

Oregon

ebp news

OREGON DEPT OF HUMAN SERVICES; ADDICTIONS & MENTAL HEALTH DIVISION

EBP : Evidence Based Practices

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"The human mind likes a strange idea as little as the body likes a strange protein and resists it with similar energy."

**WI Beveridge,
Scientist**



Oregon's EBP Initiative: Looking Forward

To borrow from a Margaret Wheatley story, a geologist who was waiting for a storm to be over so he could take a look at the impact of the hurricane on the shoreline. When the interviewer asked him what he expected to find when he went out, he calmly replied, "I expect to find a new beach."

AMH and its partners are stepping back and looking with experienced eyes at our collective efforts to increase the use of EBPs and client outcomes. We are looking to create a new beach. We are discussing the following: including management EBPs like NIATx and the General Organizational Index, focusing support and technical assistance on selected practices, updating the definition, increasing collaboration with other agencies regarding the Correctional Program Checklist and more.

We will keep you informed of our progress and continue to ask for your input and feedback. We will hold the EBP stakeholders quarterly meeting in March. We will post the details on the web, listserv and in the March newsletter. If you have ideas please call Shawn Clark at 503-945-9720 or e-mail her at shawn.clark@state.or.us.



Oregon EBP in the NY Times

Oregon's overall EBP efforts, and the individual efforts of several Oregon agencies, are mentioned in a series on treatment evidence being done by the NY Times. Go to <http://www.nytimes.com/2008/12/23/health/23reha.html> to read the article (or go to the EBP webpage <http://www.oregon.gov/DHS/mentalhealth/ebp/main.shtml> and scroll down to media releases "The Evidence Gap..")





Rural Promising Practices Are Being Identified: AMH Encourages Your Participation!

The Western Interstate Commission for Higher Education (WICHE) Mental Health Program is working to identify promising practices, best practices, models that work, and evidence based practices in rural behavioral health. Programs that want to nominate a practice for further consideration in WICHE's process should complete the survey below by 5pm PST on March 13, 2009. To access the survey, follow this link or copy this web address into your web browser:

http://www.surveymonkey.com/s.aspx?sm=UHDjmlGvktkCAL5JfbWwVQ_3d_3d
Here's a way to have your voice heard on the national level as to what works in rural areas!



If you have a question you'd like us to poll your colleagues on, email it to shawn.clark@state.or.us and we'll try to feature it in an upcoming issue.



Focus On: NIATx Works!

[note: NIATx is the Network for the Improvement of Addiction Treatment and is producing exciting results on reducing wait times and no shows and increasing admission and retention—for more information go to www.niatx.net]

One Family's Healing Moment

BestCare - Shawna Vail, BA, CADCI, and Kelli Huntington, CADCI

"I don't know what to do-he's just been arrested!" she said tearfully as she walked into our waiting room one windy afternoon not too long ago. Her son - a scared, tearful, angry sixteen-year-old - followed hesitantly. We asked how we could help.

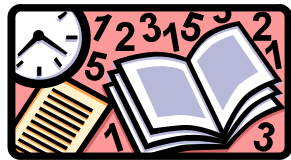
Forty-five minutes later, both the client and his mother had each already had an emergency, face-to-face session with a counselor. In that time, we'd also laid out a plan for the next twenty-four hours, sent home paperwork, and had the client's insurance coverage checked by the administrative staff.

To read the full story visit:

<http://www.oregon.gov/DHS/addiction/niatx/bestcare1family.pdf>

If we don't
change our
direction
we are
likely to
end up
where
we're
headed.

Chinese
proverb



Peer Poll

Q: *If you could change just one thing about the way AMH is implementing SB 267 (the evidence-based practices bill), what would it be?*

A: Anya Sekino, Oregon Commission on Children and Families
"Consider customizing your services; a one size fits all approach is almost never flattering and doesn't fit most."

A: R. Drake Ewbank, Operations Manager, Valia Health Resources (a peer run nonprofit Medicaid provider)
"In an evidence based system, validation is from research, instead of more 'practical' outcomes or knowledge bases. Research is unfortunately driven by the money available for it, and most of the money supports the status quo - drugs - therapeutic counseling. Peer services, despite this disadvantage, have been validated in the Oregon EBP list. Unfortunately, Medicaid has yet to provide a way to encounter these supports... no matter what the statute mandates. Peers look forward to newer initiatives that, like EBP, require effective care, though might instead focus on actual 'rehabilitation' or 'functional' outcomes - which are driven by Quality of Life measures, rather than diagnostically matrixed impairments."

A: Keith Urban, Manager, Yamhill County Chemical Dependency Svcs.
"Count, for the provider, any locally-provided service which demonstrates outcomes at least equal to those of the least effective practice on the approved list. "

A: Andrea J. Tyler, Director, Wallowa County Together Project
"The need for respecting the local process in determining needs rather than stipulating which specific programs and practices will be implemented. "

The Art of EBP: here's another Haiku!



does it work
like it should work
research consistency fidelity

submitted by: Chuck Hemingway, BestCare Treatment Services
Redmond, OR

See how creative you can be with 17 syllables! Send us your EBP haiku and you could be rewarded with a \$5 Starbuck's gift certificate.

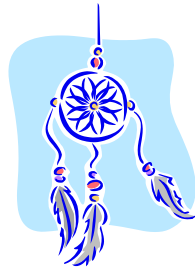
"How do I stay on top of what's going on with EBPs in Oregon?"

Sign up to receive EBP-related emails at:

https://service.govdelivery.com/service/subscribe.html?code=ORDHS_98



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Tribal Practices Based on Evidence

On December 8, Oregon's Nine Tribes and Native American researchers met to review the draft of *Tribal Practices Based on Evidence*, a response to Oregon's 2003 SB 267. The cutting edge work acknowledges historical cultural healing techniques and bridges the disconnected "linear approaches to funding requirements that are greatly at odds with the circular worldview held by most Native American people". To address the concern that EBP requirements might eliminate or substitute culturally effective practices not on the AMH approved list, the tribal review committee developed a framework for reviewing cultural practices with outcomes. "AMH does not believe that an evidence-based practice from the AMH list should be assumed to be better than a culturally validated practice"(AMH 2007 position paper).

The review includes a program description with enough detail to allow for replication, a cultural validation check list to meet Native American principles, historical recognition, materials list and optional elements. A section in making program adaptations is also included.

The participants made suggestions for format changes. The leaders of this project will make those changes and develop the protocol for applying for and approving tribal best practices. At a spring meeting, likely May 14.09, the leaders will share the manual and process. If the community approves it, AMH will post the accepted practices and information for application. If you have questions, call Caroline Cruz at 503-945-6190.