SWIMMING DOWNSTREAM TO CATCH UPSTREAM PREVENTION

Lisa Saldana, PhD
C-DIAS PSMG Virtual Grand Rounds
March 21, 2023
OUR TEAM

Jason Chapman, PhD  Co-I  Analyst
Gracelyn Cruden, PhD  Co-I  Systems Scientist
Ryan Singh, PhD  Co-I  Field Coordinator
John Radich, MSW  Co-I  Community Partner
Mark Campbell, MS  Research Economist
Holle Schaper, MS  Statistician
Zoe Alley, PhD  Early Career Analyst
Jeff Peterson, PhD  Data Manager
Rafael Robles, PhD  Coordinator

Katherine Barros  Analyst
Aubry Dunaway  Systems Scientist
Rachel Troyer  Field Coordinator
Emile Rutherford, MA  Community Partner
Mary Laws  Research Economist
Maria Bybee  Statistician
Assessment Team:
Kimberly Walker, Danita Tracy-Carter, Wendy Longnight, Marc De Giere, Rowan McClellan-Bishop, Logan Williamson

Graphics  Administrative Support
Aubry Dunaway  Billing Support
Emile Rutherford, MA  Fidelity Coach
Mary Laws  Parenting Trainer
Maria Bybee  Lead Resource Builder

Families Actively Improving Relationships
THE HEAL PREVENTION 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).
WHAT IS FAIR?

Integrated Intervention to Prevent Child Placement and Facilitate Reunification
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.
Integrated behavioral treatment for parents experiencing challenges related to, or risk for, substance abuse and child neglect.

**FAIR BUCKS**/notify CWS

- Functional Assessments
- FITS/Sequence of Events
- Day Planning
- Refusal Skills Training
- Peer Choices
- Changing Environments

- 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**
- 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

**Substance Use**

- Behavioral interventions to promote Engagement with CBT
- Concrete “Here and Now” Strategies
- Exposure Therapy
- Psychoeducation about drug use and the brain

**Ancillary SDOH Needs**

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

**Parenting**

- Nurturing/Attachment
- Safety Planning
- Nutrition
- Education
- Hygiene/Physical Well-Being

**Mental Health**

- 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

**Ecologically Focused Interventions Emphasizing Relationships**

- 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

- Behavioral interventions to promote Engagement with CBT
- Concrete “Here and Now” Strategies
- Exposure Therapy
- Psychoeducation about drug use and the brain
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
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

Meeting the Needs of Families Involved in the Child Welfare System for Parental Substance Abuse: Outcomes From an Effectiveness Trial of the Families Actively Improving Relationships Program

Lisa Saldana*, Jason E. Chapman, Mark Campbell, Zoe Alley, Holle Schaper and Courtenay Padgett
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

\[ N = 99 \ (FAIR = 59; \text{Waitlist to FAIR} = 32; \ WL = 8) \]

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.
ENGAGEMENT AND TREATMENT RETENTION

Initial Engagement  95%
Retention  72%

FAIR
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

![Graph showing predicted probabilities of opioid or methamphetamine use by parents across the assessment period.](image)
EXAMPLE RELATIONSHIPS OF SYMPTOMS OVER TIME

