

SWIMMING DOWNSTREAM TO CATCH UPSTREAM PREVENTION



Lisa Saldana, PhD

C-DIAS PSMG Virtual Grand Rounds

March 21, 2023



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Families Actively **Improving** Relationships



THE HEAL PREVENTION INITIATIVE

**NIH
HEAL
INITIATIVE**

DESIGNED TO SOLICIT RESEARCH TO DEVELOP, ADAPT AND TEST INTERVENTIONS AND STRATEGIES TO PREVENT INITIATION OF OPIOID MISUSE AND DEVELOPMENT OF OPIOID USE DISORDER (OUD) IN AT-RISK OLDER ADOLESCENTS AND YOUNG ADULTS (AGES 16-30).



FAIR

WHAT IS FAIR?

Integrated Intervention to
Prevent Child Placement and
Facilitate Reunification

FAIR LOGIC MODEL

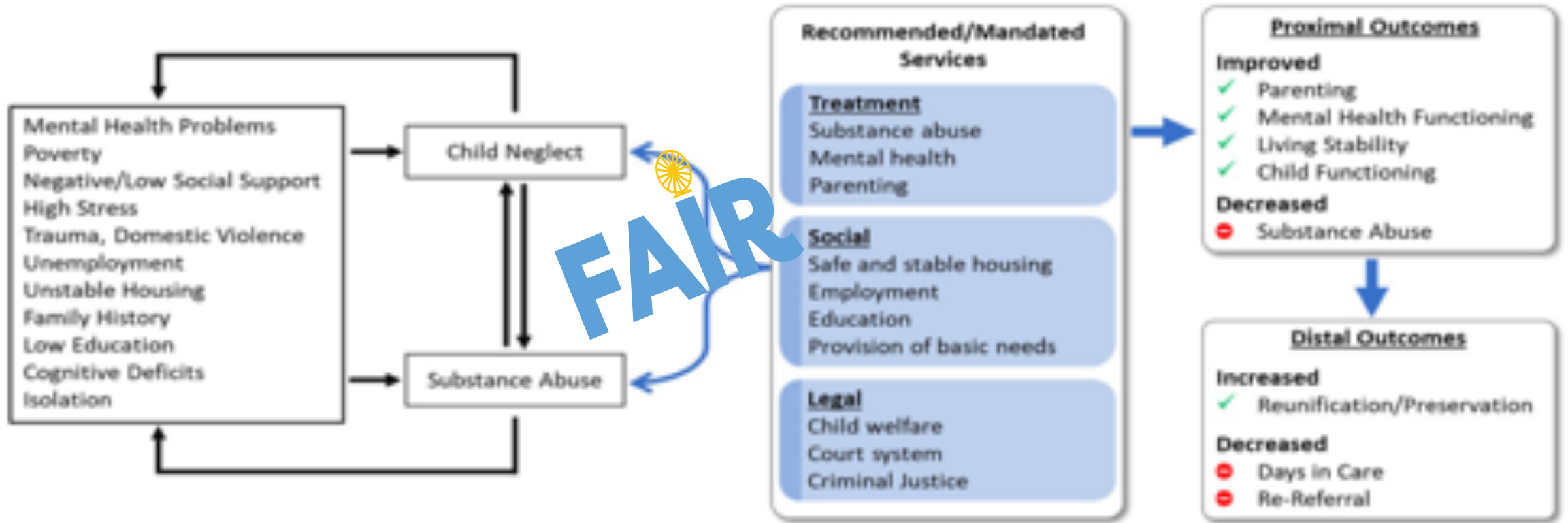


FIGURE 1 | Logic model for the Families Actively Improving Relationships (FAIR) program for parents involved in the child welfare system for parental substance abuse and child neglect.

FAIR PROGRAM

Integrated behavioral treatment for parents experiencing challenges related to, or risk for, substance abuse and child neglect.

- In vivo* coaching (visits, in-home)
- Core PMT strategies
 - Nurturing/Attachment
 - Safety Planning
 - Nutrition
 - Education
 - Hygiene/Physical Well-Being
 - Neglect & trauma-focused needs
 - Skills Coaching

- Cognitive-Behavioral Strategies
- Medication Management
- Behavioral interventions to promote Engagement with CBT
- Concrete "Here and Now" Strategies
- Exposure Therapy
- Psychoeducation about drug use and the brain

- Contingency Management
- Frequent Urinalysis
 - FAIR BUCKS/notify CWS
- Functional Assessments
- FITS/Sequence of Events
- Day Planning
- Refusal Skills Training
- Peer Choices
- Changing Environments

- Basic Documentation and Services
- Housing
- Employment
- Education
- Medical Needs
- Criminal Justice
- Transportation

Ecologically Focused Interventions Emphasizing Relationships

WHO IS REFERRED TO FAIR?



LIVING ENVIRONMENTS





ENGAGEMENT STRATEGIES

Creating a reinforcing treatment that can compete with substance using lifestyle

- ☀ Meet in the Community
- ☀ Flexible Scheduling
- ☀ Non-traditional Treatment Sessions
- ☀ Food and Beverage
- ☀ Providing Support with Child Welfare/Probation
- ☀ Reinforce Attendance by Assisting with Basic Needs
- ☀ Include Other Supports/Family Members
- ☀ Never Stop Engaging
- ☀ Use of FAIR BUCKS and trips to the FAIR STORE



EARNING FAIR BUCKS

- 🌟 Negative UAs (taking UAs)
- 🌟 Completing a difficult parent skills component
- 🌟 Making a good treatment choice (e.g., avoiding high risk situations; removing hidden drugs)
- 🌟 Progress toward ancillary goals (e.g., completing job applications; cleaning the house)



FAIR STORE

New and used donated goods

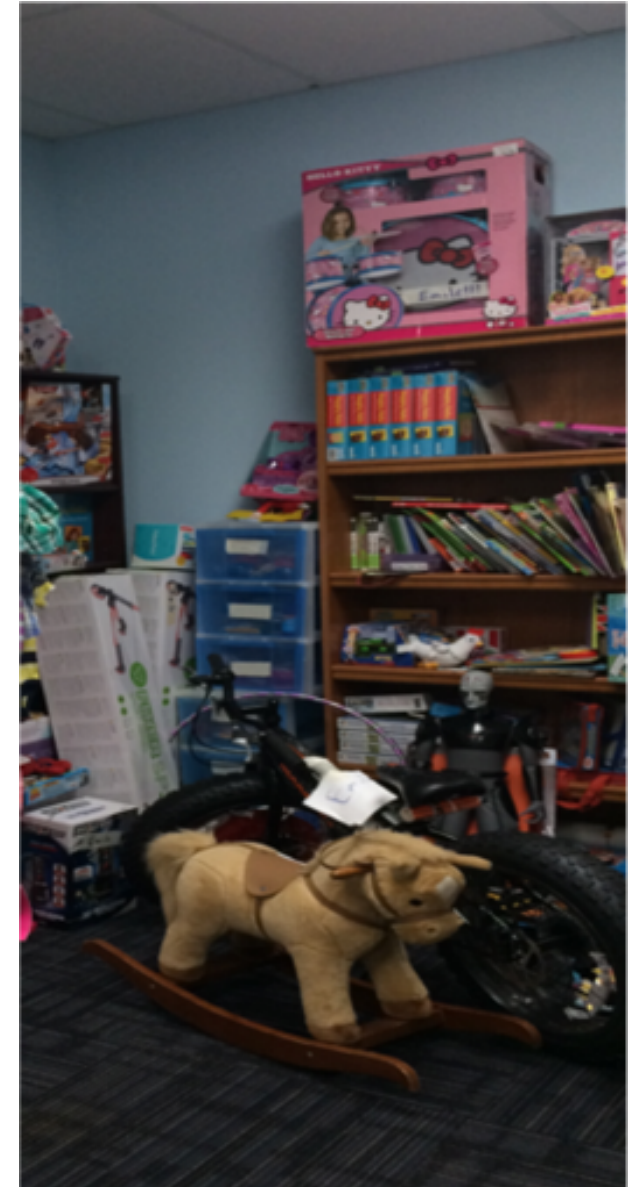
Client “job” is to create safe, sober, and healthy environment

Teaches skills in budgeting

FAIR Bucks are used to “buy” products in the FAIR Store

- Home goods
- Toiletries
- Clothing
- Toys
- Emergency Funds by Application

RESOURCE BUILDER ALSO HELPS IDENTIFY
COMMUNITY OPPORTUNITIES, ACTIVITIES, ETC.



