Implementation in Complex Systems with Disparate Goals: Addiction Treatment in the Criminal Justice System

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Overview and Context

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Efforts to Define & Move EBPs into Practice

- Literature review
- Systematic Review
- Meta-analysis
- Consensus

Knowledge Synthesis

- FDA—2 RCTs
- Cochrane Collaboration
- Campbell Crime & Justice

Methods

Federal Efforts

- NIDA--Principles
- NREPP--SAMSHA
- CDC—DEBI
- OJP—Own Strategy
- OJJDP—Blueprints

Heuristic Models

Greenhalgh et al., 2004
- Aarons et al., 2010
- Tend to be intraagency
The Problem

• Criminal Justice System is complex with various subsystems

• Corrections, particularly community corrections, acts insular—but, processes overlap with other organizations and agencies

• Treatment, particularly addiction treatment, is not the MAIN goal or mission of the agency

• EBPs are heavily treatment driven; require collaboration with other systems

• Interagency efforts are needed to adopt and implement Evidence-Based Practices
Overlapping Processes

- Assessment
- Treatment Placement
- Treatment Progress & Continuum of Care
- Supervision/Monitoring
- Drug Testing
- Discharge & Completion

Taxman & Bouffard, 2000
Major Issues

- Do offenders deserve treatment?
- Why won’t offenders participate in treatment?
- How can we expand treatment for offenders?
- How can jails, prisons, probation/parole and pretrial work with treatment agencies?
- How can treatment providers be “brought into” the criminal justice process?
Community Corrections Model

- Intervention Cuts Across Boundaries
- Intraagency and Interagency Efforts
  - Mission/Goal Clarification
  - Performance Measures at Individual, Agency, & System Level
  - Resources
  - Interagency
  - Work Teams
- Knowledge Dissemination
- Foundation building important to establish skills
- Expectation Setting
- Alignment
- Refine To Environment
- Renovate for Sustainability
Transportability of EB Tx

2+ RCTs with similar outcome measures
Quasi Experimental Designs

Systematic Review
• Promising
• Effective

No sig effects
Not an EBP

Tests of Scientific Robustness
• Bias in Primary and Systematic Studies
• Bias in Populations
• Statistical Significance and Effect Sizes
• Population Impact and Penetration

Tests of Transportability
• Setting
• Populations
• Fidelity of Intervention
• Clinician/Practitioner Buy-in
• Manualized Treatment
• Core Outcomes
• Organizational Fit

Tests of Organizational Capacity
• Value
• Inner Setting
  - Staff
  - Managers
  - Costs
• Outer Setting
  - System
  - Interagency
  - Support
  - Resources

Identify EBPs for Specific Settings and Organizations
Scientists Practitioners Clinicians Policy Makers

Not Feasible

Dissemination and Implementation
Transportability & Organizational Capacity

- Not all EBPs can work in different settings
- RCTs are only partially useful
- It is not only about the science, but rather about the alignment or fit to the environment and organizational capacity
- Scientists, practitioners, policymakers need a process to mold EBP core components to fit the environment
Implementation Model

- Implementation needs to occur at multiple levels:
  - System
  - Organization
  - Staff
  - Client

- Interactions among these levels

- Outcomes need to be measured at multiple levels
  - Implementation domains
  - Service outcomes
  - Client outcomes
Monitoring Implementation

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Monitoring Implementation of Addiction Treatment

- How Do/Should Corrections Agencies Do This?
- Routine (Compliance) Monitoring
  - Agency internal audits
  - Site visits/inspections by headquarters (as part of audits, and surprise)
  - Auditing by “walking around”
  - Clinical supervision
  - Contracted services
    - Establishing performance expectations in the contract
    - Monitoring contract compliance
Monitoring Implementation of Addiction Treatment

- Performance (Results) Monitoring
  - Process Evaluation/Monitoring
    - CPAI/CPC
    - TCU Tools
  - Outcome Monitoring
  - Use of external experts/research partnerships

- Integration with Routine Monitoring – feedback loops and organizational learning
Monitoring Implementation of Addiction Treatment

- Question:
  - How to build (or maintain) organizational capacity to do these types of monitoring, especially in times of severe fiscal strain in corrections budgets?
Understanding Evidence in Implementation

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EBP Talk in Justice Organizations

- Justice actors successfully adopted the language of evidence-based practices.
- But, they largely did not know what the evidence was or have a clear understanding of the research process.
- Loose coupling framework (Weick 1976; Meyer & Rowan 1977; Orion & Weick 1990; Maguire & Katz 2002)
Examples

- “Articles” as evidence
- “The research shows”
- There is no research to support change
Questions

• How do help organizational actors understand what constitutes scientific evidence?

• How do we establish norms for practitioners to sift through evidence and understand credible evidence?

