



## Executive Summary

### Advancing Recovery: State and Provider Partnerships for Quality Addiction Care

*Advancing Recovery: State and Provider Partnerships for Quality Addiction Care* supported 12 state-provider partnerships in selecting and implementing evidence-based practices known to be effective for treatment of substance abuse. These included medication-assisted treatment, continuing care management, psychosocial interventions (motivational interviewing), and case management or wraparound support services. The partnerships used the **NIATx** process-improvement model to integrate the evidence-based practices at both state policy and service delivery levels. The Robert Wood Johnson Foundation (RWJF) Board of Trustees authorized the program for up to \$11 million. Advancing Recovery ran from 2006 to 2010.

[Read the full report.](#)  
[Learn more about the program here.](#)

#### CONTEXT

Youth and adults in the United States with drug or alcohol-related disorders have limited access to high-quality treatment. Evidence-based practices—approaches that are validated by some form of documented scientific evidence—can improve the quality of care. At the time *Advancing Recovery* began, however, these practices were not routinely used by publicly funded treatment programs. Agency-centered impediments to adoption of evidence-based practices included barriers embedded within the culture of an organization, such as complex admissions processes. System-focused impediments, such as lack of performance expectations or complicated licensing requirements, existed at the state level.

## THE PROGRAM

*Advancing Recovery* promoted the use of evidence-based practices by substance abuse treatment providers through innovative partnerships between providers and the state agencies that fund and regulate them. The program's goal was to improve clinical and administrative practices that impede the use of evidence-based practices and to spread those improvements across the participating states.

Partnerships in Alabama, Arkansas, Colorado, Delaware, Florida, Kentucky, Maine, Maryland, Missouri, Rhode Island, Texas, and West Virginia participated in the program.<sup>1</sup>

Partnerships in each state selected and implemented two evidence-based practices from a list of practices previously endorsed by the National Quality Forum (NQF). These include medication-assisted treatment, continuing care, wraparound services, psychosocial interventions, and screening and brief intervention.

Partnerships used the NIATx model of process improvement as the framework for implementing change. The model consists of five principles for organizational change and four specific aims for increasing access to and retention in treatment.

## OVERALL RESULTS AND FINDINGS

National program staff and evaluators<sup>2</sup> offered the following results and findings to RWJF in reports and interviews:

- **The 12 state-provider partnerships gave 10,000 patients access to evidence-based treatments and services for their substance use disorders and addictions.**
- ***Advancing Recovery* tested and refined the *Five Levers of Change*, a model for implementing large-systems change in complex health care environments.**
- **Medication-assisted treatment and continuing care were the most common evidence-based practices selected for implementation.**
  - States that implemented medication-assisted treatment saw steady increases in admissions into treatment. Many found that patients receiving medication-assisted treatment remained in treatment longer.
  - Partnerships that implemented continuing care experienced increased admissions and retention in treatment, decreased readmission rates, and fewer days between discharge from residential treatment and admission into outpatient treatment.

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<sup>1</sup> All partnerships received 24-month \$360,000 grants.

<sup>2</sup> The evaluators were Dennis McCarty, PhD, Oregon Health and Science University; and Paul Roman, PhD, University of Georgia.

## KEY RESULTS FROM PARTNERSHIPS

Representatives from participating partnerships reported key results in reports to RWJF and in interviews:

- **Results Related to Medication-Assisted Treatment**

- In Maine, statewide use of medication-assisted treatment increased from 9 percent to 16 percent. The Maine legislature appropriated \$600,000 annually to support the use of medication-assisted treatment.
- The Missouri Division of Alcohol and Drug Abuse amended provider contracts to reimburse agencies for the services of physicians and advanced practice nurses who assessed clients and prescribed medications.
- West Virginia established Medication-Assisted Recovery Support (MARS) groups for people whose treatment and recovery included the use of medications.

- **Results Related to Continuing Care**

- In Alabama, some 365 youth received a referral from residential to continuing care, and 58 percent of them successfully made the transition.
- In Arkansas, the state substance abuse agency amended provider contracts to allow providers to bill for both continuing care and case-management services, and allowed providers to convert a residential treatment ‘slot’ into one continuing care and one case-management ‘slot.’
- After Kentucky implemented its continuing care initiative, the percentage of patients referred from the regional psychiatric hospital to outpatient treatment increased from less than 30 percent to 50 percent.

## AFTERWARD

RWJF provided a final grant<sup>3</sup> for NIATx to develop a sustainable national resource center on quality in addiction treatment that would provide process and system improvement services for the addiction treatment field. This represented a 'capstone' investment by RWJF as it moved away from funding in alcohol and drug prevention and treatment. The center has been sustained with additional outside funds. The RWJF grant ended in August 2011.

NIATx used its *Advancing Recovery* experience in systems change to design the Wisconsin Mental Health Collaborative. This initiative aims to reduce readmissions to inpatient treatment in designated Wisconsin counties.

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<sup>3</sup> Grant ID# 59714

Several states, including Alabama, Arkansas, Maine, Missouri, and West Virginia continued the statewide spread of evidence-based practices to improve addiction treatment. Activities included changing contracts with providers and increasing physician interest in medication-assisted treatment.

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**Program Management**

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