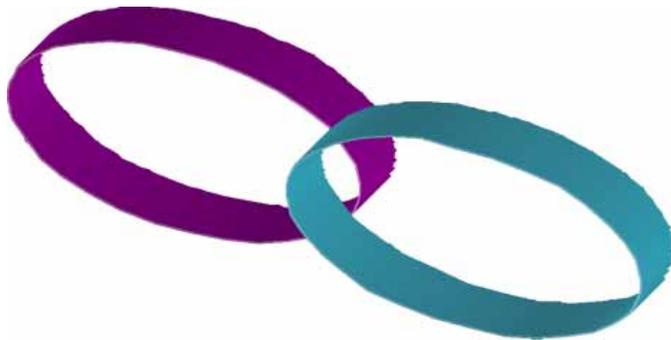


**Central New York Practice Research Network
CONFERENCE PROJECT
November 21, 2002**

***Strengthening Partnerships:
Changing Systems
Through Research & Practice***



CONFERENCE REPORT

ACKNOWLEDGMENTS

The conference was truly a collaborative effort and would not have been possible without the kind and generous contributions of time, effort, and resources from many people and organizations.

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INTRODUCTION

The Central New York Practice Research Network (CNY PRN) conference *Strengthening Partnerships: Changing Systems Through Research & Practice*, held on November 21, 2002, was a great success and a positive experience for participants. Fifty-nine people attended the conference which was held at the Thornfield Conference Center, Cazenovia, New York. Speakers, luncheon, and small discussion groups allowed for the dissemination of information, reflection, and networking.

The following report outlines the content of the presentations by the keynote and panel speakers and summarizes thematically the content of the break-out discussion groups that occurred in the morning and afternoon. This report also contains an action plan that follows the suggestions made at the final plenary session of the conference as well as follow-up suggestions made at subsequent CNY PRN meetings.

NEW YORK STATE PRACTICE IMPROVEMENT COLLABORATIVE

The New York State Practice Improvement Collaborative (PIC) is a consortium of state policy-makers from the Office of Alcoholism and Substance Abuse Services (OASAS), Department of Health (DOH), Office of Mental Health (OMH) and representatives from the Alcoholism and Substance Abuse Providers of New York State (ASAP), community-based alcoholism and substance abuse treatment and prevention providers, academic institutions, research organizations, the Northeast Addiction Technology Transfer Center (NeATTC), the Institute for Professional Development in the Addictions (IPDA), and consumers.

The PIC is comprised of a statewide advisory group, The Practice Research Collaborative (PRC), and eight regional consortia. Each of the eight regional PRNs in New York State are represented at the PRC to ensure the articulation and incorporation of regional issues into the statewide practice research agenda. The PIC consortium is committed to:

- improving clinical outcomes in alcohol and substance abuse treatment and prevention programs through the use of evidence-based practices;
- improving the conduct of research through practitioner involvement; and
- influencing policy as it effects research and practice at the local, state, and national levels.

The NYS PIC is a joint project of ASAP and OASAS, and a project of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), a Center for Substance Abuse Treatment (CSAT) funded initiative.

THE CENTRAL NEW YORK PRACTICE RESEARCH NETWORK

The CNY PRN began meeting regularly in Syracuse around September 2000. Two mini-grants were awarded to the CNY PRN for the year 2001 for an evaluation of a youth prevention program and a pilot study of graduates of drug treatment courts. In 2002 the CNY PRN was awarded a Practice Improvement Collaborative mini-grant to bring together researchers from multiple disciplines, policy makers, and treatment and prevention professionals in the field of alcoholism and substance abuse and related social problems. This mini-grant was administered by the Center for Community Alternatives (CCA), a private, not-for-profit organization that provides direct services and undertakes research in the fields of criminal and juvenile justice and related human services, including substance abuse treatment.

