Implementation Science & the Criminal Justice Drug Abuse Treatment Studies

Second Generation

Academic and Health Policy Conference on Correctional Health
Atlanta, GA; March 22, 2012

CJ-DATS is funded by NIDA in collaboration with SAMHSA and DOJ
CJ-DATS Research Mission

- To establish a national research network to test integrated system-level drug abuse approaches for offenders with drug problems

- To develop knowledge about the design and delivery of drug treatment services to improve offender outcomes

“To improve outcomes for offenders with substance use disorders by improving the integration of drug abuse treatment with other public health and public safety systems”
Services and Systems Issues

Criminal Justice

Addictions Treatment

Drug-Involved Offender

Public Safety
- Supervision
- Monitor illegal behavior
- Monitor release conditions
- Re-entry services

Health, Public Health
- Drug use
- Risk behaviors
- Recovery
- Support services

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Summary

- CJ-DATS developed interventions for re-entry based on prior research
  - Case management
  - Contingency management

- Implementation of interventions was difficult
  - Systems issues – prior disposition; coordination between systems; access to services (e.g., HCV)
  - Personnel – staff turnover; support for studies

- How does research inform sustainability?

- Moving research-based interventions into practice will require:
  - More knowledge about implementation
  - Support from all criminal justice levels to be sustainable
Although numerous studies address the efficacy and effectiveness of health interventions, less research addresses successfully implementing and sustaining interventions.

As long as efficacy and effectiveness trials are considered complete without considering implementation in non-research settings, the public health potential of the original investments will not be realized.

— Feldstein & Glasgow (2008)

To field research to understand and improve the processes through which agencies adopt, implement, and sustain quality improvements for treating drug-involved offenders.
Implementation Research?
Conceptual Model of Implementation Research

Proctor et al., *Adm Policy Ment Health* 2009;36:24-34.

*CJ-DATS is funded by NIDA in collaboration with SAMHSA and DOJ*
12 Research Centers (3 American Recovery and Reinvestment Act)

- Research Centers have a correctional / criminal justice co-Principal Investigator who is a voting member on the CJ-DATS Steering Committee

- Nine RCs were funded in 2 rounds; ARRA allowed 3 more RCs to be supported

- There are 3 CJ-DATS research study tracks, and all Research Centers* participate in these study tracks

* ARRA grants have shorter timeframe and work on particular projects

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CJ-DATS Research Centers

- 9 Research Centers across the country, with dozens of criminal justice agencies and treatment programs:
  - Arizona State University
  - Brown University / University of Rhode Island
  - National Development & Research Institutes
  - Temple University
  - Texas Christian University
  - University of California, Los Angeles
  - University of Connecticut
  - University of Delaware
  - University of Kentucky

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CJ-DATS Research Centers and CJ Partner Sites

CJ-DATS is funded by NIDA in collaboration with SAMHSA and DOJ
1. Implementation of screening and assessment tools for drug abuse and addiction

2. Implementation in correctional settings of medication-assisted treatment for addictions

3. Implementation of a continuum of care for those with HIV or at risk of infection
Progress to Date

• All three studies are in the field.
• Completion dates range from 7/13 to 12/13
• Thus far the cooperative has learned a lot about the implementation process.
• Data presented today come from baseline surveys or process data.

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Examining Opinions about HIV Services in Corrections among Different Organizations

Holly Swan
Daniel J. O’Connell
Christy A. Visher
Steven Belenko
Linda K. Frisman
Matthew Hiller
Background

- Prevalence of HIV in correctional populations
- Gaps in implementation of EB HIV services
- Process Improvement Approaches
- HIV-STIC: NIATx-like process improvement approach

✔ HIV services as a linked continuum

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The HIV Services Continuum

Identify high-risk individuals

Refer to Intervention

Intervention

Pre-test Counseling

Test

HIV -

HIV +

Post-test Counseling

Refuse intervention

Decline testing

Agree to testing

In-Custody Treatment (ARV Meds)

Discharge Planning

Referral to Community Services

Referral to Community Treatment (ARV Meds)

Discharge w/o Referral HIV- / HIV+ / HIV?

Discharge w/ service referral HIV- / HIV+ / HIV?

