Responses were obtained from all 33 sites after repeated e-mails, or if necessary, a telephone interview.

Plans for sustainment:
• 28 (85%) of the sites reported they had plans to sustain A-CRA after federal grant funds ended.
• 23 (82%) of those sustaining had a trained/certified or almost certified supervisor at the end of the grant period.
• 25 (89%) of those sustaining had at least one certified clinician at the end of the grant period.
• 19 (68%) of those who planned to sustain had said they had plans for regular supervision.
• 12 of the above (63%) had plans to review recorded therapy sessions to some degree.

Sources of funding for sustainment were as follows:

- 10 (48%) had a combination of funding including new federal grants (6), private insurance, Medicaid, drug court/probation
- 3 (9%) reported sustaining with funds for those with dual diagnoses
- 2 (6%) were sustaining with federal grant only
- 1 (3%) were sustaining with a foundation grant only
- 1 (3%) were sustaining with state funding only
- 6 (15%) said they were sustaining, but did not specify a funding source.

All sites participating in the dissemination effort were able to achieve certification of supervisors and clinicians during the three-year federal funding period. Eighty-five percent of the sites had plans to sustain the intervention after their federal funding ended; however, not all planned to sustain with all the components considered necessary to maintain fidelity to the model. The primary facilitators that supported sustainment included existing or new funding to support continued implementation, a positive experience with the model and its effectiveness, and the availability of staff that were trained and certified in the existing or new funding to support continued implementation, a positive experience with the model and its effectiveness, and the availability of staff that were trained and certified in the model.

Tips for Sustaining A-CRA were also included. The following questions were included:

1. Do you have plans for Sustaining A-CRA? Why or why not?
2. If sustaining A-CRA, are there plans for regular supervision?
3. Are there plans for this supervision to include review of recorded sessions?
4. If sustaining A-CRA, are there plans for regular supervision?
5. Do you have plans for Sustaining A-CRA? Why or why not?

Certified clinicians/supervisors do you currently have?

References


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