PURPOSE OF THE CONFERENCE

The purpose of the conference was to promote and develop better working relationships among practitioners and researchers and to identify research topics and funding opportunities that will inform and improve practice for treatment and prevention services. Selected topics were covered in panel presentations and small break-out discussion groups. Specifically, the goals of the conference were to:

1. explore the processes and requirements of initiating and implementing collaborative research projects;
2. encourage research ideas that emerge from practice experiences;
3. facilitate the formation of specific research project partnerships; and
4. provide opportunities for networking across fields of practice and research.

The conference, entitled *Strengthening Partnerships: Changing Systems Through Research & Practice*, was held on Thursday, November 21, 2002, at Thornfield Conference Center on the western shore of Cazenovia Lake in Cazenovia, New York. The conference was attended by a total of 59 people who included 37 practitioners, 12 researchers, and 10 policy makers. Credentialed Alcoholism and Substance Abuse Counselor (CASAC), Credentialed Prevention Professional (CPP), and Credentialed Prevention Specialist (CPS) credits were awarded to attendees who requested them.

CONFERENCE FORMAT

The conference had two main themes that reflected its goals:

- (1) building the researcher/practitioner relationship, and
- (2) the practical implementation of collaborative projects.

The morning's keynote speaker, Suman Rao, Ph.D., Health Scientist Administrator of the Office of Science Policy at the National Institute on Drug Abuse (NIDA), discussed the national need for research and practice collaboration. In the afternoon, three panel speakers presented the OASAS Best Practices Study, an empowerment evaluation model called *Getting To Outcomes* (GTO), and the experience of a treatment provider participating in a research study. Small break-out discussion groups met in both the morning and the afternoon following the speakers to discuss topics related to the two main themes. A final plenary session provided attendees with an opportunity to reflect on the day's events and to identify some possible next steps to continue the work begun at the conference.

FUNDING FOR THE CONFERENCE

The conference was primarily funded by the New York State Practice Improvement Collaborative (NYS PIC), (www.asapnys.org/prc/prc.html) a joint project of the NYS Office of Alcoholism and Substance Abuse Services (OASAS) (www.oasas.state.ny.us) and Alcoholism and Substance Abuse Providers of New York State (ASAP) (www.asapnys.org). The conference was generously co-sponsored by the following organizations:

- Northeast Addiction Technology Transfer Center (NeATTC), a CSAT project managed by the Institute for Research Education and Practice in the Addictions (www.neattc.org)
- Zurenda Fund for Alcohol and Other Drugs and Social Work Practice, School of Social Work, College of Human Services and Health Professions, Syracuse University (<http://hshp.syr.edu/SocialWork/Zurenda/index.html>)
- Department of Sociology, Maxwell School of Citizenship & Public Affairs, Syracuse University (www.maxwell.syr.edu/soc/)
- Center for Policy Research, Maxwell School of Citizenship & Public Affairs, Syracuse University (<http://www-cpr.maxwell.syr.edu/>).
- Center for Community Alternatives (www.communityalternatives.org) provided in-kind contributions for the administration of this project.

SUMMARY OF PRESENTATIONS

This section briefly summarizes the remarks presented by the guest speakers, including the introductory remarks, the keynote speaker who presented her talk at the morning session, and the three panel speakers who gave their presentations during the afternoon session.

INTRODUCTORY REMARKS

During the introductory remarks, Marsha Weissman, CCA's Executive Director, noted the timeliness and relevance of the conference. "We know that addiction treatment works, and now we need to know how it works, for whom, and under what conditions."