Discharge w/ treatment referral HIV+

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HIV – (seronegative)

HIV + (seropositive)

HIV ? (status unknown)
Study Design

- Multi-site cluster randomized design
- Target sample is 4 facilities/sites per RC for a total of 36 facilities
- Experimental Condition
  - baseline training AND local change team/process improvement approach
- Control Condition
  - baseline training only
- Presenting baseline data (prior to randomization) from four RCs
Research Questions

Does the perceived value (acceptability, feasibility, and perceived costs) of implementing HIV services differ between correctional and clinical staff?

Do perceptions of stigma related to HIV and those infected differ between correctional and clinical staff?
HIV Staff Survey-Baseline Scales

- **Value**
  - Barriers to Utilization Scale (modified) (Funk et al., 1991)
  - Attitudes towards EBP Scale (modified) (Aarons et al., 2003)

- **Stigma/Discrimination**
  - HIV/AIDS Stigma Scale (adapted from Zelaya et al., 2008)
HIV Staff Survey – Baseline Scales
Results:
Data From Four RCs
Sample of Staff Respondents (n=110)

- **Correctional Staff (n=28)**
  - Correctional Administrators
  - Security Staff

- **HIV/Medical Staff (n=82)**
  - Correctional Medical Staff
  - Correctional Substance Abuse Treatment Staff
  - Community Medical Staff
  - Community Substance Abuse Treatment Staff
  - Community HIV Services Staff

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Barriers to Research Utilization (12 items)

Two Subscales

- Administrative and Staff Support for Implementation of HIV Services Continuum
  - Alpha = .92

- Time and Resources needed for HIV Services Continuum take away from other more important functions
  - Alpha = .90

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### Barriers to Research Utilization

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Overall</th>
<th>Corrections staff</th>
<th>HIV/medical staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>3.83 (.742)</td>
<td>3.87 (.763)</td>
<td>3.81 (.745)</td>
</tr>
<tr>
<td>Takes Away Resources*</td>
<td>2.02 (.839)</td>
<td>2.31 (.854)</td>
<td>1.91 (.812)</td>
</tr>
</tbody>
</table>

*p<.05

1Likert Scale: 1=strongly disagree, 3=neutral, 5=strongly agree

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* CJ-DATS is funded by NIDA in collaboration with SAMHSA and DOJ
Evidence-Based Practice Attitude Scale (EBPAS) (15 items)

- Four subscales
  - Requirements (Alpha=.91)
  - Appeal (Alpha=.78)
  - Openness (Alpha=.85)
  - Divergence (Alpha=.75)

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### EBPAS

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Overall</th>
<th>Corrections staff</th>
<th>HIV/medical staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements¹</td>
<td>4.01 (.784)</td>
<td>4.14 (.693)</td>
<td>3.94 (.804)</td>
</tr>
<tr>
<td>Appeal †¹</td>
<td>4.11 (.573)</td>
<td>3.94 (.534)</td>
<td>4.14 (.569)</td>
</tr>
<tr>
<td>Openness²</td>
<td>4.09 (.530)</td>
<td>3.96 (.403)</td>
<td>4.13 (.566)</td>
</tr>
<tr>
<td>Divergence²</td>
<td>2.40 (.678)</td>
<td>2.41 (.639)</td>
<td>2.41 (.685)</td>
</tr>
</tbody>
</table>

†p<.10

¹ Likert Scale: 1=not at all, 3= moderate degree, 5=very great extent
² Likert Scale: 1=strongly disagree, 3=neutral, 5=strongly agree
Stigma and Discrimination (21 items)

- **Prejudice (Alpha=.71)**
  - association with shame, blame and judgment

- **No Personal Discrimination (Alpha=.83)**
  - no personal support of discriminatory actions or policies

- **Community Discrimination (Alpha=.79)**
  - perceived community support of discriminatory actions or policies
# Stigma and Discrimination

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Overall</th>
<th>Corrections staff</th>
<th>HIV/medical staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prejudice</td>
<td>1.57 (.722)</td>
<td>1.73 (.760)</td>
<td>1.54 (.710)</td>
</tr>
<tr>
<td>No Personal Discrimination</td>
<td>4.17 (.578)</td>
<td>4.01 (.628)</td>
<td>4.21 (.556)</td>
</tr>
<tr>
<td>Perceived Community</td>
<td>3.43 (.630)</td>
<td>3.33 (.525)</td>
<td>3.47 (.663)</td>
</tr>
</tbody>
</table>