THE OFFICE



PARTNERSHIP WITH DHS AND CRIMINAL JUSTICE

- ☀️ Communication
- ☀️ Partnered Problem-Solving
- ☀️ Partnered Support of Parent and Family
- ☀️ Recognizing Roles and Responsibilities
 - Leveraging the strengths of each others' roles to work together
 - Respecting that the responsibilities that each others' roles require differ from one another



LOCAL DESIRE AND DEMAND POST PILOT



- Parents involved with or at-risk for involvement with DHS
- In-home or reunification plan in place
- Living in Lane County
- Medicaid
- Not receiving substance use, mental health, or parenting elsewhere

EFFECTIVENESS TRIAL

Included Both Moms and Dads

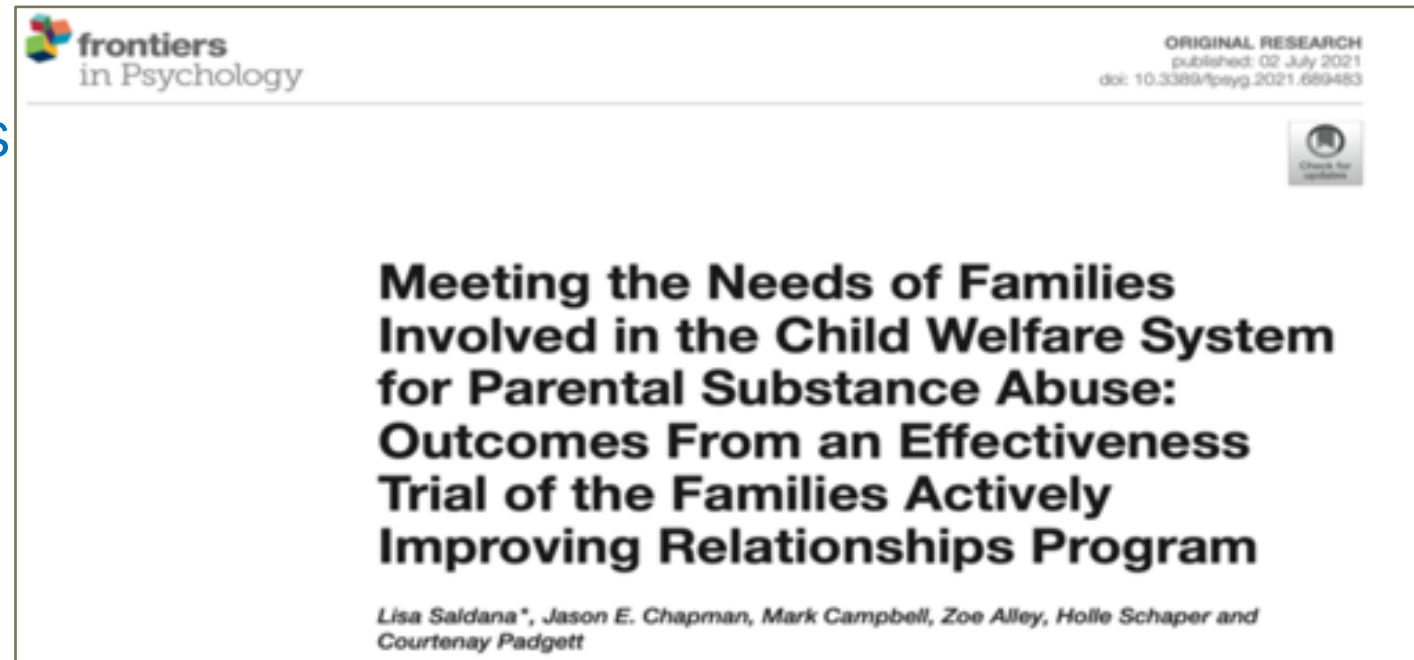
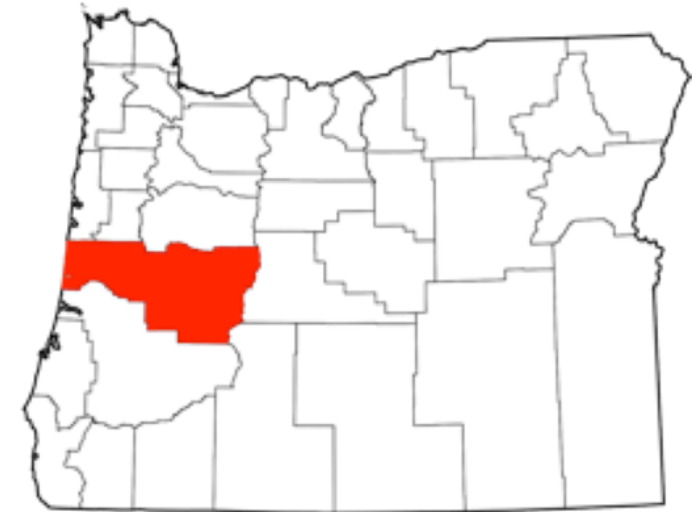
Dynamic Wait-List Design so
Everybody had the
Opportunity to get FAIR

24 month Follow-Up

Assessment of Program Costs

Serving County Child Welfare
Geographic Region

ADMINISTRATION FOR
CHILDREN & FAMILIES

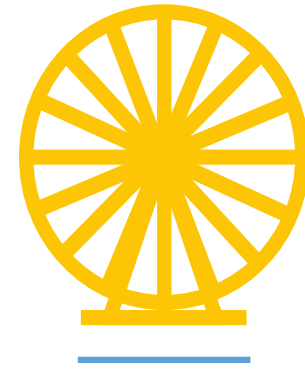


RESEARCH ELIGIBILITY CRITERIA

- ☀ Substance Abuse other than exclusive THC and/or Alcohol in the Last Year
- ☀ Child Welfare Involvement or Referral
- ☀ Non-TPR at Time of Referral
- ☀ Child Any Age (0-18)
- ☀ Medicaid (OHP)
- ☀ Lane County
- ☀ Both Moms (and Dads) and any Age of Parent



FINAL SAMPLE



$N = 99$ (FAIR = 59; Waitlist to FAIR = 32; WL = 8)

75% Female; 25% Male

Average Age: 31.34 (range 15-51)

Race: 73% White, 22% Bi-Racial

Ethnicity: 13% Hispanic

Average No. Children = 2.41 (range 0-6)

Household income: 60% of sample below \$18,000/yr.

Results

 FAIR

ENGAGEMENT AND TREATMENT RETENTION

Initial Engagement	95%
Retention	72%



EFFECTIVENESS OUTCOMES – 24 MONTH

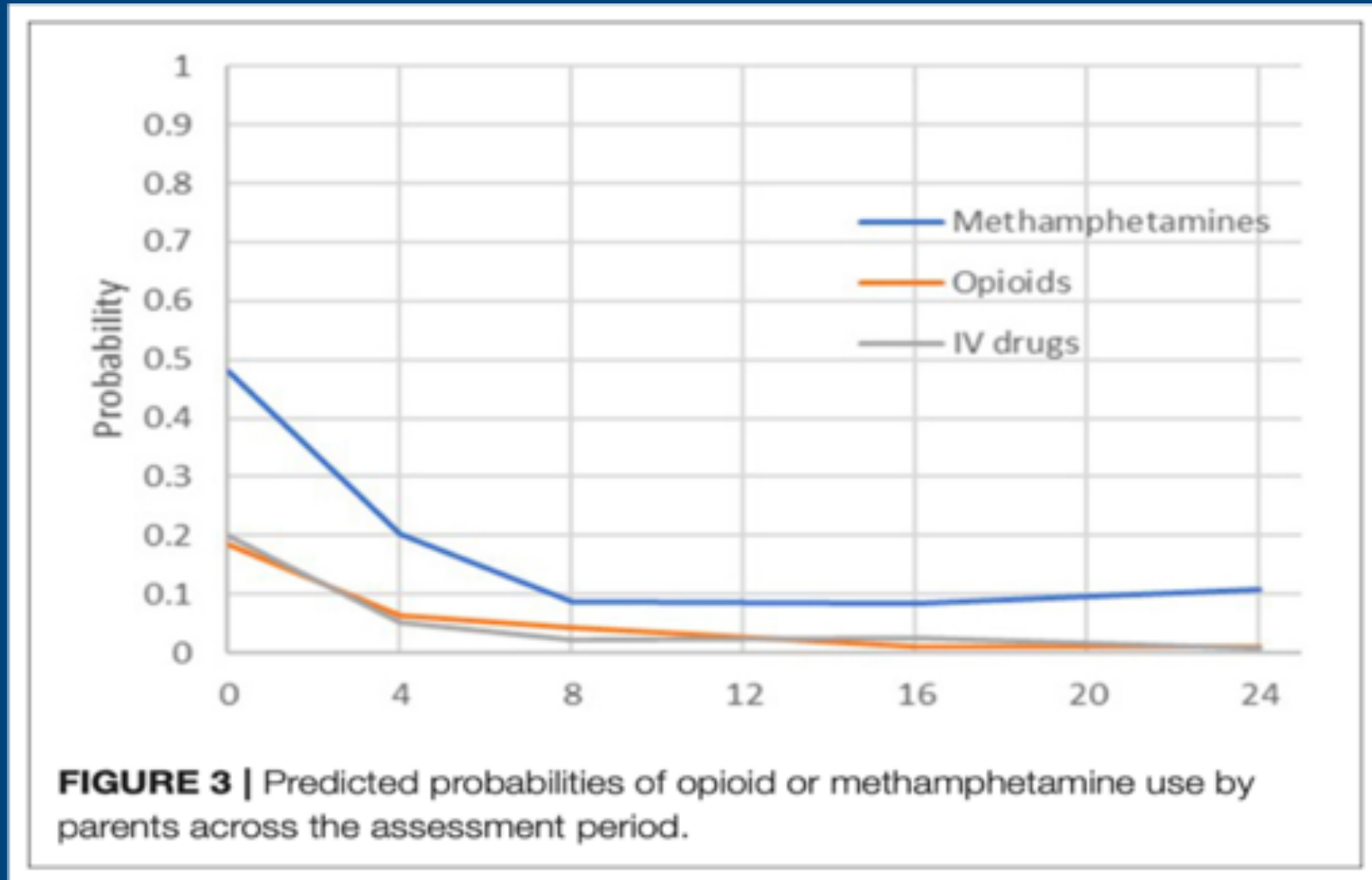
Intent-to-Treat Analyses:

