

## Frequently Asked Questions about SB 267

### 1. What types of activities are subject to SB 267?

SB 267 generally applies to services that prevent crime or reduce the need for emergency mental health services which are funded through five state agencies. Each of the five agencies used the criteria in the law to decide which specific services they provide or fund are subject to SB 267. Those services and programs include:

- Clinical alcohol and drug treatment programs and clinical mental health programs funded through the state Department of Human Services/Office of Mental Health and Addiction Services;
- Alcohol and drug treatment, sex offender treatment, cognitive change programs, and other services intended to reduce future criminal conduct by adult and juvenile offenders funded through the Department of Corrections or Oregon Youth Authority;
- Services that reduce anti-social behaviors that lead to becoming a juvenile offender, including services funded with Juvenile Crime Prevention grants administered by the Oregon Criminal Justice Commission or with Youth Investment grant funds administered by the Oregon Commission on Children and Families.

A more complete listing of activities subject to SB 267 can be found in the state agency reports to the Joint Interim Judiciary Committee, available on the Internet at <http://www.ocjc.state.or.us/SB267/index.html>

### 2. How can we still serve the same number of people with an evidence-based program that costs more money?

Evidence-based practices do not necessarily cost more money to offer. Programs already are assessing clients, targeting certain behaviors for change, and delivering those programs in a certain way. The research guides program providers in knowing what to assess, what to target, and how to deliver treatment in ways that will best reduce crime and the need for emergency mental health services. Even so, some programs may need to make changes that cost money. For example, a program may need to be more intensive to be effective. If improved results require changes that increase expenses, then it may be appropriate to reduce the size of the program and use the dollars available more effectively for a smaller population.

### 3. Is there going to be a common definition for what constitutes an evidence-based practice?

There will not be a single definition for all five state agencies, but the agencies are coordinating their definitions to avoid conflicts. SB 267 does not require providers to use specific programs – it requires the programs they provide to use

evidence-based practices. Agencies cannot have a single definition of evidence-based practices, because – for example -- the practices for a drug treatment program will be different than the practices for a mentoring program.

**4. What technical assistance will be available to help us meet the requirements of SB 267?**

Agencies are offering a variety of assistance within their resource limitations and based on the needs of their stakeholders. Agencies will provide joint training and technical assistance as opportunities present themselves, but generally assistance is being provided separately by each agency. Assistance has included training in program assessment tools, identifying programs that use evidence-based practices, identifying resources and project management to implement evidence-based practices, and training in managing organizational change. If you have specific needs or requests, contact the state agency from which the funds are obtained.

**5. What is the status of implementing SB 267?**

Agencies are at different stages of implementing SB 267, but each will be presenting information to the 2005 Legislative Assembly about what proportion of their program funds pay for evidence-based practices. For more specifics, see the agency reports at <http://www.ocjc.state.or.us/SB267/index.html>

**6. What happens if I don't have an evidence-based program?**

State agencies will work with you to identify ways to incorporate evidence-based practices into your services. The funding requirements of SB 267 phase in through 2011, so there is time to make any needed changes.

**7. How does SB 267 affect county governments?**

Since counties administer state funds that pay for programs subject to SB 267, they are essential partners in implementing the law. Some areas of possible impact include modifying contract provisions and possible changes to state administrative rules.

**8. Are programs funded with federal funds or county funds subject to SB 267?**

Yes, but in different ways. For state General Fund, state agencies must show that 25 percent of those funds are spent on services using evidence-based practices. For federal funds, state agencies are only required to report the percentage spent on services using evidence-based practices. Services using county funds are only subject to SB 267 if the services also use state General Fund or federal funds coming through state agencies subject to SB 267. Services funded solely with county funds are not subject to SB 267.

**9. What's the difference between evidence-based *programs* and evidence-based *practices*?**

An evidence-based program refers to a complete program design that has been studied and found to be effective. In order to achieve the same result, the complete program must be implemented the same way as the program that was included in the research.

Evidence-based practices are the characteristics of programs that have been shown through research to be effective. For example, programs that are most effective at reducing recidivism tend to be cognitive (focused on changing thinking) or behavioral (focused on teaching new behavioral skills) or both. Many types of programs may be designed using cognitive and/or behavioral approaches, and can be said to be evidence-based programs because they are using evidence-based practices.

**10. How will SB 267 affect services providers who deliver culturally-specific services?**

SB 267 supports delivery of culturally specific services because it supports having program services delivered in a manner that is responsive to individual differences, which include language, culture, and learning styles. The law does not require that providers deliver specific programs or services, but does require that evidence-based practices – such as assessing client risk, assigning program services based on risk and need – be included in culturally specific services. Each agency is working to identify what practices apply to specific types of programs, and will help providers identify and implement any needed changes to comply with SB 267.