1Likert Scale: 1=strongly disagree, 3=neutral, 5=strongly agree

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Conclusions

- General staff support/optimism for improving HIV services
- Low levels of reported stigma and discrimination; higher levels of perceived discrimination in the community
- Some evidence of disconnect between corrections and HIV/clinical staff attitudes…
  - Security culture vs. Clinical culture
  - Baseline data from all 36 sites
- Will these results be affected by the process improvement approach?
  - Stay tuned!
    - 6 month and 12 month follow-up; first 6-month wave (CT and DE) being collected next month
CJDATS-2 Assessment Protocol:

Was It Something I Said? Understanding Member Attrition from Local Change Teams

Matthew Hiller, Wendy Ulaszek, Jerry Cartier, Sami Abdel-Salam, Mary Clair, Michael Prendergast, Jerry Melnick, Gary Zajac
Overarching Research Goal of the CJDATS-2 Assessment Protocol

- Develop and test the Organizational Process Improvement Intervention (OPII) that uses an externally-facilitated change team approach
  - Improved assessment procedures
  - Improved case plans
  - Improved information transfer between care providers
  - Improved care based on assessments

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## Overview of the Organizational Process Improvement Intervention (OPII)

<table>
<thead>
<tr>
<th>OPII Phase</th>
<th>Primary Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Formation</td>
<td>Local Change Team (LCT) is formed</td>
</tr>
<tr>
<td>Needs Assessment</td>
<td>LCT completes Needs Assessment to identify the relative strengths &amp; weaknesses in the agency’s current assessment and case planning processes</td>
</tr>
<tr>
<td>Process Improvement Planning</td>
<td>LCT develops a Strategic Plan for addressing the recommendations stemming from the Needs Assessment</td>
</tr>
<tr>
<td>Implementation</td>
<td>LCT works in a collaborative manner to implement the objectives and attain the goals identified in their Process Improvement Plan.</td>
</tr>
<tr>
<td>Follow-Up</td>
<td>LCT assesses the relative sustainability of both the process improvement targets achieved and the LCT method for facilitating process improvements.</td>
</tr>
</tbody>
</table>

*CJ-DATS is funded by NIDA in collaboration with SAMHSA and DOJ*
Combining Internal & External Change Agents

External Facilitator

Local change Team & Team Leader(s)

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Implementation Teams in CJS

- Good implementation is key to closing the science-to-service gap (Fixsen, et al., 2009)
- The use of change teams to implement change has a long and rich history in criminal justice agencies, beginning in the 1960s.
- Evidence exists to support the use of such teams as a means of implementing new behaviors among criminal justice clients, agents, and agencies.
Early Change Teams in CJS

Enfield Prison

- Duffee, Dvorin & Steinert (1986)
- Use 7 COs to improve prison processes

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Problem solving teams, both from one agency and across agencies has become a core component in many local criminal justice systems.

Klofas, Hipple, & McGarrell (2007) call team-based problem solving the “New Criminal Justice” with these primary characteristics:

- Focus on collaboration, on results; on evidence; & on follow-up
- Almost nothing is known of how these teams form and how they disband
Research Questions for the Current Study

- Are there discernible patterns in how members discontinue their involvement in the change team?
- What factors are related to change team member attrition?
Formation of Local Change Teams

- Criteria for Local Change Team members
  - Sufficient tenure in current position
  - Good problem solving and communication skills
  - Influence with and trust of peers, subordinates and managers
  - Interest and motivation in change process
  - Available to attend meetings

- Criminal Justice Co-investigator played a significant role in selection

- Selection done in concert with each Research Center

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Data on change team member attrition were collected from team facilitators at 5 of 9 research sites including whether they left the team voluntarily as well as the specific reason given for leaving the team.

Attrition data were merged with the Baseline Survey of Organizational Characteristics (BSOC), a self-administered survey completed at study inception.

