

Lighthouse Institute – Current Projects

Title:	Grants to Benefit Homeless Individuals
Principal Investigator:	Lora L. Passetti, M.S. (Evaluator)
Contracted From:	Horizon Behavioral Health
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	H7TI082655
Project Period:	September 30, 2022 – September 29, 2027
Abstract:	Horizon Behavioral Health received funds to serve homeless adolescents and their families in Virginia by providing trauma-informed outreach and engagement, screening and assessment for substance use and mental health disorders, substance use and mental health treatment, medication-assisted treatment for opioid use disorder, case management, and peer recovery support services.
Title:	Evaluation of Cook County Health’s Community Health Workers for COVID Response and Resilient Communities Project Evaluation
Principal Investigator:	Dennis P. Watson, Ph.D.
Contracted From:	Cook County Health
Funded by:	U.S. Centers for Disease Control and Prevention
Grant Number:	NU58DP006993
Project Period:	January 1, 2022 – August 30, 2025
Abstract:	Cook County Health has been funded to train, deploy, and engage community health workers to work with target populations in Suburban Cook County. The goal of the program is to strengthen community resilience to fight COVID-19 by addressing health disparities in priority populations. Priority populations of focus include: those who are economically disadvantaged, African and Hispanic residents, low-wage precarious worker, undocumented immigrants, people experiencing housing instability and homelessness, older people, people with certain underlying health conditions, and those experiencing food insecurity. The project will leverage relationships with community-based organizations to increase utilization of community and clinical resources through community health worker activities. LI will lead a mixed method evaluation of the 3-year program.

Title:	Comparing Two Federal Financing Strategies on Treatment Penetration and Sustainment
Principal Investigator:	Mark D. Godley, Ph.D.
Contracted From:	RAND Corporation
Funded by:	National Institute on Drug Abuse (NIDA)
Grant Number:	R01 DA051545
Project Period:	August 1, 2021 – June 30, 2026
Abstract:	Sustained, widespread availability of evidence-based practices (EBPs) is essential to addressing the public health and societal impacts of adolescent substance use disorders (SUD), as recognized by the NIDA priority to investigate strategies for effective and sustainable implementation of EBPs. There remains a particularly significant need to identify effective financing strategies, which secure and direct financial resources to support essential activities for EBP implementation and sustainment, and overcome cost-related barriers to the availability of effective adolescent SUD treatments. This project will compare the effects of two SAMHSA grant mechanisms (i.e., financing strategies), which supported the adoption of an EBP for adolescent SUD through either organization-focused or state-focused granting of funds. The project will examine penetration of Adolescent Community Reinforcement Approach (A-CRA) among eligible clinicians (i.e., proportion certified with adequate fidelity) and clients (i.e., proportion receiving the treatment) at the end of SAMHSA funding and sustainment of the treatment model, using a 10-element composite measure of treatment delivery and supervision activities, up to 5 years post-funding.
Title:	Development of the GAIN Q4
Principal Investigator:	Michael L. Dennis, Ph.D.
Contracted From:	Connecticut Department of Children and Families (CTDCF)
Contract Number:	22DCF6984AA
Project Period:	July 1, 2021 – June 30, 2024
Abstract:	CTDCF has contracted with the GAIN Coordinating Center for GAIN and GAIN ABS licensing, training, data services, evaluation reports and software development activities for many years. As part of our ongoing work, CTDCF is funding analysis and software development activities to re-develop the GAIN-Q3 to support diagnosis and ASAM level of care placement. Analysis was conducted to 1) assess how well the GAIN-Q3 predicts substance use disorder diagnoses using fewer items than those in the GAIN-I (which uses the full diagnostic criteria from DSM 5) and 2) to assess which items from the GAIN-I were needed to support ASAM level of care placement. The resulting new instrument, the GAIN-Q4, would meet GAIN customer needs by requiring significantly less time to administer than the GAIN-I while still supporting common diagnoses related to SUD (alcohol, cannabis, opioid, stimulant, other), internalizing disorders/problems (mood, anxiety, trauma, suicide, and psychosis), externalizing disorders (attention deficit, hyperactivity, conduct, gambling),

