



Evidence Based Practice in Behavioral Health: An Overview



**Oregon Department of Human Services
Addictions and Mental Health Services (AMH)
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12 Steps of EBPs

by Bonnie Malek, Marion County

1. We admitted we were powerless over SB267 and that our IT needs had become unmanageable.
2. Came to believe that the right set of manuals could restore us to pre-morbid functioning.
3. Made a decision to turn our program development and training resources over to SAMHSA before we understood why.
4. Took inventories of everyone that voted for this bill (and in some cases their mothers and their dogs).
5. Admitted to AMH and the Oregon Legislature that for the past 70 years, we've been running on sweat equity, imagination and rubber bands.
6. Grudgingly agreed to do some reading and to keep an open mind.
7. Swore all the way to the dumpster with our favorite videos and handouts.



12 Steps of EBPs

8. Made a list of all the practices that made sense to us and became willing to check at least some of them out.
9. Agreed to learn at least one new thing as long as it didn't substantially add to our caseloads or paperwork.
10. Continued to work on doing the impossible with no new resources and dreamed of deleting databases when no one was looking.
11. Sought through outcomes data and SSRIs to improve our conscious contact with the legislature, praying only to prove that treatment works and we're truly not sleeping at our desks.
12. Having had a rude awakening as the result of these steps, we vowed to share our retention data with programs that were still pre-contemplative and to practice fidelity in all of our affairs.



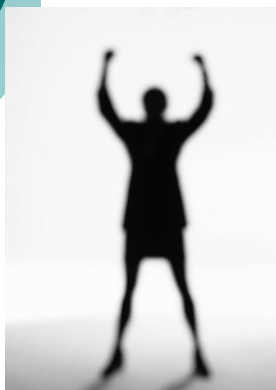
Why Evidence-Based Practice?

It Creates an Opportunity for System Transformation

- AMH strategy is to use legislation to transform the service system supported by public funds
- Increase the use of EBPs and improve outcomes
- AMH definition includes the entire service system, including prevention

Stakeholders

Stakeholder Advisory
Committee



Diversity of Representation
– urban, suburban, rural,
ethnic, cultural

Invaluable input to move
forward



Implementation Actions

- Identify and classify EBPs
- Inventory programs and practices throughout the State
- Provide training and technical assistance to provider organizations
- Refine reporting methodology



Implementation Actions (cont.)

- Utilize broad-based stakeholder input
- Refine definitions
- Identify or create appropriate fidelity & quality improvement instruments
- Develop administrative rules that support EBP implementation
- Establish cost-effectiveness and cost-benefit measures



How Do We Define EBPs?

- A continuum of practices, based on level of research confidence
- Oregon's nine federally recognized tribes are defining EBPs for use in those nations
- Ongoing discussions with stakeholders will continue to redefine EBPs



AMH EBP Operational Definition

- Programs or practices that effectively integrate the best research evidence with clinical expertise, cultural competence and the values of the persons receiving the services
- Consistent evidence showing improved outcomes
- Include individual, population-based or administrative and system-level practices



Population-Based Services

- Work at the community level
- Prevention programs
- Measurable outcomes
 - Example: substance abuse prevention program resulting in reduction of drug use in the at-risk population group



Administrative or Service Delivery System Practices

- Organizational models in combination with clinical interventions produce measurable outcomes
- Network for the Improvement of Addictions Treatment (NIATx)



Evidence Based Programs: Levels of Evidence

- Programs that incorporate practices derived from generally accepted scientific research should be considered as evidence-based for the purposes of ORS 182.525 (SB267)
- Clinical practices and their relation to research can be placed on an evidence continuum with six levels ranging from:
 - Multiple studies using randomized assignment of patients in clinical settings...
 - To no evidence that supports the efficacy or efficiency of the practice on the other...
 - To evidence that suggests that the practice is harmful



Update of the Definition

- In September, 2007, AMH updated the EBP definition to 2 published peer reviewed journal articles instead of three and included a better definition for prevention programs



2005 Survey Results

- Results indicate
 - 25% target set by legislature
 - 56% of substance use treatment and prevention dollars
 - 33% mental health treatment dollars
 - Expenditures were highest in the following EBPs:
 - Mental Health: Assertive Community Treatment (ACT)
 - Substance Use: Motivational Interviewing, American Society of Addiction Medicine (ASAM), Cognitive Behavioral Therapy (CBT)



2008 Survey Results

- Results indicate 54% fund utilization.
 - Most commonly implemented practices are the following:
 - Mental Health: Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Solution-Focused Brief Therapy
 - Substance Use: Cognitive Behavioral Therapy (CBT), Motivational Interviewing and Motivational Enhancement Therapy, American Society of Addiction Medicine (ASAM)
 - Substance Use Prevention: Strengthening Families Program 10-14, Communities that Care, Project Alert



