Washington State Department of Social & Health Services
BHSIA Behavioral Health and Service Integration Administration

**Improving Substance Abuse Treatment in Washington State**

**FREQUENTLY ASKED QUESTIONS ABOUT THE STUDY**

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14. **Sometimes a client will not return for services or go to the next level of care no matter what we do. Some of our clients face many barriers that are out of our control (e.g., they are homeless, have severe psychiatric disorders)**
15. **It is not under our control whether a client goes to the next level of care after discharged from our agency—sometimes there are no beds available/there is a long waitlist/the other agency does not provide appointments soon enough to meet the continuity of care measure.**


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17. ***Will we have to get client consent for anything related to the project?***

**Where can I find more information?**

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## QUESTIONS WITH ANSWERS

### *Study Overview*

1. **Who is conducting this study?**

   The study is being conducted by the Institute for Behavioral Health at Brandeis University in collaboration with the Behavioral Health and Service Integration Administration (BHSIA) in Washington State. The National Institute on Drug Abuse (NIDA) is funding the research aspect of this study.

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2. **What is the purpose of the study?**

   The overall study goal is to determine the impact on program performance and client outcomes of two interventions: financial incentives and a client-specific alert system.

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3. **How was my agency selected for participation?**

   All BHSIA-funded substance abuse treatment agencies in the state are participating in the study.

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4. **How long will the study last?**

   The study will run for a year and a half starting October 1, 2013 and ending March 31, 2015.

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5. **What is the overall study design?**

Agencies will be randomly assigned to study arms separately by level of care as follows:

- **Alerts Only:** Agencies will receive client-specific alerts regarding clients requiring additional attention in order to reach performance targets. This group will also receive information and tips that may help in meeting these targets.
- **Incentives Only:** Agencies will be eligible to receive incentives for performance, both achievement and improvement.
- Agencies that provide outpatient treatment services may be assigned to an additional group: **Incentives and Alerts.** Agencies assigned to this group will be eligible for incentives for performance on substance abuse measures and receive client-specific alerts with the information/tips that may help in meeting the performance targets.
- **Control:** Agencies will continue having access to the features of the state's ongoing information system, TARGET.

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6. **How will this study relate to current performance based contracting in Washington?**

   At this point, current performance based contract (PBC) targets are not being modified. Depending on the results of the study, BHSIA may augment or replace current PBC measures and targets.

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7. **What is the role of the counties in this project?**

   BHSIA will maintain the current contracting arrangements. That is, residential providers will have a direct contract with BHSIA. For outpatient treatment, BHSIA will continue to contract with counties. Counties will maintain contracts with providers. Any monetary incentives will be handled through the appropriate fiscal agent.

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***Selection of Performance Measures***

8. **What are the performance measures and how were they selected?**

   For outpatient and intensive outpatient treatment, we will use treatment engagement. Treatment engagement refers to a client receiving at least one treatment service within two weeks after admission, and then at least two additional treatment services in the 30 days after the initial service.

   For residential treatment and detoxification, we will use continuity of care after discharge. Continuity of care is defined as a client receiving at least one treatment service within 14 days after discharge. The continuity of care measure can be met with follow-up in an outpatient service or an inpatient service.

   We selected these measures because they have been shown to be related to positive outcomes in Washington and other states. Also, the treatment engagement measure is widely used and has been endorsed by the National Quality Forum.

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***Study Procedures***

9. **How will it be determined which arm of the study my agency will be in?**

   Agencies will be randomly assigned to study arms.

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10. **Will we have to collect or submit additional data beyond what we already do?**

    No additional data collection or submission is needed.

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11. **How much work will it be for my agency to be involved in this project?**

    No additional work is required so there is no burden to your agency. However, if your agency is randomly selected for one of the intervention arms (alerts, incentives, or both), you may choose to initiate or modify current activities to improve your performance measures. These and any other steps for improving performance are optional and up to your agency.

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12. **Will our staff receive training on our role in the study?**

    Yes, we have specific information about this study that agencies can share with their staff such as fact sheets, slides, and presentations that explain the study purpose and design. These can be found on the following webpage: https://www.dshs.wa.gov/bhsia/division-behavioral-heath-and-recovery/incentives-and-alerts-improving-substance-abuse-treatment-washington-state

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13. **What assistance is available to our agency to help us to increase our performance rates?**

    BHSIA program managers are aware of the project and will work with agencies as needed.

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***Case-Mix and Community Resource Issues***

14. **Sometimes a client will not return for services or go to the next level of care no matter what we do. Some of our clients face many barriers that are out of our control (e.g., they are homeless, have severe psychiatric disorders)**

    In every agency, there are clients who have very complicated lives and experience other medical, psychiatric, and social issues that may prevent them from following up with treatment services. We do not expect agencies to score 100% on their performance measures, although we do think there may be strategies that could be developed and implemented to improve performance rates.

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15. **It is not under our control whether a client goes to the next level of care after discharged from our agency—sometimes there are no beds available/there is a long waitlist/the other agency does not provide appointments soon enough to meet the continuity of care measure.**

    There are multiple challenges in engaging clients or keeping them on the path of continuing care, but there are steps that can be taken to increase the chances of the client returning for more services. For example, follow-up calls to check-in with the client or additional staff training in motivational enhancement or motivational interviewing may help with meeting performance measure criteria.

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***Confidentiality***

16. **Who will see information on my clients and how are you respecting client confidentiality?**

    For those in the alerts arm, BHSIA will send the client-specific alerts only to the agency staff that have been identified by the agency as the recipients.

    Brandeis University researchers collaborating with BHSIA will only see de-identified data.

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17. **Will we have to get client consent for anything related to the project?**

    No. The study will use only de-identified, existing administrative data routinely collected at BHSIA. The protocol for this study has been approved by the Department of Social and Health Services (DSHS) Institutional Review Board, the entity that reviews research protocols for DSHS, and they have determined that consents forms are not necessary. For questions about the IRB contact Maggie Fredrick at 360-902-8075.

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**Where can I find more information?**

https://www.dshs.wa.gov/bhsia/division-behavioral-heath-and-recovery/incentives-and-alerts-improving-substance-abuse-treatment-washington-state

**Who can I contact if I have questions?**

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