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Methamphetamine</th>
<th>Depression</th>
<th>Risk for neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>r</td>
<td>p</td>
<td>r</td>
</tr>
<tr>
<td>FAIR Baseline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASI any methamphetamine use</td>
<td>0.14</td>
<td>0.172</td>
<td></td>
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<tr>
<td>BDI (depression total score)</td>
<td></td>
<td></td>
<td>0.74</td>
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<tr>
<td>BCAP (risk for neglect total)</td>
<td>-0.01</td>
<td>0.959</td>
<td></td>
</tr>
<tr>
<td>Paid for ≥20 work days this month</td>
<td>-0.07</td>
<td>0.485</td>
<td>-0.19</td>
</tr>
<tr>
<td>Month 8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASI any methamphetamine use</td>
<td>0.47</td>
<td>&lt; 0.001</td>
<td></td>
</tr>
<tr>
<td>BDI (depression total score)</td>
<td></td>
<td></td>
<td>0.66</td>
</tr>
<tr>
<td>BCAP (risk for neglect total)</td>
<td>0.19</td>
<td>0.139</td>
<td></td>
</tr>
<tr>
<td>Paid for ≥20 work days this month</td>
<td>-0.17</td>
<td>0.137</td>
<td>-0.22</td>
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<tr>
<td>Month 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASI any methamphetamine use</td>
<td>0.59</td>
<td>&lt; 0.001</td>
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</tr>
<tr>
<td>BDI (depression total score)</td>
<td></td>
<td></td>
<td>0.67</td>
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<tr>
<td>BCAP (risk for neglect total)</td>
<td>0.32</td>
<td>0.018</td>
<td></td>
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<tr>
<td>Paid for ≥20 work days this month</td>
<td>-0.25</td>
<td>0.031</td>
<td>-0.28</td>
</tr>
</tbody>
</table>

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

Douglas A. Luke\textsuperscript{1,*}, Cathy C. Sarli\textsuperscript{2}, Amy M. Suiter\textsuperscript{2}, Bobbi J. Carothers\textsuperscript{1}, Todd B. Combs\textsuperscript{1}, Jae L. Allen\textsuperscript{3}, Courtney E. Beers\textsuperscript{3} and Bradley A. Evanoff\textsuperscript{4}
Providing Integrated Support to Prevent and Treat Parental Substance Use

Key TSBM Impacts

- Provided mental health and substance use treatment, parenting skill development, and case management
- Increased engagement between parents and clinicians, improving the quality evidence-based practices
- Decreased substance use and improved mental health among parents
- Will reduce healthcare costs
- FAIR was featured as an example program by the Children’s Bureau in the Department of Health and Human Services
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.

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

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.

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.

[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...
PREVENTING PARENTAL OPIOID 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)
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

<table>
<thead>
<tr>
<th>Child Welfare</th>
<th>Self-Sufficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families (mother and/or father with at least one minor child without TPR)</td>
<td>Adults aged 16-30 with at least one minor child in their care</td>
</tr>
<tr>
<td>At least one parent between 16-30</td>
<td>Enrolled in at-least one SS program</td>
</tr>
<tr>
<td>Non-THC or Alcohol SUD</td>
<td>Non-THC, Alcohol, Nicotine SUD</td>
</tr>
<tr>
<td>Medicaid (Oregon Health Plan)</td>
<td>Medicaid</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>County</th>
<th>Population age 15-29</th>
<th>Potential CW Referrals</th>
<th>Potential SSP Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lane</td>
<td>84,640</td>
<td>55</td>
<td>10.4%</td>
</tr>
<tr>
<td>Multnomah</td>
<td>162,457</td>
<td>50</td>
<td>7.8%</td>
</tr>
<tr>
<td>Douglas</td>
<td>17,224</td>
<td>49</td>
<td>19.5%</td>
</tr>
<tr>
<td>Marion</td>
<td>69,171</td>
<td>45</td>
<td>15.0%</td>
</tr>
<tr>
<td>Jackson</td>
<td>37,822</td>
<td>40</td>
<td>14.2%</td>
</tr>
<tr>
<td>Clackamas</td>
<td>72,148</td>
<td>26</td>
<td>13.6%</td>
</tr>
<tr>
<td>Deschutes</td>
<td>30,129</td>
<td>25</td>
<td>21.0%</td>
</tr>
<tr>
<td>Malheur</td>
<td>6,333</td>
<td>22</td>
<td>16.1%</td>
</tr>
<tr>
<td>Umatilla</td>
<td>15,778</td>
<td>22</td>
<td>17.5%</td>
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<td>Klamath</td>
<td>12,200</td>
<td>16</td>
<td>17.8%</td>
</tr>
<tr>
<td>Linn</td>
<td>22,970</td>
<td>12</td>
<td>9.4%</td>
</tr>
<tr>
<td>Coos</td>
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<td>11</td>
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<tr>
<td>Curry</td>
<td>2,715</td>
<td>1</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ranks (CWS, SSP)</th>
<th>County</th>
<th>Population</th>
<th>Potential CW Referrals</th>
<th>Potential SSP Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,3</td>
<td>Lane</td>
<td>84,640</td>
<td>55</td>
<td>10.4%</td>
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<td>2,1</td>
<td>Multnomah</td>
<td>162,457</td>
<td>50</td>
<td>7.8%</td>
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<tr>
<td>3,8</td>
<td>Douglas</td>
<td>17,224</td>
<td>49</td>
<td>19.5%</td>
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<tr>
<td>4,4</td>
<td>Marion</td>
<td>69,171</td>
<td>45</td>
<td>15.0%</td>
</tr>
<tr>
<td>5,2</td>
<td>Jackson</td>
<td>37,822</td>
<td>40</td>
<td>14.2%</td>
</tr>
<tr>
<td>6,6</td>
<td>Washington</td>
<td>114,616</td>
<td>29</td>
<td>9.7%</td>
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<td>7,5</td>
<td>Clackamas</td>
<td>72,148</td>
<td>26</td>
<td>13.6%</td>
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<tr>
<td>8,10</td>
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<td>11,11</td>
<td>Klamath</td>
<td>12,200</td>
<td>16</td>
<td>17.8%</td>
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<tr>
<td>12,9</td>
<td>Linn</td>
<td>22,970</td>
<td>12</td>
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<tr>
<td>13,15</td>
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<td>9,887</td>
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<td>1</td>
<td>3.6%</td>
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</tbody>
</table>
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