Descriptive and Bivariate analyses.
Components of BSOC Survey included subscales from the following instruments:

- TCU Organizational Readiness for Change
- Evidence-Based Practices Attitude Scale
- National Criminal Justice Treatment Practices Survey
- NDRI Multimodality Quality Assurance Instrument
# Descriptive Statistics for Change Teams

<table>
<thead>
<tr>
<th>Change Team Characteristics</th>
<th>(N=55)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Change Team Size (range)</td>
<td>10 (8-17)</td>
</tr>
<tr>
<td>Median Length of Stay (range)</td>
<td>243 days (1-488)</td>
</tr>
<tr>
<td>Median % of Members Left Team (range)</td>
<td>37.5 (11.1 – 58.8)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPII Intervention Phase (n)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Left during first phase (Team Formation)</td>
<td>2</td>
</tr>
<tr>
<td>Left during second phase (Needs Assessment)</td>
<td>11</td>
</tr>
<tr>
<td>Left during third phase (Process Improvement Planning)</td>
<td>7</td>
</tr>
<tr>
<td>Left during fourth phase (Implementation)</td>
<td>1</td>
</tr>
</tbody>
</table>
Change Team Member Attrition (n=21)

Reason for Leaving Team

- **Other**: 3
- **Retirement**: 4
- **Work Load**: 3
- **Staff Movement**: 11

Attrition from Team

- **Required**: 57%
- **Voluntary**: 43%

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Comparison of Change Team Groups

Voluntary (n=9)  Required (n=12)  Remained (n=34)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Voluntary</th>
<th>Required</th>
<th>Remained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Stress</td>
<td>33.1</td>
<td>30.7</td>
<td>29</td>
</tr>
<tr>
<td>Burn Out</td>
<td>24</td>
<td>21.9</td>
<td>20.3</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>37.2</td>
<td>38.1</td>
<td>40</td>
</tr>
<tr>
<td>Cohesion</td>
<td>32</td>
<td>34.1</td>
<td>33.2</td>
</tr>
</tbody>
</table>

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Over 1/3 (38%) of team members left the change teams, this varied from 11.1% to 58.5%

The decision to leave was slightly more often required (due to organizational reasons) than voluntary

Reasons for change team member attrition fell primarily into two organization-related categories

- Staff movement (promoted, reassigned, terminated)
- Work Load
Discussion

- Individual factors were unassociated with attrition, including stress, burnout, job satisfaction, and work group cohesion.

- Results are preliminary; thus findings are best viewed as pilot data. Data from additional sites will be added as available.
Implications

- Selection of local change team members should be done more carefully
- Agency decisions regarding staff reassignments had a significant impact on attrition
- Impact of attrition on effectiveness of team
- Team member retention intervention focused on organizational rather than individual factors
Implementing MAT in Correctional Settings: Different Players, Different Views

Sami Abdel-Salam, Peter Friedmann, Wayne Welsh, Jennifer Pankow, Jamieson Duvall, Laura Monico
Topics to Cover

- Literature Review
- Methods
- Plan of Analysis
- Results
- Limitations and Discussion
Previous studies have demonstrated the efficacy of MAT for opioid dependence (Saxon et al., 1996; Amato et al., 2005; Johnson et al., 2000)

In the provision of MAT, treatment staff attitudes can affect:

- Service Delivery (Pollack 2008)
- Use of Evidence-Based Practices (EBPs) (Friedmann 2007)

Among some of the factors capable of shaping treatment staff attitudes are:

- Educational Campaigns (Capelhorn et al., 1998)
- Facility programs and policies (Gjersing 2010)
Compared to community staff, correctional staff tend to have (Gjersing 2007):
- Greater abstinence orientation
- Less knowledge about the risks/benefits of MAT

Drug treatment is more available in correctional settings where administrators (Taxman and Kitsantas 2009):
- Perceive stronger working relationships between units
- Endorse organizational learning strategies
Adoption of EBPs in correctional and community settings is associated with (Friedmann 2007):

- Greater training resources
- Leadership with a social service background
- Understanding/appreciating the value of EBPs and a performance-oriented/non-punitive culture
Research Questions

✧ RQ1: Are attitudes toward MAT influenced by officer training and experience in the field?

