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Funding for Addiction Treatment.

State now requiring results before giving out money

Written by Bob Miller

NO SURPRISE: We like things that work.

We buy cars because we've had good experience with them or know people who did. We see certain movies because they feature stars or themes we've enjoyed in the past. And we pick up selected brands of toothpaste, soap and hair-care products because they've always worked for us.

Now, tens of thousands of Oregonians are going to enjoy greater certainty about the effectiveness of mental health, alcohol and other drug treatments in which they enroll.

Before you say "this isn't about me" and turn the page, consider this: Most Oregonians, even if they aren't in treatment, know someone who is, was or will be. The odds are good that it's someone in your extended family.

Now, thanks to legislative authorization, five state agencies including the Oregon Department of Human Services are requiring "evidence-based practices," meaning simply that there must be research-supported proof that a chosen treatment practice works. Treatment providers have always used promising approaches that they believed were effective; that's their business. The change is that more and more publicly financed treatment and therapy will be required to show evidence of effectiveness before tax dollars will pay for it.

This is a good thing.

Perhaps as many as one in 20 Oregonians will receive some sort of publicly financed treatment this year. Not only that, but many providers who serve these clients also deliver services for private-pay patients, who will benefit from this rigorous approach too.

It is altogether reasonable to assert that it will slow the cost increases of publicly financed treatment services. This is because people who improve their mental health or shake an addiction as a result of treatment are less likely to be unemployed, go to the hospital emergency room, abuse their kids or get sent to jail or prison. If that occurs, we should be spending less than we otherwise would on welfare, Medicaid, child-protective services and criminal-justice costs. Even more satisfying are the results in human terms, because people who get better can nurture their children, do well at work, pay taxes and live happy, productive lives.

An example of an evidence-based practice? Sure.

If you know someone who's been through alcohol or drug treatment, then you've perhaps heard that therapists have been known to treat people with an abrupt, confrontation approach. "You have a problem – and you need to face up to it." As a result, some clients quit treatment because they are angry with their therapist or resentful of the approach.

A newer, research-tested technique is called motivational interviewing. It's different because it works with people at their own pace to recognize their problem and begin traveling the road to recovery. As a result, the research tells us, people stay in treatment longer, complete treatment more often, and are more likely to remember what their therapist told them they could do to help themselves.

That is the goal.

The state law requires that 25 percent of publicly financed treatment practices be supported by research today, and that 75 percent be by mid-2009.

If you ask Google for "evidence-based practices," the search engine will give you more than 10 million links. Yet writing the concept into public policy is relatively new. Oregonians should be pleased this is happening in their state, and that other states are contacting us for tips on their own work in this area. People who invest time, money and energy into treatment should have the same confidence as you expect from a trusted brand that you regularly buy at the store.

Now they will have it.

Bob Miller is operations manager in the Office of Mental Health and Addiction Services of the Oregon Department of Human Services, where he is responsible for working with providers to implement evidence-based practices.