Susan Brandau, Project Director for the Practice Improvement Collaborative at OASAS, reported that the federal Institutes support over \$650 million for addiction prevention and treatment research in New York State. In 1997 funders in the addiction prevention and treatment field began to realize that research findings were not being adopted by community-based practitioners. As a result, the Institute of Medicine conducted a study and issued a report in 1998 entitled *Bridging the Gap Between Practice and Research: Forging Partnerships with Community-Based Drug and Alcohol Treatment* that included recommendations for the development of an infrastructure for involving practitioners in research to foster their sense of ownership and facilitate the adoption of evidence-based practices. She noted that CSAT has been a very helpful partner to SAMHSA in the development of this infrastructure. SAMHSA, through CSAT, has funded the collaboration of OASAS and ASAP that has established a practice-research network infrastructure in New York State. She noted that networking is important but that dissemination is still a problem especially when people do not read all the information they receive. Two crucial components of building a "science to service" infrastructure are relationship building and the development of trust. She advised practitioners to ask themselves "What do I wonder about?" and then to think about strategies for applying findings in their practice.

Suman Rao, Ph.D.

"Teaming Up: The National Need for Research and Practice Collaboration"

Suman Rao, Health Scientist Administrator at the Office of Science Policy and Communications of the National Institute on Drug Abuse gave the keynote address, emphasizing NIDA's current priorities, activities, and funding opportunities. NIDA has expanded its treatment research to include a systems perspective and subscribes to an evidence-based treatment model. Having discovered some general principles of successful treatment, NIDA is now testing successful approaches within special populations. NIDA is committed to promoting the blending of research and practice and trying to close a 20-year gap that has to date characterized the research findings on best practice and the implementation of that practice by providers.

NIDA's Clinical Trials Network (CTN) consists of 17 sites. They are engaged in such "active protocols" as opiate detox and motivational interviewing. Some new populations being addressed by the CTN sites are HIV-positive people and women with histories of trauma. Now NIDA is working with SAMHSA on creating a "bridge" between NIDA and the ATTCs consisting of needs assessment, strategic planning, materials development, and training. The CTN's Strategic Plan for Dissemination employs four strategies: opportunities for CTN/ATTC collaboration, NIDA's national Criminal Justice Drug Abuse Studies (CJ-DATS); a "Community Friendly" initiative; and Blending Conferences (the next one is in Colorado in September '03).

NIDA funding opportunities emphasize a team approach joining researchers and practitioners, and proposals with partnerships greatly enhance their funding potential. NIDA is eager to work with applicants in developing a proposal, and Dr. Rao offered her assistance to conference participants. Some opportunities include

- BJSTART: for newly independent behavioral scientists; \$50,000
- R03 Small Grants Program: investigator-initiated two-year projects @ \$50,000 per year
- R01 Grants Program: investigator-initiated larger projects
- Cutting Edge Basic Research Awards (CEBRA) – expires Oct. 5, 2005

Alan Kott, NYS OASAS

“The Best Practices Study: A Joint OASAS/Treatment Program Collaboration”

Alan Kott, Assistant Director for Evaluation at New York State OASAS, presented information about the Best Practices Study, an evaluation of medically supervised outpatient treatment programs (MSOP) whose goal was to identify factors that contribute to high quality program operation. The Best Practices Study will eventually lead to a set of non-regulatory practice guidelines that would lead to improvements in program performance for all licensed medically supervised drug/alcohol treatment programs.

Programs in the study were selected based on their ranking on three measures:

- (1) a ranking of licensed facilities by OASAS field offices;
- (2) a “program quality questionnaire” about all areas of program operations; and
- (3) adherence to performance standards.

Programs that ranked highest and lowest in the combined measures were selected for site visits. Out of 250 MSOPs throughout the state, 8 programs were studied in the Long Island Region, 8 programs in the Finger Lakes region, and 7 programs in New York City. Two to five evaluation staff members made site visits in which they consulted with the executive or clinical director and other program staff in an Opening Conference; toured the facilities; examined client records; conducted interviews with staff and clients; observed case conferences and group counseling sessions, “lurked around” the facilities in an informal manner; and held an Exit Conference with program staff.

