when life gives you lemons...
when implementation works and theory fails
agenda

{ theory vs. implementation failure
  project overview
  preliminary findings
  lessons learned }
part I: theory vs. implementation failure
types of failure

- implementation failure
- theory failure
**Implementation Failure** occurs when we do not execute a program/model as planned.

The theory supporting the intervention is correct, but it is improperly implemented, thus we do not see the intended outcomes.
insufficient training
political environment
timing
insufficient resources
lack of fidelity monitoring
absence of leadership support
inattention to lessons learned
feasibility constraints
staff turnover
implementation failure factors
We do not see the outcomes we intended to see because our assumptions were incorrect/inaccurate.
teaching kids D.A.R.E. to resist drugs & violence
group discussion

when have you experienced theory failure?

when did it become apparent?

how did you respond?
priority SAMHSA target: returning OEF/OIF veterans
assumptions

- OEF/OIF vets would be in need of MH/SA services
- OEF/OIF vets would be in need of homeless services
- Not all OEF/OIF vets would have their housing/BH needs met via the VA
part II: EMPOWR project overview
Transitional Housing
- re-entry
- veterans
- families

Housing Development
- mortgage modification counseling
- first time home buyers
- reverse mortgage counseling
- owner-occupied rehabilitation

Clinical Services
- individual counseling
- group therapy
- peer support
- aftercare
- alumni activities
Recovery Oriented System of Care

- Substance abuse counseling
- Life skills
- Evaluation
- Physical health
- Mental health
- Housing
- Peer support
- Mutual aid
- Employment

Recovery Oriented System of Care
EBPs

- motivational interviewing
- peer recovery support
- contingency management
- CBT
- community reinforcement approach
EMPOWR logic model

Referrals & Pre-Treatment Peer Coaching
OPCS, CJ, VA, El Rio, HOPE Inc.

90-day Treatment
- Assessment
- Service plan review
- Peer support groups
- Counseling
- Employment coaching
- Contingency incentives
- Transportation
- Social events

30-day Post-Tx Continuing Care
- Aftercare groups
- PRSS peer coaching
- Alumni activities

Outcomes (6-months post-baseline)
- AOD use
- Health & MH status
- Employment status
- Housing stability
- Social connectedness
- Risky sexual behaviors
- Criminal activity

Housing
- Old Pueblo Community Services

Health & MH Services
- SAVAHCS, El Rio

Support Services
- Community Agencies (HOPE Inc., SAAF, El Rio, Vets4Vets)
part III: preliminary findings
demographics*

gender

- Male: 56%
- Female: 43%
- Other: 1%

*current as of Oct. 2014
demographics (cont’d)

*current as of Oct. 2014

**Age Distribution**

- 18-34: 36%
- 35-45: 18%
- 45-64: 38%
- 65+: 8%
demographics* (cont’d)

race/ethnicity

- Caucasian: 68%
- African-American: 13%
- Hispanic/Latino: 13%
- Native American: 2%
- Asian: 2%
- Hawaiian Native: 2%

*current as of Oct. 2014
332 new participant intakes received to date

98.2% percent of target enrollment goal

248 participants took part in a 6 month follow-up

*current as of Oct. 2014
62% employed or enrolled in school at follow-up

39% employed or enrolled in school at intake

*Current as of Oct. 2014
6% in stable housing at intake

37% in stable housing at follow-up

*current as of Oct. 2014*
vets saw greater improvements in employment, but poorer improvements in housing stability, than non-vets.
from intake to 6 month follow-up, participants saw a decrease in:

- depression
- anxiety
- hallucinations
- trouble understanding, concentrating or remembering

\(n=197\) matched cases

*current as of Oct. 2014
vets demonstrated greater improvements in depression & anxiety than non-vets

*current as of Oct. 2014
part IV: lessons learned
if it ain’t broke, don’t fix it...
symbiotic, organic collaborations work well...
smaller collaboratives focused around specific issues may be more beneficial
the good news...
the not so good news...
38 percent of EMPOWR participants are vets
less than 3% of those veterans are OEF/OIF vets
possible explanations

OEF/OIF vets are having their needs sufficiently met by the VA

OEF/OIF vets are not in need of homeless services

OEF/OIF vets are not presenting in transitional housing environments delay; services will be needed in 5-10 years
exit service

experience MH symptoms

development of family problems

divorce

increased SA/MH symptoms

incarceration

unemployment

homelessness

OEF/OIF vets here (?)
could CRAFT provide some opportunities for earl(ier) intervention...?
part IV: discussion