



**Addressing the Opioid Crisis Through Prevention:
Translating Research Findings into State and Community
Adoption of Evidence-based and Evidence-informed
Intervention Strategies**

National Prevention Network Conference, August 24-26, 2021



**NIH
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The HEAL Prevention Initiative

August 2021

Presented by: Barbara Oudekerk



NIH National Institutes of Health
HEAL Initiative

NIH HEAL Initiative and Helping to End Addiction Long-term are service marks of the U.S. Department of Health and Human Services.

Prevention is an Essential Component to Addressing the Opioid Crisis

- **Effective prevention will decrease demand for treatment**
 - Effective preventions save lives, reduce personal and societal costs, and promote positive outcomes generally, including reducing risk for opioid and other substances.
- **Challenges to Implementing Effective Prevention Programs/Strategies**
 1. **Community Capacity:** Often there is no “home” for prevention programs; outside of coalitions, the workforce is unclear; services must infiltrate settings (schools, justice, health) that vary in the degree to which prevention is prioritized.
 2. **Funding:** Limited funding for prevention
 - FY 2021, the Substance Abuse and Mental Health Services Administration (SAMHSA) allocated about \$598 million on prevention and \$3,465 million on treatment.

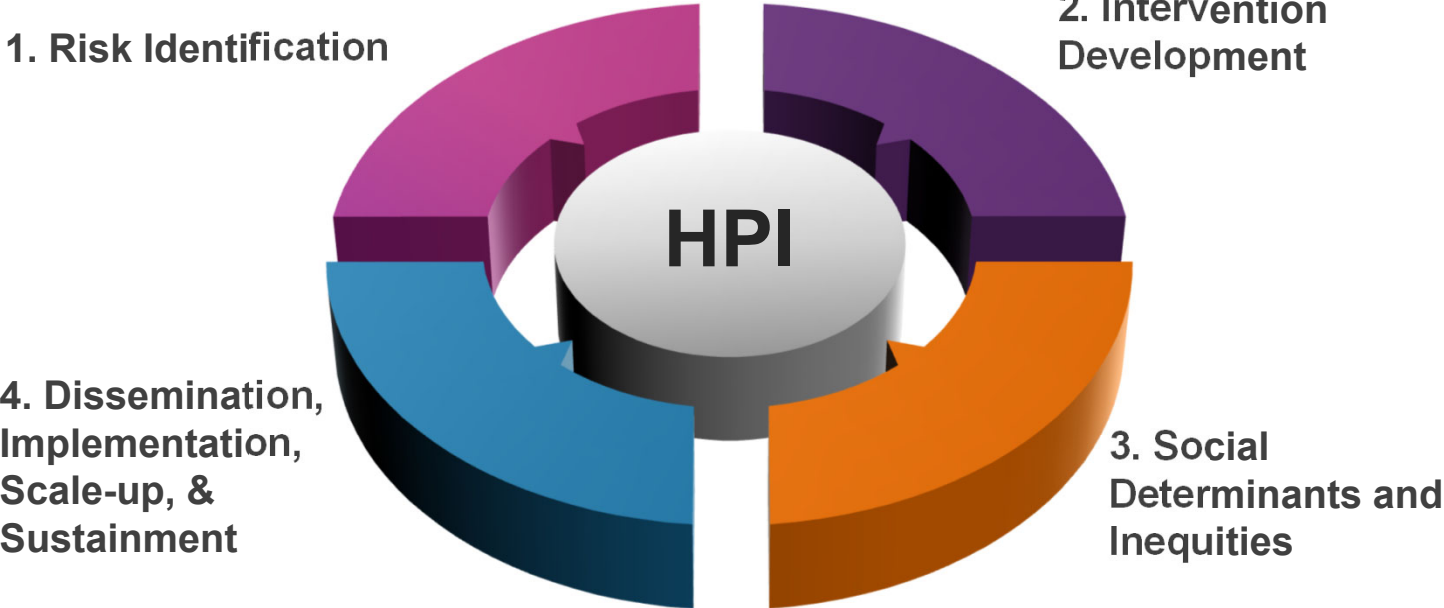
Designing the HEAL Prevention Initiative (HPI) to Address Prevention Challenges

- **Challenge:** Community Capacity
- **HPI Solution:** Develop and test targeted interventions, specific to systems, settings, and risk populations; that is, create the space for prevention.
- **Challenge:** Limited Funding for Prevention
- **HPI Solution:** Partner with communities, practitioners, and end users to design interventions that are fundable and embedded within a system where the intervention can be sustained.

HEAL Prevention Initiative Vision

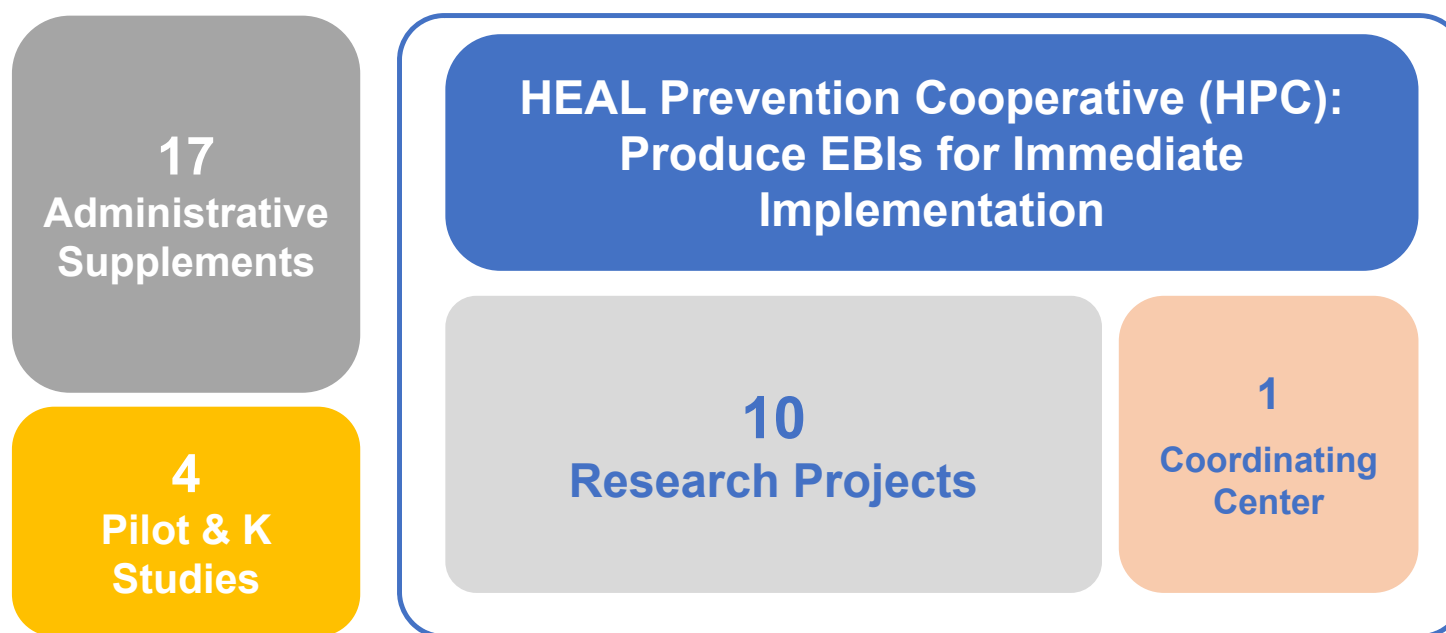
Healthcare organizations and public systems will be able to make evidence-based, preventive intervention services available and accessible to all persons at-risk for opioid and other substance misuse or disorder.

HEAL Prevention Initiative



HEAL Prevention Initiative Awards

- 32 awards, \$52.3 million from FY 2019 to FY 2021
- 90% of the funding to date supports the HEAL Prevention Cooperative



HEAL Prevention Cooperative

- Aim: Developing and testing 10 interventions to prevent opioid misuse and opioid use disorder (OUD) in at-risk young people ages 16-30.
- Experienced prevention scientists collaborate to tackle prevention capacity and research to practice gap challenges:
 1. Design prevention strategies for specific settings where they can live long-term.
 2. Break down siloes across prevention disciplines.
 3. Measure comparable risks, protectives, and outcomes to speak a common language and facilitate pooling data to answer sophisticated questions.
 4. Assess and communicate about prevention economics (e.g., program costs and benefits, coverage opportunities).
 5. Overcome and learn from COVID-19 disruptions.
 6. **Build implementation knowledge and materials throughout testing to accelerate adoption & scale-up of effective programs.**



Awards funded in FY19

For More Information



Sign up for the HPC Listserv:

[HPC Listserv](#)

<https://survey.alchemer.com/s3/6449408/HEAL-Prevention-Network>



Visit the HEAL Prevention Initiative website:

[HEAL Prevention Initiative](#)

<https://heal.nih.gov/research/new-strategies/preventing-opioid-use-disorder>



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Challenges To Policymakers Acting on Evidence-based Youth Substance Use Strategies

Jonathan Purtle, DrPH

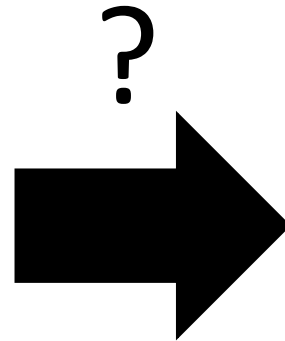
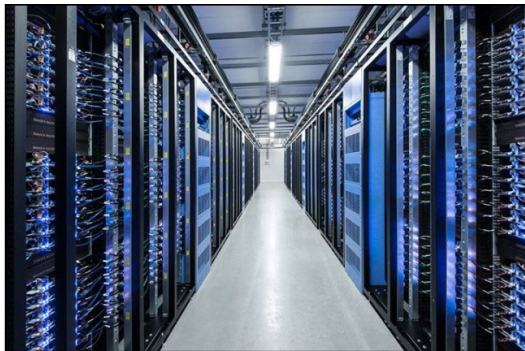
NIMH ALACRITY Center: P50MH113662-02S1, NIDA supplement