Replicate previous randomized pilot 12 month outcomes

1. Reductions in substance abuse (heroin, opiates, methamphetamine)
2. Reduction of IV use
3. Reductions in cravings and other problem drug behaviors
4. Reductions in parenting stress (until 24 months)
5. Reductions in maladaptive parenting
6. Reductions in parental depression and anxiety
7. Reductions in parental trauma symptoms
8. Improvements in days employed
9. Improved child well-being

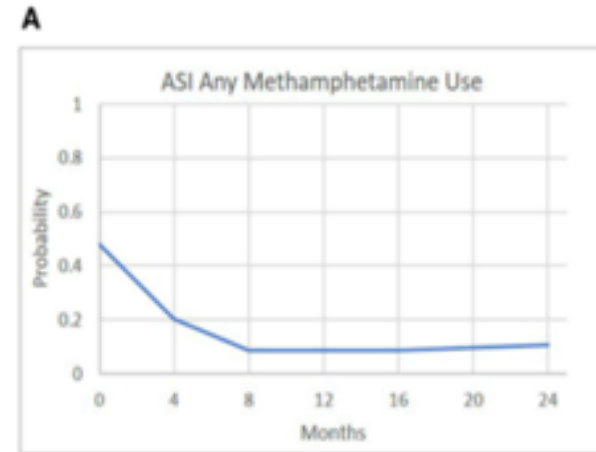


OPIOID AND METHAMPHETAMINE USE



EXAMPLE RELATIONSHIPS OF SYMPTOMS OVER TIME

Outcome	Methamphetamine		Depression		Risk for neglect	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
FAIR Baseline						
ASI any methamphetamine use						
BDI (depression total score)	0.14	0.172				
BCAP (risk for neglect total)	-0.01	0.959	0.74	<0.001		
Paid for ≥20 work days this month	-0.07	0.485	-0.19	0.066	-0.10	0.390
Month 8						
ASI any methamphetamine use						
BDI (depression total score)	0.47	<0.001				
BCAP (risk for neglect total)	0.19	0.139	0.65	<0.001		
Paid for ≥20 work days this month	-0.17	0.137	-0.22	0.050	-0.05	0.691
Month 16						
ASI any methamphetamine use						
BDI (depression total score)	0.59	<0.001				
BCAP (risk for neglect total)	0.32	0.018	0.67	<0.001		
Paid for ≥20 work days this month	-0.25	0.031	-0.28	0.018	-0.30	0.024



Predicted scores of representative outcomes across the four FAIR domains over time.

Translational Science Benefits Model

Citation: Clin Transl Sci (2018) 11, 77–84; doi:10.1111/cts.12495
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ARTICLE

The Translational Science Benefits Model: A New Framework for Assessing the Health and Societal Benefits of Clinical and Translational Sciences

Douglas A. Luke^{1,*}, Cathy C. Sarli², Amy M. Suiter², Bobbi J. Carothers¹, Todd B. Combs¹, Jae L. Allen³, Courtney E. Beers³ and Bradley A. Evanoff⁴

Translational Science Benefits Model



ABOUT THE MODEL INDICATORS CASE STUDIES TOOLKIT OUR PARTNERS CONTACT US

CASE STUDIES COMMUNITY HEALTH SERVICES COST EFFECTIVENESS COST SAVINGS
DISEASE PREVENTION & REDUCTION HEALTH CARE ACCESSIBILITY HEALTH CARE QUALITY
LIFE EXPECTANCY & QUALITY OF LIFE SCIENTIFIC RESEARCH REPORTS
SOCIETAL & FINANCIAL COST OF ILLNESS STANDARDS THERAPEUTIC PROCEDURES
IRI (IMPLEMENTATION RESEARCH INSTITUTE)

Providing Integrated Support to Prevent and Treat Parental Substance Use

Key TSBM Impacts



CLINICAL

Provided mental health and substance use treatment, parenting skill development, and case management



COMMUNITY

Increased engagement between parents and clinicians, improving the quality evidence-based practices



COMMUNITY

Decreased substance use and improved mental health among parents



ECONOMIC

Will reduce healthcare costs



POLICY

FAIR was featured as an example program by the Children's Bureau in the Department of Health and Human Services

~ Former FAIR Clients

I really got what I wanted to out of FAIR. I may have even gotten more than I expected out of it.

It can help a lot of people that aren't even going through addiction but just need help learning how to cope with different problems in their life

The whole plan just directed around me and my family and where I was at, and all that kind of stuff.



I would just say that it's a great support for families, and there's a lot of different things that they can help you support whether it be your children, and relationships, or sobriety, or just giving you tools that you may not have or you may not realize you have, and just helping you support through those.

It's a life changing program. I have referred many people.

[clinician] is an amazing counselor. He doesn't just come and give me UA's he actually works with my family to get through obstacles...

My daughter has special needs and with that and COVID it has been a blessing that FAIR has someone to come to me and also work around my busy schedule with appointments and my daughter's medical care

