

**Office of Mental Health and Addiction Services
8/19/04**

**EVIDENCE-BASED PRACTICES ADOPTION AND
IMPLEMENTATION WORKGROUP**

SUMMARY OF DISCUSSIONS

Attendees: Darcy Edwards, Ann Uhler, Lucy Zammarelli, Joe Adair, Kathyleen Tomlin, Bill Bouska, Nary McBride, C.A. Baskerville, Remona Simpson, Mark Lewinsohn, Rollin Shelton, Andrew Grover, Pat Risser, Mariana Bornholdt, Amy Sackett, Jeff Peters, Jim Quaid, Wendy Hausotter, Ray Hudson, and Keith Cheng

Following introductions and “housekeeping” announcements, Bob Miller, Operations Manager with the Office of Mental Health and Addiction Services (OMHAS), provided background and orientation information. He described briefly the history, progress and current status of Senate Bill 267 and the actions OMHAS is taking to implement the legislation.

Mr. Miller briefed the applicants on the purpose of the Adoption and Implementation Workgroup, and described the difference between the goals and activities of other OMHAS workgroups. The Identification and Verification workgroup will work on defining the process for identification of evidence-based practices and another workgroup will look at the process for measuring outcomes. Several members expressed the desire that the workgroup not be limited to the role of an advisory body, but that the group aims to produce concrete work products and recommendations, including administrative rule drafts.

The group engaged in an extended discussion of the tools that might be used to implement evidence-based practices. This included contracts, administrative rules, technical assistance and training. Jim Quaid indicated that it would be useful to identify incentives as a tool for implementing EBPs. Even without additional funding, the group agreed that it should be possible to identify incentives that would attract providers to EBP adoption. Suggestions were made that a literature search be conducted to look for guidance on adoption methods. How do programs access research and where do providers find adoption models? Group members offered to bring

back specific information in this area to stimulate further discussion and planning.

Group members suggested recognition of disincentives for EBP adoption. They include additional paperwork and closer scrutiny.

Members commented on the composition of the workgroup, suggesting that representation from mental health was lacking. Some felt that the discussions focused on alcohol and drug treatment issues. Others suggested that the group should have stronger representation from consumers and families. It was also recommended that representation from community colleges would be helpful, since those institutions may play a key role in the workforce development activities necessary to implement EBPs.

The group discussed the need to address “sustainability” to ensure that the adoption of EBPs will represent a permanent not temporary change.

Group members expressed a desire to have the minutes and decisions of the other OMHAS EBP workgroups reviewed at the beginning of each meeting. In this manner, the groups will maintain coherence and consistency. Duplication of effort will also be minimized.

Following the next meeting, the workgroup will meet every 60 days. A speakerphone will be available for members who can't attend the meeting. Meetings will be held in locations with an eye to avoiding traffic and parking difficulties.

The next meeting is September 28, 2004 from 1:00-4:00 at the Oregon State Lottery Office, 500 Airport Road, Salem, OR 97301 in the Pacific Room.

For information call Shauna McDaniel at 503-945-5764.