

Improving Engagement and Retention with Evidence-Based Practices: Administrative Interventions, Clinical Supervision and Process Improvement

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Agency capacity to successfully engage clients is predictive of retention and completion of treatment

1. How states are establishing performance standards, encouraging use of EBPs and delivery of clinical supervision,
2. Research and tools related to clinical supervision and successful adoption of evidence-based clinical protocols,
3. Ways community agencies can improve client engagement and continuation in treatment.

The Role of the State Authority in EBP Adoption: Policies, Contracts, Fidelity, and Supervision

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Evidence-Based Practice in ATOD Services

- Driven by efforts to integrate:
 - Best research evidence, Clinical expertise, and Patient values.

- Concerns:
 - Practices with successful outcomes, but no RCT data is available (Landsman 2006).
 - Making individual treatment decisions informed by population-based data.

Introduction

- ❑ Federal and state governments have focused varying amounts of resources
- ❑ Numerous challenges limit implementation
- ❑ SSAs can have a powerful effect on implementation and diffusion of EBPs
- ❑ Little is known regarding individual states' implementation efforts.

State-level

- ❑ Substantial variation in organizational and financing
- ❑ Relative degree of state control
- ❑ Confounding challenges and priorities (*e.g.* budget constrictions, political climates)
- ❑ Each state, including D.C., has a Single State Substance abuse Authority (SSA).
- ❑ SSAs work directly with sub-state entities to provide services at regional, county, and local levels

State Specific Efforts to Increase Adoption of EBPs

- Policies
- Contracts
- Outcomes Monitoring
 - Pay for Performance
 - Fidelity
 - Supervision



The SSA Indicator Project

- Changes in state legislation, provider contracting, regulation, and the NQF categories and strategies to identify tools for EBP implementation.
 - **NQF Categories:** Screening and brief intervention, Psychosocial interventions, Use of medication, Wraparound services, and Aftercare and recovery management.
 - **NQF Strategies:** Financial incentives/mechanisms, Regulation and accreditation, Education and training, Infrastructure development, and Research and knowledge translation (National Quality Forum, 2005)

Method: Overview

- Structured interviews and brief surveys with participating SSA representatives
 - Phase I: ATTC's helped team complete brief screen (11/2006-01/2007)
 - Phase II: Follow-up in depth interviews (02/2007 – 06/2007) – OHSU evaluators
 - Project approved by OHSU Institutional Review Board.



Participation: Phase I and II

- Phase I: 49 SSA representatives
 - 55% state directors or assistant/associate directors and 45% program managers or other administrators

- Phase II: 51 SSAs
 - 47% state directors or assistant/associate directors and 53% program managers or other administrators

Instruments and Analysis

- Surveys and semi-structured interviews about EBP adoption.



- Documentation of EBP-related legislation and contract language.

- Quantitative data: SPSS to obtain frequencies.
- Qualitative data: Identified common themes and created categories of responses.

Are there any policy mandates in your state related to EBP implementation?

Response (n=49)

Yes	3 (6.1%)*
No	46 (93.9%)*

- *15 reported state-level encouragement, strategic plans, governor's commissions, or active movement toward legislation.*

Does your state currently have any legislative policy in development?

Response (n=51)

Yes

5 (9.8%)*

No

46 (90.2%)*

- *“Yes” included bills in committee, legislative inquiries in progress, workgroups convened, groundwork building.*
- *“No” responses noted lack of support for legislation.*

Oregon legislation

- Senate Bill 267 (ORS 182.515, 182.525)
- Passed: 2003 Implemented: 2004
- “Mandatory Expenditures for Evidence-Based Programs”
- Legislative intent: mandate SSA to spend increasing shares of public dollars on EBPs for treatment and prevention services, culminating in 75% percent by 2009-2011.

Alaska legislation

- ❑ Senate Bill 100 (Chapter 59 SLA 07) Passed: 2007
- ❑ “Substance Abuse/Mental Health Programs”
- ❑ Legislative intent: “improve treatment outcomes by expanding evidence-based, research-based, and consensus-based treatment practices and removing barriers that prevent implementation ”.
- ❑ Amends state law, giving Dept. of HHS power to “develop and implement a substance abuse treatment system using evidence-based practices”.

North Carolina and others

- The state plan shall include “Strategies and schedules for implementing the service plan, including... promotion of best practices”... “within available resources”.
- Remaining states - 15 (30.0%) reported support for EBP implementation either through state-level encouragement, strategic plans, governor’s commissions, or active movement toward legislation

What portion of SSA contracts are made directly with providers?

	<u>Response (n=51)</u>
90% or more	34 (66.7%)
50% or less	17 (33.3%)
County / other regional contracts	12 (23.5%)
Managed care contracts	5 (9.8%)



“Contracts” include grants, subcontracts

Is the use of EBPs a criterion in contracting with providers?

	<u>Response (n=49)</u>
Yes	31 (63.3%)*
No	18 (36.7%)*

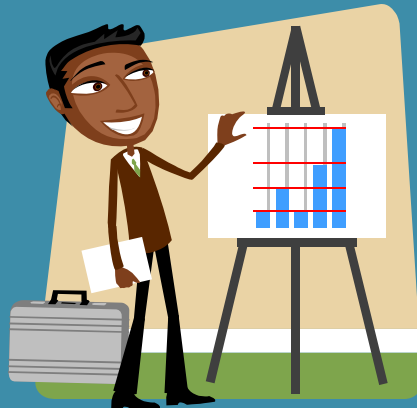
- *10 encourage EBPs in treatment and are implementing steps toward requiring them.*

Please describe any contract language the SSA has implemented to increase EBP use

	<u>Response (n=51)</u>
EBPs Required	19 (36.5%)
Specific EBPs or approved EBP list	9 (17.3%)
No EBPs specified	10 (19.2%)
EBPs Encouraged	15 (29.4%)
Specific EBPs or approved EBP list	5 (9.6%)
No EBPs specified	10 (19.6%)
No EBP requirements	17 (33.3%)

Outcomes monitoring

- Regular monitoring of client outcomes is important in supervision and further informs the feedback loop (Worthen & Lambert, 2007).
- Challenges are which outcomes to track, and costs and resources (staff and data systems).



Pay for Performance

- Use of Incentives and Funding to Improve Quality of Care and Change Behavior.
- Five states are exercising pay for performance (Delaware, Georgia, Louisiana, North Dakota and New Hampshire)
- 12 states are developing pay for performance plan/model or are considering it, as of 2007.

Fidelity

- ❑ Maintaining fidelity positively impacts client outcomes (Hugo, et al., 1999; Hogue, et al., 2007).
- ❑ Implementation requires monitoring of fidelity to ensure administration that produced empirical evidence of effectiveness.
- ❑ Challenges are funding, lack of ease of use, cost-effective tools, training and access to tools, and staff time/resources.

Supervision

- ❑ Supervision in substance abuse treatment improves client outcomes (Miller, et al., 2004; Worthen & Lambert, 2007; Freitas, 2002; Roche, Todd, & O'Connor, 2007).
- ❑ Feedback and positive reinforcement enhance performance and engagement, which in turn leads to improved client outcomes (Miller, et al., 2004).
- ❑ Quality supervision can reduce counselor stress, increase counselor retention, and enhance clinical skill development (Roche, Todd, & O'Connor, 2007).

Examples

- Florida has created a cost center for clinical supervision for EBPs.
 - Providers can receive payment for supervision for EBPs
- Idaho
 - Providers can receive a fee increase if GPRA data for intake and discharge is provided

Discussion: Project findings

- ❑ Majority of SSAs contract directly with providers.
- ❑ Majority of SSAs include EBPs in contract language, which varies widely.
- ❑ Few current or planned legislative mandates
- ❑ SSAs are exploring ways to implement pay for performance, fidelity monitoring and improved clinical supervision.

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