DON'T FORGET THE "HOW" AND "WHY":

Using Implementation Research to Evaluate a Cross-System Prisoner Re-entry Program

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MICHIGAN RE-ENTRY PROJECT (MI-REP) BACKGROUND

WHO	Collaboration of many systems: MI Dept of Health and Human Services, MI Dept of Corrections, Wayne State University Center for Behavioral Health and Justice, UMass Medical School, Prepaid Inpatient Health Plans, Community Mental Health Providers, state correctional facilities, community corrections
WHAT	Evidence-based MISSION-CJ model[1] including 9 months of dual-recovery services (3 months pre-release and 6 months post-release) provided by a clinician and peer support specialist; Option to receive Medication Assisted Treatment
WHEN	May 2017 – April 2020
WHERE	Detroit Reentry Center and Women's Huron Valley; Macomb, Oakland, and Wayne Counties
WHY	To address the opioid crisis among incarcerated individuals with co-occurring opioid and mental health issues; To reduce opioid relapse, improve mental health, and reduce recidivism
HOW	SAMHSA State Targeted Response (STR) funding

IMPLEMENTATION RESEARCH METHODS

WSU ROLE	WSU team is external facilitator (i.e., 'system broker') and evaluator.
FORMATIVE EVALUATION	Continuous process improvement framework to evaluate process on an ongoing basis. The purpose is to identify key barriers and facilitators to the implementation of this cross-system initiative.
DATA COLLECTION	Observational field notes; notes from 28 stakeholder meetings; 4 stakeholder focus groups; 2 participant focus groups; 10 graduate interviews; quantitative data on enrollment, days-to-release, and mental health status/services.
DATA ANALYSIS	Mixed inductive-deductive approach to first identify themes and then determine if/where they fit within the CFIR framework. Themes identified using constant comparison analysis in which an item is coded into a category while comparing it to other items in the category.[2] Focus group notes coded collaboratively with group participants. Other notes coded by team members individually then discussed for agreement.
CFIR FRAMEWORK	Themes were identified across all data sources and coded within the CFIR Framework. At least one element from each of the five CFIR domains were included.

EVALUATION RESEARCH FRAMEWORK

Consolidated Framework for Implementation Research (CFIR)[3]

CFIR is made up of 5 domains and 39 constructs. The framework is comprehensive and flexible: Researchers/Evaluators may apply different domains and constructs.

Intervention Characteristics	Outer Setting	Inner Setting	Characteristics of Individuals	Process
Intervention source	Patient needs and resources	Structural characteristics	Knowledge and beliefs about the intervention	Planning
Evidence strength and quality	Cosmopolitanism	Culture	Self-efficacy	Engaging 1. Opinion leaders 2. Formally appointed internal implementation leaders 3. Champions 4. External change agents
Relative advantage	Peer pressure	Implementation climate 1. Tension for change 2. Compatibility 3. Relative priority 4. Org incentives and rewards 5. Goals and feedback 6. Learning climate	Individual stage of change	Executing
Adaptability	External policy and incentives	Readiness for implementation 1. Leadership engagement 2. Available resources 3. Access to knowledge and information	Individual identification with the organization	Reflecting and evaluating
Trialability			Other personal attributes	
Complexity				
Design quality and packaging				
Cost				

MI-REP CONCEPTUALIZATION OF CFIR FRAMEWORK

INTERVENTION CHARACTERISTICS (Adaptability): Feasibility of the MISSION-CJ model

OUTER SETTING (Participant needs and resources; Cosmopolitanism): Accessibility of resources necessary to achieve the goals of the initiative

INNER SETTING (Structural characteristics; Networks & communication; Culture; Readiness for implementation – Available resources): Organizational features

INDIVIDUAL CHARACTERISTICS (Personal attributes): Personal attributes of administrators and staff involved with implementing the initiative

IMPLEMENTATION PROCESS (Engaging; Reflecting and evaluating): Activities designed to ensure successful initiative implementation and continuous process improvement

IMPLEMENTATION RESEARCH

*Implementation research answers important questions about **HOW** & **WHY** interventions work in real world settings*

HOW?

How do we implement the initiative with maximum effectiveness?

