supervisors re: implementing EBPs and link it to supervisor training.
- Complete deliberate cost study of EBPs to include: purchase, training, and implementation for each EBP.
- Develop a voucher system for EBP trainings and resource list of expert trainers.
- OMHAS advocates strongly with MHO actuaries.
- OMHAS help academia teach chronic care and recovery model.

### **Meeting Schedule – Please note date changes**

Note: the May 9 meeting has been rescheduled; our **next meeting will be Tuesday, June 13, 2006** in the Oregon Room. Subsequent meetings for the year will occur quarterly: September 12 and December 12. All meetings will be held at the **Willamette ESD**, 2611 Pringle Rd SE in Salem.