	and crime/violence (domestic violence, substance, property and violent crimes). It also provides additional input to support level of care placement per ASAM's required dimensions (withdrawal management, physical health, mental health, readiness to change, relapse potential and recovery environment), as well as family functioning and wellbeing.
Title:	Emergency COVID-19 II
Principal Investigator:	Belinda Willis, MS
Contracted From:	Illinois Department of Human Services (IDHS)
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	FG000700
Project Period:	July 1, 2021 – September 30, 2023
Abstract:	The purpose of this program is to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic. This program intends to address the needs of individuals with serious mental illness, individuals with substance use disorders, and/or individuals with co-occurring serious mental illness and substance use disorders. Additionally, the program will also focus on meeting the needs of individuals with mental disorders that are less severe than serious mental illness, including those in the healthcare profession.
Title:	Screen 4 Success
Principal Investigator:	Michael L. Dennis, Ph.D. , Barbara Estrada, M.S.
Contracted From:	Synergy Enterprises, Inc.
Funded by:	Substance Abuse and Mental Health Services Administration (SAMHSA)
Grant Number:	HHSS277201700001C
Project Period:	June 18, 2021 – August 15, 2027
Abstract:	LI will develop a web-based cloud application to provide a self-screening and referral management service to people referred by the "Talk. They Hear You." (TTHY) mobile application and national media campaign. The goal of this system is to a) provide immediate assistance to the user doing the self-screening to support self-referral for themselves or children/other adults, b) set up the app to support repeated self-screenings, report change over time, and services received, c) pool, de-identify the data, and make it available for download so that it can be used at multiple levels (e.g., federal, state, local), and d) use aggregate data to generate standardized reports that show demographics, problem profiles,

	change over time, and health disparities. The self-screening and referral management service will use standardized tools and existing service provider directories initially, but will be designed to allow adaptations to add other tools, questions, updated resources, and additional reports.
Title:	Emergency Department Alternatives (ED-ALT) to Opioids Evaluation
Principal Investigator:	Dennis P. Watson, Ph.D.
Contracted From:	Cook County Health and Hospital System
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	TI083122
Project Period:	June 1, 2021 – May 31, 2024
Abstract:	The goal of the Cook County Health (CCH) Acupuncture in the Emergency Department (AED) is to 1) reduce opioid prescriptions in the ED by 20% in 3 years by creating a safe prescribing model; 2) implement acupuncture as an additional pain intervention integrated into the ED in presenting headache and jaw pain patients by 10%; and 3) reduce ED admission rate by 5%. The AED project team, comprised of an acupuncturist, ED physician, and care coordinators, will work together to reduce opioid usage in CCH's ED.
Title:	Zero Suicide
Principal Investigator:	Lora L. Passetti, M.S. (Evaluator)
Contracted From:	Indiana University Health
Funded By:	Center for Mental Health Services (CMHS)
Grant Number:	H79SM083452
Project Period:	April 1, 2021 – March 31, 2026
Abstract:	Indiana University Health received funds to prevent suicides in Indiana, particularly among individuals age 25+, by raising awareness of suicide, formalizing referral processes, and improving care and outcomes for individual at risk for suicide. Zero Suicide protocol involves implementation of workforce training, a comprehensive risk assessment/screening and reassessment process in all 15 of its emergency departments statewide, connection of patients with appropriate treatment and follow-up support through evidence-based Caring Contacts, individualized safety planning, and connection of patients with outpatient behavioral health treatment.