“Best Practices” are identified as those elements that appear in high quality performance programs but fail to appear in low performance programs. The preliminary results of the study include the following best practices:

- The presence of an experienced, knowledgeable Clinical Director who respects the staff and seeks input from them.
- A flexible treatment approach that quickly adapts to the changing needs of clients.
- A wide range of services including family, vocational, and intensive track for clients in need of such services.
- Highly experienced treatment staff involved in client intake interviews.
- Interdisciplinary case conferencing for admission decisions.
- Client-staff matching where possible.
- Rapid engagement of clients into treatment.

“Preferred Practices” are those elements that occur in a high performance program and may also appear in low performance programs.

- The presence of experienced and knowledgeable clinical staff.
- Staff/peer input and feedback on clinical/treatment issues.
- Training targeted to improve staff skills for special populations being served by the program.
- Regularly scheduled individual counseling sessions for all clients.
- Group counseling sessions which address individual treatment goals.
- Direct supervision of counseling sessions.
- Involvement of family members and/or significant others.
- Intensive case management.
- Competitive salary structure for clinical staff.
- Appropriate and clear lines of authority for program staff.
- Clean and attractive facilities.
- Friendly, helpful reception staff.

Pam Imm, Ph.D.*“Getting to Outcomes: A System Developed to Bridge the Gap Between Research & Practice”*

Dr. Pam Imm discussed the empowerment planning and evaluation model, “Getting to Outcomes” (GTO), funded by the Office of National Drug Control Policy and the Office of Juvenile Justice and Delinquency Prevention, designed for prevention programs to use at the initiation of implementation. A significant gap between research findings and their implementation in the community, especially in the prevention field, calls for “bi-directionality” in the provision of information between researchers and practitioners.

Ten accountability questions, listed below, can be used by practitioners. (The full text and related forms can be accessed under the “Guides” section at www.stanford.edu/~davidf/empowermentevaluation.html).

1. What are the underlying needs and conditions that must be addressed?
2. What are the goals, target population, and objectives of our program (e.g., desired outcomes)?
3. What science or evidence-based models will be useful in achieving our goals?
4. How does this program “fit” with other programs already being offered?
5. What organizational capacities are needed to conduct this program?
6. What is the plan for this program?
7. How will we be sure that the program is carried out as planned?
8. How will we know that the program is working?
9. How will we make sure that the program improves over time?
10. If the program is successful, how will it be continued or sustained?

The ten questions are designed to connect and interact with each other. The model was developed through on-site visits with, and feedback from, community programs in a number of sites across the country. The model is a useful frame of reference for the development of grant applications because each of these questions needs to be addressed in the design and implementation of programs. Through a technology transfer grant, NIDA is funding a web-based interactive version of the GTO model called “I-GTO.” A test of the GTO model is being conducted in South Carolina and California to see if programs are more likely to achieve their outcomes by addressing these questions.

Sherrie Gillette, St. Lawrence ATC*“Research to Practice – A Provider’s Perspective”*

Sherrie Gillette, Assistant Director of the St. Lawrence Addiction Treatment Center, talked about her experiences in a “science to service” project funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). She gave a lively and candid presentation on the research process from the perspective of a seasoned practitioner with no prior research experience. Gillette described her frustrations with accessing and understanding relevant research – the lack of time to pour through countless journals that may or may not have relevant articles and the burden of interpreting detailed data that may not be even be about human beings! She is waiting for the book called “Research for Dummies” and highly recommends the National Addiction Technology Transfer Center (NATTC) website for making research on current studies accessible and intelligible (www.nattc.org).

Gillette raised a number of questions pertinent to the connection between research and practice. Who is the appropriate definer of best clinical practices? Is it OASAS, credentialing agencies, or managed care? Does the source of funding affect the dissemination of the results? She noted that practitioners struggle with discerning relevant research when conflicting studies exist around the efficacy of a particular practice. Even if a practice is found to be efficacious, there are challenges to implementation. What are the steps needed to get the evidence-based practice into place? Implementing a new practice requires a significant culture shift in an agency, especially in the addiction treatment field. People are not necessarily open to change because of difficult work situations, time pressures, and low pay. “We are in survival mode – to

focus on research, bring in evidence-based practices, and at the same time remain solvent is quite a trick.” These conditions make it difficult to take the time to do ongoing literature reviews to keep up with the research, figure out what evidence-based practices to implement, initiate a culture change, train the staff, and keep it up while keeping everything else going.

