

RESEARCH ROUNDUP

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User-friendly management systems for improving treatment

by *D. Dwayne Simpson, IBR Director*

There are a myriad of factors known to influence drug treatment effectiveness and outcome. As discussed in previous issues of this newsletter, the TCU Treatment Process Model, based on over a decade of research, provides a conceptual framework for understanding how program and client influences operate sequentially during the stages of treatment (see [Volume 9, Number 1](#)). A key

unanswered question is how best to establish feedback procedures so that information about treatment process and program operations can be effectively utilized. Findings suggest that monitoring reports based on routine assessments of client functioning and organizational climate can help improve both clinical care and program management. For this reason, we are eager

to launch our new [Treatment Costs and Organizational Monitoring \(TCOM\) project](#), a 5-year NIDA initiative to further develop assessment systems that can be used by drug abuse treatment providers. Our research will focus on measuring the association of organizational attributes and program resources with client and program operations.

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Treatment Costs and Organizational Monitoring: Taking a program's pulse

Past IBR research has explored treatment process and the development of evidence-based interventions for clinicians and counselors (including cognitive enhancements such as mapping and a variety of skills-based counseling manuals). The new TCOM project will explore, through real-world application, the best way to provide drug treatment managers and administrators with meaningful, evidence-based information about their program's overall well being. Principal Investigator [Dr. Patrick M. Flynn](#) will direct the central aims of the

project, which include developing an integrated set of instruments and procedures for assessing organizational functioning and fiscal health and demonstrating the feasibility of this system in field-based studies of 100 outpatient, drug-free treatment providers in different regions across the U.S. [Dr. Danica K. Knight](#) will be working with Dr. Flynn to coordinate field logistics and data collection.

[Dr. Kirk M. Broome](#), TCOM Project Director, sees the project as "reflecting the reality that a treatment program is

focused on healthcare, but also has business responsibilities. Counseling, services, and other activities take place before a complex backdrop of policies and procedures, staff social norms, and financial issues. Our goals are to illuminate and understand that backdrop, and to use what we learn to develop tools for quality improvement and better positioning in a competitive market." **Figure 1** (see page 2) shows a conceptual model of organizational foundations and program change.

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The TCOM assessment system will expand our TCU assessments on client and organizational functioning with a set of instruments that focuses on economic resources. These forms will be administered to selected staff and clients in participating programs over the length of the project, allowing researchers to monitor organizational changes and relate them to client-level indicators of program performance. This design sets up a natural study of the process of program change over time in order to establish the usefulness of long-term implementation of the TCOM system. Researchers also will implement and evaluate a training protocol for Program Directors on how to use the TCOM information system to best advantage for improving program management.

A centerpiece of the TCOM system is the development of a user-friendly and practical tool for allocating total costs to units of service. The end product will be an abridged cost allocation protocol that can be used by programs (beyond research-based applications) in the practical daily management of their clinics and treatment centers. For example, with data from the TCOM system, programs will be better able to price their services and have direct access to financial information that can be used to negotiate reimbursement rates.

During the first year of the project, Program Directors interested in participating in the research will be asked to complete a needs assessment survey for their program indicating their interest in participating in the project. From those programs completing this needs assessment, a sample of respondents will be invited to participate for the entire run of the project (approximately three more years). During this time, Program

Directors, program financial officers, counseling staff, and clients in treatment will provide annual assessments. Program Director and counseling staff will complete a version of the [Survey of Organizational Functioning](#), a proven instrument that measures perceptions of organizational climate, resources, and readiness for change. Clients will complete the [Client Evaluation of Self and Treatment \(CEST\)](#), which addresses psychosocial functioning, counseling rapport, and satisfaction with services. In addition, program administrators or financial officers will complete a more lengthy assessment (in workbook format based on Microsoft® Excel) to collect detailed information about revenues, funding, and costs of doing business.