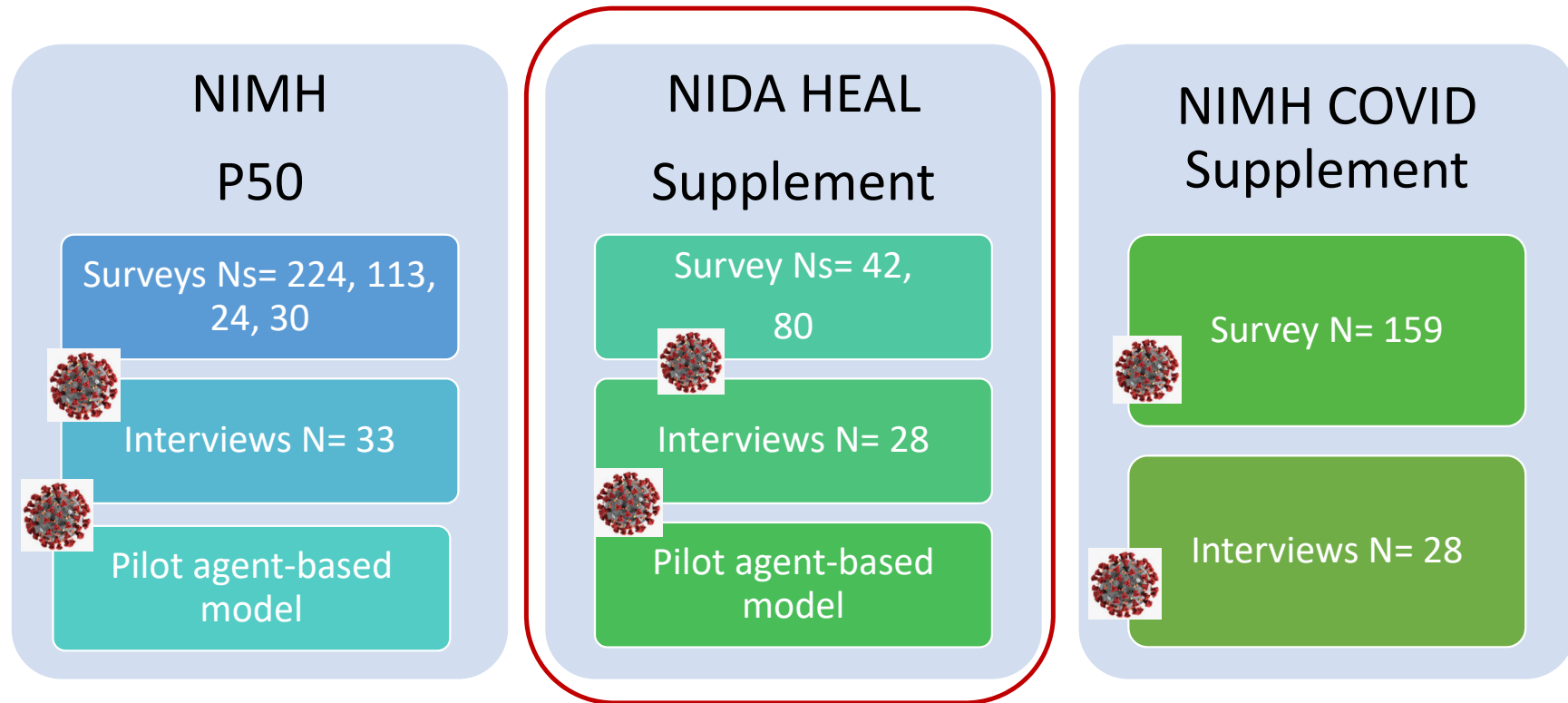
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The Challenge: How to Help Translate High-Quality Substance Use and Mental Health Research into Public Policy?



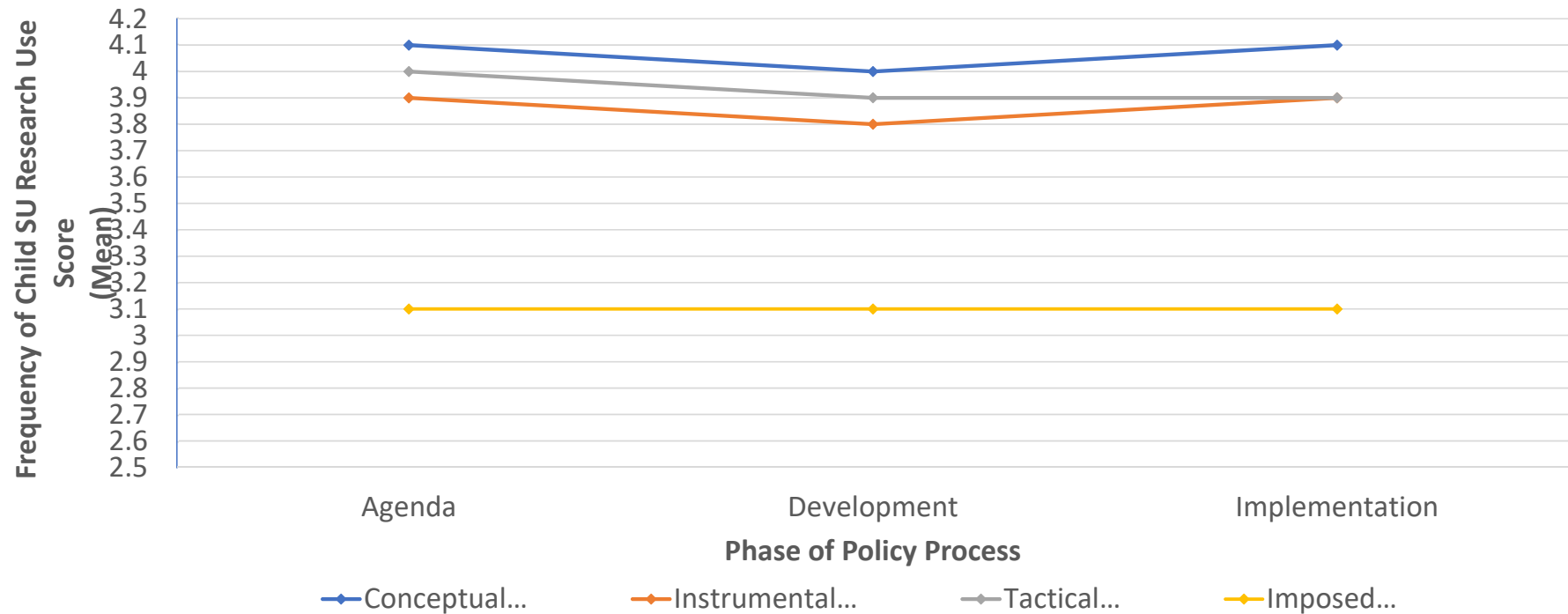
Data and Activities



Methods: Survey of Substance-Use Agency Officials

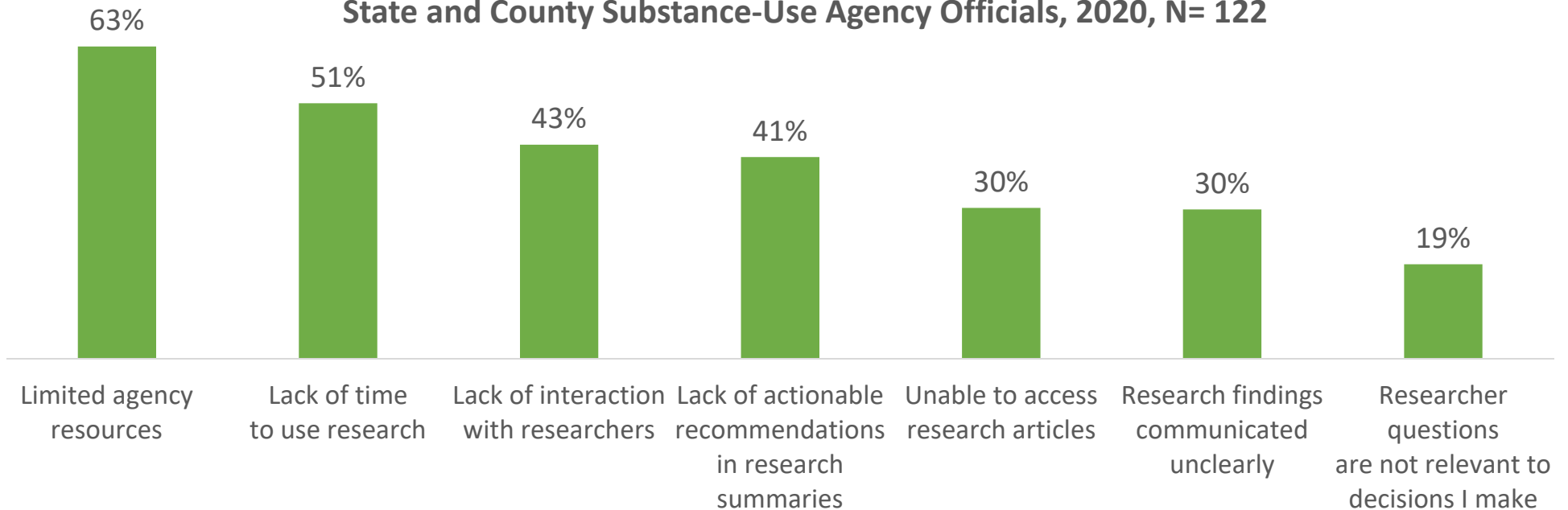
- Web-based survey of 122 state and county substance-use agency officials (response rate = 22%) from 35 states in 2020
- No statistically significant differences in the response rate by U.S. Census region or political party of the state's governor

Research is Used Frequently for Different Purposes in Youth Substance Use Policy Processes



What do Substance-Use Agency Policymakers Perceive as Barriers to Evidence-Informed Decision Making?

