What Happens When the Legislature Mandates the Use of Evidence-Based Practices -Oregon's Experience

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Overview

- Oregon’s State Mandate and the Providers response before and during implementation
- AMH Re-tooled Approach
- Risk and opportunities

The Stage is set

- Institute of Medicine recommends EBP's and attention to quality care in addiction services (2001; 2006)
- Budget cuts have increased demands for accountability, improved outcomes, and cost savings.
- **Oregon is first state to create and pass legislation that mandates purchasing of EBP's.**

Senate Bill 267 (ORS 182.525)

- This Oregon State Authority (AMH) required to purchase Evidence Based Practices (EBP) for mental health and substance abuse treatment
- “Gut and Stuff” Unfunded Mandate
- According to SB 267, an evidence-based program: *“incorporates significant and relevant practices based on scientifically based research; and is cost effective” (SB 267, Section 3 No. 3a and 3b).*

Expectations of the policy mandate

- Pertains to - the Department of Corrections, Oregon Youth Authority, State Commission on Children and Families, Criminal Justice Commission, and Addiction and Mental Services (AMH)

- Biennial, incremental implementation
  - July 2007 (1st Biennium): **25%**
  - July 2009 (2nd Biennium): **50%**
  - July 2011 (3rd Biennium): **75%**

Translation - Implementation

- Research supports the effects of organizational factors on adoption and utilization of EBPs (Garner, 2008; Brown et al., 2002; Knudsen et al., 2006; 2005; Lehman et al., 2002; Roman et al., 2002; Stirman et al., 2004; Rogers 2003).
- Implementation requires attention to staff/ provider characteristics (*e.g.,* training, supervision, and administrative support) and organizational dimensions (*e.g.,* size, mission, systems interventions, use of fidelity tools) (Fixsen, et al., 2005; Thomas, et al., 2003; Simpson, 2002).

Providers perspective and influence

- Understanding characteristics and perspectives of the counselor workforce is critical in the process of implementing and sustaining the use of EBPs as well as improving the quality of care (Mulvey, Hubbard & Hayashi, 2003; Knudsen, H., Ducharme, L., Roman, P., & Link, T. (2005).

- Provider opinions and beliefs may affect the adoption of innovative treatment practices and process improvement initiatives (Rogers, 2003).

More Specifically

- Dissemination of new treatments requires
  - Providers who believe in its effectiveness
  - Providers willing to promote the practice
  - Sufficient funding
- It is much more difficult to retrain providers who have established methods and strategies than to shape the practice of clinicians currently in training.

(Ling et al., 2004: Thomas et al., 2003; Miller, Zweben & Johnson, 2005).

Implementation study

Specific aims:

1. Record implementation of legislation noting modifications in state regulations, meetings, and contracts.
2. Assess treatment providers’ and stakeholders’ responses regarding organizational change, implementation challenges and limitations.
3. *Identify and evaluate counselor opinions about the legislation, and their familiarity with, attitudes toward and motivation to use EBPs.*

Participants and procedures

- Qualitative Study:
  - Novel Phenomenon, with significant systems dynamics to explore
  - Increased Validity
  - Participants included treatment programs located in urban, rural and American Indian communities.
- Semi-structured, open-ended interviews conducted with:
  - 2005
    - Stakeholders (*n* = 17)
    - Directors/supervisors (*n* = 20)
  - 2008
    - Stakeholders (*n*=13)
    - Directors (*n*=29)
- Focus groups were completed with counselors
- 2005
- 8 groups (*n* = 48)
- 2008
- 13 Groups (*n*=66)

Legislating clinical practice

- How does the Mandate influence counselor feelings about EBP's?
- Were there changes from over-time as the mandate was implemented state-wide?
- What does this tell us about how we should approach these kinds of policy interventions in the future?

Counselors sentiments about EBPs

- The mandate and EBP movement may privilege manualized treatment over individually tailored treatment plans.

Goodheart et. al. (2006); Beutler, L. E., Alomohamed, S., Moleiro, C., & Romanelli, R. K. (2002); Norcross, J. C., Beutler, L. E., & Levant, R. F., Eds. (2005)

Concerns during pre-implementation

"My fear - and I've seen it in the field – is that sometimes when a manual comes out, clinicians read that manual front-wards and backwards. But all they're doing is going through the motions… And I think - it's not like the stuff's no good, I've never heard that – but clinicians don't want to be locked in: 'Well, okay, today is group twenty-five, this is the paperwork. Go do this."

"You touched on something so important. One of the most VALUABLE things for me is when client issues come up…being able to process things and get their feedback and try to integrate that… its just SO valuable. And I will NEVER give that up."