Gillette described the research project that her agency was involved in and which had the goal of bringing a researcher and provider together to effect the technology transfer of Naltrexone. She struggled with issues of resistance among staff, clients, physicians, and self-help groups to making a change in thinking about a medication. Yet when Yale University researcher Stephanie O’Malley translated the research for her and once she could hear what Naltrexone could do, she opened up to it and could see the value of a medication that would reduce cravings and interfere with the pleasurable effects of alcohol.

In the process of implementation, Gillette facilitated the inclusion of Naltrexone on the Medicaid formulary (a list of approved medications which Medicaid will fund) for New York State so that her clients could pay for the medication. She learned that one of the key aspects of any research-to-practice implementation is to engage all stakeholders so that they back up the processes and system changes that are necessary to make the evidence-based intervention work. To do this, she hosted a VIP training and made the whole project a “big deal” in her agency and in the community.

The lessons she learned were to:

- (1) be clear about the project and to articulate it to all stakeholders,
- (2) manage implementation very closely and insure the fidelity of the practice, and
- (3) understand that it takes at least two years of close management—really tending to it and bringing it along, conducting ongoing staff trainings and case reviews—to get a new intervention fully implemented.

She recommended that there be a body of respected and credible organizations to select the evidence-based practices that are necessary and efficacious, and then provide technical assistance to help the provider implement the practice.

SUMMARY OF BREAK-OUT DISCUSSION GROUPS

The conference included eight break-out discussion groups (five in the morning and three in the afternoon) that focused on the main conference theme – the intersection of practice, research, and policy. The conference design intended for the morning groups to address three specific issues related to building researcher/practitioner relationships:

- initiating and navigating the collaborative research process,
- identifying areas of research that would benefit from research/practitioner partnerships, and
- training needs.

The design of the conference intended for the afternoon groups to address three practical issues of implementing collaborative projects:

- designing research that is relevant to practice and policy,
- funding issues related to the development of collaborative research partnerships, and
- using research findings to inform practice and policy.

However, notes from the groups reveal that participants were also interested in discussing a wide range of issues that were not strictly limited to those that were planned and that issues of strengthening relationships and implementing projects were discussed in both the morning and afternoon sessions.

Overall, the conversations revealed that some conference participants had experience in collaboration, but most expressed a great deal of confusion over what they perceive to be a haphazard system of funding and opportunities for collaboration. While a substantial number of ideas for research topics arose throughout the break-out discussions, the initiation of collaborative relationships between researchers and practitioners seems to rest primarily with researchers. Practitioners are interested in research findings and how those findings can inform their practice, but they seem less interested in initiating the process, mainly due to time constraints. Once a collaborative process is begun, however, practitioners seem willing to participate albeit with some reservations about issues of control over the intervention and the additional demands that the process puts on staff members. Finally, participants expressed a desire for trainings on the collaborative process and integrating research findings into practice.

BUILDING RESEARCHER/PRACTITIONER RELATIONSHIPS

Participants focused on issues of how researchers and practitioners can gain access to one another as well as how to establish and maintain relationships once connections are made. Conversations surrounding access issues revealed ideas, many from participants' own experiences, that had resulted in successful partnerships. The ideas discussed included the themes listed below:

- Approaching local colleges and universities in order to connect with:
 - Ph.D. students whose research may result in a dissertation project for the student and valuable information for the treatment agency,
 - faculty who teach program evaluation classes and who can use the agency's research needs to build assignments for their students, and
 - members of Institutional Review Boards for Human Subjects who are likely to be well-informed about researchers who are actively engaged in an area of potentially mutual interest.
- Web-based resources, such as:
 - contact information for researchers perhaps housed at Upstate Medical University in Syracuse
 - identification of grantees, organized by topic, throughout New York State, perhaps maintained by ASAP
 - bibliographic databases that can alert practitioners to local researchers who are currently publishing in their field of interest.
- Using internet discussion groups and announcement lists, such as the lists administered by the NYS PIC, both to seek as well as to respond to potential collaborators.
- Attending conferences and pursuing the networking possibilities that they offer.