✧ RQ2: Are attitudes toward MAT influenced by training and support at the agency level?
Methods

Sample:
- Probation officers, Parole agents, and TASC staff
- Each CJDATS RC was responsible for developing its own survey administration and sampling plans

Guidelines:
- If less than or equal to 50, sample everyone
- If > 50, get a random sample of 50
  - Note: All Probation/Parole Officers with specialized substance abuse caseloads were included
Methods

Baseline Survey of Organizational Characteristics (BSOC)

- Includes 158 questions

Purpose:

- Describes the characteristics of each organization
- Provides a descriptive context for the MATICCE study
- Among other things, the BSOC Scales measured:
  - Organizational Characteristics
  - Climate
  - Culture
Opinions About MAT (OAMAT) Survey

- Includes 67 questions

Purpose:
- Provides information on respondents’ opinions regarding the use of pharmacotherapy for the treatment of opioid and alcohol dependence
- OAMAT scales measure:
  - Knowledge
  - Perceptions
  - Intentions

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Sample

- 8 collaborating (CJ-DATS) research centers
- N = 262
  - 65% of officers have bachelor’s degree or above
  - 20% of officers have counseling background
  - 8% of officers have addictions credentials
- Mean years of field experience = 11.55

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Dependent Variable

Opinions about MAT

- Index includes 19 questions
- Questions taken directly from OAMAT survey
- Higher scores reflect more favorable attitudes towards MAT
Independent Variables

INDIVIDUAL
- ✓ Highest Degree Obtained
- ✓ Treatment-Based Degree
- ✓ Experience in corrections field
- ✓ Belief in rehabilitation
- ✓ Knowledge of MAT
- ✓ Divergence

ORGANIZATIONAL
- ✓ Staffing
- ✓ Training
- ✓ Program Needs
- ✓ Communication
- ✓ Support
Plan of Analysis

✧ Univariate and Bivariate Analyses

✧ General linear regression

✓ Examined relationship between officer and organizational characteristics on overall opinions about MAT
Results

Individual

✓ Highest Degree Obtained
✓ Treatment-Based Degree
✓ Experience in corrections field
✓ Belief in rehabilitation
✓ Knowledge of MAT (+)
✓ Divergence (+)

Organizational

✓ Staffing
✓ Training (-)
✓ Program Needs
✓ Communication
✓ Support

(+)= Positive Correlation    (-)= Negative Correlation

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## Results

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>Standard Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>2.441*</td>
<td>0.440</td>
</tr>
<tr>
<td>Highest degree obtained</td>
<td>0.77</td>
<td>0.046</td>
</tr>
<tr>
<td>Treatment-based degree</td>
<td>-0.140</td>
<td>0.075</td>
</tr>
<tr>
<td>Experience in corrections</td>
<td>0.014</td>
<td>0.023</td>
</tr>
<tr>
<td>Belief in rehabilitation</td>
<td>-0.076</td>
<td>0.051</td>
</tr>
<tr>
<td><strong>Knowledge of MAT</strong></td>
<td>0.232*</td>
<td>0.025</td>
</tr>
<tr>
<td>Divergence</td>
<td>0.144*</td>
<td>0.047</td>
</tr>
<tr>
<td>Staffing</td>
<td>0.036*</td>
<td>0.046</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>-0.108*</td>
<td>0.040</td>
</tr>
<tr>
<td>Program Needs</td>
<td>-0.032</td>
<td>0.039</td>
</tr>
<tr>
<td>Communication</td>
<td>0.005</td>
<td>0.059</td>
</tr>
<tr>
<td>Support</td>
<td>0.016</td>
<td>0.053</td>
</tr>
</tbody>
</table>

* p < 0.05

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Limitations

✦ Cross-sectional design
  ✓ More desirable to analyze change over time

✦ Limited generalizability to officer population
  ✓ Officers agreed to be in a study on organizational change and MAT
Discussion

✧ Training and Knowledge
  ✓ Important to consider training type
  ✓ Trainings should include information on the benefits of MAT

✧ Divergence
  ✓ Benefits of evidence-based practices should be stressed
QUESTIONS?
Academic and Health Policy Conference on Correctional Health
Atlanta, GA; March 22, 2012