Title:	Comprehensive Opioid Recovery Centers (CORC)
Principal Investigator:	Belinda Willis, MS
Contracted From:	Haymarket Center
Funded By:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	TI083080
Project Period:	February 26, 2021 – February 25, 2025
Abstract:	The goal of Haymarket’s CORC program is to reduce opioid-related overdoses by 1) expanding outreach visits to 500 persons; 2) expanding treatment, including using MAT; and 3) expanding comprehensive recovery services to 250 participants.
Title:	State Opioid Response (SOR) Grant II
Principal Investigator:	Belinda Willis, MS
Contracted From:	Illinois Department of Human Services (IDHS)
Funded By:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	TI083278
Project Period:	January 1, 2021 – December 31, 2022
Abstract:	Evidence of the multiple impacts of the opioid and stimulant crisis among Illinois residents include increased primary opioid clients among IDHS/SUPR-funded treatment admissions, increased need for medication-assisted treatment (MAT) for persons with opioid use disorder (OUD), increasing numbers of opioid overdose deaths, increasing numbers of persons using methamphetamines and other stimulants, and increasing numbers of opioid-related overdose reversals. The services supported and expanded through this SOR II grant include: certification training on the Community Reinforcement Approach combined with Contingency Management; community-based linkage and referral services provided by peer outreach workers; access to MAT Hub and Spoke services; hospital screening and warm hand-off services provided by hospital staff; integration and increased MAT services provided by Federally Qualified Health Centers; MAT integration within criminal justice-involved population; county jail-based screening and warm handoff; and housing stabilization for persons with OUD. Approximately 5000 people are expected to receive SOR II-related services over 2 years.

Title:	Comprehensive Opioid, Stimulant, and Substance Abuse Program Evaluation
Principal Investigator:	Dennis P. Watson, Ph.D.
Contracted From:	Cook County Health and Hospital System
Funded By:	U.S. Department of Justice
Project Period:	October 1, 2020 – September 30, 2023
Abstract:	Cook County Health will convene the Cook County Community Recovery Learning and Action Network to 1) address recovery housing capacity, including harm-reduction models of recovery housing and coordination for persons experiencing chronic homelessness; 2) begin development of a real-time, regional recovery housing information system, including collection, analysis, and dissemination across partners; and 3) implement and evaluate an intervention to promote referral for medications for addiction treatment, recovery support, and recovery housing for individuals with substance use disorders, with a special focus on individuals under supervision of the Cook County Adult Probation Department. The project includes partnerships with transitional and recovery housing providers, substance use treatment providers, criminal justice partners, state agencies, community-based partners, and public health organizations. Priority considerations addressed in this application include high-poverty areas, and this project will offer enhancements to public safety in economically distressed communities (Qualified Opportunity Zones).
Title:	Syringe Service Telemedicine Access for Medication-Assisted Intervention through Navigation (STAMINA)
Principal Investigator:	Dennis P. Watson, Ph.D.
Funded By:	Arnold Ventures
Grant Number:	None
Project Period:	August 1, 2020 – July 31, 2023
Abstract:	This study will develop, implement, and test a model of medication for opioid use disorder (MOUD) treatment linkage for syringe service program (SSP) participants. Where similar models of treatment linkage depend on people who use opioids first accessing the formal healthcare system, typically through emergency medical services after an overdose has occurred, STAMINA will leverage the SSP setting to engage potential participants and link them to care before a potentially life-threatening event. Of the few similar SSP-based programs that exist, none explicitly describe telemedicine as a component nor have they developed strong evidence of their effectiveness. Our primary goal, accomplished through structured interviews and drug testing, is to identify whether STAMINA improves initial treatment engagement and reduces illicit opioid use compared to basic referral. Our secondary goal, pertaining to longitudinal interviews, is to develop a rich understanding of the impact of STAMINA on the recovery process.