Manualized treatment

"It is the practitioner rather than the practice that matters with effective treatment. It doesn't matter as much whether you're a true big book thumper that is presenting AA material if you really truly believe in what you're doing and you have a passion for it, then you're going to do well with the clientele that you're working with…It isn't the method. It is the person that is using the method to achieve a result." (2004)

Manualized treatment concerns persist

"…mandated practice is one way, and if you try to follow that without being yourself or without incorporating it into your own bag of tricks, so to speak, then it becomes something you do just kind of remotely. It's a routine kind of thing with no passion, no investment, no involvement." (2008)

Implementation and Fit

- Training requires resources
- Available EBPs need adaptation and revisions to fit different populations
- Organizational procedures must shift
- Additional models for these processes are needed

Implementation and Fit

"So, it wasn't so much that I was reviewing them [EBPs] and was so dazzled by what was out there. But more that it was a mandate that these need to be implemented. And thinking of cost as an issue and really what's going to fit the community that I'm serving." (2005)

"It's difficult to kind of make that transition and allow it to fit a particular population; although, the experience I had for two years doing that was that it worked wonderfully for some people but not for everybody." (2008)

Compounds both negative and positive sentiments about EBP’s

Counselors distrust the involvement of the state and legislature in relation to clinical issues, which heightens concerns about how EBP’s constrain clinical work...

…At the same time…

Counselors feel that the Mandate affords the field greater credibility

Distrust of State: Pre-implementation

"My point is that we have this Senate Bill now. We're not even sure how to define it. The problem is that the legislature sometimes gets their foot stuck in their mouth on things and it gets pushed through. Then it's left up to the lawyers to decide what it means, what it doesn't mean. The bad part of that is that it can impact negatively, perhaps, even really good treatment facilities."

"That's the first thing I think is why are politicians – and I have a natural distrust of politicians, that's my prejudice – why are they getting involved?… It bothers me when people who aren't involved in doing the work start telling us how to do the work."

Full implementation: Concerns remain

- Disconnect with policy makers and those enforcing the mandate persist

"These are folks who aren't treatment providers. [Others agree.] They're legislators. And they listen to whoever is talking in their ear, and then they pass laws and make policy that doesn't really have a lot to do with what actually happens clinically." (2008)

Misguided Focus

"I mean, it didn't matter which manual they were using, it all equaled the same outcome. And what really was the predominant factor was the relationship with the client… So, if in fact, this is the evidence, the evidence is really that our relationship with the client OUTWEIGHED what we're doing… Why are we focusing [in the mandate] on treatment manuals? Why aren't we focusing on advancing that relationship with our clients if that, in fact, is the highest evidence that's out there?"

Positive sentiments: Credibility

- Counselors feel that EBPs may increase the overall credibility of the field.

"Tying [our work] to some outcomes, research and numbers is very valid because it does help us to move away from a strictly individual person's perspective of 'this is what worked for me and this is what will work for you…' How can I tell that what I'm doing is helping? I think that's a really good question…"

"I do think as a field, we still fight for that credibility. I started in '88 and it was two old farts and a big book. That was treatment… I still think we're in the process of professionalizing what we do."

Credibility of the field

"The way I see it is that the more transparency we have, the more credibility we get. We're much more open in public in saying here's what we do and here's what we know is effective and here's how effective we know it is. This will give you a pretty good sense that if you engage with our services, here's the outcome you get. I think that that will certainly add to the credibility factor, if that's how we approach this legislation."

Levels the playing field

"You know, there are really good clinicians that can just kind of do whatever and do process intensive issues and have really good results with this style. And then there are others that can't. And so I think when you have that manual to pull from, it kind of levels out the playing field." (2008)

Summary of findings

- Counselors have significant concerns about manualized interventions and the fit of practices
  - Translation from research to practice is limited
  - Need population specific EBPs
  - Should focus on relationships more than manuals
  - Adaptation takes time and financial support

Summary Cont'd

- Counselors are both PRO and CON about the mandate and EBP's
  - Counselors distrust the state and this accentuates their resistance to EBP's
  - Counselors express positive sentiments about increased credibility of the field
  - Counselors encouraged by the perspective that the mandate brings as it levels the field