“Major Barriers” to Using Youth Substance Use Research (4 or 5 on 5-point Scale)
State and County Substance-Use Agency Officials, 2020, N= 122



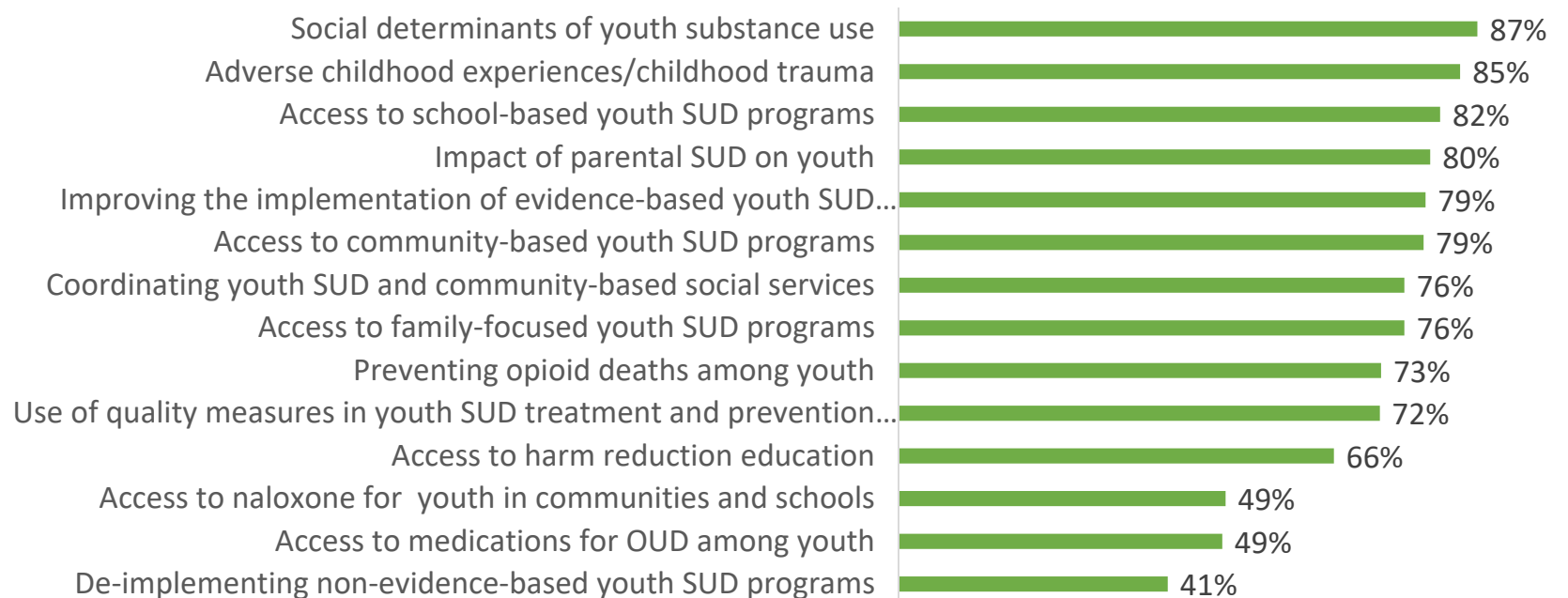
What do Substance-Use Agency Policymakers Perceive as Barriers to Evidence-Informed Decision-making?

“Major Barriers” to Using Youth Substance Use Research (4 or 5 on 5-point Scale)
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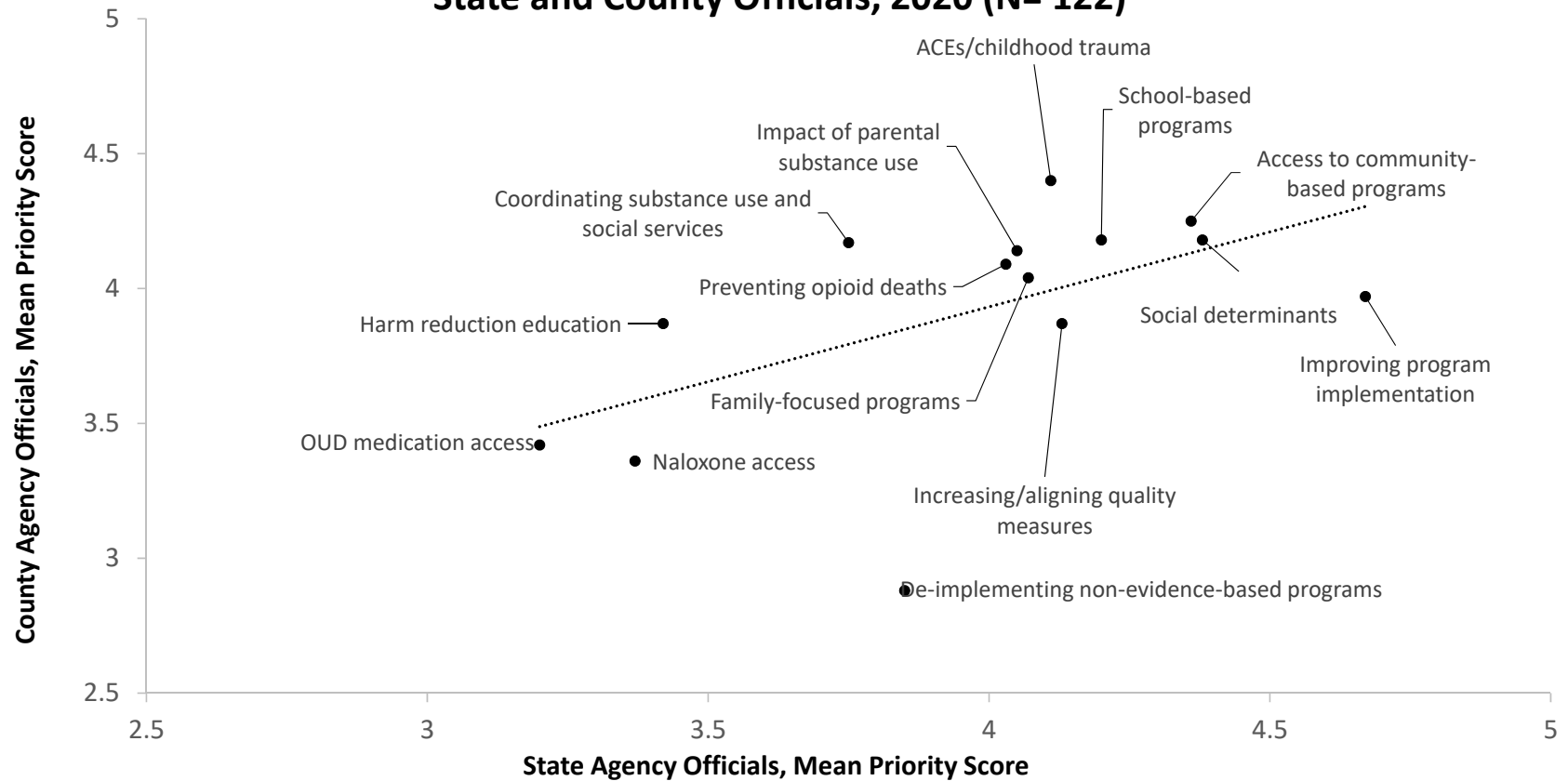


Misalignment Between the Issues Policymakers Are Addressing and the Issues Researchers Are Working On

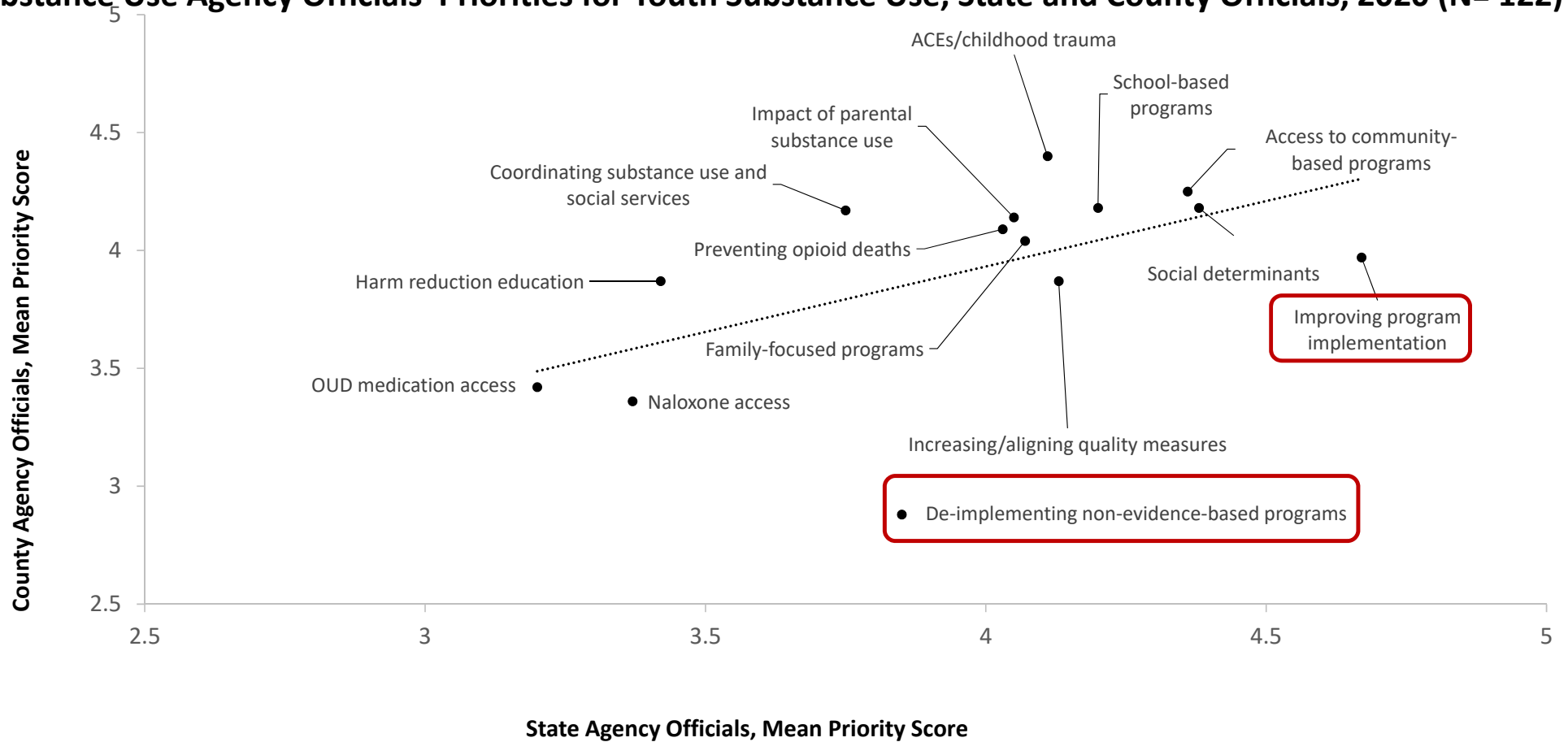
**Proportion of Youth Substance Use Issues Rated as “High Priority” (4 or 5 on 5-point Scale)
State and County Substance-Use Agency Officials, 2020, N= 122**