• How do we translate academic research into evidence practitioners can use?
Feedback Loops

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Challenges to Implementing EBPs

- Moving EBPs from clinical settings to real world work environments ("bench to trench") is challenging.
  - Are there enough resources to implement?
  - Is the organizational climate ready for the EBP?
  - Do managers/supervisors support the EBP?
  - Can street-level workers understand, accept and incorporate the EBP into routine practice?
  - Will the EBP serve needs of clients in this organization?
JSTEPS Continuous Feedback Loop

1. Sites agree to join JSTEPS study
2. Initial Site Visits Occurred

ACE! Training Seminar

Practitioner Teams self-design CM protocols

Initial Feedback Reports, On-Site Coaching & TA

Practitioner Teams considered feedback, some revised (site visits)

Feedback Reports, Follow Up Phone Calls & Emails
Recognizing Contextualized Feedback

Competing Goals

Effectiveness vs. Efficiency
Equity vs. Performance

Intra-Org Challenges

Redefining the EBP

Perception and Fit

e.g. Bad press; legitimacy, etc.
Questions

• How can we ensure feedback loops adequately consider context in “bench-trench” partnerships?

• How can we ensure that street-level workers understand, accept and incorporate the EBP into routine practice? Is this measureable? In what ways?
Research Networks: Accelerating Cross-System Integration

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Interagency Research Networks

- Fosters external bridging with other system, information sharing, and provides opportunities to try new practices (Greenhalgh et al., 2004; Naylor et al., 2002; Palinkas et al., 2009; Roman et al., 2010; Sullivan et al., 2005).

- Participation incorporates key elements of individual and systems change including social influence and peer norms (Ajzen, 1991; Godin et al., 2008), use of change leaders (Damschroder et al., 2009; Aarons, 2006), and access to technology and advanced professionals (i.e. psychiatrists).

- Research examining the impact of participation in a research network has been limited to a few EBPs (Knudsen et al., 2009).
Interagency Research Networks

- Builds Capacity:
  - Feedback and transparency enhances skills
  - Dedicated resources may allow for immediate buy-in from staff
  - Infrastructure to support future collaborations

- Observability and Trialability

- Requires interaction at multiple levels

- May include implementation, service and client outcomes
Participation in Research Networks Offers

• Effective knowledge transfer through training and technical assistance
• Access to the knowledge of intervention developers and research staff

• Networks expose treatment providers and community corrections staff to federal agencies, resources, materials and experts as well as other funding sources.

• Exposure to rigorous research methods including intervention development, testing, dissemination and full implementation

• Provide the capacity to influence key components of Heuristic Models (i.e. outer context, linkage, implementation processes, and readiness) crossing systems and settings.
Interagency Research Networks

- Can participation in collaborative research networks serve as a mechanism for addressing both fidelity and organizational learning?
- What are the disincentives for collaborative learning and research networks, and can we address these issues effectively?
Social Marketing as an Implementation Intervention

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Social Marketing: Background

1) Private sector marketing principles for persuading potential consumers to buy a product, influence the adoption of a new behavior.

2) Prior use as public health intervention strategy; effective for influencing health behaviors of individuals.

3) Recent extensions focus on influencing the targeted behavior of individuals within organizations; e.g., adopt Evidence-Based Practices.

4) Not yet used with CJS organizations.

5) Used successfully in Veterans Health Administration: an analogue of CJ systems’ complexity, hierarchical structure, diffuse distribution of locations, competing interests.
Elements of Social Marketing
(Kotler & Zaltman, 1971; Kotler & Andreasen, 1996; Grier & Bryant, 2005)

- Marketing Mix/Marketing Plan:
  - Target behavior/Product
  - Price (exchange theory)
  - Place
  - Promotion

- Consumer Orientation/ Audience Segmentation

- Monitoring-evaluation
Example: VHA QUERI TIDES
(Luck, Hagigi, Parker et al., 2009)

- Marketing Mix:
  - Product/Target behavior: Benefits of adopting evidence-based continuum-of-care model for depressive disorders
  - Costs: Cost-benefit ratio of adopting continuum
  - Location: Range from large institutions to primary practice
  - Promotion: 2-page brochure, first generation sites

- Consumer orientation/Audience segmentation
  - National and regional managers – Care of individuals is improved without additional cost
  - Facility managers – Care of individuals is improved without increasing work burden.
Application to CJS Organizations

- Complexity of criminal justice system may easily translate into audience segmentation
- Marketing research to understand knowledge, attitudes, and intentions related to adopting EBP
- Tailor message to specific segments based on perceived costs and benefits for adopting EBP
- Core messages?
- Credible marketers?
- Multiple delivery mechanisms
Questions

Lori Durchame & Greg Aarons

1) How does each strategy advance goal and mission clarity for evidence-based treatment across agencies?

2) How will each strategy affect the perception of the “value added” and appropriateness of the evidence-based treatment?

3) To what extent does fidelity impact the strategy to address goal or mission cohesion?

4) How can performance objectives help assess and improve implementation processes among collaborating agencies?

5) Which implementation domains/levels are most suitable to target for each strategy?

6) How can strategies be used in concert to improve implementation?