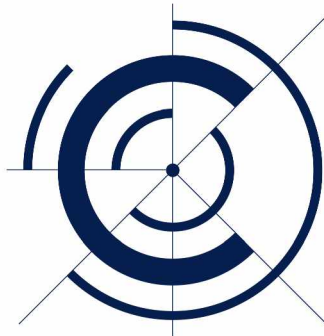


Statewide Implementation
of
Evidence-Based Practices:
Iowa's Approach

Acknowledgements

We gratefully acknowledge the staff members in each of the treatment facilities, state departments, and university programs who have devoted their valuable time and effort over the course of the Iowa Practice Improvement Collaborative project. Thank you for your devotion to providing quality information and your unfailing participation in the meetings, workshops, seminars, and trainings as we have worked to develop Iowa's plan for achieving quality substance abuse treatment for all Iowans.



THE IOWA
CONSORTIUM
FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

This manual is made possible by grant number UD1 TI12632-03, funded by the Substance Abuse and Mental Health Service Administration, US Department of Health and Human Services.

© 2004 Iowa Consortium for Substance Abuse Research and Evaluation

Table of Contents

Introduction: Purpose and Intended Uses.....4

Starting Point for Iowa.....5

Step 1 Obtain Stakeholder Commitment to Evidence-Based Practice Implementation.....6

Step 2 Develop Criteria for Selecting Evidence-Based Practices.....6

Step 3 Identify a Statewide Knowledge Implementation Plan Work Group.....8

Step 4 Implement the EBP Process.....9

Step 5 Sustain the Work Plan.....12

Introduction: Purpose and Intended Uses

The Iowa Consortium for Substance Abuse Research and Evaluation and its partners involved in the Practice Improvement Collaborative (PIC) project have strived to enhance the quality of treatment in Iowa for several years. The process has been one of systemic change. We have learned a great deal about what is involved when diverse agencies, departments, and systems work together to integrate practices proven to be effective for those facing the challenges associated with substance abuse in Iowa.

A variety of audiences will benefit from this effort including: state task force groups working to increase evidence-based quality for substance abuse services; educators and researchers seeking a way to share their knowledge; policy makers charged with funding decisions; public health professionals; treatment providers and clinicians; and social service systems working to integrate substance abuse treatment needs into their client service systems.

We offer the following step-by-step manual as direction for the process of defining and implementing evidence-based practices. As you move through the manual you will find an accompanying side bar of Iowa's experience that provides insight and lessons learned from our experience. It is Iowa's hope that the experience and Support/Resource materials offered through our web site will inform others working to infuse quality substance abuse treatment services and sustain them over time.

Support/Resources

If you need clarification regarding Iowa's Evidence-Based Practice implementation process, visit the Consortium's SKIP webpage for appropriate resources:

<http://iconsortium.subst-abuse.uiowa.edu/SKIPIIA.html>

Starting Point for Iowa: Establishing Commitment to Evidence-Based Practices.

In 1999, the Iowa Consortium for Substance Abuse Research and Evaluation was awarded its first Practice Improvement Collaborative grant funded by SAMHSA's Center for Substance Abuse Treatment. This funding provided an opportunity to assess statewide needs and develop a plan to bridge the gap between science and service in Iowa.

The Iowa Consortium facilitated a dialogue among stakeholders regarding gaps in service. Stakeholder groups were represented at all levels of treatment provision including criminal justice, the single state authority (SSA), managed care, treatment clinicians and researchers. It was important to establish an exchange between all systems of treatment provision to identify needs and determine a focus for future goals. Workshop sessions resulted in the identification of gaps and barriers to treatment and prevention services. Specific needs identified included services for women, community corrections clients, and clients with co-occurring disorders.

In order to address the gaps in services, Iowa's stakeholders committed to facilitating:

1. Statewide implementation of evidence-based practices (EBPs).
2. A statewide mechanism for sustaining treatment improvement.
3. Ongoing quality improvement advancements for Iowa.

Step 1: Obtain Stakeholder Commitment to Evidence-Based Practice Implementation.

Action: Identify stakeholders to initiate a statewide dialogue and make decisions.

- Affirm a commitment to implement evidence-based practices statewide.
- Identify a subcommittee to develop criteria for evaluating evidence-based practices and establish protocol for selecting EBPs for implementation.

You are ready for Step 2 if:

- The stakeholder membership is identified and has committed to implementing evidence-based practices.
- A subcommittee is ready to develop the criteria and protocol needed for EBP selection.

Iowa's Experience

Iowa included representatives who are an integral part of substance abuse treatment service provision in the state.

- Iowa Department of Public Health-Division Director for Behavioral Health and Professional Licensure is the SSA for Iowa public funding of treatment and prevention.
- Providers, clinical supervisors, and clinicians for all modalities (hospital, community-based and criminal justice) and across the continuum of care levels.
- Magellan Behavioral Care of Iowa (managed care contractor).
- University researchers provided expertise related to evaluation and review of EBP research, outcome measures, fidelity and model efficacy.