Substance Use Agency Officials' Priorities for Youth Substance Use, State and County Officials, 2020 (N= 122)

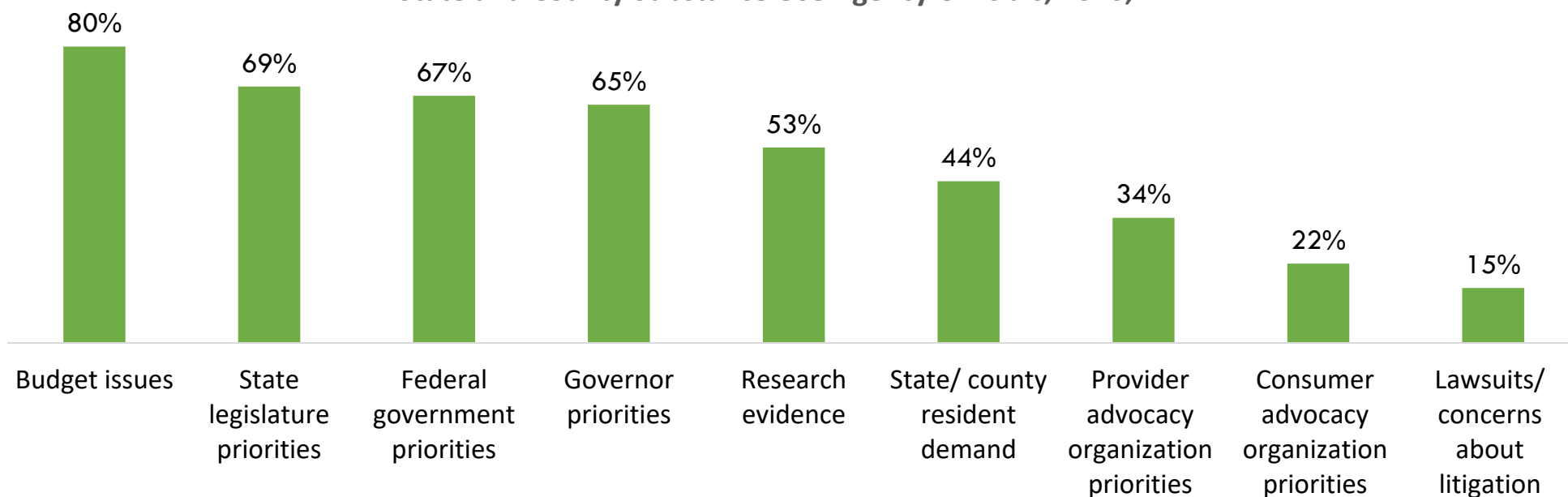


Substance Use Agency Officials' Priorities for Youth Substance Use, State and County Officials, 2020 (N= 122)



Factors Other Than Research Evidence Have the Most Influence on Policy Decision-making Processes

Factors Rated Having “A Lot” of Influence on Agency (4 or 5 on 5-point Scale)
State and County Substance Use Agency Officials, 2020, N= 122



State Legislator's Conceptualizations of Substance Use Issues

Purtle et al. *Implementation Science* (2018) 13:121
<https://doi.org/10.1186/s13012-018-0816-8>

Implementation Science



International Journal of Drug Policy
Volume 82, August 2020, 102792



RESEARCH

Open Access

Audience segmentation to disseminate behavioral health evidence to legislators: an empirical clustering analysis



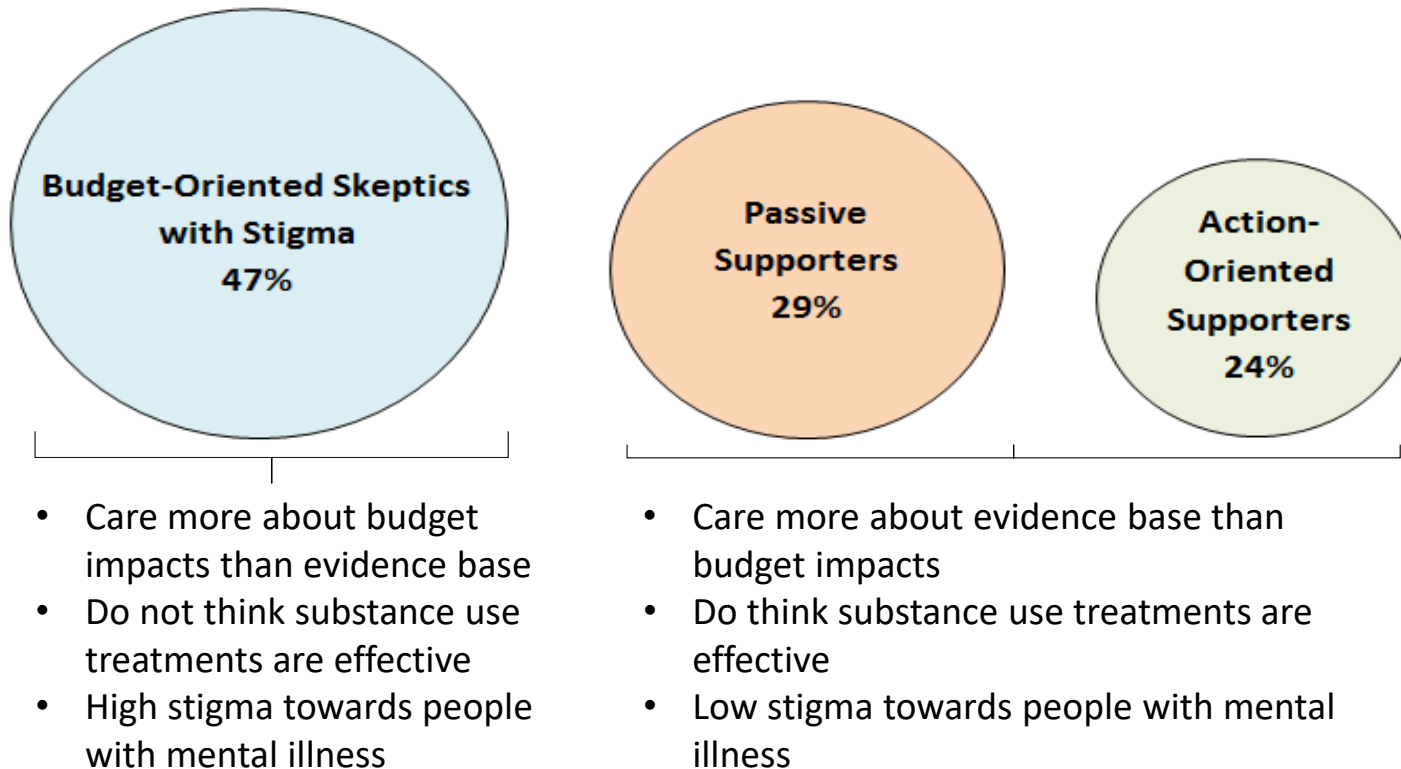
Jonathan Purtle^{1*}, Félíce Lê-Scherban², Xi Wang², Paul T. Shattuck^{1,3}, Enola K. Proctor⁴ and Ross C. Brownson^{5,6}

Research Paper

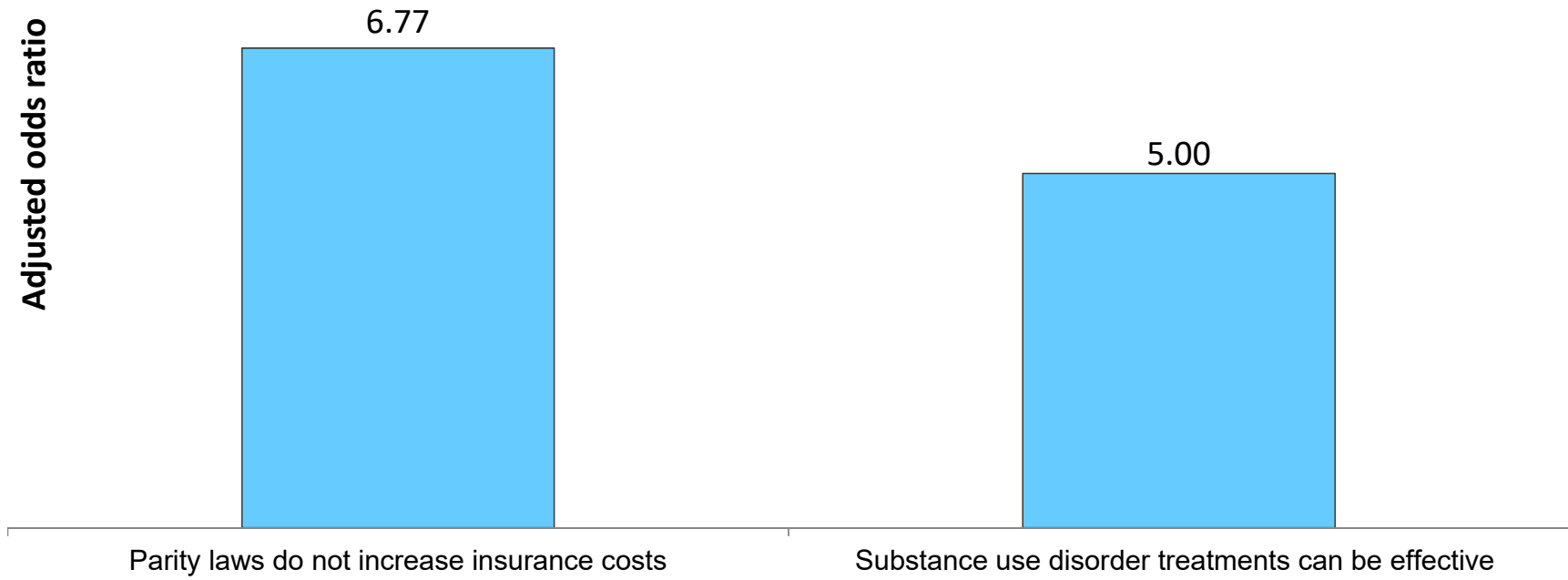
Factors associated with state legislators' support for opioid use disorder parity laws

Katherine L. Nelson^{a, b}✉, Jonathan Purtle^a

State Legislator's Conceptualizations of Substance Use Issues



Legislator Factors Associated with Support for State OUD Parity Laws (50.8% strongly support)



Nelson, K. L., & Purtle, J. (2020). Factors associated with state legislators' support for opioid use disorder parity laws. *International Journal of Drug Policy*, 82, 102792.