Title:	Family Treatment Drug Court
Principal Investigator:	Lora L. Passetti, M.S. (Evaluator)
Contracted From:	Horizon Behavioral Health
Funded By:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	TI082995
Project Period:	July 30, 2020 – July 29, 2025
Abstract:	Horizon Behavioral Health received funds to expand its Family Treatment Drug Court (FTDC) in Bedford County, Virginia. It is hypothesized that FTDC participants will show decreased rates of substance use, mental health problems, and engagement in illegal activities between intake to FTDC and 6 months post-intake.



Title:	Chicago Opioid Overdose Recovery Project (COORP)
Principal Investigator:	Michael Dennis, Ph.D.
Contracted From:	City of Chicago Police Department
Funded by:	Center for Substance Abuse Treatment (CSAT)
Grant Number:	1H79SP080314-01
Project Period:	July 1, 2020 – June 30, 2024
Abstract:	Through use of grant funds, Chicago Police Department (CPD) will train and equip patrol officers and Chicago Fire Department (CFD) Emergency Medical Technicians (EMTs) to carry / administer naloxone to reverse opioid overdoses, improve linkage mechanisms connecting overdose victims to treatment services, and collaborate with stakeholders to identify issues and implement solutions along the opioid continuum.



Title:	Emergency COVID-19
Principal Investigator:	Christine Grella, Ph.D.
Contracted From:	Illinois Department of Human Services (IDHS)
Funded by:	Center for Substance Abuse Treatment (CSAT)

Grant Number:	FG000268
Project Period:	July 1, 2020 – September 30, 2022
Abstract:	The purpose of this program is to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic. This program intends to address the needs of individuals with serious mental illness, individuals with substance use disorders, and/or individuals with co-occurring serious mental illness and substance use disorders. Additionally, the program will also focus on meeting the needs of individuals with mental disorders that are less severe than serious mental illness, including those in the healthcare profession.
Title:	Improving Retention across the OUD Service Cascade upon Re-entry from Jail using Recovery Management Checkups (JCOIN-HUB)
Principal Investigator:	Michael Dennis, Ph.D. , Christine Grella, Ph.D.
Funded By:	National Institute on Drug Abuse (NIDA)
Grant Number:	UG1DA050065
Project Period:	July 15, 2019 – April 30, 2024
Abstract:	Jails provide an optimal setting for intervening with individuals with opioid use disorders (OUD), given the high volume of offenders with OUD, and their high risk of relapse to opioids following their release to the community. It is imperative that individuals with OUD are linked to community-based medication assisted treatment (MAT) upon their re-entry, as well as receive support for their ongoing treatment retention and recovery. The proposed experiment will test an adapted version of an evidence-based intervention, the Recovery Management Checkups (RMC) model, which provides quarterly check-ups and assistance with treatment retention and re-linkage as indicated at the quarterly check-ups. The RMC-Adapted will adjust the frequency and intensity of check-ups based on the individual's assessed need for treatment, thereby reducing (or lengthening) the time between check-ups for those with (or without) indicators of treatment need. This experiment will compare treatment linkage and retention rates as well as public health and public safety outcomes of 750 male and female offenders randomly assigned to 1 of 3 groups upon release from jail: a) a re-entry as usual (control), b) the original RMC, and c) a RMC-Adaptive version tailored to the participant's need for treatment. The study will be conducted in collaboration with 6 county jails in Illinois and the MAT providers that currently provide pre- and post-release MAT to offenders with OUD. Pre-release, participants will be screened for history of OUD and eligibility for MAT. All participants will receive research follow-up interviews quarterly for 2 years, which will also include urine testing and records checks (treatment, mortality, recidivism). The study aims are to evaluate: (1) the direct effects of RMC and/or RMC-Adaptive on the OUD service cascade of care (initiation, engagement, retention, re-linkage, and months of MAT participation); (2) the indirect effects of RMC and/or RMC-Adaptive (via months of MAT participation) on public health outcomes (days of opioid use, OUD symptoms, quality of life and the cost of health-care utilization); (3) the indirect effects of RMC and/or RMC-Adaptive (via months of MAT and public health outcomes) on public safety outcomes (illegal activity, re-arrest, re-incarceration, and cost of crime); and (4) the incremental costs and cost-effectiveness of the control vs. RMC vs. RMC-Adaptive in terms of both public health outcomes (days of opioid use, quality adjusted life years [QALYs], cost-of-health-care utilization) and public safety outcomes (re-incarceration and cost of crime).