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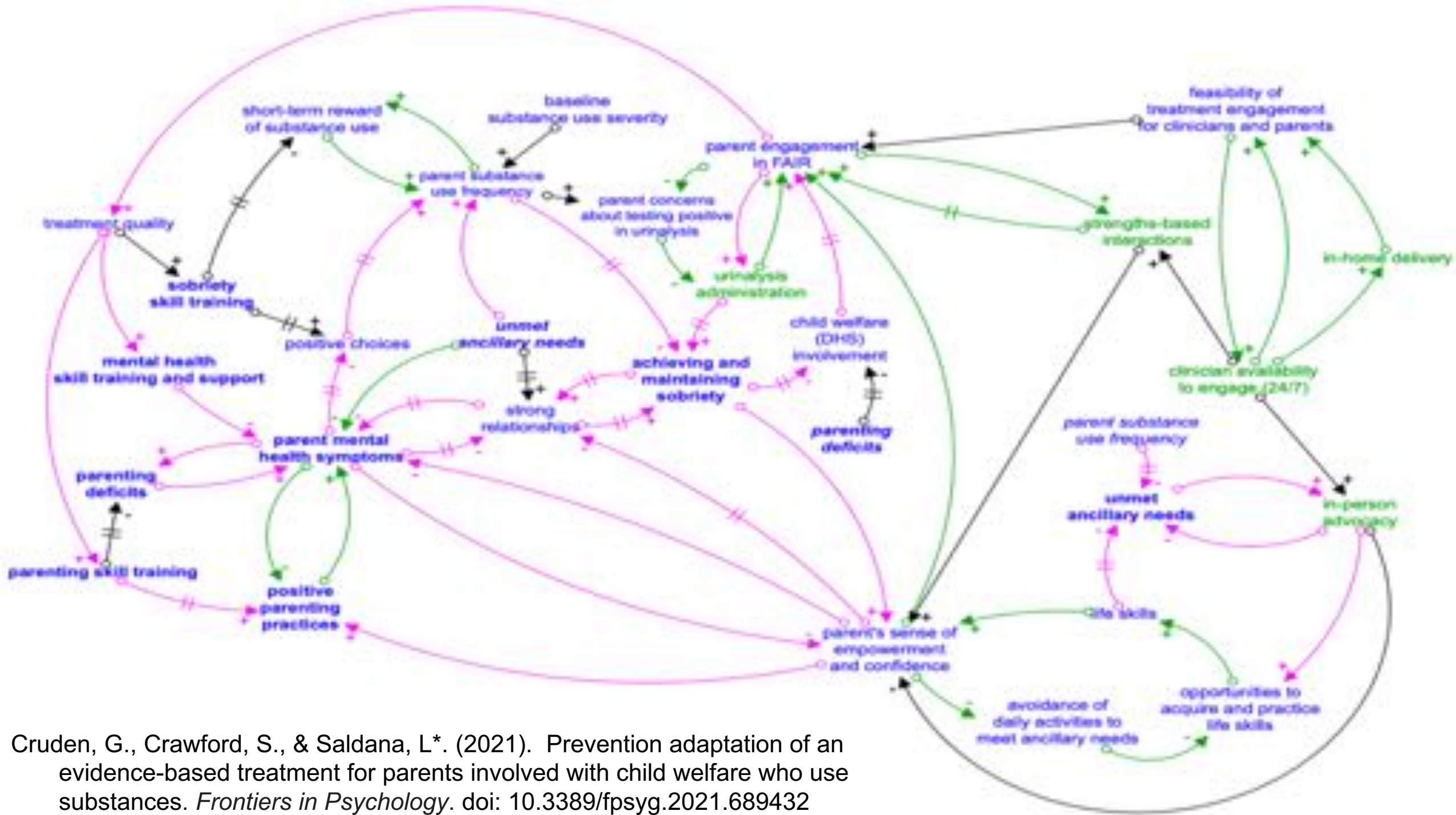
***PREVENTING PARENTAL
AND/OR METHAMPHETAMINE
ADDICTION WITHIN DHS
INVOLVED FAMILIES: FAIR***

UG/H3DA050193





FAIR Services for Parents Without an Opioid or
Methamphetamine Use Disorder
(Child Welfare and/or Self-Sufficiency Referrals)



Cruden, G., Crawford, S., & Saldana, L*. (2021). Prevention adaptation of an evidence-based treatment for parents involved with child welfare who use substances. *Frontiers in Psychology*. doi: 10.3389/fpsyg.2021.689432

DIFFERENCE BETWEEN FAIR AND PRE-FAIR

Less emphasis on substance use unless a substance use disorder is identified. If not:

UA less frequently (2-4 x's month)

Meet less frequently (assess need)

Can use zoom more often for sessions

Length of treatment might be less (~4 mon)

No difference in:

Treatment of mental health needs

Provision of parent skills training

Support with addressing ancillary needs

Development of self-sufficiency skills

Voluntary participation



DATA-DRIVEN COUNTY SELECTION: OPTIMIZING ABILITY TO IDENTIFY AND REACH UNMET NEEDS STATE LEVEL ENGAGEMENT

Child Welfare, Self-Sufficiency, and Medicaid Claims Data Merged
N = 36 Counties

Child Welfare

Families (mother and/or father with at least one minor child without TPR)

At least one parent between 16-30

Non-THC or Alcohol SUD

Medicaid (Oregon Health Plan)

At least one child involved in or at-risk for involvement with CW (risk algorithm based on previous reports and risk factors)

Self-Sufficiency

Adults aged 16-30 with at least one minor child in their care

Enrolled in at-least one SS program

Non-THC, Alcohol, Nicotine SUD

Medicaid



Ranks (CWS, SSP)	County	County Population age 15-29	Potential CW Referrals		Potential SSP Referrals	
			Count	% of Target Population	Count	% of Target Population
1,3	Lane	84,640	55	10.4%	318	16.1%
2,1	Multnomah	162,457	50	7.8%	456	12.2%
3,8	Douglas	17,224	49	19.5%	139	14.9%
4,4	Marion	69,171	45	15.0%	283	13.0%
5,2	Jackson	37,822	40	14.2%	318	20.8%
6,6	Washington	114,616	29	9.7%	177	11.2%
7,5	Clackamas	72,148	26	13.6%	198	16.7%
8,10	Deschutes	30,129	25	21.0%	112	19.7%
9,20	Malheur	6,333	22	16.1%	36	10.5%
10,13	Umatilla	15,778	22	17.5%	80	15.7%
11,11	Klamath	12,200	16	17.8%	101	14.6%
12,9	Linn	22,970	12	9.4%	135	16.4%
13,15	Coos	9,887	11	8.4%	47	11.2%
14,7	Josephine	13,146	11	9.8%	140	19.5%
26,28	Curry	2,715	1	3.6%	8	7.5%

STATE SYSTEM LEADERSHIP COUNTY/DISTRICT SELECTION



COUNTY LEVEL PARTNERSHIPS

ODHS County Leadership Engagement Meetings

Medicaid CCOs

Community Providers

- Existing Substance Abuse Treatment Clinic
- New Dually Licensed Substance Abuse and Mental Health Clinic

Child Welfare and Self-Sufficiency Caseworkers

Community Partners

- Attorneys
- Resource Building

IMPLEMENTATION SUPPORTED BY THE SIC

Stages of Implementation Completion (SIC)

- 8-Staged measure of implementation process and milestones
- Operationalizes implementation activities from Engagement to Competency
- Date Driven data collection
- Scores: Proportion, Duration, Final Stage

Adapted for > 65 practices

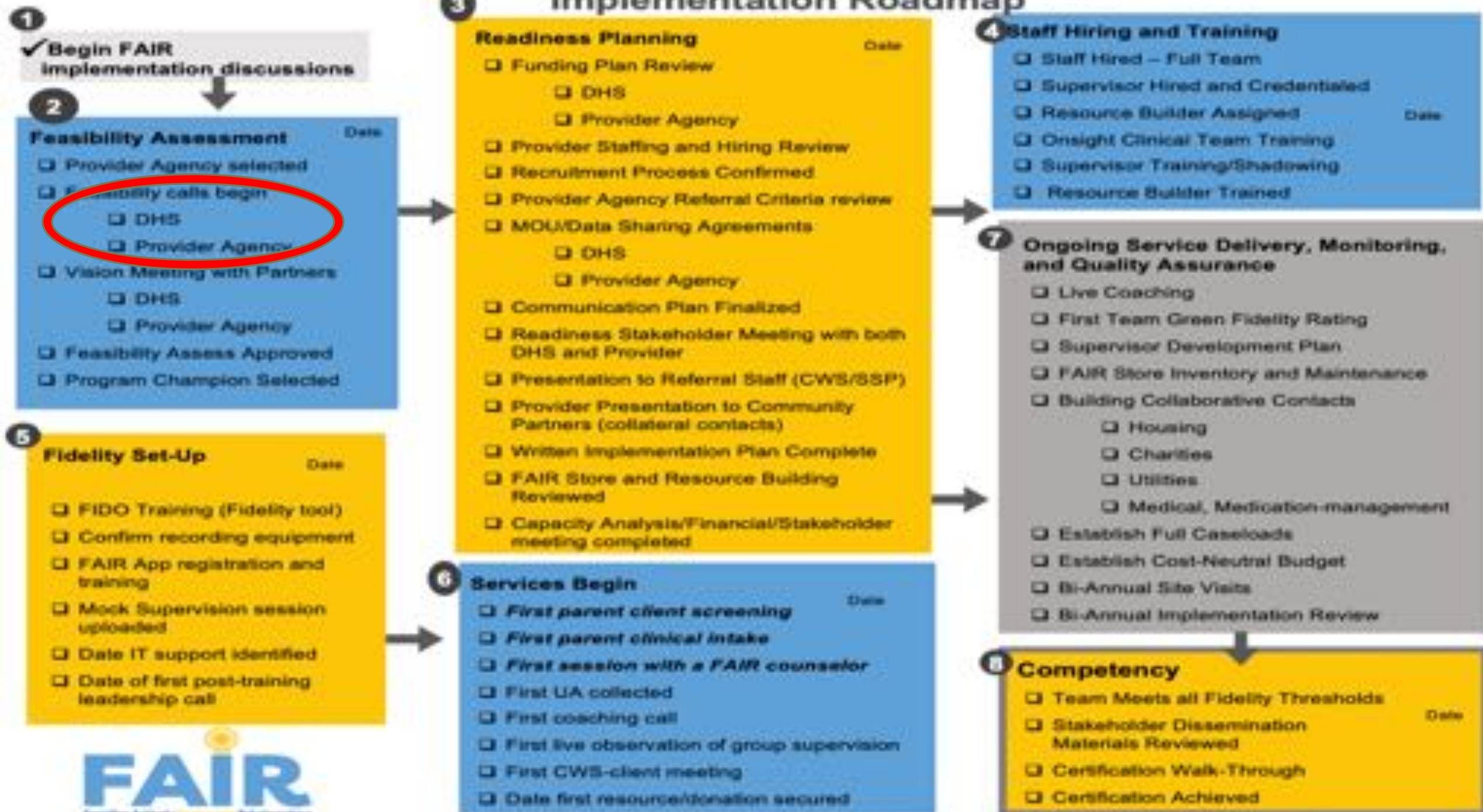
Reliably distinguish good versus poor performers

Pre-Implementation behavior predicts program start-up

Pre-Implementation behavior is the key to sustainment

A web-based tool provides a dashboard supported by repository of 2,200+ implementations to facilitate implementation fidelity.