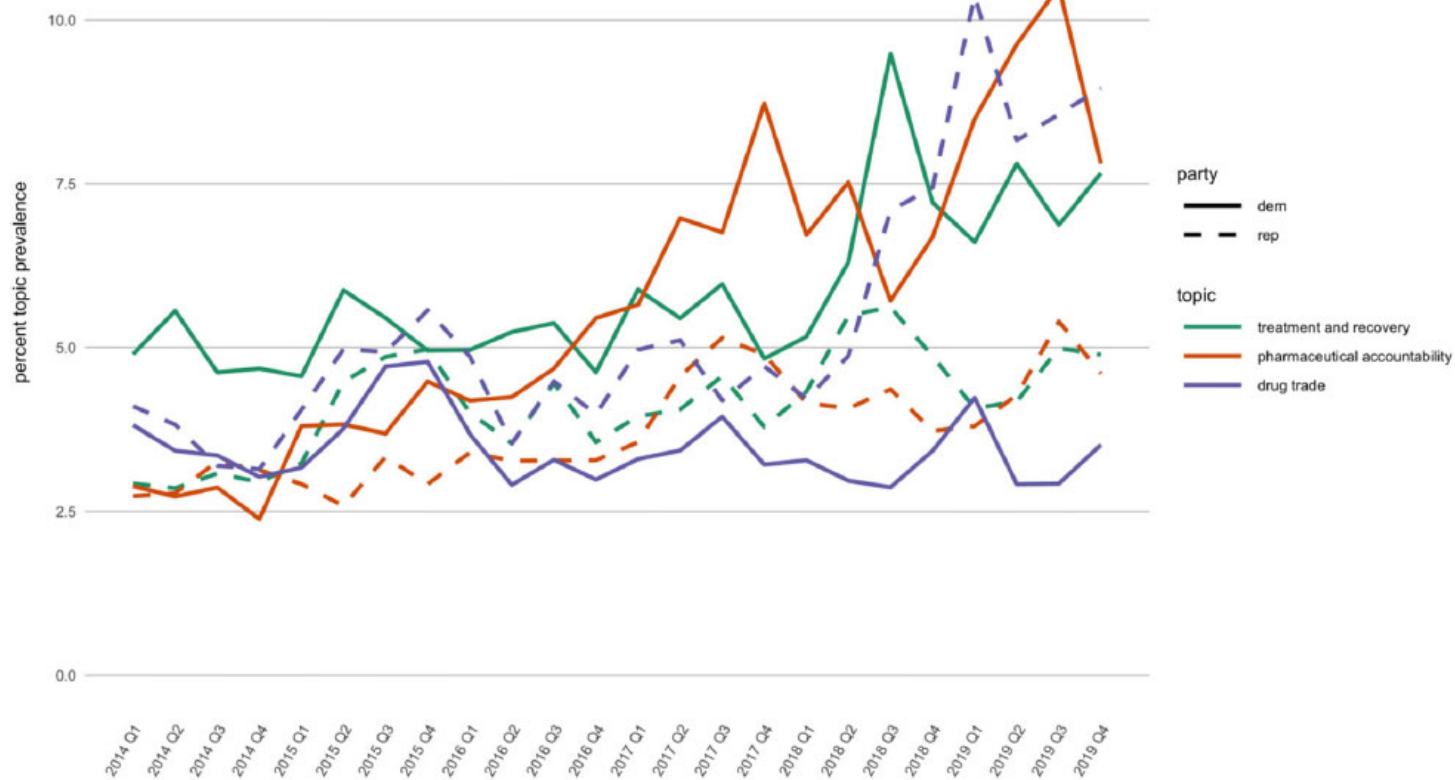
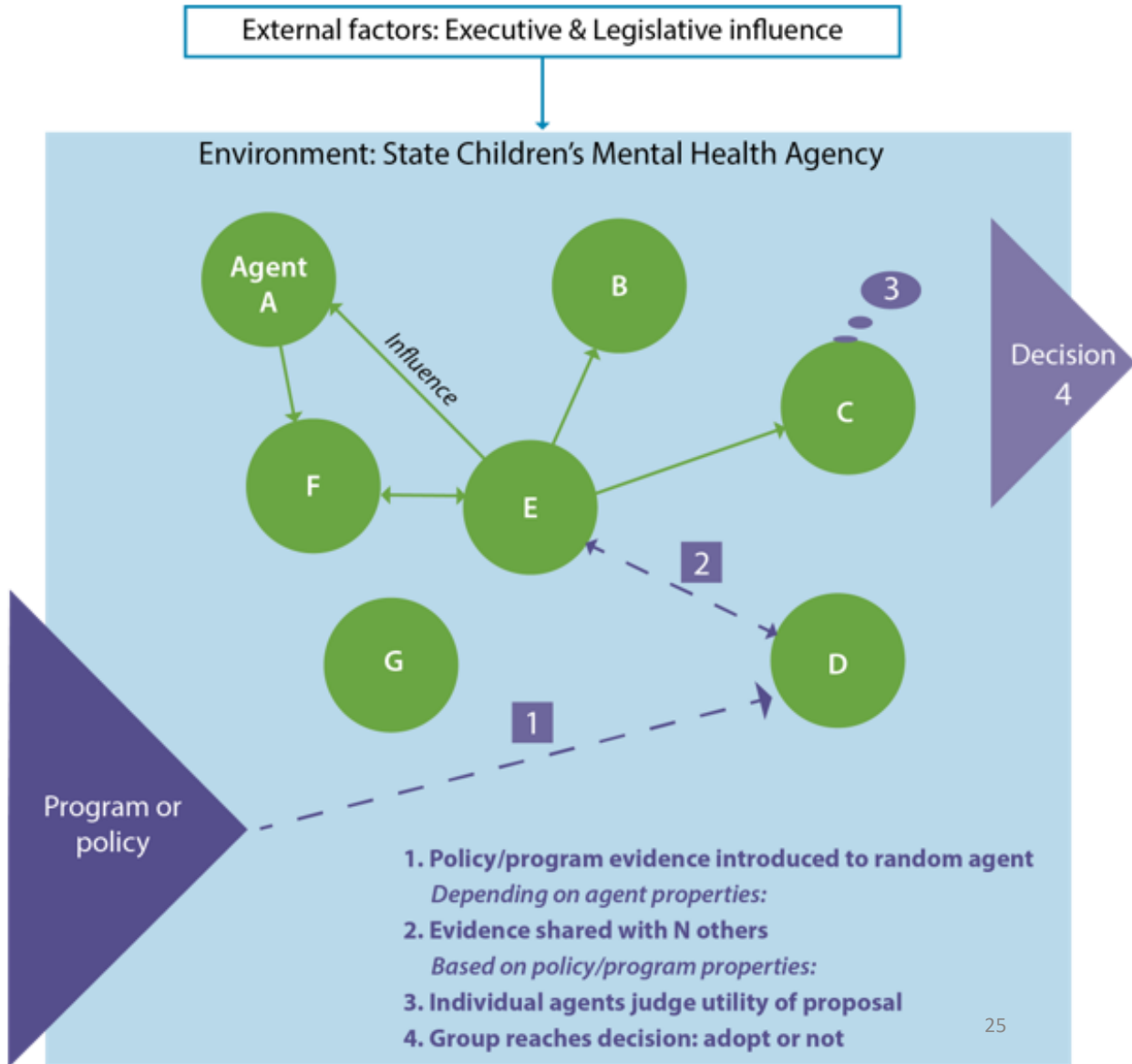


Figure 3 Mean percent topic representation by three-month quarter in opioid-related social media posts of Democrat and Republican state legislators between 2014 and 2019. “Mean percent topic representation” was defined as the average topic distribution per social media post (normalized such that the total topic distribution for each social media post sums to 100%) across all social media posts for the given party.

How to Progress from Understanding to Intervening on Barriers to Evidence-Informed Policymaking?

Simulation of a Knowledge Broker Intervention Using an Agent-Based Model



RED_Mod (Research Evidence Decisionmaking Model)

Network size

Network type

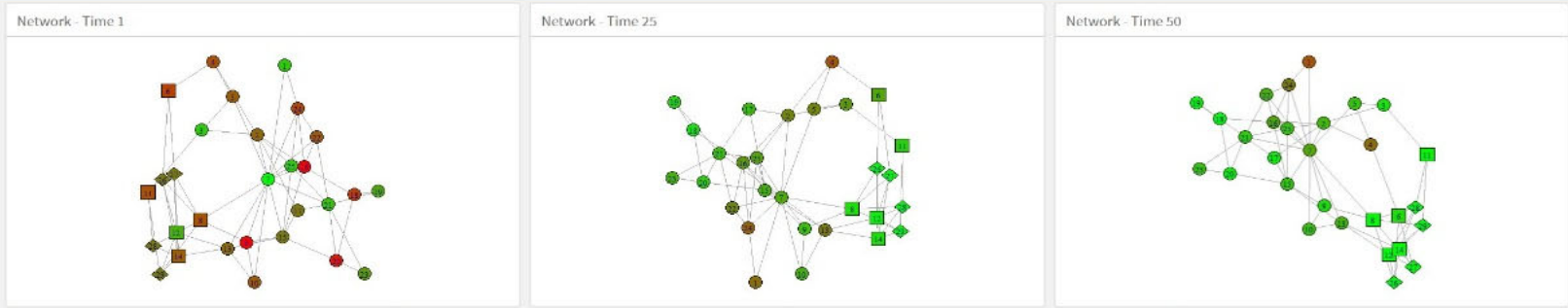
Policy quality

Decision maker tie type

of knowledge brokers

Knowledge broker tie type

- Circles are regular agency members
- Squares are decision makers
- Rhombuses are knowledge brokers



