



Using a NIATx based local learning collaborative for performance improvement

Mathew Roosa^a, Joseph S. Scripa^a, Thomas R. Zastowny^b, James H. Ford II^{c,*}

^a Onondaga County Department of Mental Health, John H. Mulroy Civic Center, 10th Floor, 421 Montgomery St, Syracuse, NY 13202, United States

^b 818 Coventry Drive, Webster, NY 14580, United States

^c University of Wisconsin – Madison, 1513 University Avenue, Madison, WI 53705, United States

ARTICLE INFO

Article history:

Available online 2 March 2011

Keywords:

Local learning collaborative

Evidence based practice

Process improvement

Vision

Use of data

Pay for participation

Relationships

ABSTRACT

Local governments play an important role in improving substance abuse and mental health services. The structure of the local learning collaborative requires careful attention to old relationships and challenges local governmental leaders to help move participants from a competitive to collaborative environment. This study describes one county's experience applying the NIATx process improvement model via a local learning collaborative. Local substance abuse and mental health agencies participated in two local learning collaboratives designed to improve client retention in substance abuse treatment and client access to mental health services. Results of changes implemented at the provider level on access and retention are outlined. The process of implementing evidence-based practices by using the Plan-Do-Study-Act rapid-cycle change is a powerful combination for change at the local level. Key lessons include: creating a clear plan and shared vision, recognizing that one size does not fit all, using data can help fuel participant engagement, a long collaborative may benefit from breaking it into smaller segments, and paying providers to offset costs of participation enhances their engagement. The experience gained in Onondaga County, New York, offers insights that serve as a foundation for using the local learning collaborative in other community-based organizations.

© 2011 Elsevier Ltd. All rights reserved.

1. Introduction

A shift from traditional approaches in chemical dependency treatment to the use of evidence-based practices (EBPs) presents opportunity and challenge for treatment providers. Efforts to change how institutions and individuals deliver care are often hampered by the day-to-day responsibilities of delivering treatment. Access to trainings is a barrier to EBP implementation and such meetings may take away from direct-service time with clients (Ruzek & Rosen, 2009). While training workshops can improve skills (Miller, Yahne, Moyers, Martinez, & Pirritano, 2004) and confidence (Bennett-Levy & Beedie, 2007), the process of incorporating new methodologies and ways of approaching treatment can require considerable investment on the part of practitioners. Additionally, fewer client hours during transition and planning times can have financial repercussions for individuals and treatment centers. Concern about administrative and executive support can also influence willingness to engage in process improvement. Researchers have suggested

different potential frameworks for advancing implementation science (Damschroder et al., 2009; Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005; Wandersman et al., 2008). These frameworks highlight the importance of leadership engagement, resource support, internal opinion leaders and champions, and training opportunities to build knowledge and skills, which are supported by consultation, and coaching to support innovation implementation.

A multi-organizational learning collaborative focused on improvement is a mechanism that helps accelerate the diffusion of innovations (Wilson, Berwick, & Cleary, 2003). The use of a learning collaborative to improve the quality of care can exist at the local, regional, or national level. States have used a regional learning collaborative approach to improve services in mental health (Cohen, Adams, Dougherty, Clark, & Taylor, 2007); the public health department (Kushion, Tews, & Parker, 2007; Riley et al., 2009) and substance abuse treatment agencies (Rutkowski et al., 2010). However, fewer examples illustrate how county-based or local learning collaboratives improve services. One such collaborative sought to improve maternal and child health services. Their work highlighted the importance of partnerships with local funders, stakeholder involvement, barrier identification by local providers, and learning from other promising national and local initiatives as key steps in redesigning local systems of care (Keyser et al., 2010).

In 2006, leaders in the Onondaga County Department of Mental Health (OCDMH) created a local learning collaborative to support

* Corresponding author at: Center for Health Enhancement Systems Studies, University of Wisconsin – Madison, 1513 University Avenue, Madison, WI 53706, United States. Tel.: +1 608 262 4748; fax: +1 608 890 1438.

E-mail addresses: MathewRoosa@ongov.net (M. Roosa), JosephScripa@ongov.net (J.S. Scripa), Drzwy@aol.com (T.R. Zastowny), Jay.ford@chess.wisc.edu (J.H. Ford II).

the implementation of evidence-based clinical practices in their chemical dependency programs and evidence-based business practices to improve client access to mental health services. A local learning collaborative is a data-driven network of change teams from organizations within a single system of care that work collectively to enhance performance through process improvement. OCDMH's prior experience with the NIATx (Formerly the Network for the Improvement of Addiction Treatment, now simply NIATx) process improvement model prompted their decision to use a local learning collaborative. This model also supports the ongoing development of a person-centered service delivery system in Onondaga County. The local learning collaborative brought together key stakeholders to support providers interested in making content and process changes to their programming that would improve the quality of care in Onondaga County. The stakeholder groups included licensed chemical dependency and mental health treatment providers in Onondaga County, the Office of Alcoholism and Substance Abuse Services (OASAS, the single state agency), and Onondaga County as the local funder of services. Since 2006, these organizations have used the local learning collaborative model to support EBP implementation and improve access to mental health services. The purpose of this paper is to discuss the use of a local learning collaborative approach to support the implementation of evidence-based clinical and business practices to improve the quality of care. The lessons learned may be particularly relevant to states and counties interested in facilitating a collaborative approach among community-based treatment providers. It may also offer guidance on how to implement a local learning collaborative.