Implementation Roadmap



2

Feasibility Assessment

Date

- Provider Agency selected
- Feasibility calls begin
 - DHS
 - Provider Agency
- Vision Meeting with Partners
 - DHS
 - Provider Agency
- Feasibility Assess Approved
- Program Champion Selected

3

Implementation Road

Readiness Planning

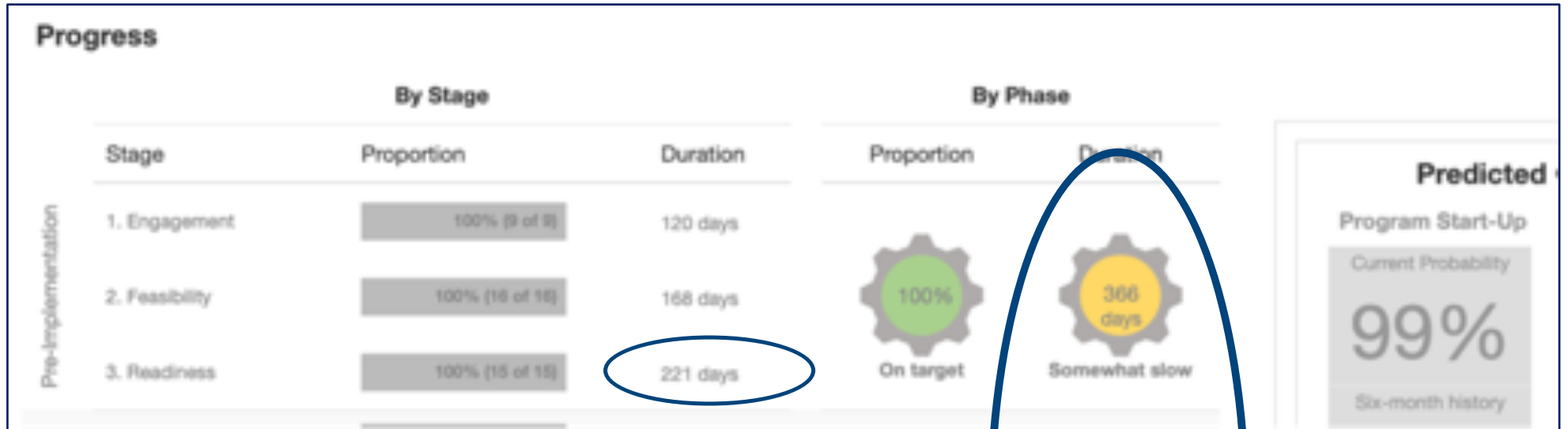
Date

- Funding Plan Review
 - DHS
 - Provider Agency
- Provider Agency and Hiring Review
- Recruitment Confirmed
- Provider Agency
- MOU
- Contracting with Medicaid for Reimbursement
- Realization of DHS
- Mileage Estimates
- Presentation to Referral Staff (CWS/SSP)
- Provider Presentation to Community Partners (collateral contacts)
- Written Implementation Plan Complete
- FAIR Store and Resource Building Reviewed
- Capacity Analysis/Financial/Stakeholder meeting completed

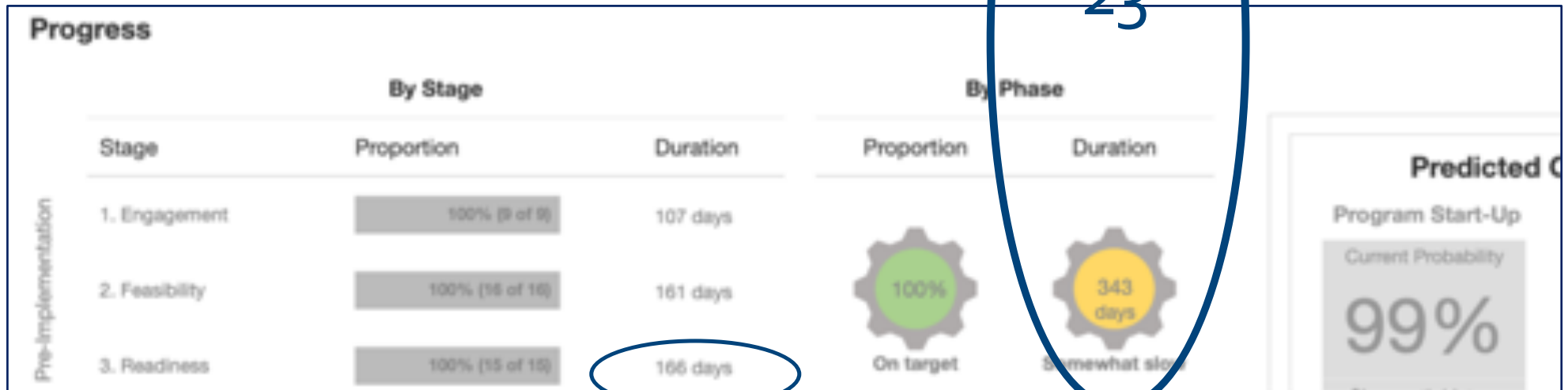
Funding
 Contracting with Medicaid for Reimbursement
 Mileage Estimates
 Credentialing/Licensing/Staffing Needs
 Securing FAIR Store Donations for Contingency
 Management

STRONG PRE-IMPLEMENTATION

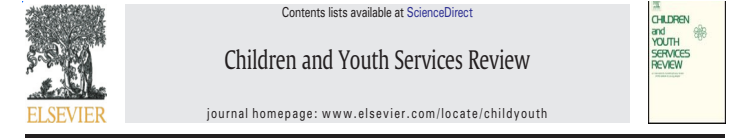
New Clinic



Existing Clinic



NEW CLINIC SPENT \$22,500 MORE DURING PRE-IMPLEMENTATION



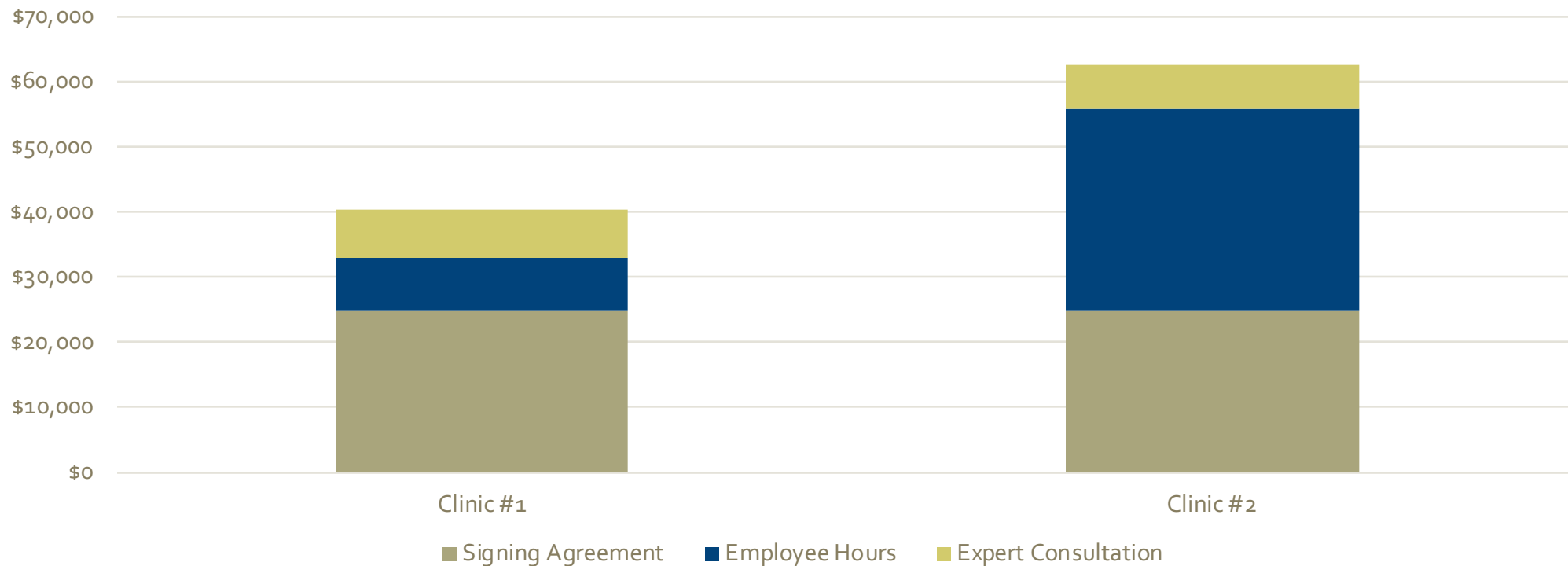
The cost of implementing new strategies (COINS): A method for mapping implementation resources using the stages of implementation completion