	<p>The study will determine if tailoring the checkups to individual's need for treatment leads to more efficient targeting of resources to those in need, reduces the intervention burden on those with lower need, and results in an improved overall effectiveness and cost-effectiveness of RMC checkups.</p> <p>This project was awarded under the Justice Community Opioid Innovation Network (JCOIN); the purpose of the network is to establish a national consortium of investigators examining promising interventions and other approaches that can improve the capacity of the justice system to effectively respond to the opioid epidemic. Under this cooperative agreement, LI will serve as one of ten Clinical Research Centers.</p>
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Title:	CT-SAFE Service Cascade
Principal Investigator:	Michael L. Dennis, Ph.D.
Contracted From:	Connecticut Department of Children and Families (CTDCF)
Contract Number:	19DCF6858AA
Project Period:	July 1, 2018 – June 30, 2022
Abstract:	<p>CTDCF has contracted with the GAIN Coordinating Center for GAIN and GAIN ABS licensing, training, data services, evaluation reports and software development activities for many years. As part of our ongoing work, CTDCF is funding program evaluation of its SAFE Family Recovery (SAFE-FR) project. SAFE-FR is comprised of three evidence-based practices to promote engagement with substance use treatment: Screening, Brief Intervention, and Referral to Treatment (SBIRT), Multidimensional Family Recovery (MDFR) and Recovery Management Checkups and Support (RMCS). In collaboration with the state, the vendor for each service, and local providers, GCC staff are evaluating each program to identify potential gaps in their service cascade (i.e., the flow of clients from screening and need identification through referral, treatment initiation, and retention / continuing care). Based on analysis of the service cascade, the evaluation examines client and staff factors contributing to gaps, differences among vendors, and the impact of external forces like COVID. This culminates in a report including recommendations for how to further improve program functioning and data systems.</p>



Title:	Project POINT: Effectiveness and Scalability of an Overdose Survivor Intervention
Principal Investigator:	Dennis P. Watson, Ph.D.
Funded By:	National Institute on Drug Abuse (NIDA)
Grant Number:	R33 DA045850
Project Period:	September 1, 2017 – August 31, 2022

