State Policy Development to Accelerate Use of Evidence-Based Practices for Alcohol and Drug Treatment

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Introduction

- The implementation of evidence-based practices (EBPs) in alcohol & drug treatment services is driven by efforts to integrate:
  - Best research evidence,
  - Clinical expertise, and
  - Patient values.

Institute of Medicine, 2001, 2006; New Freedom Commission on Mental Health, 2003; SAMHSA, 2002; U.S. D.H.H.S., 2002, 2007

Introduction

- Increasing performance expectations and diminishing resources have created a demand for use of EBPs in substance abuse treatment.

- However, very little is known regarding individual states' EBP implementation efforts.

Federal-level

- No federal policies govern adoption of EBPs in substance abuse treatment.

- Although there are initiatives to promote EBPs, such as SAMHSA's online National Registry of Evidence-Based Programs and Practices (http://nrepp.samhsa.gov).

State-level

- States have designed individual public substance abuse care systems
  - Substantial variation in organizational and financing factors
  - Relative degree of state control
  - Control tempered by confounding challenges and priorities (*e.g.* budget constrictions, political climates)

Ridgely et al., 1987; Gold et al., 2006; Lynde, 2005

SSA

- 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, and to facilitate the development of treatment and prevention programs to address specific issues.

SSA EBP research

- Few studies to date on implementation of EBPs in substance abuse treatment and almost none on dissemination.
  - Mental health EBP implementation has received more attention; this research often includes integrated dual-diagnosis treatment (IDDT) for co-occurring mental health and substance use disorders.

Gold et al., 2006

SSA initiatives

- Most prominent initiative is Oregon's Senate Bill 267 (now ORS 182.515 and 182.525).
  - Mandates SSA to spend increasing shares of public dollars on EBPs
- Other state initiatives may be less prominent but just as important in substance abuse treatment EBP implementation.

Selection of EBPs to study

- The National Quality Forum (NQF) has endorsed five categories of substance use disorder EBPs:
  - Screening and brief intervention,
  - Psychosocial interventions,
  - Use of medication,
  - Use of wraparound services, and
  - Aftercare and recovery management.

National Quality Forum, 2005

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Selection of strategies to study

- The NQF also identified strategies for accelerating adoption of substance use disorder EBPs:
  - Financial incentives and mechanisms,
  - Use of regulations and accreditation,
  - Education and training,
  - Infrastructure development, and
  - Research and knowledge translation.
- Broad categories allow for individual state flexibility

The current project

- This project examined changes in state legislation and provider contracting to help identify successful strategies for Substance Abuse Treatment EBP implementation.

Method: Overview

- The current project involved structured interviews with participating state substance abuse authority (SSA) representatives to capture state efforts to promote adoption of evidence-based addiction treatment practices.
- The interviews adapted the NQF's EBP categories and strategies for accelerating adoption of these practices.

Project phases

- Phase I: Preliminary data collection, November 2006 – January 2007
- Phase II: Follow-up data collection, February 2007 – June 2007
- Informed consent was not required. This project was approved by the OHSU Institutional Review Board.

Phase I

- Investigators developed a brief structured interview for telephone administration by representatives from Addiction Technology Transfer Centers (ATTCs).
  - Regional ATTC centers work with SSAs to promote substance abuse EBPs, and translate and communicate substance abuse treatment research to practitioners.

Interviewers

- 12 of 13 regional ATTCs agreed to make initial contact with 51 SSAs representatives.
- When ATTC staff were unable or unwilling to contact a specific SSA representative, project staff conducted follow-up with state contacts from other projects and networks.
- Interviewers were trained and provided instructions for contacting participants, and a list of EBP definitions.

Participant recruitment

- Interviewers contacted SSA representatives by email and phone to schedule 15-20 minute telephone interviews regarding strategies to increase EBP use.

- Prior to each interview, participants received a study information sheet.

Phase I interviews

- Interviewers used a three-page structured interview to obtain quantitative and qualitative responses from each SSA representative.

- Interviews included questions regarding provider contract criteria and legislation.

Phase I participation

- Total sample: 49 SSA representatives
  - 55% state directors or assistant/associate/deputy directors for substance abuse
  - 45% program managers and other administrators, *e.g.* treatment services coordinators

Phase II interviews

- Initial ATTC-facilitated contact allowed project staff to contact SSA representatives directly for Phase II.
- Interviewers used a seven-page structured interview to obtain quantitative and qualitative responses.
- Interviews included questions regarding provider contract criteria and legislation.

Phase II sample

- Total sample: 51 SSAs
  - 47% state directors or assistant/associate/deputy directors for substance abuse
  - 53% program managers and other administrators, *e.g.* treatment services coordinators

Qualitative data collection

- SSA representatives were asked to elaborate on responses to quantitative items, in order to generate detailed qualitative data on each state's activities toward EBP adoption.

- When appropriate, they were also asked for actual documentation regarding EBP-related legislation and contract language.

Analysis

- Quantitative data were analyzed with SPSS to obtain frequencies.

- Qualitative data were examined for content to identify common themes and create categories of responses. Categorical data were analyzed with SPSS to obtain frequencies.

What portion of SSA contracts are made directly with providers?

	Response (n=51)
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?

	Response (n=49)
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

	Response (n=51)
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%)

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 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.

Oregon legislation

- July 1, 2005: 25% of state funds used to treat people with substance abuse problems used for the provision of Evidence-Based Practices.
- July 1, 2007: 50%
- July 1, 2009: 75%

- Biennial reports to the legislature.

North Carolina legislation

- House Bill 381 (Session Law 2001-437)
- Passed: 2001 Implemented: 2005
- "Mental Health System Reform at the State and Local Level"
- Legislative intent: develop and implement a state plan that promotes best practices.

North Carolina legislation

- The state plan shall include “Strategies and schedules for implementing the service plan, including… promotion of best practices”… “within available resources”.

Alaska legislation

- Senate Bill 100 (Chapter 59 SLA 07)
- Passed: 2007 Implemented: N/A
- "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 of those practices".

Alaska legislation

- Amends state law, giving Dept. of Health and Human Services power to “develop and implement a substance abuse treatment system using evidence-based practices”.
- However, no funds allocated:
  - Unfunded mandate

Discussion: Project findings

- Majority of SSAs contract directly with substance abuse treatment providers.
- Majority of SSAs include EBPs in provider contract language, which varies widely.
- Very few states have current or planned legislative mandates for EBP implementation.
- SSA approaches vary, but suggest organizational attention to EBP acceleration.

Project applications

- This method and the results offer state agencies, providers, policymakers, and researchers the opportunity to track the number of states engaged in:
  - NQF-supported practices,
  - Changes in state contracting and legislation, and
  - EBP acceleration efforts over time.

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