- Using professional associations such as ASAP.
- Cultivating relationships with hospital administrators who can inform researchers about local agencies that work with patients who may be good subjects for a study.

Participants noted several challenges associated with this process such as finding compatibility of interests and the time required to initiate and cultivate these relationships. Any one of the processes identified above is likely to take considerable time and effort, although occasionally relationships click immediately and result in years of mutually satisfying work.

IMPLEMENTING COLLABORATIVE PROJECTS

Discussion group participants focused on the practicalities of carrying out collaborative projects and spoke from positions of experience as well as confusion about strategies for proceeding.

Recommendations for researchers. The following list reflects what participants thought needed attention from researchers in a collaborative relationship:

- making equal decision-making partners of the agency, including the development of research designs and funding proposals;
- working closely with the entire staff of the collaborative agency not only to persuade them of the importance of the project but to solicit their feedback on best ways to integrate the intervention with existing practice and the feasibility of using specific research instruments and tools in the “real world”;
- providing useful feedback to staff to strengthen their practice; and
- clearly identifying a work plan that includes short-term and long-term goals.

Recommendations for provider agencies. The following list reflects what participants thought needed attention from practitioners and their agencies in a collaborative relationship:

- organizational readiness to adopt an intervention and research component (e.g., ability and willingness to be equal partners in this process, including challenging researchers with issues of scientific bias or merit), and
- investment in the necessary technological infrastructure to support a research project and the willingness to use it (e.g., E-mail).

Challenges associated with implementing projects included:

- the “scariness” of sharing power and developing respect for, and trust in, one another;
- developing strategies for practitioners to level the playing field when working with researchers;
- the necessity of learning one another’s “languages” in order to communicate effectively; and
- overcoming cultural differences in working practices (e.g., the alleged “narrow” focus of researchers, as perceived by practitioners, and short attention span of practitioners, as perceived by researchers).

Participants identified a need for trainings for researchers and practitioners alike on the ingredients for building and maintaining successful collaborations.

TRANSFERRING RESEARCH TO PRACTICE

The theme of transferring research to practice can be divided into two broad areas: (1) adapting research-based models with fidelity and in ways that meet the needs of local and special populations; and (2) communication of research findings in a variety of formats soon after completion of the studies are complete.

Adapting Research-Based Models. Participants were concerned with whether it is permissible to “tinker” with intervention models in order to accommodate differences among localities and populations within localities (who may differ as to language, needs, or culture). They noted that, even with laboratory-based pharmacological interventions, it is difficult to predict outcomes in new social settings. Discussion group members noted the need for close oversight and monitoring of these applications to insure fidelity, and that the creation and delivery of training curricula in this area is warranted.

Communication. Participants agreed that the widespread communication of research findings in a variety of formats should take place immediately following the completion of research projects. Practitioners should not have to wait “20 years” to learn about innovative and promising practices. Most of all, researchers should anticipate a variety of audiences well in advance of their projects’ completions and identify specific and well coordinated dissemination processes in their work plans. To reach a variety of audiences, findings could be issued through diverse venues (e.g., hard copy, E-mail, website, listservs, advertising, train-the-trainer trainings, and booster trainings) and be formatted in succinct and user-friendly ways (e.g., with charts and graphs). The National Institute on Drug Abuse (NIDA), as well as the Northeast Addition Technology Transfer Center (NeATTC), could play a central role in this process. Practitioners, on the other hand, must devote time and attention to reading current research and to be receptive to new ideas in order to keep up with current best practice studies.