Step 2: Develop Criteria for Evaluating Evidence-Based Practices.

Action: The EBP subcommittee examines existing evidence-based practices in the field and designs a set of criteria to evaluate a variety of EBPs.

- Evaluate EBPs based on how well they fit the populations served and whether the research focus is related to outcomes that are measurable and appropriate for the region/agency/state.

- Specify which criteria are required and which are preferred.
- Add credence to the selection process by using randomized controlled clinical trial research.

Action: Pilot the selected criteria by examining several identified evidence-based practices in order to test the protocol.

- Discuss potential modifications based on pilot activities.
- Incorporate a ranking system to prioritize your choices. Not all identified EBPs will meet all of the selected criteria, but may be considered for the treatment improvement desired.

Action: Expand the EBP subcommittee to include representation from the direct line staff of the clinical supervisors and professional counselors.

- Charge the committee with the ongoing task of guiding a Statewide Knowledge Implementation Plan (SKIP).

Iowa's Experience

Iowa developed its EBP criteria in two sections:

1. A rigorous criteria for evaluating evidence-based practices that includes randomized controlled clinical trial studies as a primary definition of "evidence".
2. A guidebook for community-based treatment staff and statewide policy agency members that provides an overview of the vital components of the EBP evaluation process.

Iowa reviewed academic publications for outcome measures that coincide with current data collection and included abstinence, employment, arrests and income as key outcomes.

You are ready for Step 3 if:

- You have criteria for evaluating evidence-based practices.
- You have tested your criteria with pilot evaluations and made any revisions needed.
- You are ready to initiate a Statewide Knowledge Implementation Plan by creating a sustainable SKIP work group.
- You are committed to evaluate and select evidence-based practices for implementation.

Step 3: Identify a Statewide Knowledge Implementation Plan Work Group

Action: Initiate a Statewide Knowledge Implementation Plan. Initial considerations include identifying: effective workgroup leadership for systems change; training needs; and types of improvements for direct services.

- Involve the Single State Authority (SSA), community and hospital-based treatment providers, clinical supervisors, clinical counseling staff, criminal justice/corrections treatment providers, substance abuse researchers, and managed care decision makers in all planning.
- Identify two representatives from each area to help ensure representation at all meetings.

Action: Extend a formal invitation to the chosen workgroup representatives. Clearly state the purpose of the group and time commitment involved.

- Disseminate an orientation packet prior to the first work group meeting.
- Consider time and travel costs for work group meetings. Set dates for the entire year. Reduce travel time and time away from other work by scheduling longer, less frequent meetings.
- Allocate resources for a 25% FTE (or less) coordinator to handle all logistics, write and distribute meeting notes, act as central communication, and set up a listserve.

Iowa's Experience

Iowa wanted to build a framework that could function over time and provide education, guidance, and long term sustainability for implementation.

Iowa's SSA recommended representation from:

- Community-based treatment provider directors.
- Iowa's managed care contractor.
- Community-based corrections treatment settings.
- Research experts.
- Hospital-based programs.
- Clinical supervisors.
- Professional counseling staff.

All of the above were selected based on:

- An overall representation from Iowa's four geographic quadrants.
- Equal representation of rural and urban members.
- A balance of levels of care because Iowa does not have a continuum of care in each community-based agency.

You are ready for Step 4 if:

- You have initiated a Statewide Knowledge Implementation Plan through the creation of a permanent Work Group that accurately represents the stakeholders needed for the considerations, decisions, and funding commitments that will guide the tasks.
- Your work group membership understands the overall mission and responsibilities of the group and has agreed to participate.
- You have established a series of meeting dates to begin the selection and implementation process and have developed and delivered an initial packet of materials to frame the work to be done by the membership.

Step 4: Implement the EBP Process.

Action: Develop a structured agenda for the initial work group session. Include the following agenda items:

- Discuss the background and history of the stakeholder development to date.
- Provide an update on the prior sub-committee's process of developing criteria for selecting evidence-based practices.
- Obtain approval for the use of the developed criteria.

Action: Establish goals and objectives for the work group.

- Identify and prioritize treatment service areas that would benefit from EBP implementation.

Iowa's Experience

Iowa's initial meeting included:

1. An update session to educate all members regarding evidence-based practices.
2. An in-depth discussion of the newly developed criteria in order to include feedback from new members.
3. The selection of five intervention strategies to consider for potential EBP implementation. Relapse prevention, solution-focused/brief therapies, community reinforcement approaches, needs of criminal justice clients, and women's treatment issues were prioritized for evaluation.
4. Iowa chose to proceed with a baseline research literature review for each of the five strategic areas to find out if there were EBPs available to match Iowa's outcome needs and client demographic.