How well does the initiative fit with the organizational culture and philosophies?

How do we improve organizational readiness to implement?

How do stakeholders feel about the initiative?

How do staff communicate and collaborate with one another?

How do we spread the word about the initiative?

How closely does the implementation align with the original plan?

How sustainable is the initiative?

WHY?

Why might there be challenges that impact the implementation process?

Why are staff and administrators motivated to implement this initiative?

Why are there issues with staffing and retention?

Why do we see differences in enrollment e.g., by facility, by team, by time period?

Why do some people decline to enroll or decide to disenroll?

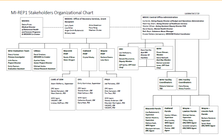
Why do outcomes differ e.g., across settings or demographic characteristics?

Why are teams having difficulties with various aspects of the initiative?

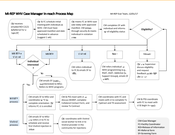
TOOLS PROVIDED BY EVAL TEAM TO SUPPORT IMPLEMENTATON FINDINGS

Emphasis to stakeholders on the PDSA model as a tool for continuous process improvement

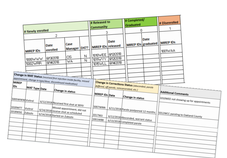
Interactive meetings for discussions w/ stakeholders & real-time feedback loops



Org charts to clarify complex system relationships and layers



Process maps to clearly lay out steps in enrollment process



Templates for teams to track changes in participants' status

Regular 1-page reports to provide timely feedback

Weekly charts to share with stakeholders and examine enrollment trends

New marketing materials created for the facilities

MI-REP EVALUATION FINDINGS & RECOMMENDATIONS USING THE CFIR

Construct	Findings		Recommendations
Adaptability	Days-to-release and mental health status eligibility were prohibitive	→	Expanded eligibility criteria
Patient Needs and Resources	Opioid use not quantified within CJ system; Framework for criminogenic needs not used systematically	→	Implemented opioid screen and bio-psychosocial within Risk-Needs-Responsivity framework
Cosmopolitanism	Networks across the CJ and treatment systems were limited	→	MDOC working with CMH/SUD systems to refer to treatment
Structural Characteristics	Challenges hiring staff with criminal backgrounds; Hiring and onboarding in CJ system has multiple steps	→	MDOC approves facility clearance case-by-case; MDOC implemented procedures/manual to assist with hiring
Networks and Communications	Roles of multiple stakeholders unclear; Communication issues/role tension; Lack of relationship between providers and parole	→	Created org charts/process maps; Redirect communication as needed; Established regular meetings
Culture	Org culture differences across treatment systems and MDOC; Cultural and procedural differences across CJ facilities	→	Frequent structured communication; MDOC created policy supporting MAT; Protocols developed with each facility's requirements in mind
Readiness for Implementation: Resources	High degree of investment, but limited resources (space)	→	Wardens worked with providers to scheduled space for sessions
Personal Attributes	Staff flexibility was critical, especially during early implementation	→	Staff left their positions if there was not a good fit
Engaging	Current implementation with XR-NTX pilot was confusing for staff; Recognition of the initiative was limited; Low MAT uptake	→	Singular screening tool developed; Assertive outreach efforts; Use motivational enhancement strategies to discuss MAT
Reflecting and Evaluating	Difficulties with timeliness/accuracy of assessments; New needs for tracking arise; Team members interested in evaluation findings	→	Established process to track documents; Simplified assessment forms; Created template to track status changes; Provide feedback for process improvements

CONCLUSIONS

CFIR is a useful tool for examining implementation across multiple levels of multiple systems. It frames the evaluation as a means of improving the initiative, providing the best possible services, and keeping the focus on processes rather than on individual performance.

Inner Setting was most difficult to assess because of complexities across & w/in systems

Intensive efforts to facilitate communication formally and informally have been key

Much success is due to executive leadership support and other champions emerging

The evaluation findings have been used to provide ongoing feedback and improvement in the current implementation and to obtain funding to expand into additional counties. Because of the lessons learned, a broader and more innovative public health approach to the opioid crisis is emerging within the state.

REFERENCES

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