ACQUIRING FUNDING

Seeking funding entails a great deal of effort in identifying and linking up with appropriate offices in order to insure a good fit between the collaborators and the funder. Conference participants noted that politics and lobbying play a significant role in what gets funded so it is important to be attentive to this factor in applying for program funding as well as research funding.

Practitioners and researchers who engage in the grant funding process must be prepared to submit to funders’ demands for performance-based outcomes. Many researchers and practitioners use the demands by program funders for evaluation research as an opportunity to collect and analyze data. These analyses can serve as findings in their own right as well as opportunities for generating hypotheses and ideas for basic research.

Web sites with information regarding funding include SAMSHA (www.samhsa.gov/) and NIDA (www.nida.nih.gov/). Sources of useful information include NeATTC (www.neattc.org), NYS PIC (<http://asapnys.org/PRC/PRC.html>), and the regional PRNs accessible through the NYS PIC website (www.asapnys.org/PRC/PIC.html).

RESEARCH TOPICS

Research topics, both general and specific, arose during the break-out discussions.

General Topics

- program evaluation – “How do you know you’re doing good work?”
- best practices in prevention and treatment
- qualitative research
- program monitoring

Specific Topics

- research on prevention and treatment of special populations (for example, people with traumatic brain injury, HIV/AIDS patients, co-occurring disabilities, younger children)
- alternative treatment services (for example, chiropractic approaches, Positron Emission Tomography [PET] scans, involving families in treatment, the impact of nutrition, the effectiveness of acupuncture)
- issues of replication of prevention and treatment models (“How far can fidelity be stretched?” “To what extent are research findings implemented in the real world?” “What does fidelity look like in real life?”)
- the role of community “buy-in” in the implementation of prevention programs
- the effectiveness of short-term treatment with different populations
- the effect of race/ethnicity, gender, and age on outcomes
- the effect of age of onset of substance use on addiction
- measuring “intermediate outcomes” of program clients
- measuring behavioral change (e.g., verbal cues)
- issues associated with clients’ acceptance of their addiction

THE ROLE OF PRNS

Conference discussants identified several specific roles that PRNs could play in fostering and supporting collaborative activities:

- providing, through regular meetings, a structured opportunity for networking and the exchange of ideas;
- serving as a clearinghouse for those offering and those seeking research opportunities;
- engaging speakers on special topics (e.g., the issue of fidelity in applying research findings to practice);
- providing trainings on the collaborative process.

ACTION PLAN

Those attending the first CNY PRN meeting following the conference on December 13, 2002 reviewed the list of suggestions from the conference plenary session (below) and identified this list as an outreach plan to build involvement in the PRN through focused topics. Because knowledge transfer can create excitement and generate participation, everyone agreed that regular PRN meetings should have a substantive component for professional development and action.

The Central PRN members at the December 13th meeting combined the activities identified at the conference plenary with additional ideas and adopted the list below as a follow-up action plan.

- Create linkages to 3rd party payers (both funding agencies and insurance companies) to involve them in discussions to increase support for research-based practices.
- Translate research into user-friendly language—
 - for 3rd party payers
 - to support practical application by providers.
- Present case examples for illustration and discussion about:
 - the collaboration process
 - research possibilities
 - problem formulation
 - best practice approaches
 - how to link with other people dealing with similar situations.
- Match researchers to providers by designing and administering a survey to researchers and providers to assess:
 - availability
 - specific interests/topics
 - current status regarding engagement in research
 - research opportunities in their local communities
 - funding availability.
- Ask NYS OASAS to invite a representative of the OASAS Regional Office.
- Invite a representative from the Office of Education to help reduce barriers to implementation of best practices in educational settings.
- Attract researchers by
 - asking researchers to speak at the meetings
 - using PRN members' networks
 - identifying researchers from the Southern Tier (Ithaca, Binghamton), which lacks an active PRN.
- Present case studies on how partnerships develop and how they affect services.