Assessment instruments will be developed and field-tested in three evolving formats, beginning with

paper-and-pencil surveys, followed by electronic versions that are completed on computer and e-mailed for analyses, and culminating with online, web-based versions of the assessments completed via the Internet. With the Internet technology, automatic, instantaneous reporting upon completion of the assessments will be available. In addition, linked spreadsheets and workbooks for revenue reporting and cost allocation will be designed to produce tables and charts so that summary reports will be available automatically upon completion of the data input.

When sufficient numbers of programs have participated in the data collection and reporting activities, preliminary benchmarks will be developed for revenues, expenditures, and the relative costs of treatment services. With financial, performance, and progress

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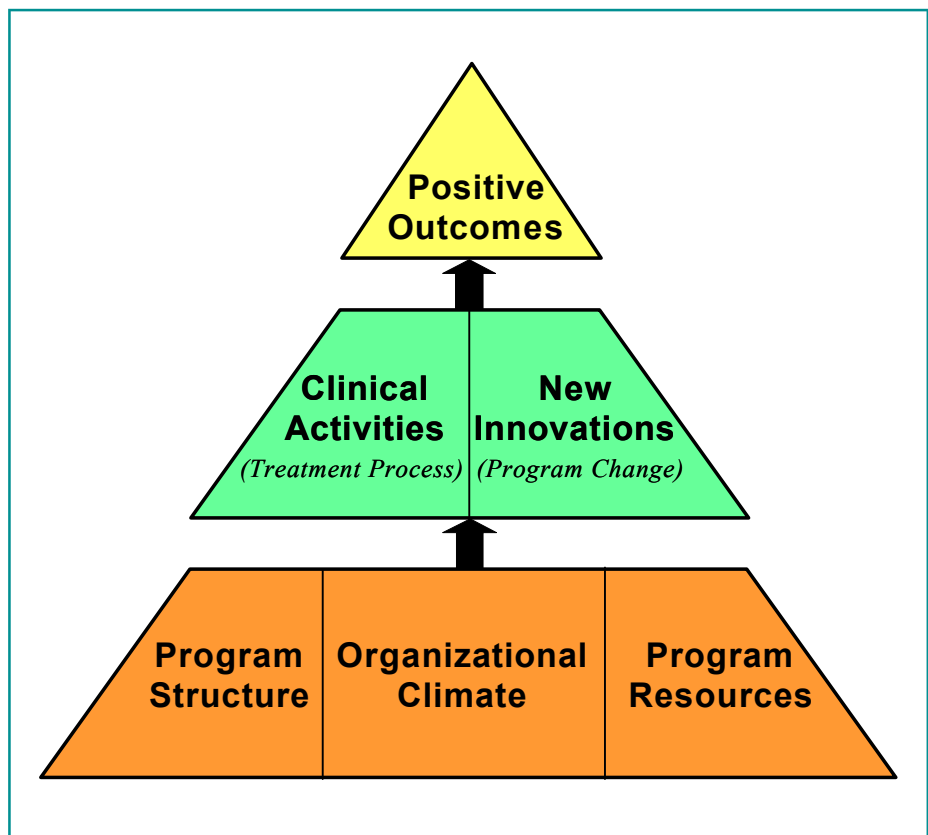


Figure 1. Conceptual Model of Organizational Foundations for Treatment Process and Change

Research Highlights

An upcoming issue of *Journal of Substance Abuse Treatment* features a special section reporting on the 5-Year Follow-up Outcome Studies from DATOS (Drug Abuse Treatment Outcome Studies), with an introduction by [Dwayne Simpson](#) (the Guest Editor) on a series of collaborative studies undertaken by TCU, UCLA, NDRI, and NIDA. Articles with TCU authors include:

A study of 2,932 patients in long-term residential, outpatient, and methadone treatment programs examined patient and program factors that influenced the receipt of scheduled supportive services (e.g., medical, legal, educational, vocational). Hierarchical regression analysis of patient and program factors revealed that long-term residential patients received more services than those in outpatient or

methadone treatment. In general, however, patients received few services in the first months of treatment regardless of modality. Being female and having a higher level of problem severity at intake were related to a higher likelihood of receiving services. At the program level, patients with higher problem severity entering an outpatient program whose enrolled patients were less troubled on average received more services. **Fletcher, B.W., Broome, K. M., Delany, P. J., Shields, J., & Flynn, P.M. (in press). Patient and Program Factors in Obtaining Supportive Services in DATOS. *Journal of Substance Abuse Treatment*.**

Factors influencing the long-term recovery of 432 patients in 18 outpatient methadone treatment

programs were examined using the patient's own attributions. Subjects were classified as recovering or non-recovering based on abstinence from opioid and cocaine use, less than daily use of alcohol, and no arrests or illegal activity during the previous year. At Year 5, 28% of patients met these strict criteria for recovery. These subjects reported they had relied on motivation, treatment experiences, religion/spirituality, family, and work to maintain recovery. Of note, support from family and close friends was seen as particularly valuable, reinforcing the importance of social networks for encouraging drug-free functioning. **Flynn, P. M., Joe, G. W., Broome, K. M., & Simpson, D. D. Recovery from Opioid Addiction in DATOS. *Journal of Substance Abuse Treatment*. ■**

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data readily available, performance benchmarks will be developed for use in program quality control and improvement efforts. Programs will be able to compare their own revenues, costs, and relative performance with aggregated data from other treatment providers in their region and in other regions. To facilitate this, Program Directors and financial administrators will attend special training sessions (with travel and per diem expenses paid for by the project) in order to learn how to utilize information from the TCOM assessment system. In addition to the training, annual feedback, and

benchmark reports, participating programs will be furnished with a desktop computer for use in the research activities (which they will be allowed to keep and use for other program functions as needed).

“Organizational-level assessments have always presented a challenge to researchers,” notes Dr. Flynn, “and we are hopeful that what we learn from the TCOM project will help set a new standard for program management information systems that are practical and meaningful for drug treatment providers as they struggle to maintain

program quality and integrity in an ever-changing funding and revenue environment. As with our other TCU resources, we expect to make all TCOM assessments available without charge to interested, nonprofit users.”

If your program is interested in completing the initial needs assessment survey and possibly participating in the TCOM project, contact Dr. Kirk Broome, Project Director, by e-mail at tcom@tcu.edu or by phone at (817) 257-7226. ■

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In this issue of *Research Roundup*, we provide an overview of the TCOM project, including research methodology and long-range goals. Over 100 drug treatment programs from different regions in the U.S. will

be invited to participate in these studies, which will test the reliability and feasibility of the TCOM assessments and examine the most useful ways to provide ongoing feedback about client functioning and

organizational resources to program administrators. Bookmark our Web site (<http://www.ibr.tcu.edu>) so you can check back for TCOM announcements and updates as they become available.

What's New on the Web

At the IBR site, <http://www.ibr.tcu.edu>

Forms: Several of the IBR Core Set of Forms have been updated and new forms added, including a Spanish version of the popular *TCU Drug Screen*. Additional information is provided in the **Assessment Systems** resource collection.

Projects: IBR's newest multi-year project focuses on developing the **Treatment Costs and Organizational Monitoring (TCOM)** information system for drug treatment providers. (See feature article in this newsletter.) The new **TCOM Project** is listed under a new category of IBR Projects called "Organizational Costs and Functioning." The **CETOP Project** is moved from "Criminal Justice Evaluations" to a new area called "Cognitive Interventions."

Resource Collections: The Technology Transfer resource collection has been renamed as **Organizational Functioning** and includes information on **DATAR-3** and the new **TCOM** project. Check out all seven resource collections for in-depth IBR Web site information on special topics.

At the DATOS site, <http://www.datos.org>

Publications: This section is updated with new DATOS publications and abstracts, and includes "in press" information for an upcoming *Journal of Substance Abuse Treatment* special issue. ■



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