2007 Fidelity Project (March- July 2007)

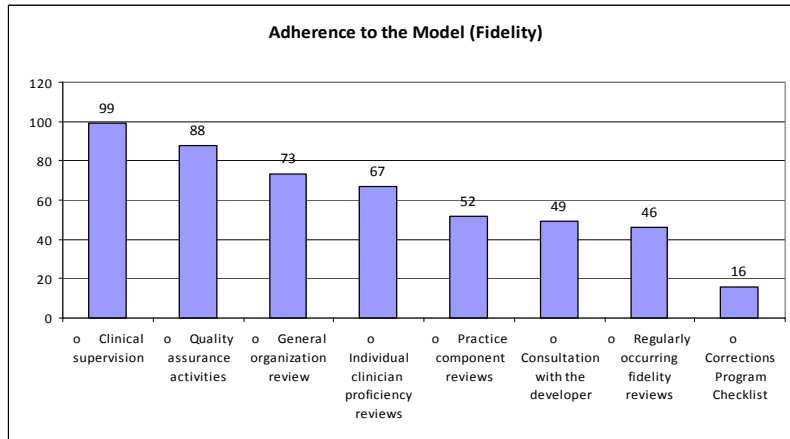
- The goals of this project:
 - Collect information
 - Develop protocols for the AMH fidelity review process
 - Prepare AMH staff and providers to conduct fidelity reviews
 - Increase knowledge about specific EBP practice



2008 Fidelity Project

- Completed September, 2008
- Focused on Addiction Practices
 - Cannabis Youth Treatment
 - Cognitive Behavioral Therapy (CBT)
 - Integrated Dual Diagnosis Treatment (IDDT)
 - Matrix Model
 - Motivational Interviewing (MI)

Provider Strategies to Meet Fidelity



Change Team Implementation Project (2008)

- Goal: Maximize skills of leaders implementing change
- Two projects, five training sessions, 20 participants
- Completed a variety of change projects including implementing evidence-based practices with assistance from AMH staff



Does All of This Matter?

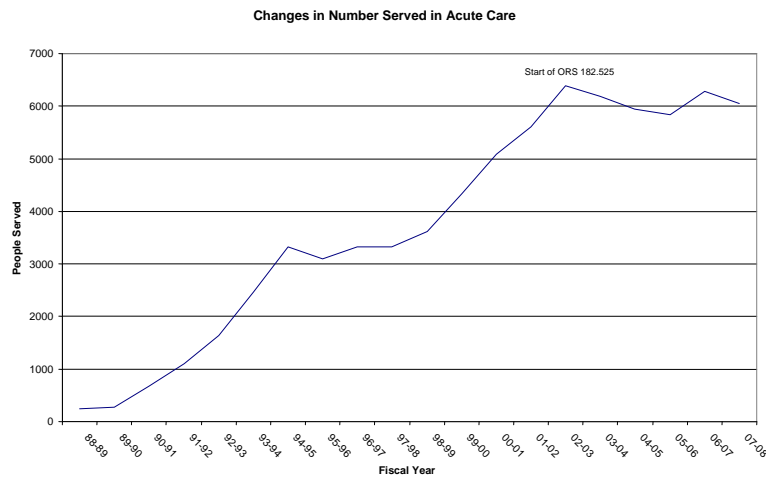
- Does implementing EBPs produce better system outcomes?
- Are we hitting the intended targets of the legislature under ORS 182.535?
 - Reduces propensity of a person to commit crimes
 - Improves mental health of a person with the result of reducing the likelihood that the person will need emergency mental health services
 - Reduces antisocial behavior and juvenile crime
- What does this amount to in financial terms?



Example from Prevention Strengthening Families Program 10-14

- **Savings** to society in criminal justice costs related to substance abuse are estimated to be **\$5805 for each youth** who participates in the Strengthening Families Program (Washington State Institute for Public Policy, 2003)
- To date, investing in the Strengthening Families Program has yielded a **net benefit** to Oregon of **over a million dollars**:
 - **OREGON'S COST SAVINGS:**
 - **\$1,184,220**

Acute Care Hospital Admissions



Issues

- Applying the requirement to all clinical and prevention services
- Focusing on practices used with criminal justice clients
- Modifying the definition
- Resources for data collection and research
- Use of EBPs and resulting outcomes
- Linking cost offset / cost benefit analysis to use of EBP



Consider

- Limiting the scope of programs
- Using the Correctional Program Checklist (CPC) as a standard for serving criminal justice clients
- Identifying core components and protocols as EBPs



Consider (cont.)

- Systems organization, supervision and review processes as EBPs
- Modifying key performance measures and outcomes to monitor changes over time
- Investing in a modern data system to capture financial and outcome information



Resources

- Turning Knowledge Into Practice:
http://tacinc.org/cms/admin/cms/_uploads/docs/EBP_manual.pdf
- AMH EBP Website:
<http://www.oregon.gov/DHS/mentalhealth/ebp/main.shtml>