

EVIDENCE-BASED AND EMERGING BEST PRACTICE CONFERENCE REPORT AND RECOMMENDATIONS TO STAKEHOLDER COMMITTEES

The June 3rd and 4th, 2004 Evidence-Based And Emerging Best Practice Conference was organized by the Center on Self-Determination at OHSU and OMHAS using funds from CMS' Real Choice System Change grant. Over 200 people attended this conference representing 25 counties. Of the 200 participants 60 were consumer/survivors. The purpose of this conference was to:

1. Make sure Oregonians involved in mental health services were aware of SB267;
2. Provide an overview on evidence-based and emerging best practices and how a practice becomes evidenced-based; and,
3. Facilitate discussion and solicit feedback from those attending on what the implementation of evidence-based practices means to the individual, to the service delivery system, and to Oregon.

The agenda included speakers Dan Fisher and Jean Campbell, providing a national perspective, state administrators Barry Kast, Bob Miller and Bob Nikkel, PSU professor Barbara Freisen and other local experts on 9 various evidence-based and emerging best practices. After the first intensive day of information sharing and dialogue, a consumer/survivor caucus was held that evening. Fully empowered by Bob Miller's statement that *"this morning's discussion reinforced for me the need for us in this process of moving forward with EBPs to ensure that we do it in a way that incorporates the ideas and values of the consumer movement...or we risk making some very serious mistakes"* over twenty consumer/survivors met for three hours to discuss what they would like the State of Oregon to consider when implementing SB267. Drake Ewbank will be discussing those findings shortly.

The second day four regional breakout sessions allowed all stakeholders present to discuss three questions:

1. What has to change to allow EBP to take hold in your region?
2. Where would you like the State to place emphasis during this system's change; be it \$ or training, etc.
3. How do we apply this on the local level?

From these discussions, which were recorded on flipchart paper, seven themes arose plus a series of concerns. The purpose today is to share the thoughts of those people at the conference so that you can use it to help with the work you have ahead of you in advising the State about the selection and implementation of EBPs in Oregon.

1. **"Recovery," Outcomes and Consumer-Directed Evidence-Based Practices (EBP):** Major points that arose in all four breakout sessions were the need:
 - a. To ensure that each individual consumer be able to determine what "recovery" means to her or him;
 - b. To ensure as Bob Miller stated, *"We're looking at our system as a system for recovery not just a system for treatment."*
 - c. To ask the question: "Are the interventions empowering or controlling?"
 - d. To be cautious about defining what Oregon considers valued "outcomes" when funding EBPs as dictated by SB267.
 - e. To be cognizant of national trends such as CMHS' current focus on the provision of peer-support services in state mental health systems that are paid for in part by Medicaid.
 - f. When thinking about the selection of new EBPs that prioritization of energy and resources be given to those practices that will indeed foster "recovery."

2. **Culture and Regional Considerations:** Because we were able to get representatives from 25 counties across Oregon the topic of sensitivity to the very diverse populations that are served by mental health services arose and the recommendation not to create a one-size fits all just because it fits with the scientific rigor of evidence-based data. Conference participants wanted the message to go to the State that representation and input from each region is crucial to make this statewide effort a statewide success.

3. **Aligning OARs, Statutes and Billing with evidence-based practices and emerging practices:** Everyone present left this conference with the knowledge that introducing EBPs would require changes to Oregon's current OARs, statutes and billing structure. An understanding that there will be a disconnect when first introducing these practices should be acknowledged and stakeholders supported in this transition.

4. **Creating Climate Where Consumer/Family Voices are Valued:** OMHAS stated at the conference the importance *"that all stakeholders get an opportunity to participate in a meaningful way and have a strong impact on what the outcome is going to be,"* and that they would *"make it their business to ensure that we have*

good consumer representation on all three of the subcommittees so that as we go along this road we don't take any detours that get us off track and so that we don't lose sight of the ideas and values of the consumer movement and it won't just be token representation either." That sentiment was expressed strongly by those participating in the breakout sessions as well.

5. **Training, Education and Support:** Understanding the immense nature of this system change, the groups talked about the great need for support from the State to provide both leadership and money to allow for training and education about EBPs to staff, consumers, legislature and the community. Some of the needs identified were:
 - a. Training to describe EBP services
 - b. Re-training & education for both staff and consumers on evolving goal-oriented outcomes
 - c. Training and toolkits on how to provide EBP services
 - d. Training how to develop evidence; how to collect information
 - e. Training on how to provide statistics to legislature
 - f. Education/outreach to consumers and community about EBP
 - g. Educating consumers about system challenges so there is a better mutual understanding
 - h. Getting education to politicians/legislators around programs/services/EBP

6. **Communication:** Throughout the conference all the speakers and all the participants agreed on one thing...the necessity to have clear and continued communication between all the stakeholders; to engage as many voices as possible in creating what process will be used to define EBPs and the structure designed to implement SB267. It was discussed that this communication needs to occur at the community level between MHOs, counties and consumers as well as at the state level between the state, the customers and the agencies delivering services.

7. **Developing, Implementing and Evaluating Oregon's Evidence-Based Practices:** The breakout groups produced the same array of suggestions most probably discussed here in these workgroups, from starting with existing EBPs in pilot projects in specific areas of the state to emphasis on developing new EBPs that are tailored specifically for Oregon. There was the suggestion of making sure we are not reinventing the wheel, that Oregon look at other states such as NY that are already implementing EBPs. One recommendation was to be sure to maintain choice around available EBP services and not get tied into 1-2 services that would

meet the budgetary criteria of SB267 but not live up to the vision of incorporating the ideas and values of the consumer movement such as choice.

8. **Concerns:** There was concern expressed from all the stakeholder groups that we would lose this opportunity for real systems change due to budget constraints, bureaucracy and lack of coordination in implementation and communication. Consumer/survivors were concerned that the tension between “what the c/s says is helpful” and this push for EBPs will not result in self-determination, recovery and choice. Providers are concerned that services they are currently offering which are creative, appropriate and county-specific will be de-funded. Both groups agreed that diagnosis does not necessarily equate to need and cautioned that in the desire to increase production that the human element is not lost in the process.