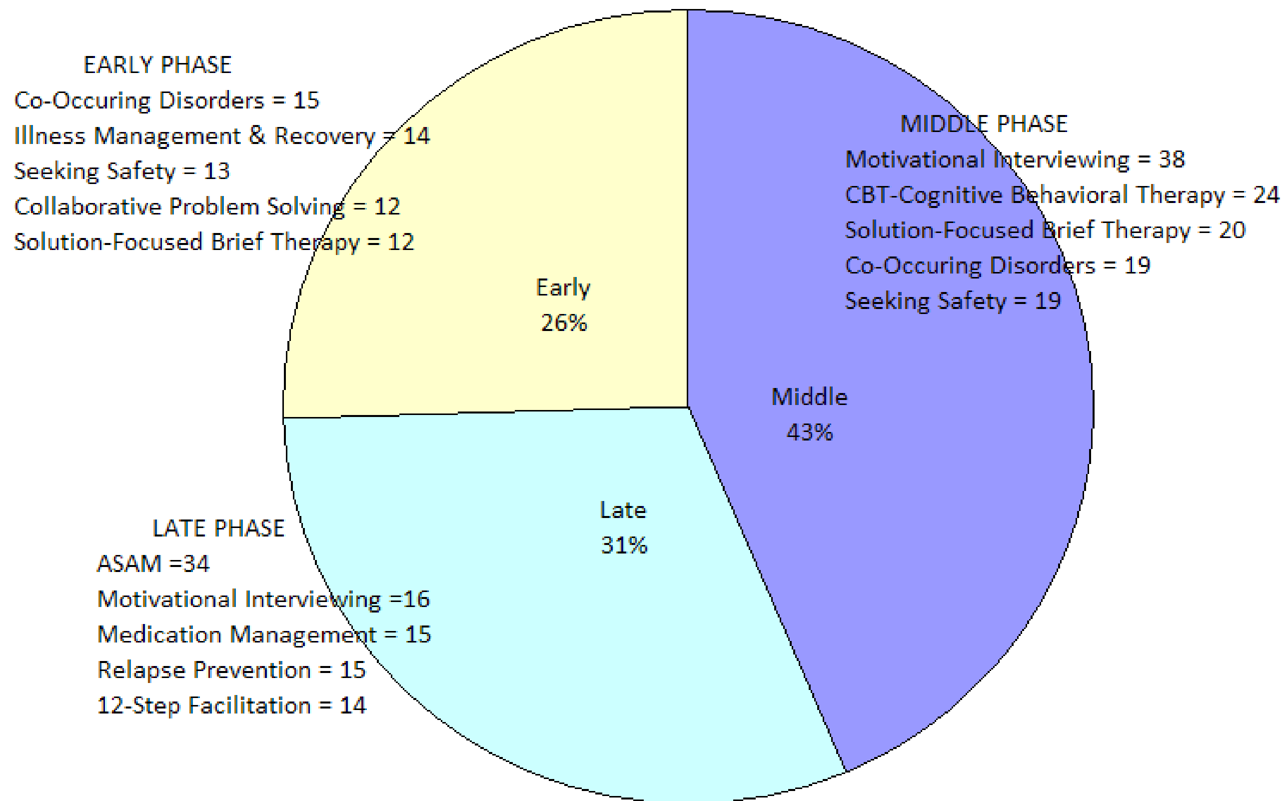
Where are we now and where are we going?

- Still committed to promoting the adoption of EBP and to fidelity implementation.
- Change in leadership at AMH has made it possible to re-think our approach – more closely aligned with intent of Legislation.
- Gearing up for 2009-2011 EBP survey.
- Reporting to Interim Judiciary Committee September 2011.

Reminder about the intent – Target populations

- Programs designed to reduce the propensity of a person to **commit crimes**.
- Improve the mental health of a person with the result of reducing the likelihood that the person will **commit a crime** or **need emergency mental health services**.
- Reduce the propensity of a person who is less than 18 years of age to engage in antisocial behavior with the result of reducing the likelihood that the person will **become a juvenile offender**.

Legislation increased implementation of EBP when broadly interpreted



Moving forward in 2010-11

- Executive leadership team of AMH approved re-tooled approach to capturing budget information to report to Interim Judiciary this September.
- Approach is more closely aligned with legislation and allows AMH to leverage partnerships with the other four agencies subject to the law.

Re-Tooled approach

- Survey will focus on specific target populations – based on risk categories: at greater risk for hospitalization or incarceration.
- Providers will be asked to provide budget information only as it applies to these populations and use of EBP.
- AMH is putting workforce and fidelity measurement focus in these areas.
- Two initiatives for Correctional Program Checklist (CPC) training and reviews with CJC and OYA.

Risks and opportunities

- Changing methodology for capturing budget data will need to be vetted with Interim Judiciary.
- If we don't meet 75%, then what? Do we lose funds?
- Will the field still have a sense of urgency about adopting and implementing EBP?
- New approach allows us to narrow focus and be more strategic.