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# Newsflash: The OMHAS Update

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## Kids' Initiative Summit

Over 400 participate in conference to "inform and inspire"

By Alondra Rogers

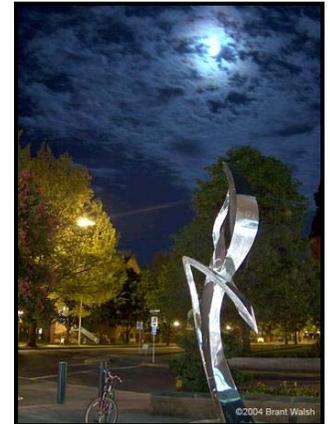
After a summer's worth of meetings, phone conferences and revisions, the Children's Mental Health System Change Initiative has moved from idea toward solid policy. To kick-off the Initiative, the Office of Mental Health and Addiction Services (OMHAS) co-sponsored a conference with the Oregon Family Support Network "to inform and inspire" Oregonians concerned about the children's mental health system on the details of the system changes.

About 400 mental health professionals, family members and other community partners attended the conference held October 19 and 20 at Western Oregon University in Monmouth. The Summit featured keynote speakers including Attorney John Franz, who helped craft Wisconsin's children's mental health code, and Office of Multicultural Health Director, James Mason. Topics in the breakout sessions included a variety of children's mental health issues such as creating community, juvenile justice and the integration of cultural competency in

service delivery. Some breakouts were so popular, room capacities left standing room only.

The Initiative is OMHAS' answer to the Legislature's Budget Note HS-3, which mandates changes to improve the system for children with mental illness and their families. The Initiative takes the good intentions of previous plans for child and adolescent mental health and implements them by creating change in the structure of service providership. The conference title sums up this ideology: Re-Visioning Oregon's Children's Mental Health System: Keeping Children at Home, in School and in the Community.

Bill Bouska, Leader of the Community Treatment Systems Section's Children's Team and major player in the creative process, saw the conference as an "opportunity to recognize the effort and hard work that preceded [the Summit] and a chance to instill interest and excitement about



The Werner Student Center at Western Oregon University by moonlight.

what is still to come."

Elen Pimental, conference coordinator and Child and Adolescent Mental Health Specialist said, "I think the conference was a great success. We had wonderful speakers and a training staff that thought of every detail."

*For more information on the Summit or the Initiative, contact Bill Bouska (503) 945-9717.*

## Evidence Based Practices

Tracking the Progress of Compliance with Senate Bill 267

By Bob Miller

OMHAS has formed an internal steering committee to oversee efforts to promote evidence-based practices. The steering committee met October 22 and developed a draft evidence-based practice (EBP) project plan that will focus and guide the work. The steering committee will finalize the project plan within the next two weeks. The plan is available through the

OMHAS website and as handouts to staff. OMHAS also is working with three stakeholder workgroups to develop plans and activities to further the adoption of evidence-based practices. The workgroups are focusing on identification and listing of evidence-based practices, methods and tools for adoption and implementation of evidence-based practices and measuring the impact and cost-effectiveness of the EBP effort.

The steering committee is establishing a communication plan designed to ensure that both internal staff and stakeholders are kept current with the progress of the EBP effort. Staff may expect periodic updates, notices, announcements and discussions on efforts as we move forward.

*For more information on EBP, contact Bob Miller at (503) 945-6185.*

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## Illinois Expert to Advise OMHAS on Addiction Recovery Implementation

Mike Boyle will address staff in early December

By Devarshi Bajpai

Behavioral Health Recovery Management (BHRM) is “the process of sustained support through the developmental stages of addiction recovery.” BHRM shares the disease management goal of effective stewardship of healthcare resources, but it places a greater value on the management of global health and the quality of life of the individual and family.

The founders of BHRM, White, Boyle, and Loveland, contend that the addiction field espouses a belief that addiction is a chronic, relapsing disease, but treats it with short, disconnected treatment episodes. In a 2003 article, “A Model to Transcend the Limitations of Addiction Treatment,” White, et al describe seven ways the addiction treatment field treats addiction as an acute problem:

- Cultivate the expectation among clients and family members that full and enduring symptom remission should be achieved from a single episode of treatment;
- View prior treatment

“failure” as an indicator of poor prognosis;

- “Administratively discharge” clients for exhibiting symptoms of the disorder for which they are being treated (e.g., inability to abstain and loss of control over substance use);
- Relegate post-treatment aftercare services to an afterthought;
- Terminate the service relationship following brief intervention;
- Treat serious and persistent AOD problems in serial episodes of self-contained, unlinked interventions;
- Treat individuals in isolation from the family and social networks.

BHRM seeks to address these issues. The core components of BHRM are:

- **Changing the timing and duration of service-** BHRM extends the time over which services are delivered, but shifts the emphasis of these services from high-intensity, high-cost, crisis-stabilization

services to proactive, lower-intensity, more sustained recovery-support services

- **Expanding the service continuum-** BHRM models extend the current continuum of care for addiction by including: pretreatment services, recovery mentoring through primary treatment, and sustained post-treatment recovery-support services
- **Expanding the service team-** The size and composition of a BHRM team is determined by the unique issues and needs of the individual and their family. Team members may include primary care physicians, indigenous institutions and individuals, and peer mentors.

**Creating new service evaluation methodologies-** Evaluation models measure the extent to which service designs affect the whole person and his/ her concurrent or sequential recovery from multiple co-occurring disorders.

Mike Boyle, one of the founders of BHRM, will meet with OMHAS staff December 1, 2004, from 9:00am-12:00 to discuss BHRM principles and ways to implement them in the context of our current system.

Mike Boyle is Executive Vice President of Fayette Companies, Peoria, Illinois, a behavioral health management firm providing comprehensive mental health and substance abuse services. He also serves as Project Director of the Behavioral Health Recovery Management pilot project in Illinois. Boyle has more than 25 years of experience in the behavioral health field as both a clinician and administrator. His current interests are in the integration of mental health, substance abuse and primary care in addition to the application of a disease management model to behavioral health.

*For more information, contact Devarshi Bajpai at (503) 945-5765.*