Lisa Saldana ^{a,*}, Patricia Chamberlain ^a, W. David Bradford ^b, Mark Campbell ^a, John Landsverk ^c

^a Oregon Social Learning Center, United States
^b University of Georgia, Department of Public Administration and Policy, United States
^c Child and Adolescent Services Research Center, United States

Total Pre-Implementation HOURS by Clinic



CO
DU

BUT the time to

1. transition programs
2. (re)train staff
3. begin receiving referrals

took 43 days longer for de-adoption

		Hourly Wage
Executive		\$72
Supervisor		\$38
Clinicians		\$26
Admin Ass		\$24
TOTAL	\$7,932	\$30,693

PROGRAM DEVELOPMENT IMPLEMENTATION STRATEGIES

- ☀️ 4-Day On-Sight Training
- ☀️ Manuals, Intervention Tools, FAIR App
- ☀️ Weekly Remote **Group** Supervision and Coaching (Live transitioning to recording)
- ☀️ Weekly **1-1** Coaching in Supervision to Model Fidelity
- ☀️ Virtual Office Hours for Parenting Support
- ☀️ Monthly Leadership Call
- ☀️ FAIR Store Build Support
- ☀️ Use of the FIDO Fidelity Monitoring System to Track
 - ☀️ Session Attendance
 - ☀️ UA Outcomes
 - ☀️ Weekly Goals and Incentives

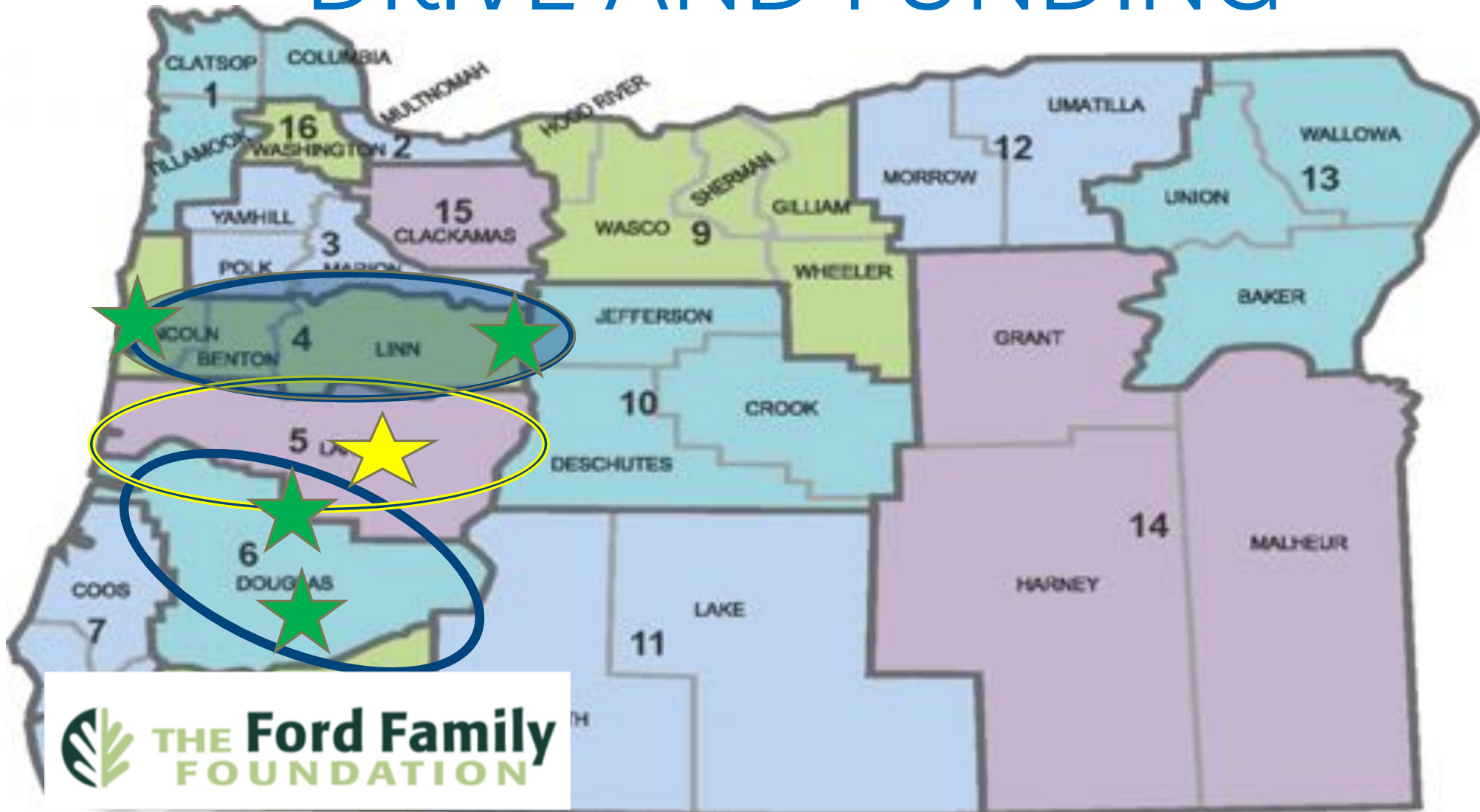


FAIR



PRE-FAIR

SYSTEM LEADERSHIP, COMMUNITY DRIVE AND FUNDING





CONTEXT

SPECIAL REPORTS

OD d

Oregon is No. 2 in nation for addiction, last on

ri OREGON

Oregon ranks worst in the country for drug problems: Report

by: Liz
Posted:
Updated:

In The News

Oreg
in

by: Andrew Foran

Posted: Jan 20, 2023 / 11:33 AM PST

Updated: Jan 20, 2023 / 11:33 AM PST

As Me

State Scan

Measure 110 will provide a massive
skyrocketing.

second-highest alcohol and drug addiction rates
options.