1.1. Local learning collaborative in chemical dependency

When the pilot began, Onondaga County, as a member of the Western New York Care Coordination Program (www.carecoordination.net), was already developing a person-centered, service-delivery system with emphasis on natural supports, individualized recovery approaches, and client choice (Raskin & Rogers, 1995; Schwartz, Jacobson, & Holburn 2000). Primarily applied within the mental health service system, this person-centered approach fosters communication between chemical dependency and mental health treatment providers while offering comprehensive support to clients seeking services for co-occurring chemical dependency and mental illness. Person-centered planning is a comprehensive, life-planning approach originally developed to meet the needs of developmentally disabled adults. At its core, person-centered planning is about developing services and supports based upon the needs of the individual. This is in contrast to a traditional-service approach that enrolls individuals into pre-existing service elements that often provide a poor fit and yield modest progress toward recovery. Recovery management emphasizes partnerships between clients and providers, while focusing on long-term-care management (Scott, Dennis, & Foss, 2005; White, Boyle, & Loveland, 2003). The recovery-management approach is familiar to the chemical-dependency treatment community, and its values and practices align with the person-centered planning model. More recently, recovery management (RM) has been promoted as a parallel approach for the chemical dependency service system, with comparable values regarding individualized recovery-oriented approaches (Adams & Grieder, 2005). Therefore, recovery management became a stepping-stone to the person-centered approach for participating chemical-dependency treatment providers. To encourage collaboration between providers while offering a common understanding of person-centered treatment principles, participating providers received training in person-centered planning and recovery management. These trainings provided a basis for implementing EBPs within a person-centered treatment system.

The "Evidence-Based Practice in Chemical Dependency" local learning collaborative was a service enhancement project of the Onondaga County Department of Mental Health. It was designed to improve chemical dependency services through the following four goals: (a) encourage person-centered/recovery-management approaches and values; (b) increase the utilization of evidence-based practices, (c) foster collaboration among providers and (d) encourage a process improvement approach using rapid cycle change. Providers in this local learning collaborative focused on the implementation of three evidence based practices: Contingency Management, Seeking Safety and Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency.

1.2. Contingency Management

OCDMH's first EBP priority was testing a method to decrease no-show rates and increase persistence in treatment. Based upon a review of EBPs in this area and a dialogue to build consensus, the collaborative selected Contingency Management (CM) as the first EBP to implement (Petry, 2000). CM is a behavioral therapy that supports treatment goals with incentives and consequences (Prendergast, Podus, Finney, Greenwell, & Roll, 2006). Previous studies reveal significant increases in attendance, abstinence, and treatment compliance using CM (Carroll & Rounsaville, 2007; Lott & Jencius, 2009; Petry, Martin, Cooney, & Kranzler, 2000). The use of CM has successfully increased abstinence among such diverse populations as cocaine abusers, drug dependent pregnant and postpartum woman, and in a community-based marijuana treatment program (Budney, Higgins, Radonovich, & Novy, 2000; Petry, Alessi, & Hanson, 2007; Silverman, Sviki, Robles, Stitzer, & Bigelow, 2001).

1.3. Seeking Safety

Seeking Safety is a manual-based treatment for clients with a dual diagnosis of Post-Traumatic Stress Disorder (PTSD) and Substance Use Disorder (SUD) (Najavits, 2002). The treatment methodology is group-based and uses principles of Cognitive Behavioral Therapy to address both PTSD and substance abuse simultaneously. PTSD is significantly more common in SUD populations and is linked to higher rates of treatment noncompliance and relapse (Jacobsen, Southwick, & Kosten, 2001). Several studies show integrative treatment of PTSD and SUD, in general, and with Seeking Safety in particular, to have positive outcomes in areas of client satisfaction, treatment compliance, increase in abstinent behaviors, and reduction in PTSD symptoms (Cohen & Hien, 2006; Desai, Harpaz-Rotem, Najavits, & Rosenheck, 2008; Hien, Cohen, Miele, Litt, & Capstick, 2004; Morrissey et al., 2005; Najavits, Gallop, & Weiss, 2006).

The selection of Seeking Safety is due, in part, to a perceived positive outcome from an existing Seeking Safety group already active in one of the partner organizations. Analysis of the current group demonstrated that patients completed treatment at higher rates than the general treatment population. Attendance and patient-reported satisfaction within the Seeking Safety group were consistently positive. This result led to the selection of Seeking Safety as a means of targeting rates of treatment completion among clients with co-current experiences of trauma and substance abuse. The collaborative contracted with the author of Seeking Safety, to conduct a two-day workshop on the model. Subsequently, all four provider-partners began a Seeking Safety group (Najavits, 2004).

1.4. Motivational Interviewing Assessment: STEP

Based on the work of the SAMHSA/NIDA Blending Team Initiative, Motivational Interviewing Assessment: Supervisory

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات