

Oregon

# ebp news

OREGON DEPT OF HUMAN SERVICES; ADDICTIONS & MENTAL HEALTH DIVISION

EBP : Evidence Based Practices

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## Addictions and Mental Health Division Integrated Conference *Hope, Resilience, Recovery*

### **Conference Follow-up: What's the Outcome?**

Over 1000 attended the three-day conference held in Salem on May 25-27. And while the evaluations indicated that people learned, laughed and were inspired, what is the outcome? The outcome of a conference is measured in the contacts made and decisions to follow up with the presenters, seek more information and to make practice, policy and sometimes even personal changes. That's happening.

Within days and weeks of the conference, we made the following "connections": some program directors requested Darcy Edwards come advise them on meeting the Correctional Program Checklist, several people requested help from those who presented on trauma topics to advise them on policy development to meet the ISSR requirement, many asked for contact information for the various presenters so they could follow up.

If you attended the conference and are making changes in your practice, program or policies, let us know -- contact Greta Coe at (503) 945-6187 or email [greta.l.coe@state.or.us](mailto:greta.l.coe@state.or.us).

For conference powerpoints and presenter information, please visit the AMH website at:  
<http://www.oregon.gov/DHS/addiction/docs/conference/conference-presentations.shtml>



### **AMH Revises EBP Survey Process**



Since the inception of Oregon's law requiring AMH, DOC, OYA and OCCF to spend certain percentages on EBPs, the provider system serving behavioral health populations has increased the use of EBPs.

*"The policy of being too cautious is the greatest risk of all."*

*Jawaharlal  
Nehru*

*“Progress might have been alright once, but it has gone on too long.”*

*~Ogden Nash*

AMH took a broad approach to capturing the financial information from providers to count toward the thresholds and report to the Judiciary Committee.

Internal AMH staff, managers, and stakeholders have agreed on a revised approach to take concerning this law that narrows the scope of what is “counted” for purposes of reporting. The focus is on the specific populations referenced in the legislation and targeted to reduce juvenile and adult crime, and utilization of emergency mental health services. AMH will be sending the revised survey to CMHPs and providers in late July. Providers will complete the surveys by end of August and AMH will analyze it for a September report to the Judiciary Committee and Stakeholders. If you have questions, call Shawn Clark at 503-945-9720.



***Focus On:  
EBPs Added to AMH Approved List***

**Child-Parent Psychotherapy (CPP):** a treatment for trauma-exposed children aged up to 5 years. CPP examines how the trauma and the caregivers' relational history affect the caregiver-child relationship and the child's developmental trajectory. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health. Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g., culture and socioeconomic and immigration related stressors). For more information on this practice go to

[http://www.nctsnet.org/nctsn\\_assets/pdfs/promising\\_practices/cpp\\_general.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/cpp_general.pdf)



***Recommended Resources***

**Integrated Services and Supports Rule (ISSR):** AMH's website has a lot of useful information on the new integrated service rule, including frequently asked questions from the recent statewide ISSR trainings; go to <http://www.oregon.gov/DHS/addiction/rule/main.shtml>

**New training tool kit:** SAMHSA has developed a new training toolkit to help child welfare workers support families with substance use, mental, and co-occurring disorders; for information and to download it go to: <http://www.ncsacw.samhsa.gov/training/toolkit/default.aspx>

**Tips and Topics:** Dr. David Mee Lee's periodic newsletter of the same name can be found at <http://www.changecompanies.net/blog/?cat=1>. The current issue says “research done in other health fields can spark innovations and application to our own behavioral health work” and offers 10 tips for application to practice.

**SAVE the DATE!**



**"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](https://service.govdelivery.com/service/subscribe.html?code=ORDHS_98)

**September 14-17, 2010 at the University of Oregon in Eugene, Oregon**

This conference (<http://sappdev.uoregon.edu/conferences/>) will provide participants with the latest research and data, prevention methods, and best intervention strategies to build capacity within the prevention field. Up to 27 CEUs are available. Sponsored by the Department of Human Services, Addictions and Mental Health Division, University of Oregon and Lane County Health and Human Services, in collaboration with community partners. AMH was awarded a \$25,000 SAMHSA Conference Grant—kudos to Jill Dale and Greta Coe for a job well done and successful grant application!



***Integrating Process Improvement Efforts***

Karen Wheeler, AMH Addictions Policy and Program Development Administrator, will lead an effort to combine DHS's LEAN process improvement tools with NIATx strategies to help transform one component of the current alcohol and drug system. The Intensive Treatment & Recovery Services (ITRS) program (<http://www.oregon.gov/DHS/addiction/publications/fact-sheets/itrs.pdf?ga=t>) was chosen as the focus, and contractors and sub-contracted providers will address retention and continuation of service using process improvement tools and strategies.

DHS's LEAN initiative (<http://www.oregon.gov/DHS/transformation/lean.shtml>) promotes processes that produce the right results, empowers and engages staff and partners that do the work, and highlights the need for process improvement for the long term. NIATx (<http://www.niatx.net>) is a national effort to improve retention and engagement. Both are showing promising results and this new project will bring the two together. The planning stage is started and will be completed by October 1, 2010.

***Kudos for Central City Concern's Supported Employment Program***

Central City Concern has achieved a **71% employment rate** for its homeless clients; read all about it at:

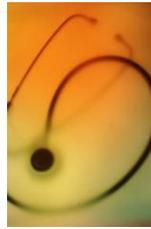
<http://www.centralcityconcern.org/blog/2010/06/71-employment-rate-for-homeless-individuals/>



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***"A positive  
attitude may not  
solve all your  
problems, but it  
will annoy  
enough people to  
make it worth the  
effort."***

***Herm Albright***



## ***Health Professionals' Service Program Launched***

Oregon House Bill 2345 required DHS to establish an impaired health professionals' monitoring program to protect the public by establishing a consolidated, statewide compliance monitoring and reporting service for licensees of participating Oregon health licensing boards. The program also helps professionals achieve their health and safety goals in order to remain productive members of their professions. An impaired health professional is a person who is licensed, certified by or registered with a health licensing board and who is unable to practice with professional skill and safety due to a substance use disorder, a mental health disorder or both types of disorders.

DHS has contracted with Reliant Behavioral Health to establish the Health Professionals' Services Program (HPSP) which began serving professionals July 1, 2010. "The HPSP will provide a variety of services for licensees including case management, weekly compliance reports and toxicology testing," said Darcy Edwards, HPSP manager. "We have a great responsibility to the public and we are committed to providing this very important service."

Currently, four Oregon boards are participating in the HPSP: Board of Dentistry, Board of Nursing, Board of Pharmacy and the Medical Board. A board can refer a person to the HPSP, or a person can self-refer. When a board refers a person, the HPSP will work with the board to ensure the person is monitored in accordance with his or her board agreement. When a person self-refers, the HPSP will keep the person's enrollment confidential as long as the person is in compliance with his or her monitoring agreement. For more information go to:

<http://www.oregon.gov/DHS/addiction/health-professionals.shtml>

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## ***LOCUS: a new tool to improve mental health care***



Beginning July 1, 2010, AMH, Oregon State Hospitals and community partners will use the Level of Care Utilization System (LOCUS®). This decision support tool will facilitate decisions related to eligibility, continued stay and discharge from levels of care within Oregon's mental health system. Our goal for use of the LOCUS is to increase utilization of mental health resources, increase the accuracy of level of care determinations and assist in ensuring consumers receive services in the least restrictive level of care. For more information contact Chad Scott at (503) 945-6932 or [chad.d.scott@state.or.us](mailto:chad.d.scott@state.or.us).