13 Maximum Degree

0.39 Centralization

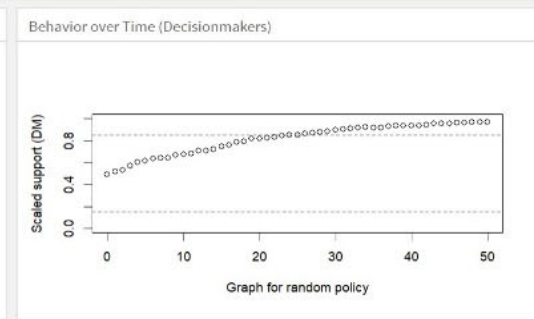
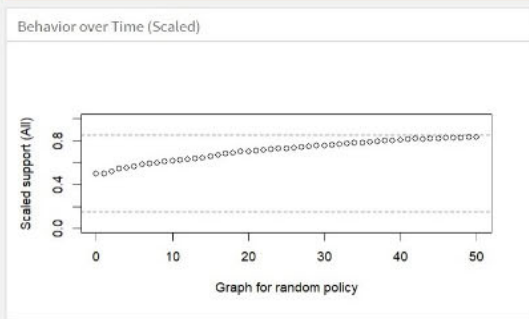
5 Diameter

0.18 Policy Quality

-0.08 Policy Cost

-0.31 Policy Feasibility

0.93 Policy Research



Model Outcomes

| Who | Qual | Dec | Tick | FinSupp | MaxSupp | MaxTick |
|-----|------|---------|------|---------|---------|---------|
| All | 0.18 | Neither | NA | 0.83 | 0.83 | 50 |
| DM | 0.18 | Adopt | 24 | 0.97 | 0.97 | 48 |

Thank You

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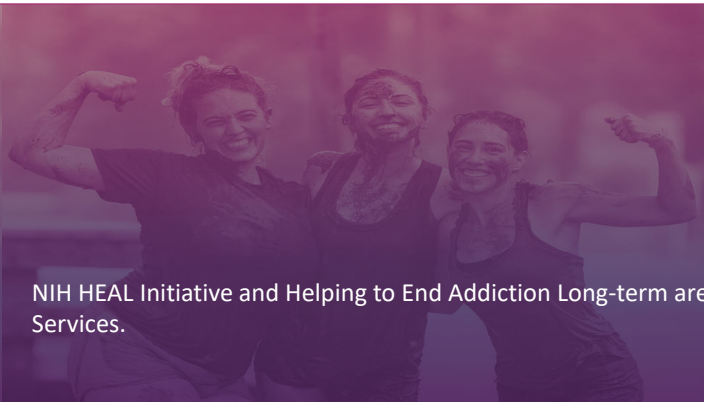
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Determinants of Successful Implementation

August 2021

Presented by:

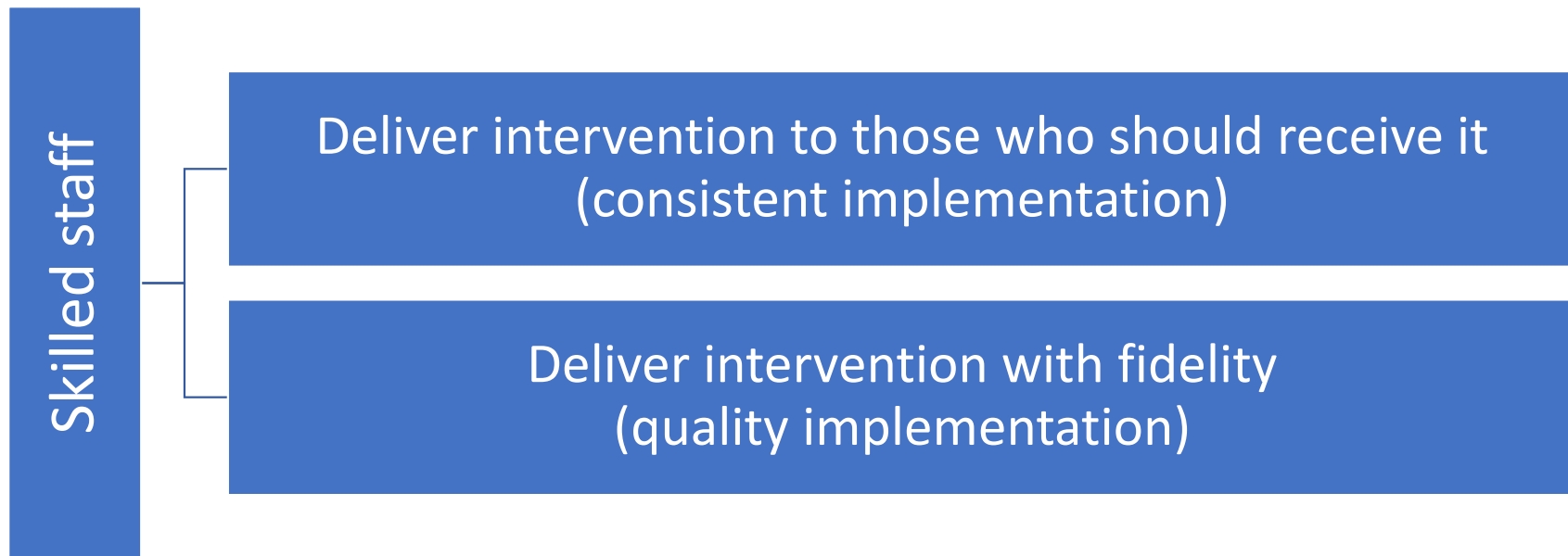
Phillip W. Graham, DrPH, MPH and Sheila Patel, PhD



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Successful Implementation



Source: Klein and Sorra (1996).

Context Can Influence Successful Implementation



Education systems



Child welfare systems



Community-based



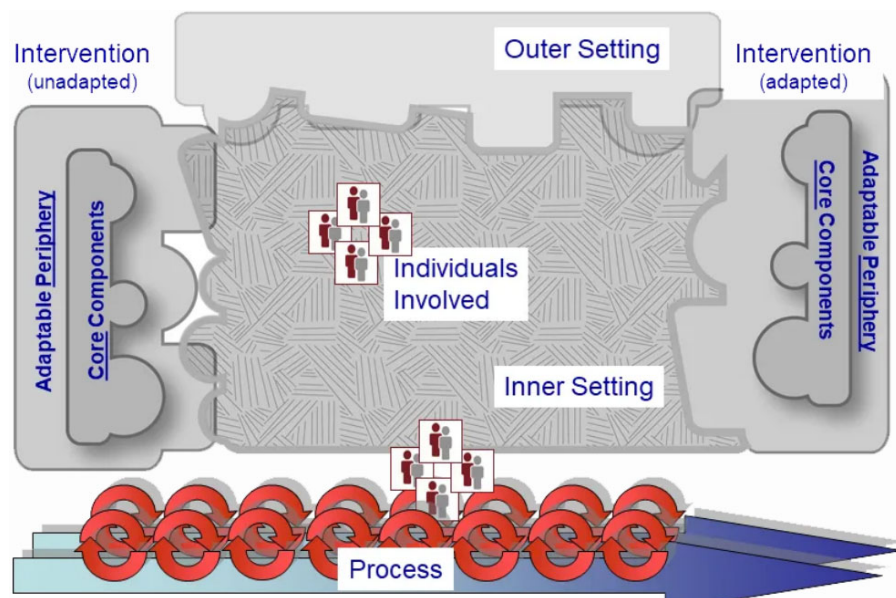
Health care systems



Juvenile justice systems

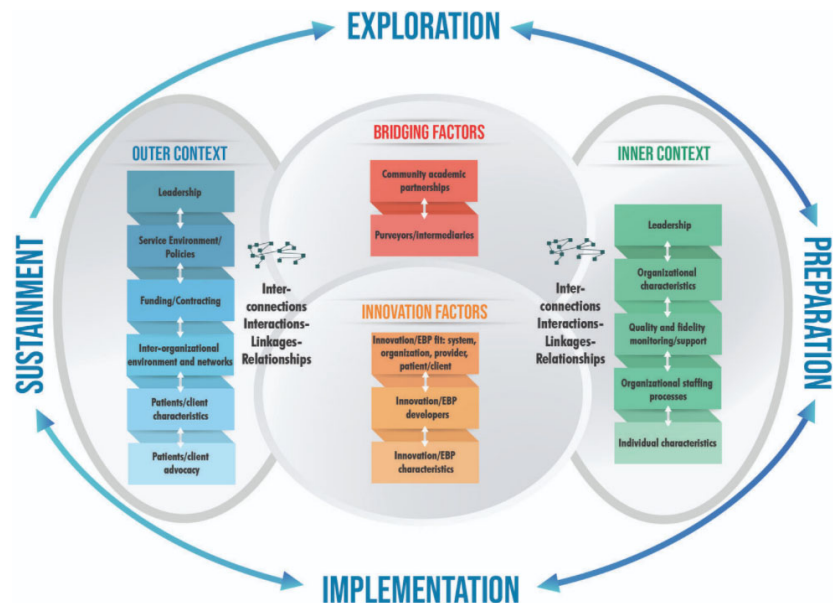
Determinants of Successful Implementation

Consolidated Framework for Implementation Research (CFIR)



Source: Damschroder et al. (2009).

Exploration, Preparation, Implementation, & Sustainment (EPIS) Framework



Source: Moullin et al. (2019).

Strategic Prevention Framework (SPF)



Source: Substance Abuse and Mental Health Services Administration (SAMHSA) (2019).

Readiness for Change



- Readiness can vary at individual staff, team, unit, organizational levels.
- Readiness is multifaceted.
 - **Commitment** to decision to implement an innovation (tangible and immediate indicators include leadership support, available resources, knowledge about the innovation)
 - **Efficacy** to implement an innovation (requires staff to know what to do, how to do it, and that they have the resources needed to do it)
- If readiness is high, organizational members are likely to initiate the change, put forth greater effort to support the change, exhibit greater persistence in the face of obstacles

Source: Damschroder et al. (2009); Shea et al. (2014); SAMHSA (2019).

Implementation Plan



- Course of action to promote successful implementation
- Should be developed *in advance* and *in collaboration* with key implementation partners
- Plan quality can be judged by whether
 - Stakeholder needs and perspectives are considered
 - Actions are tailored to appropriate staff subgroups
 - Appropriate content and material are used to deliver information about the innovation
 - Appropriate communication channels are identified and used
 - Progress toward goals and milestones are tracked rigorously

Source: Damschroder et al. (2009); SAMHSA (2019).

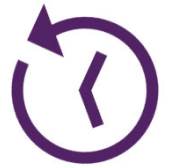
Fit with Organization



- ***Innovation-Values Fit***, “high degree of fit between the values and needs of implementers and the characteristics of the innovation to be implemented”
- ***Conceptual Fit***, innovation “directly addresses one or more of the priority factors driving a specific substance misuse problem and has been shown to produce positive outcomes for members of the focus population”
- ***Practical Fit***, innovation “is culturally relevant for the focus population, the community has the will and capacity to support it, and it enhances or reinforces existing prevention activities”

Source: Moullin et al. (2019); SAMHSA (2019).

Favorable Prevention History



- Prior ***positive experiences*** implementing prevention programs may lead to more willingness and ability to support implementation of a new prevention program
- Prior ***negative experiences*** and not fully understanding the potential of a new prevention program should be addressed early in the implementation process

Source: SAMHSA (2019).

Engage Stakeholders to Address Implementation Determinants

Stakeholders to Engage

- Clients and community members
- Service implementers and providers
- Organizational and system partners
- Policymakers and funders

Potential Benefits of Engaging

- Identify additional implementation determinants based on diverse perspectives
- Prioritize implementation determinants that are critical to address/leverage
- Develop creative solutions to proactively address potential barriers/leverage potential facilitators

Source: Patel et al. (2021).

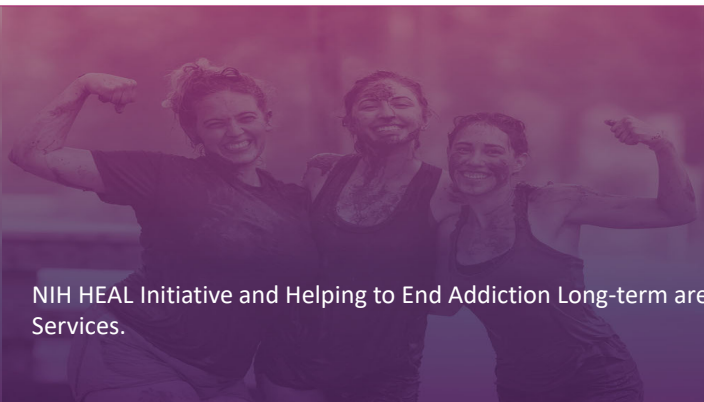


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Lisa Saldana, PhD

August 24, 2021

Engaging Community Partners in Developing and Implementing Preventive Interventions for Parental Opioid and Methamphetamine Use Disorders



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Funding



MillsDavis Foundation



National Institute
on Drug Abuse



K23DA021603

ACF 90ca1816-01-00

R01 DA044745-01S1

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FAIR Teams



Research

Jason Chapman, PhD, Analyst/Methodologist

Gracelyn Cruden, PhD, Decision Scientist

Ryan Singh, PhD, Assessment Coordinator

Patti Chamberlain, PhD, Treatment Developer

David Bradford, PhD, Health Economist

Zoe Alley, PhD, Data Analyst

Courtenay Padgett, MS, Project Coordinator

Mark Campbell, MS, Research Economist

Caroline Dennis, Research Support Specialist and
Graphics/Editorial Support

Holle Schaper, MS, Statistician

Jeff Peterson, PhD, Data Management

Vanessa Ewen, Programming

Clinical

Arwen Maas-DeSpain, LMFT

Alison Austin, LCP

Mary Laws, CADC, QMHA

John Ford, CADC, QMHA

Nicci Schafer-Limbach, CADC, QMHA

Jordan Schafer-Limbach, CADC, QMHA

April Georgi, CADC, QMHA

Laurie Kinder, CADC, QMHA

Terry Williams, CADC, QMHA

Maria Bybee – Resource Builder

Trisha Eastlick – Administrator

Mark Campbell – Financing and Budgeting

Nichole Brown – Implementation Coordinator



State Partners

- John Radich, MEd – Co-Investigator and District Manager
- Kevin George, MSW – DHS Central Office Program Champion
- Paul Bellatty, PhD – Data Systems Research Director
- Jason Wallin, ABD – Senior Interagency Research Analyst
- Kathryn Iurino, PhD – Research Analyst
- Belit Burke, BBA – Strategic Integrated Policy Administrator

Considering Implementation from the Get-Go



Exploration: Understanding Context and System



Geographically Diverse Input

Diverse Stakeholder Input

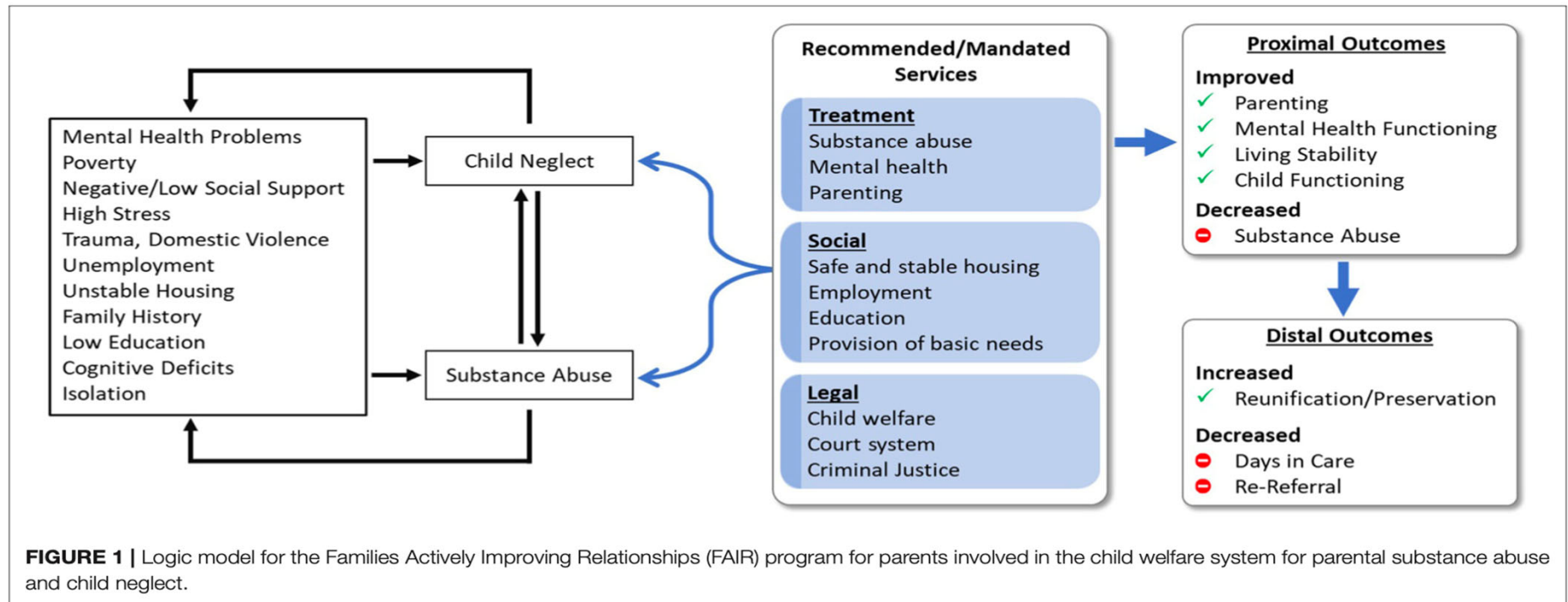
Judges

Attorneys

Supervisors

Caseworkers

Logic Model



Preparation: Intervention Development

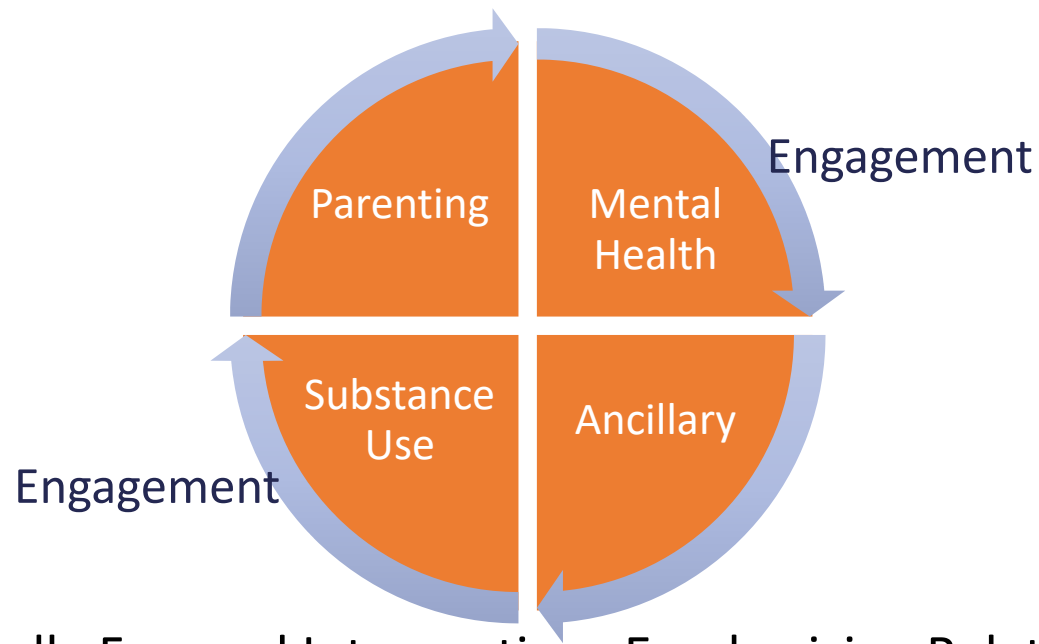


Researchers
Parents with Lived Experience
Local Child Welfare Workers

Intervention Development

FAIR Program

Integrated behavioral treatment for parents involved in the child welfare system for substance abuse and child neglect



Ecologically Focused Interventions Emphasizing Relationships

Implementation: Feasibility, Pilot, Effectiveness Trials



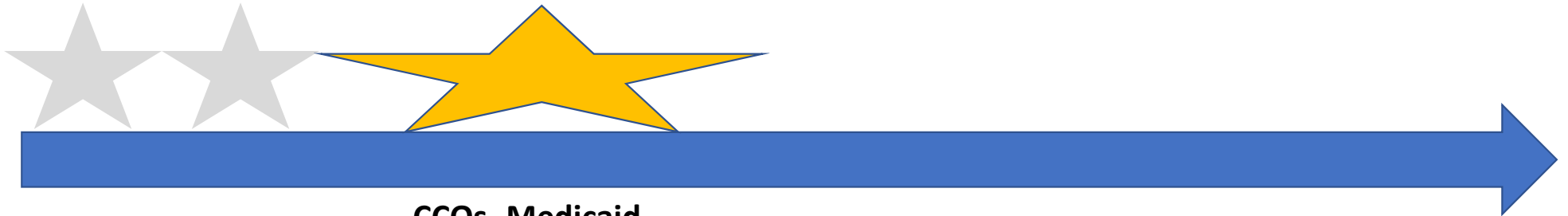
Local Child Welfare Leaders
Child Welfare Staff
Participating Families
Community Partnering Services
Probation & Parole
Court System
Community Donations

Partnership with Child Welfare 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 each others' roles require differ from one another



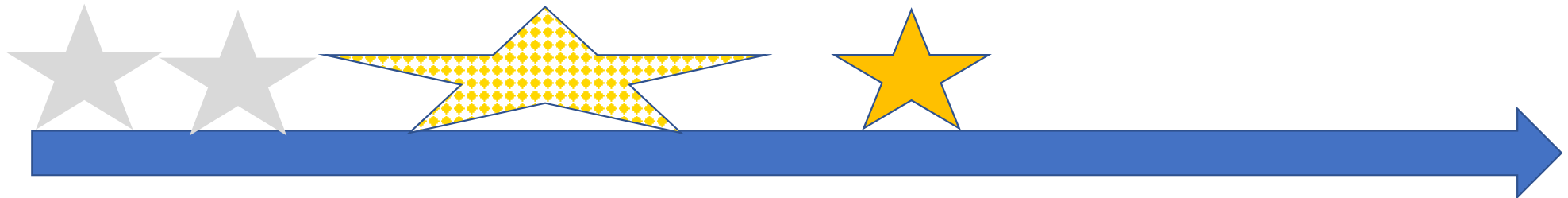
Implementation: Real-World Delivery



CCOs- Medicaid

Child Welfare Staff
Participating Families
Community Partnering Services
Probation & Parole
Court System
Community Donations
Local Child Welfare Leaders

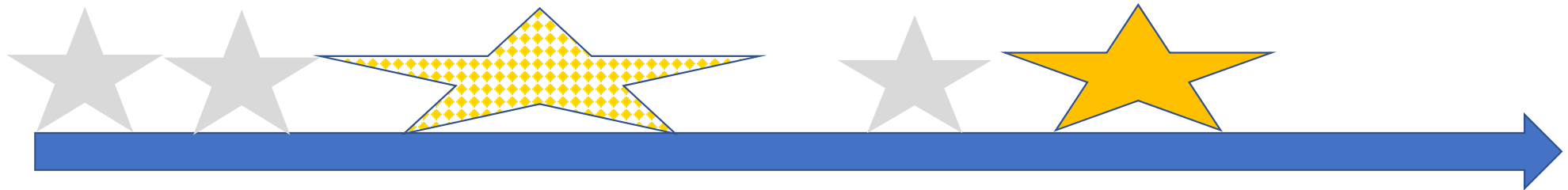
Prevention Adaptation



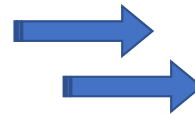
CCOs- Medicaid
Child Welfare Staff
Participating Families
Community Partnering Services
Probation & Parole
Court System
Community Donations
Local Child Welfare Leaders

Former FAIR Clients
Former FAIR Providers
Current FAIR Providers

Scale-Up for Sustainment: Hybrid



CCOs- Medicaid
Child Welfare Staff
Participating Families
Community Partnering Services
Probation & Parole
Court System
Community Donations
Local Child Welfare Leader



State DHS
Leadership
Program Champion (EBP)
Data Analytics
County DHS Leadership
Child Welfare PM
Self-Sufficiency PM
County CCOs- Medicaid
Provider Organizations
Co-Investigator/Champion

Data-Driven County Selection: Optimizing Ability to Identify and Reach UNMET Needs

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

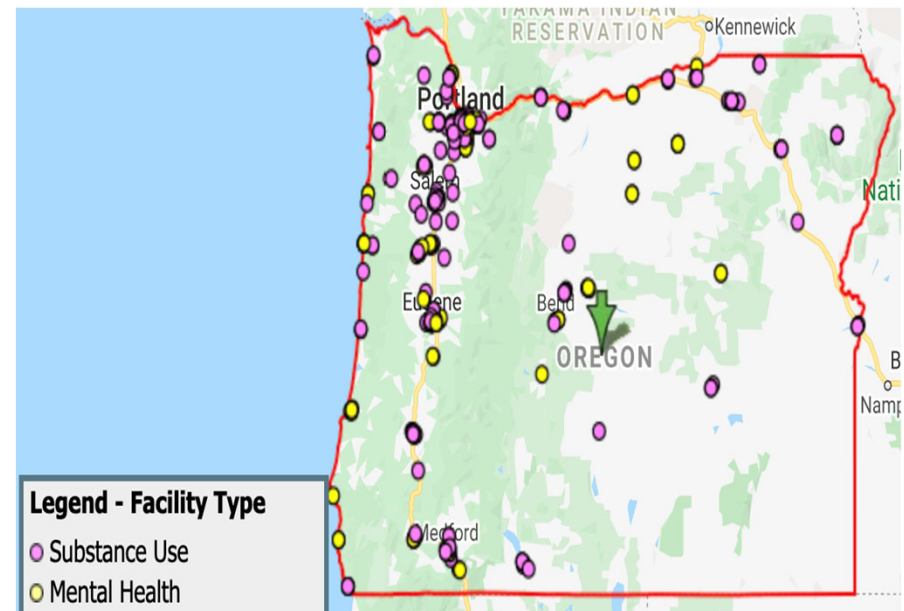
Self-Sufficiency

- 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
- OHP

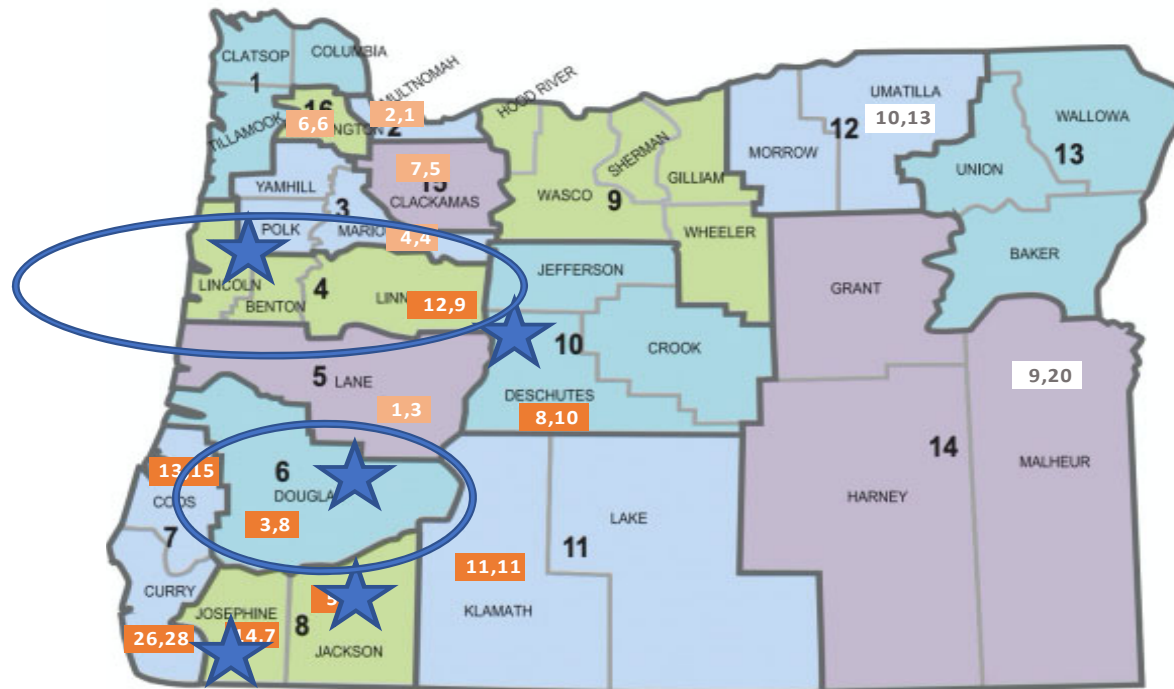


| Ranks (CWS, SSP) | County | County Population age 15-29 | Potential CW Referrals | | Potential SSP Referrals | |
|---------------------|------------|-----------------------------------|------------------------|---------------------------|-------------------------|---------------------------|
| | | | 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% |

Data-Driven County Selection: Optimizing Ability to Identify and Reach UNMET Needs



State System Leadership County/District Selection



County Level Partnerships

- ODHS County Leadership Engagement Meetings
- Medicaid CCOs
- Community Providers
 - Substance Abuse Treatment Clinic
 - Dually Licensed Substance Abuse and Mental Health
- Child Welfare and Self-Sufficiency Caseworkers
- Community Partners
 - Attorneys
 - Resource Building



Current Status



Thank You!

LisaS@oslc.org

UH3DA050193



References

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For More Information



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[HEAL Prevention Initiative](#)

<https://heal.nih.gov/research/new-strategies/preventing-opioid-use-disorder>