staging mental health

DAILY DISCOUNTS SAVINGS ...
ing Deals
USA
PAGE 2A

TODAY NETWORK

COMPETING NEEDS CHALLENGE IMPLEMENTATION OF UPSTREAM PREVENTION

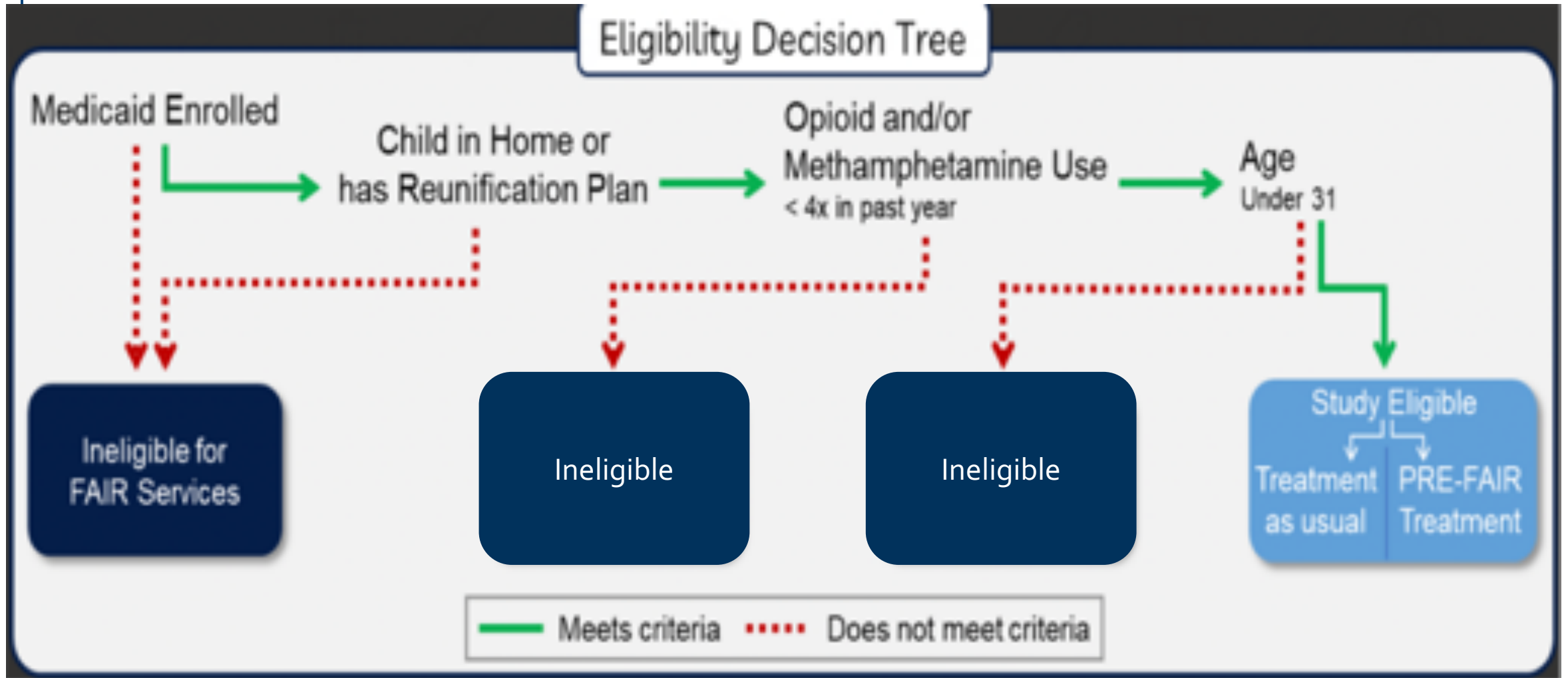
- ☀️ Need for Treatment is Outweighing Prevention
- ☀️ Referral Agencies are Struggling to Meet Treatment Needs
- ☀️ Agencies Rely on Reimbursement



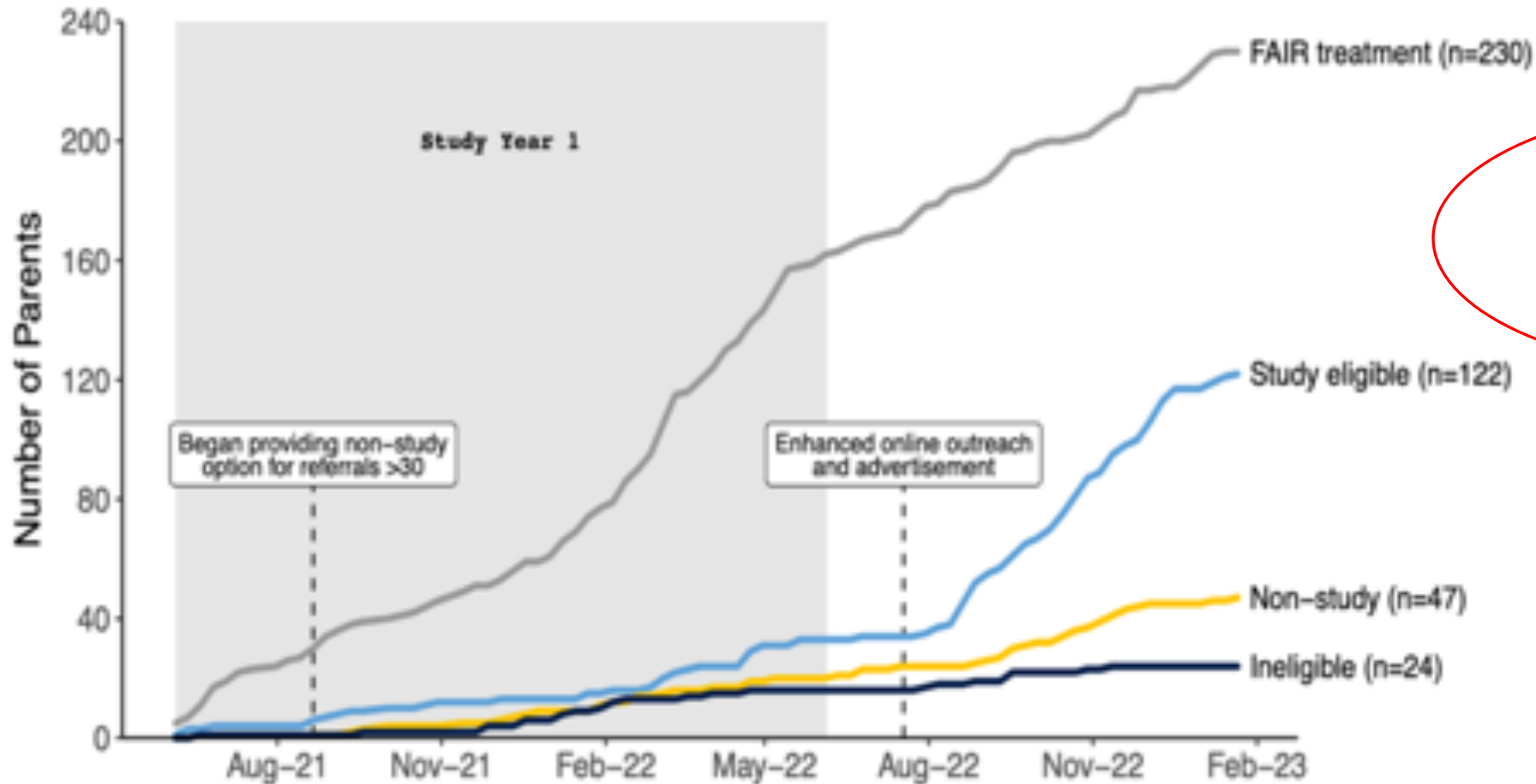
TO IMPLEMENT UPSTREAM, SCALE-UP DOWNSTREAM



ADAPTED SERVICE SCREENING PROTOCOL



423 SCREENED 29% ELIGIBLE

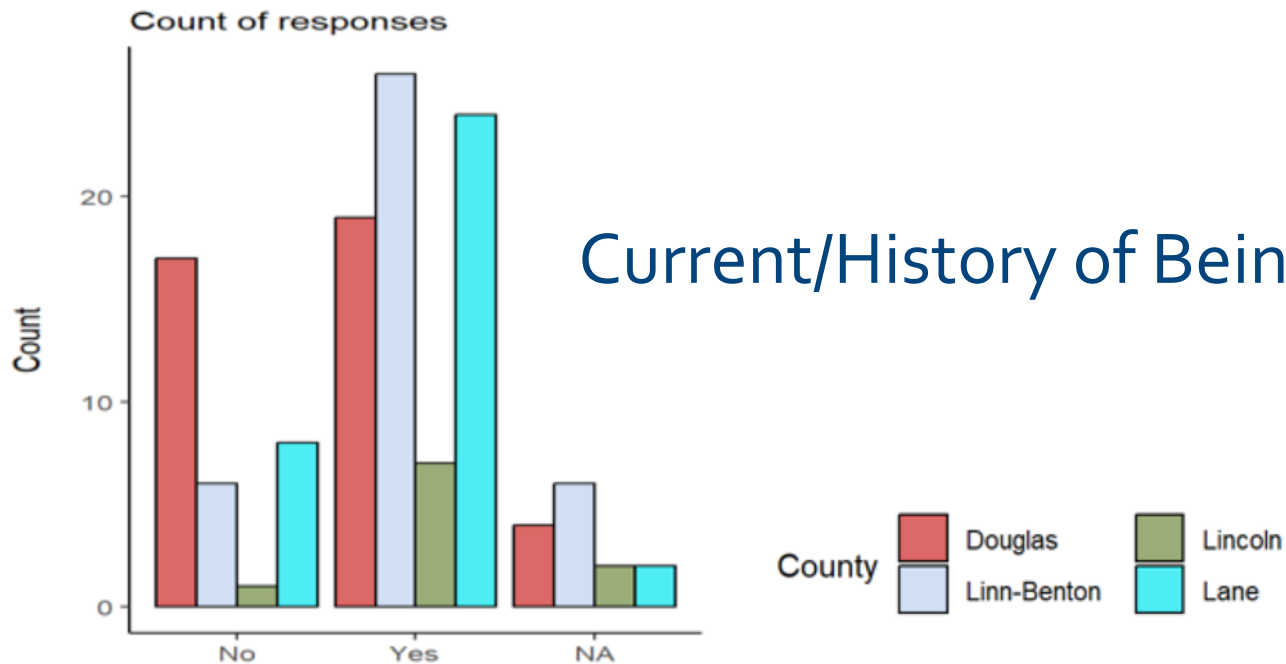


60% SELF-REFER
of these
60% are seeking
treatment

PRE-FAIR STUDY ELIGIBLE ONLY

Mental Health Concerns 80%
Experienced Physical, Sexual Abuse or Trauma 79%
Challenge with Previous Prescription 11%