Abstract:	<p>Opioid misuse and addiction are at historic heights in the United States, and deaths due to opioid overdose have quadrupled over the past 16 years. Despite significant need, substantial treatment and design barriers prevent many opioid users from accessing medication assisted treatment (MAT), the gold standard treatment for opioid use disorder (OUD). Planned Outreach, Intervention, Naloxone, and Treatment (POINT) is an emergency department (ED)-based outreach program for engaging opioid overdose survivors into MAT. POINT builds on the strengths and addresses weaknesses of previous ED-based opioid use disorder (OUD) interventions. POINT seeks to quickly mobilize support for members of a highly vulnerable population at a juncture in their lives when they are likely to be receptive to assistance (i.e., after an overdose). It accomplishes this through use of recovery coaches (i.e., individuals with lived experience of recovery who are trained to assist those struggling with addiction) who assist patients to navigate barriers to MAT access after ED discharge. This study employs a Hybrid Type 1 effectiveness implementation design to take full advantage of current POINT expansion efforts currently happening in Indiana.</p>
Title:	Recovery Initiation and Management after Overdose (RIMO) Experiment
Principal Investigator:	Christina Grella, Ph.D.
Funded By:	National Institute on Drug Abuse (NIDA)
Grant Number:	R21/R33 DA045774
Project Period:	September 1, 2017 – August 31, 2022
Abstract:	<p>Emergency responders, including paramedics, fire fighters, and police, routinely come into contact with individuals who have overdosed and play a critical role in administering naloxone to reverse opioid-related overdose. However, mechanisms to link these individuals to medication-assisted treatment (MAT) following an overdose are lacking. This study targets individuals in Chicago who have received naloxone administered by first responders within the past week to reverse an overdose, but who have not entered into MAT. Study participants will be recruited through partnerships with the Chicago Fire Department (CFD) and Police Department (CPD); first responders will be trained to seek consent from individuals who are alert and oriented after receiving naloxone for future contacts by research staff as part of the naloxone standard protocol. Those who consent will be contacted and screened for study eligibility within one week of naloxone administration; eligible participants will be randomly assigned either to the control group, i.e., referral to MAT as usual, or to Recovery Initiation and Management after Overdose (RIMO), an assertive linkage and recovery support intervention. This intervention builds on an evidenced-based intervention for treatment linkage, monitoring, and recovery support evaluated in 3 prior clinical trials by the study team. The Phase 1 (R21) Pilot Aim is to: Adapt and pilot test an assertive intervention (RIMO) to link individuals with opioid use disorders (OUD) whose overdose has been reversed by naloxone administered by first responders to MAT. Forty individuals will be recruited from two communities in Chicago with high rates of opioid-related overdose and naloxone administrations and will be randomly assigned to receive either the “referral only” control or “RIMO”. Assessments will be completed at baseline and outcomes collected from treatment records. Recruitment referral methods and RIMO will be refined based on pilot study findings, focus groups with RIMO participants, and input from study partners and advisory board, and the existing intervention procedures manual will be adapted. The Phase 2 (R33) Experiment will use the study recruitment and RIMO procedures refined in Phase 1 to recruit a total of 400 individuals and randomly assign them either to the referral only control or RIMO. All participants will receive standardized assessments at baseline and 1, 3, 6, 9, and 12 months post-randomization.</p>

	Phase 2 Study Aims are to evaluate RIMO's 1) direct effect on linkage to MAT, length of time on medication, dropout, and total days of MAT; and 2) direct and indirect (via MAT) effects on time to relapse, opioid use, and opioid-related overdose.
Title:	Smartphone Addiction Recovery Coach for Young Adults (SARC-YA) Experiment
Principal Investigator:	Michael L. Dennis, Ph.D.
Funded By:	National Institute on Drug Abuse (NIDA)
Grant Number:	R01 DA011323
Project Period:	August 15, 2017 – May 31, 2024
Abstract:	<p>Young adults (ages 18-25) who receive treatment for substance use disorders (SUD) have high rates of resuming substance use after they leave treatment. Although relapse prevention is widely incorporated within SUD treatment, tools for sustaining recovery are frequently lacking or inadequate. Smartphones have the potential to address this need by delivering Ecological Momentary Assessments (EMA); EMA is a self-monitoring intervention that can be used to help people identify and better understand the antecedents, patterns, and consequences of substance use. In addition, smartphones can provide immediate access to a range of recovery supports delivered via Ecological Momentary Interventions (EMI). As part of the P.I.'s MERIT award (R37 DA011323-14), the research team developed the Smartphone Addiction Recovery Coach for Young Adults (SARC-YA) mobile application, which is based on a dynamic model of relapse prevention and utilizes smartphones to deliver recovery-oriented interventions. The applicant team completed two pilot studies in which EMAs and EMIs were delivered to adolescents via smartphones, both separately and combined. Results indicated that EMAs were reliably completed (5 to 6 per day) and accurately predicted the risk of use in the next 7 days. In addition, participants completed an average of 20 or more EMIs per day and EMI utilization was associated with reduced substance use in the next 7 days. Building on these findings, the applicants propose the following experimental study. Young adults (N=300) will be recruited upon their engagement in outpatient treatment programs or from community outreach in several locations in Central Illinois (i.e., Bloomington-Normal, Champaign-Urbana, Peoria metro areas) and randomly assigned to 1 of 2 conditions: (1) recovery support as usual control or (2) an EMA+EMI experimental condition. The experiment intervention will be delivered via SARC-YA for 6 months post-randomization with quarterly assessments through 9 months. Data include standardized assessments, mobile phone meta data, EMA responses, and EMI utilization. Study hypotheses will be tested using survival analysis, multi-level modeling and structural equation modeling of longitudinal data. The study has the following aims: Aim 1: Test the effects of EMA+EMI (v control) on the frequency of substance use; Aim 2: Evaluate the extent to which the above effects are moderated by baseline substance use frequency; Aim 3: Test the extent to which the frequency of substance use mediates the effects of EMA+EMI on other aspects of recovery including SUD symptoms, HIV risk behavior, quality of life, mental wellness, days of school; and Aim 4: Determine the degree to which EMA responses and EMI utilization predict the duration of abstinence.</p>
Title:	e-Connect

Principal Investigator:	Michael L. Dennis, Ph.D.
Contracted From:	Columbia University
Funded By:	National Institute of Mental Health (NIMH)
Grant Number:	R01 MH113599
Project Period:	July 1, 2017 – June 30, 2022
Abstract:	<p>The purpose of the project was to develop and test a software application that seeks to improve delivery of mental health services and reduce suicide risk in adolescents transitioning out of the juvenile justice system. Specifically, the e-Connect system would train Probation Officers across 9 counties in New York state to utilize a mobile app to screen, classify and, as needed, refer juvenile justice involved youths to mental health services, as well as formalize and support intra-agency collaborations necessary for successful implementation. Chestnut Health Systems was funded to develop the e-Connect software and collaborate with Columbia University researchers in the analysis and publication of results. The e-Connect software allows Probation Officers to screen youth for suicidal behavior, behavioral health, and substance use problems using a modified GAIN Short Screener. After completion of the screener, a narrative report is immediately available to the Probation Officer summarizing the youth's responses, classifying the level of suicide risk and behavioral health problems, and providing County-specific referral instructions appropriate to the risk classification. For questions about the research, please contact Dr. Michael Dennis at mdennis@chestnut.org, 309-451-7801. For questions about the software, please contact Barbara Estrada at bestrada@chestnut.org, 309-451-7891.</p>
Title:	Recovery Management Checkups for Primary Care (RMC-PC) Experiment
Principal Investigator:	Dennis Watson, Ph.D.
Funded by:	National Institute on Alcohol Abuse and Alcoholism (NIAAA)
Grant Number:	R01 AA24440
Project Period:	January 27, 2017 – December 31, 2022
Abstract:	<p>Screening and Brief Intervention (SBI) in primary care for risky adult alcohol use has been demonstrated effective in reducing use among heavy alcohol users. While the process also identifies 5-10% of the patients who have substance use disorders (SUD) that require referral to alcohol and other drug (AOD) treatment, the most recent meta-analysis indicates that the procedures had little to no effect on actual treatment linkage and utilization. Patient and system level barriers present challenges and new linkage models are needed that can successfully overcome the barriers. Results from three clinical trials conducted by the applicant team have demonstrated the effectiveness of Recovery Management Checkups (RMC) as a linkage model for individuals needing AOD treatment. Moreover, RMC</p>