People agreed that the Central PRN needs to clarify its goals and anticipated outcomes. Is increased attendance at meetings the measure of success? Are we looking to focus on bringing researchers and practitioners together or integrating research into the process of direct practice? Is a mandate necessary to incorporate best practices? Are funding opportunities necessary for researchers and practitioners to collaborate?

TOPICS FOR DISCUSSION AT FUTURE MEETINGS

OASAS has access to resources for each of the following suggested topics:

- a “matrix” assessment process (“Performance Assessment Rubric for the Addiction Counseling Competencies,” January 2001, Northwest Frontier Addiction Technology Transfer Center as a suggestion for review on this topic);
- clinical supervision;
- motivational interviewing (Susan suggested William Miller as a speaker);
- Motivational Enhancement Therapy;
- Cognitive Behavior Therapy;
- client/counselor matching (based on counselor competencies) vs. treatment modality for best outcomes;
- themes and speakers from the Treatment Research Institute (TRI), University of Pennsylvania (e.g., Dr. Kyle, who is part of the McLellan group, has a cocaine severity instrument that predicts outcome with pharmacological intervention for withdrawal symptoms);
- organizational change (including employee retention and staff development);
- prevention topics suggested by members of the group.

We suggest that you bring this list to your staff for feedback about which topics will be most useful and contact Susan Brandau or Adam Kirkman at OASAS (see contact list in appendix) so that future meetings can be scheduled that meet your preferences. Those present at the December 13th meeting voted for the theme of organizational change to be the next topic presented. OASAS made arrangements with Brenda Smith, Ph.D., Professor of Social Work at SUNY Albany School of Social Welfare, to speak on this topic on June 26, 2003 at the Central PRN meeting in Syracuse.

CONFERENCE EVALUATION RESULTS

Overall, conference participants who returned an evaluation form (56.6 percent) rated the conference as a success (see table in appendix). On a scale of 1 (low) to 5 (very high), 29.4 percent gave the conference an overall rating of "5" (very high), and 41.2 percent rated the conference overall as "4" (high). With regard to the speakers, 41.2 percent of the respondents gave Dr. Rao a "4" while the other speakers were rated most often as "5" (35.3 percent for Alan Kott, 41.2 percent for Pam Imm, and 61.8 percent for Sherrie Gillette). Most of those who returned the evaluation gave the highest score ("5") for location (67.6 percent) as well as for each component of the conference arrangements ("registration procedure" 70.6 percent; "evaluation procedure" 55.9 percent; "conference packet" 52.9 percent; and "identification of names and affiliations" 52.9 percent). The break-out discussion groups were rated overall in the "high" range (4 and 5) with the greater percentage rated as "4" (high). The largest percentages in the high range were for "facilitation of the group" in both the morning and afternoon sessions, and for "relevancy of topics" to the participants' interests in the afternoon session. Most respondents rated the components of the conference's goals in the high range, with the greater percentage within that range being "4" (high) ("opportunities for networking" 35.3 percent; "insights into the collaborative relationship" and process 44.1 percent each; and "desire to follow up on the conference experience" 38.3 percent).

CONCLUSION

The conference had a good mix of people from across Central New York. The discussion groups were quite animated, and participants engaged in networking. Soon after the conference one provider in the area linked up with a local SUNY researcher as a direct consequence of the networking at the conference. The conference was an excellent way to provide focus in bringing practitioners, researchers, and policy makers together as a group.

The question before us is "Where do we go from here?" The research/practice process, which relies upon a bi-directional approach, is still in the development stage. The Central PRN's role in piloting this process can proceed by brainstorming directions and scenarios of innovation and by encouraging researchers and practitioners to network and attend local PRN meetings.

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