

September 1, 2004
Department of Human Services
Health Services
OFFICE OF MENTAL HEALTH & ADDICTION SERVICES
Presentation to the Judiciary Committee
**Progress Report on the Implementation of
Evidence-based Practices**

Mission, Goals, and Statutory Authority

The Office of Mental Health and Addiction Services (OMHAS) assists Oregonians to become independent, healthy and safe by preventing and reducing the negative effects of alcohol, other drugs, problem gambling and mental health disorders. The OMHAS promotes recovery through culturally competent and evidence-based prevention and treatment services for substance abuse, mental illness and emotional disorders. The statutory authority for the OMHAS is found in ORS Chapters 179, 409, 426 and 430.

The OMHAS provides funding and direction for a complex and diverse prevention and treatment service delivery system. Clinical services are funded at the state, regional and county levels.

- **Statewide services** include treatment at the Oregon State Hospital in Salem and Portland and at the Eastern Oregon Psychiatric Center in Pendleton. Other statewide services include statewide hotlines addressing alcohol and other drug issues, suicide prevention, and problem gambling.
- At the **regional level**, the OMHAS provides funds for services through alcohol and drug residential programs, acute psychiatric units in community hospitals, and community alternatives for extended psychiatric care. In addition, Oregon Health Plan/Medicaid clients are served through a managed care system. Mental health organizations (MHOs) are responsible for the treatment of mental health disorders, while Fully Capitated Health Plans (FCHPs) are responsible for the treatment of substance abuse disorders.
- At the **county level**, the OMHAS funds services primarily through contracts with the County Mental Health Programs (CMHPs). Many of

the CMHPs then subcontract with private non-profit providers to deliver the services. With the exception of state hospital services, virtually all community treatment services are provided through contracts or subcontracts with county or private non-profit providers.

The service delivery system supported by the OMHAS funding reflects a broad range of distinct and specialized services. The diversity and specialization reflects the need to serve a culturally and ethnically diverse population with clinical needs specific to more than 340 diagnostic categories.

Evidence-based Practices in Mental Health and Addiction Services

The OMHAS is the part of the Department of Human Services required by SB 267 to report to the Legislature, over the next three biennia, an increasing proportion of funds that support evidence-based practices. By July 2009, 75% of OMHAS funds for those populations at risk of emergency psychiatric services and/or criminal or juvenile justice involvement are to support evidence-based practices. The services subject to the statutory requirement are the treatment services funded by the Office and do not include expenditures for non-clinical services, such as room and board in residential or hospital settings. The OMHAS has proceeded on the assumption that all of its clinical and prevention services are subject to the requirements of SB 267 because of the elevated risk of the populations served with crisis funds and has developed its plans and implementation processes accordingly.

The research related to mental health, substance abuse, and problem gambling services is extensive, although the amount of existing research for any particular type of service may vary considerably, depending on the type of service and the population being served. Implementation of evidence-based practices (EBPs) will address a matrix of services and evidence, with major efforts focused on those practices that have the widest applicability and the strongest research base. The effort will address a broad range of issues and will need to accommodate the needs of the service delivery system for training, technical assistance, and new workforce development efforts.

Implementation Actions

A first step in the implementation of SB 267 was to develop an operational definition of evidence based practices for mental health and addiction services. After a review of definitions found in the literature and developed by other states, the Office developed an initial draft for review by the field. Two large stakeholder meetings followed and included among other topics a discussion of the draft definition. Subsequent drafts were distributed widely to stakeholders, including consumers, providers, managed care entities, counties, Tribes, and other state agencies affected by the legislation. After an extensive consultation with these stakeholders, the Office approved a definition for use in continuing the implementation. This definition is attached as Appendix A.

The Office established an internal steering committee to direct a system-wide approach to ensuring the widespread adoption of EBPs. The steering committee directs the activities of three stakeholder workgroups with broad participation, and strong minority, family and consumer representation. The goals of these workgroups are described below.

The Office has established a workgroup to define the process for identifying, evaluating and approving a practice as evidence based. The group includes stakeholders with a wide range of interests and will develop a process to establish and maintain an approved list of EBPs.

A second workgroup will identify and define the administrative methods the Office will use to ensure adoption of EBPs. These methods will include elements of administrative rule changes, contract changes, funding incentives, training, consultation and technical assistance.

A third workgroup will assist the Office in developing a plan to measure the effects of adopting EBPs. This will include measuring costs of EBP implementation and identifying cost effectiveness of EBPs. The group will help define outcomes and suggest changes in management information systems necessary to measure the impact of EBP implementation.

Current Status of Evidence-based Practices in the Oregon Prevention and Treatment System

The Office of Mental Health and Addiction Services uses a variety of management information systems to measure contract and administrative rule compliance. These systems record and monitor demographics, compliance with minimum standards, and compliance with contract requirements for the volume of service or numbers served. These systems were not designed to measure provider or program quality, nor the implementation of EBPs; consequently, OMHAS established an initial baseline percentage of expenditures in EBPs by conducting surveys of providers and contractors.

To establish a baseline, the Office asked the County Mental Health Programs, state hospitals, residential programs and Tribes to provide estimates of the amount of funds spent on EBPs. Relying on these estimates, the Office compiled an overall estimate of the amount of funds in each service area spent on evidence-based practices. Based on the survey results, the Office will be estimating the percentage of funds for mental health and addiction services currently being spent on evidence-based practices. The Office will use this estimate as a baseline in preparing a strategic plan for reaching the spending targets for evidence-based practices identified in the statute.

Next Steps in the Implementation Process

Published research on implementation processes for evidence-based practices, as well as practical experience from Oregon stakeholders, suggests that providers may benefit from the use of consultants or mentor programs that can deliver advice and technical assistance specific to particular EBPs. To this end, the Office is designing a technical assistance project that will make consultants on EBP adoption available to providers at little or no cost. These consultants will be able to provide programs with theoretical and organizational advice that will go beyond simple training in techniques.

In addition to making consultation available to providers, the Office has updated its training plan and schedule. Available training resources will be focused on delivering training designed to provide the workforce with knowledge and technical skills necessary to deliver evidence-based services. The Office will also work with counselor accreditation bodies, universities

and community colleges to ensure that college curricula related to mental health and addiction services focus more closely on evidence-based prevention and treatment theory and practice.

Working with advisory committees, the Office will make administrative rule revisions necessary to advance evidence-based practices. In cooperation with the Department of Corrections, the Office is developing an administrative rule setting standards for corrections alcohol and other drug treatment programs that incorporate evidence-based practices for providers serving corrections clients. The Office will continue to work with stakeholders to identify other areas in which administrative rule changes might be effective in advancing the adoption of evidence-based practices.

The Office will continue discussions with stakeholders and advisory groups to determine if contract changes will be useful in providing incentives or requirements for the adoption of evidence-based practices. Competitive solicitations have already begun to feature requirements to demonstrate the use of evidence-based practices as part of the selection criteria. For the 2007-2009 contracts, the Office will examine the need and feasibility of adding a performance requirement for contractors to demonstrate the use of evidence practices.

Conclusion

The statutory changes brought about in the last legislative session by SB 267 have provided a strong impetus to Oregon's effort to move toward a treatment and prevention system based on science. As we continue our work to move the system forward, these statutes will continue to serve as a foundation. Using this foundation, we expect the field to become progressively more reflective of what research and science suggest will produce the best outcomes for consumers, families and communities. The ultimate result will be improved services and a lasting positive impact on the lives of thousands of Oregonians.