- Evaluate peer reviewed journals and NIH and NIJ publications related to EBPs of interest to determine whether outcomes and research findings match the established definitions and commitment to the inclusion criteria.
- Identify task groups to undertake actions needed between meetings. Set next general meeting date and identify an agenda outline for the next session before leaving the meeting.

Action: Present literature search findings to the work group. The research representatives are a valuable resource in interpreting research on EBPs.

- Clarify the definition of implementation. For example, will the implementation be a statewide mandate, a supported training endeavor, or perhaps part of a menu of approved EBPs suggested for implementation? These decisions may affect your choices.

Action: Select and implement an evidence-based practice.

- Include clinical supervisors, counselors and provider administrators to provide input about the feasibility of implementation.
- Assess the availability of trainers to maintain accurate replication of, and fidelity to, the chosen EBP.
- Consider the following budget items that may accompany EBP implementation: revenue missed by attending trainings, staff coverage, facilities, travel, accommodations, scheduling needs for new offerings, and purchase of training materials.

Iowa's Experience

The majority of the peer-reviewed literature and its supporting training/curriculum materials represented studies that are largely urban, IV-using, male, mostly African-American and offered in hospital-based treatment settings.

Though valuable in terms of lessons learned about a particular modality and promise to the field, adapting programming to our rural, largely outpatient, non-IV using, Caucasian, male and female populations presented serious challenges for successful replication and fidelity to a model.

Iowa's SKIP Work Group selected Motivational Interviewing, a method of therapeutic intervention developed by WR Miller and colleagues, as the initial evidence-based training offering to Iowa treatment professionals.

MI has a moderate level of clinical trial evidence showing promise for efficacy of the model, generalizability for a variety of settings (including corrections), available trainers with a specific manualized curriculum, and early enthusiasm among several agencies who had offered early MI training.

Action: Consider combining available funding resources to initiate trainings. If your stakeholders represent a cross-section of state agencies and managed care decision makers, your search for available funds may be more productive.

- Build a plan for short-term and long-term funding needs. Basic training is only part of the equation. Highly skilled professional staff members will need advanced/enhanced opportunities.
- Prioritize training needs, establish time frames while considering limitations, develop short and long-term goals accordingly.

Action: Develop clear goals for maximizing and sustaining the infusion of training for the selected EBP.

- Involve clinical supervisors in training as their investment affects the front line of direct service.
- Involve the selected EBP trainers in all early planning sessions to take advantage of their training experience. Save time, energy and money by learning about how previous trainings have been accomplished.
- Support those working to create permanent agency change. Training of trainers provides sustainability for the long term, particularly with a statewide implementation.
- Secure a plan for coordinating the training events. If available, training

Iowa's Experience

Through collaborative planning, the Iowa Consortium, Iowa Department of Public Health, and Magellan Behavioral Health were able to provide staffing and funding resources to initiate basic and advanced Motivational Interviewing trainings in Iowa.

Funds were made available to purchase training materials, bring in Motivational Interviewing trainers, including a day-long presentation by founder WR Miller and provide the training free of cost to Iowa's treatment professionals.

Funding was provided to send four Iowa clinicians to a four-day MINT Training of Trainers to create an Iowa team of trainers to continue MI trainings over time.

Resources were provided for an MI coordinator. The coordinator planned the logistics of the trainings. The coordinator also facilitated a support network for trainees in order to encourage and assist the change process for MI.

About 350 treatment professionals in Iowa have received basic and/or advanced MI training.

Resources were provided to fund beginning and advanced trainings for the Department of Corrections staff.

coordination contractors provide a high level of convenience for registration, meeting logistics, and assistance during the actual events.

- Identify a mechanism to support continuing education needs. Create a coordinated support network of those trained across the state to provide refreshers, address questions/concerns and maintain enthusiasm throughout the systems change process.

Step 5: Sustain the Work Plan

Action: Continue the commitment to implementing evidence-based practices by maintaining the work group.

- Commit the resources needed to sustain the EBPs once implemented.
- Secure resources for a work group coordinator if possible. Without the coordination position, the work group must be more self-directed and the necessary work tasks added to the time investment for the membership.
- Continue the necessary science review process and evaluate new EBP models as they are presented.
- Address fidelity issues related to selected EBPs to ensure the replication of a quality product.
- Include clinical performance guidelines and quality improvement needs as part of the ongoing search for EBPs to consider.
- Monitor the success of EBPs and evaluate them once initiated.

Iowa's Experience

Iowa completed its first EBP training implementation process over a two-year period.

Iowa's SKIP Work Group met for a half-day four times a year.

The SKIP Work Group coordinator continued to provide the tools needed for the membership's decision-making processes between meetings.

This document was written by Kristina Barber, MSM; Stephan Arndt, PhD; Janet Hartman, MA; and Mickey Eliason, PhD, University of Iowa.