Current/History of Being Unhoused 62%



DRUG USE AT SCREENING

	Total Sample N= 423	PRE-FAIR (includes study) n = 169	PRE-FAIR STUDY <30 yrs. Old n=122
Ever Use Illicit Drugs	70%	33%	30%
Previous Opioid/Methamphetamine Diagnosis	26%	12%	10%

DHS AND OHA BRAIDED SUPPORT



- ☀ Individual Outcomes
 - ☀ Parental Reduction or Elimination of Drug Use
 - ☀ Decreased Injection Use
 - ☀ Overdose Prevention
 - ☀ Improved Mental Health
 - ☀ Improved Housing Stability
- ☀ Family-Level Child Welfare Outcomes
 - ☀ Reunifications
 - ☀ Changes from Adoption to Return Home
- ☀ System Change or Impacts
 - ☀ Family Treatment Court
 - ☀ Attorney Groups
 - ☀ Participation in Broader District Leadership Discussions
 - ☀ Medicaid System of Care Input
- ☀ Community Partnership Outcomes
 - ☀ FAIR Store donations
 - ☀ Jobs Program
 - ☀ Recovery Housing partnerships

- ☀ Program Outcomes
 - ☀ Seeing clients
 - ☀ Retaining staff
 - ☀ Obtaining reimbursement
 - ☀ System Financial Support

☀ Implementation



PARENT TESTIMONIALS (CSQ-8)

I've finally reached out to my family after about 2 years thanks to my FAIR worker listening to me and talking about my reactions

I love my worker. She's there when I need someone to talk to or if I need thing to get by. She's very helpful with finding resources I can use.

I feel like I can really talk to my fair worker and set some good goals

I have seen such success with others in this program and that is what made me decide to try it out. I have told others of your wonderful program already

Thinking that I'm doing right by my family is great, and having the reassurance of FAIR gives me the confidence to keeping working towards our goals

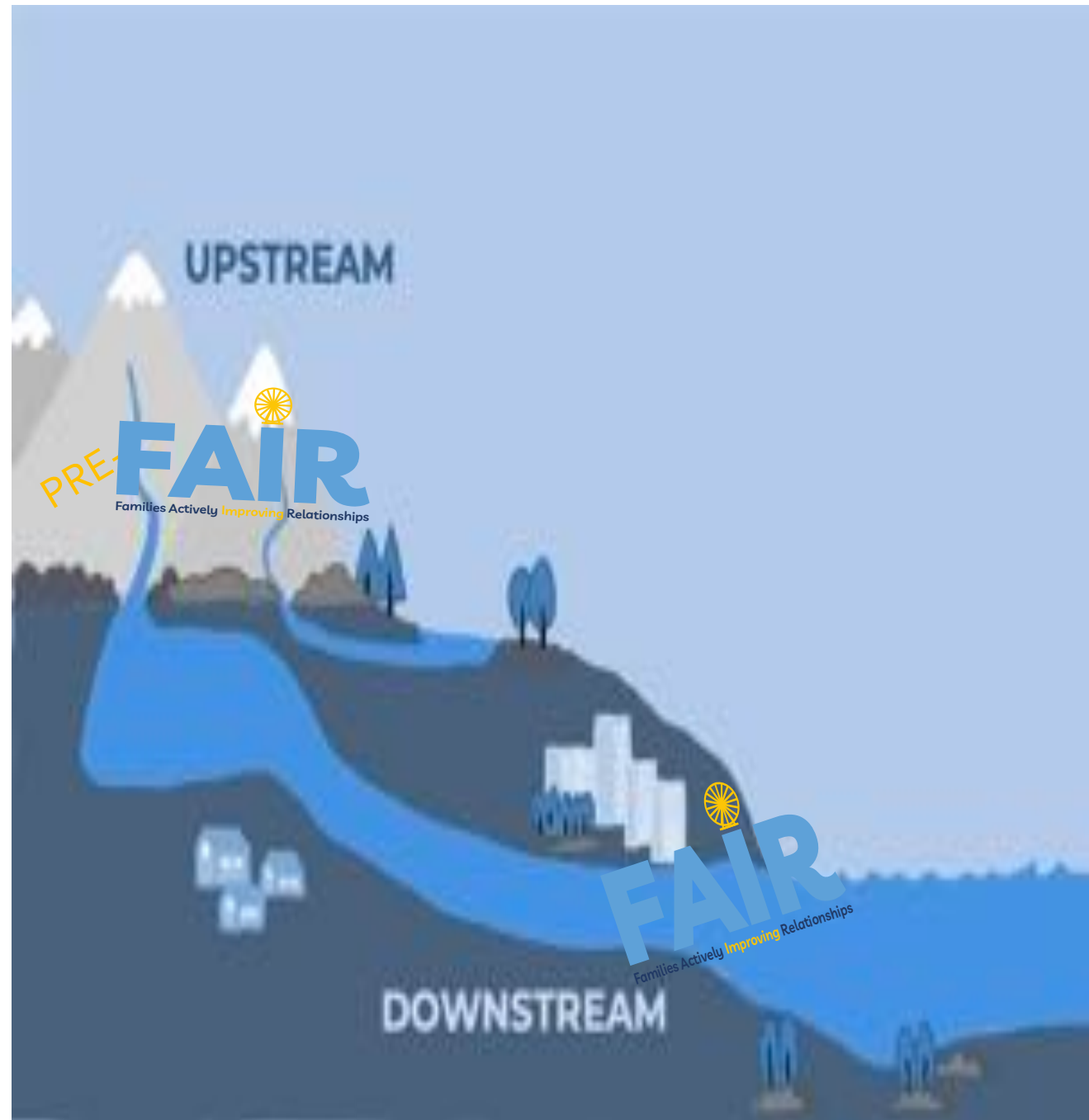
Very nice people, easy to talk to about anything with no judgement and very helpful.

Daily clinician contact and UAs in the home. Helping with housing and cleanliness

I think FAIR is better than having a therapist.

CONCLUSION

- ☀ System partnerships and meeting a community need are essential in implementation and sometimes do not align with *a priori* research objectives
- ☀ The FAIR-SIC Roadmap provides a path for successful program launch under different implementation contexts
- ☀ Implementation of multi-sector interventions involves a complex set of relationships and interactions.
- ☀ FAIR can be successfully implemented in rural communities
- ☀ To make room for upstream prevention, must first stop the flooded downstream need



Key Partners

Oregon Department of Human Services

John Radich – co-investigator (former District 5 Leader)

Kevin George – Grants Contracts Program Manager

Jay Wurscher – Alcohol and Drug Service Coordinator

Jason Wallin & Kathryn Iurino - Office of Reporting, Research, Analytics, and Implementation

Belit Burke – District 4 System Leader

Sheila Wegener – District 5 System Leader

Desta Walsh – District 6 System Leader (Jessica Hunter – CW)

Alex Palm – OHA liaison

Service Providers

Sarah Sorric - Dynamic Self Recovery

Lalori Lager – Reconnections Counseling

Alison Hinson – Juniper Tree Counseling

Coordinated Care Organizations (Medicaid)

Trillium

Pacific Source

Intercommunity Health Network

Umpqua Health Network

Oregon Health Authority



NIH
HEAL
INITIATIVE



NIH National Institute of Mental Health
HEAL Initiative

THANK YOU
LISAS@OSLC.ORG

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The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or its NIH HEAL Initiative.

Thank you to the Families and Community Collaborators for contributing to this work and helping to improve our systems.

Families Actively **Improving** Relationships