1. Begin FAIR implementation discussions

2. Feasibility Assessment
   - Provider Agency selected
   - Feasibility calls begin
     - DHS
     - Provider Agency
   - Vision Meeting with Partners
     - DHS
     - Provider Agency
   - Feasibility Assessed Approved
   - Program Champion Selected

3. Readiness Planning
   - Funding Plan Review
   - DHS
   - Provider Agency
   - Provider Staffing and Hiring Review
   - Recruitment Process Confirmed
   - Provider Agency Referral Criteria Review
   - MOU/Data Sharing Agreements
     - DHS
     - Provider Agency
   - Communication Plan Finalized
   - Readiness Stakeholder Meeting with both DHS and Provider
   - Presentation to Referral Staff (CWS/SSP)
   - Provider Presentation to Community Partners (collateral contacts)
   - Written Implementation Plan Complete
   - FAQ Store and Resource Building Reviewed
   - Capacity Analysis/Financial/Stakeholder meeting completed

4. Staff Hiring and Training
   - Staff Hired – Full Team
   - Supervisor Hired and Credentialled
   - Resource Builder Assigned
   - Onsite Clinical Team Training
   - Supervisor Training/Shadowing
   - Resource Builder Trained

5. Fidelity Set-Up
   - FIDO Training (Fidelity tool)
   - Confirm recording equipment
   - FAQ App registration and training
   - Mock Supervision session uploaded
   - Date IT support identified
   - Date of first post-training leadership call

6. Services Begin
   - First parent client screening
   - First parent clinical intake
   - First session with a FAIR counselor
   - First UA collected
   - First coaching call
   - First live observation of group supervision
   - First CWS-client meeting
   - Date first resource/donation secured

7. Ongoing Service Delivery, Monitoring, and Quality Assurance
   - Live Coaching
   - First Team Green Fidelity Rating
   - Supervisor Development Plan
   - FAQ Store Inventory and Maintenance
   - Building Collaborative Contacts
     - Housing
     - Charities
     - Utilities
     - Medical, Medication-management
   - Establish Full Caseloads
   - Establish Cost-Neutral Budget
   - Bi-Annual Site Visits
   - Bi-Annual Implementation Review

