

The CSAT Practice Improvement Program and the RWJ Resources for Recovery Program: Observations on the Change Process



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The CSAT Practice Improvement Collaboratives Program

Program Goals

- ❑ To improve the quality of substance abuse treatment through the adoption of evidence-based practices in community-based treatment organizations
- ❑ To identify successful methods and models for implementing evidence-based practices

PIC Required Program Activities

- ❑ Assess community treatment needs
- ❑ Create an organization to support the work of multiple stakeholders
- ❑ Conduct knowledge dissemination and training activities
- ❑ Identify evidence-based practices that are relevant and feasible to implement
- ❑ Conduct studies to evaluate the most effective methods for implementing EBPs in community treatment settings

PIC Program Stakeholders

- ❑ Treatment providers
- ❑ Researchers
- ❑ Policy makers
- ❑ Recovery community
- ❑ Educators, community outreach organizations, self-help groups

PIC Knowledge Adoption Studies

Motivational interviewing (n=8)	Mental health screening of SA clients (n=1)
Gender-specific treatments (n=6)	Implementation of ASAM level of care criteria (n=2)
Integrated Tx. For SA/MH disorders (n=5)	Anger management (n=1)
Researcher in Residence (n=6)	Standardized SA assessment (n=1)
Relapse prevention (n=4)	Tx. of stimulant abuse/dependence (n=1)
Family focused services/assessment (n=3)	Tx. of persons w/ physical/cog. disabilities (n=1)
Cognitive behavioral treatment (n=2)	Methadone maintenance (n=1)
Pharmacotherapy (n=2)	Strength-based case management (n=1)
Implementation of the ASI (n=2)	Mgt. Of infectious diseases (n=1)
Performance monitoring (2)	Stigma reduction (n=1)
Community reinforcement approach (n=1)	Cross-train JJ probation and SA counselors (n=1)
Parenting skills (n=1)	Assessment of treatment outcomes (n=1)
Tx. Of clients in criminal justice settings (1)	Enhanced ACT (n=1)
Traumatic brain injury screening (1)	

PIC Implementation Strategies

- ❑ Opinion leader training
- ❑ Train the trainers
- ❑ Standard face-to-face formats with and without boosters/enhancements
- ❑ Video-based training formats
- ❑ Academic detailing
- ❑ Researcher in Residence
- ❑ Organizational change process

Observations of the PIC Experience

- ❑ Providers work within organizational contexts and the failure to adequately take organizational constraints into account limited implementation effectiveness

- ❑ Implementation of EBPs requires more attention to sustainability
 - Embedding interventions into supervisory processes
 - Building the capacity to continue training as staff turn over

- ❑ In nearly all cases, interventions were “tweaked” prior to implementation

How Practices were Modified

- ❑ Reducing the amount of training
- ❑ Providers with different levels of training and experience
- ❑ Changing the dosage to fit within reimbursement constraints
- ❑ Changing the format e.g. individual to group
- ❑ Modifying the practice to be more “culturally competent”

Attitudes toward Modifying EBPs

Cooperative Agreements for the Comprehensive Community Mental Health Services for Children and Their Families Program (SM-05-010)

“ Describe how the project will incorporate one or more evidence-based interventions, which are defined as treatments that have been scientifically studied and found to produce positive outcomes in children. In addition, describe any adaptations that will be made to the evidence based interventions to address service delivery for racial and ethnic minority populations.....”

Targeted Capacity Expansion Grants for Jail Diversion Programs (SM-05-011)

“Describe how the practice will be modified/adapted, if necessary, to meet the needs of the target population while maintaining fidelity to the original model. Include issues of age, gender and culture”

Attitudes (Cont.)

Targeted Capacity Expansion: Meeting the Mental Health Services Needs of Older Adults (SM-05-012)

“...SAMHSA encourages fidelity to the original evidence-based service/practice to be implemented. However, SAMHSA recognizes that adaptations or modifications to the original model may be necessary for a variety of reasons:

- ❑ To allow implementers to use resources efficiently
- ❑ To adjust for specific needs of the client population
- ❑ To address unique characteristics of the local community where the service/practice will be implemented”

All applicants must describe and justify in detail any adaptations or modifications to the proposed service/practice that will be made.

Modifying EBPs: Questions Raised

- ❑ How can we better understand why implementers feel the need to modify interventions?
- ❑ What do we know about the “active ingredients” of interventions?
- ❑ When does a modification change the intervention so that it can no longer be considered evidence-based?
- ❑ How can we track the types of modifications that are made?
- ❑ How to provide guidance to implementers who feel the need to modify interventions?
- ❑ How to improve the “fit” between models that are tested in research settings and the realities of organizational constraints?
- ❑ How to build simple, inexpensive evaluation into routine practice...just in case the “active ingredient” has been changed?

The Robert Wood Johnson Resources for Recovery Program

Goals of the Program

“...bring about long-term cultural change in the financing and delivery of AOD treatment services through the identification and dissemination of effective strategies that enhance treatment outcomes, support administrative efficiencies and efficiently utilize available funding.”

Program Structure

- ❑ 15 states selected to participate in 2002
- ❑ Five states received planning and analysis grant funds. Ten received a range of TA services.
- ❑ A National Program Office operated by the Technical Assistance Collaborative supports grantees through specialized technical assistance, peer-based technical assistance, and information dissemination.

State Strategies for Change

- ❑ Creation of formal cross-agency partnerships
- ❑ Needs assessments/gap analyses
- ❑ Exploration of alternative funding opportunities for substance abuse services
- ❑ Consolidated purchasing or contracting arrangements
- ❑ Creation of administrative efficiencies
- ❑ Program/service re-design

Factors that Facilitated Implementation

- ❑ Prior relationships with partners
- ❑ Staff with dedicated time for project activities
- ❑ Limited and focused targets
- ❑ The availability of specialized technical assistance

Factors that Impeded Implementation

- ❑ Environmental distractions
- ❑ Organizational silos within states
- ❑ State budget constraints
- ❑ Inadequate appreciation of the complexity of proposed changes and the foundational prerequisites
- ❑ Provider resistance

Observations of the RFR Process

- ❑ Many grantees have made considerable progress. However, in nearly all cases, the timeline has been considerably longer than anticipated and progress is far from linear.
- ❑ Most of the facilitators as well as barriers were related to social, political and organizational factors, not technical factors.
- ❑ In many instances, states initiated change activities without an adequate appreciation of the need to assess and deal with contextual factors.