8. Competency
   - Team Meets all Fidelity Thresholds
   - Stakeholder Dissemination Materials Reviewed
   - Certification Walk-Through
   - Certification Achieved
Funding
Contracting with Medicaid for Reimbursement
Mileage Estimates
Credentialing/Licensing/Staffing Needs
Securing FAIR Store Donations for Contingency Management
## STRONG PRE-IMPLEMENTATION

<table>
<thead>
<tr>
<th>Stage</th>
<th>Proportion</th>
<th>Duration</th>
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</thead>
<tbody>
<tr>
<td>1. Engagement</td>
<td>100% (9 of 9)</td>
<td>120 days</td>
</tr>
<tr>
<td>2. Feasibility</td>
<td>100% (16 of 16)</td>
<td>168 days</td>
</tr>
<tr>
<td>3. Readiness</td>
<td>100% (15 of 15)</td>
<td>221 days</td>
</tr>
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</table>

**New Clinic**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Proportion</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Engagement</td>
<td>100% (9 of 9)</td>
<td>107 days</td>
</tr>
<tr>
<td>2. Feasibility</td>
<td>100% (16 of 16)</td>
<td>161 days</td>
</tr>
<tr>
<td>3. Readiness</td>
<td>100% (15 of 15)</td>
<td>166 days</td>
</tr>
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**Existing Clinic**

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<tr>
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<th>Proportion</th>
<th>Duration</th>
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</thead>
<tbody>
<tr>
<td>1. Engagement</td>
<td>100% (9 of 9)</td>
<td>343 days</td>
</tr>
<tr>
<td>2. Feasibility</td>
<td>100% (16 of 16)</td>
<td>366 days</td>
</tr>
<tr>
<td>3. Readiness</td>
<td>100% (15 of 15)</td>
<td>Somewhat slow</td>
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**Predicted**

- Program Start-Up: 99%
- Six-month history
NEW CLINIC SPENT $22,500 MORE DURING PRE-IMPLEMENTATION
<table>
<thead>
<tr>
<th>Role</th>
<th>Employee Hours</th>
<th>Hourly Wage</th>
<th>Total Cost</th>
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<tbody>
<tr>
<td>Executive Dir</td>
<td>42</td>
<td>$72</td>
<td>$3,024</td>
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<tr>
<td>Supervisor</td>
<td>34</td>
<td>$38</td>
<td>$1,292</td>
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<tr>
<td>Clinicians</td>
<td>136</td>
<td>$26</td>
<td>$3,526</td>
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<tr>
<td>Admin Assist.</td>
<td>567</td>
<td>$24</td>
<td>$13,608</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>629</strong></td>
<td></td>
<td><strong>$20,440</strong></td>
</tr>
</tbody>
</table>

BUT the time to
1. transition programs
2. (re)train staff
3. begin receiving referrals

took 43 days longer for de-adoption
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
SYSTEM LEADERSHIP, COMMUNITY DRIVE AND FUNDING
Oregon ranks worst in the country for drug problems: Report

by: Andrew Foran
Posted: Jan 20, 2023 / 11:33 AM PST
Updated: Jan 20, 2023 / 11:33 AM PST
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

Eligibility Decision Tree

- Medicaid Enrolled
- Child in Home or has Reunification Plan
- Opioid and/or Methamphetamine Use < 4x in past year
- Age Under 31

Meets criteria  Does not meet criteria

- Ineligible for FAIR Services
- Ineligible
- Ineligible

Study Eligible
- Treatment as usual
- PRE-FAIR Treatment
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

<table>
<thead>
<tr>
<th></th>
<th>Total Sample N= 423</th>
<th>PRE-FAIR (includes study) n = 169</th>
<th>PRE-FAIR STUDY &lt;30 yrs. Old n=122</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Use Illicit Drugs</td>
<td>70%</td>
<td>33%</td>
<td>30%</td>
</tr>
<tr>
<td>Previous Opioid/Methamphetamine Diagnosis</td>
<td>26%</td>
<td>12%</td>
<td>10%</td>
</tr>
</tbody>
</table>
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
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 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.

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

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.

I have told others of your wonderful program already.

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 liasion

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
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