participants were significantly more likely to enter treatment, enter sooner, and stay longer, having fewer days of use and fewer SUD symptoms. Outcomes were also associated with lower health care utilization, decreased criminal activity, and substantial savings to society, thereby offsetting the costs of additional treatment. RMC was modified for primary care (RMC-PC) and pilot results indicated RMC-PC significantly increased linkage rates to treatment relative to a baseline cohort (12% vs. 75%, OR=22.0, p<.0001). In the proposed trial, we will: a) recruit 300 adult patients with SUD through SBIRT programs operating in five sites operated by three FQHC organizations, b) randomly assign half to a referral as usual control and half to RMC-PC, and c) conduct quarterly follow-ups for 12-months post enrollment. Hypotheses include: H1 Relative to the control patients, RMC-PC patients will be more likely to initiate AOD treatment sooner, receive any AOD treatment, and receive more days of AOD treatment; H2 Relative to the control patients, RMC-PC patients and those who receive more AOD treatment will report fewer days of heavy alcohol use, other drug use, any AOD use and SUD problems; H3 The days of treatment will mediate the relationship between RMC-PC and changes in the pre and post measures of these AOD related behaviors; H4 Relative to the control patients, RMC-PC patients and those with fewer days of AOD use will have significantly less total health care utilization costs after factoring in increases in AOD treatment; and H5 The days of AOD use will mediate the relationship between RMC-PC and the cost of health care utilization.



Title: Recidivism Reduction Initiative (RRI)

Project Director: [Barbara Estrada, M.S.](#)

Contracted From: Bureau of Indian Affairs (BIA)

Contract Number: 140A1619C0044

Project Period: November 1, 2015 – November 30, 2024

Abstract: In 2014, the Bureau of Indian Affairs (BIA) and the Office of Justice Services (OJS) created the Diversion to Re-entry Division (DRD) within the Tribal Justice Support (TJS) Directorate to address the need for reducing criminal recidivism in tribal communities through identification of need and risk, referral, treatment, re-entry and tracking offenders along a cascade of justice services. The primary intent of the Indian Country Recidivism Reduction Initiative (ICRRI) is two-fold: Identify primary root-causes of recidivism, which most often are driven by excessive use of alcohol and illegal use of drug substances, and strengthen the current institutional practices by assisting participating tribes to consider creating more of an Integrated Justice System of Services approach that includes improved access to a full and comprehensive menu of justice system services that at a minimum include: Infrastructure development, standardized risk and need screening/ assessment, application of alternative to incarceration sentencing options that build onto and link to existing community treatment service continuums, create and provide links to long-term detention-based treatment options when warranted and available, provide for dedicated re-entry preparation services and longitudinal performance evaluation. The ICRRI provides training and technical assistance to tribes to implement best practices to achieve these goals. [We have received new funding to begin the software development process for a Practice Management System for use across the justice and behavioral health system.](#)



Title: Evidence-Based Treatment (EBTx) Center

Director:	Mark D. Godley, Ph.D.
Funded by:	Federal and state agencies and local provider organizations throughout the U.S. and Canada
Project Period:	Variable (12-48 months)
Abstract:	The primary goal of Chestnut's Evidence-Based Treatment (EBTx) Center is to improve the quality and outcomes of treatment for substance use disorders by disseminating evidence-based treatments to provider organizations. Dissemination strategies are based on recommendations from implementation science research and involve training, competency-based learning (for practice and feedback), coaching, and on-demand technical support. Another goal of the EBTx Center is to help each provider organization develop the capacity to self-sustain evidence-based treatment. To date, the EBTx Center has worked with more than 270 provider organizations resulting in over 1,000 EBT-certified clinical supervisors and clinicians. As a result, in excess of 12,000 patients and their families have received one of the following evidence-based treatments: 1) the Adolescent Community Reinforcement Approach (A-CRA); 2) Assertive Continuing Care (ACC); 3) the Community Reinforcement Approach (CRA) for adults; and 4) Recovery Management Support (RMS).
Website:	http://www.ebtch.nut.org
Title:	GAIN Coordinating Center (GCC)
Director:	Michael L. Dennis, Ph.D.
Funded by:	Federal and state agencies and local provider organizations throughout the U.S. and Canada
Project Period:	Variable (dependent upon services requested)
Abstract:	The GCC has over 5,400 licensed GAIN entities in all 50 U.S. states and all 10 provinces of Canada, as well as 10 other countries (Australia, Belgium, Brazil, China, Mexico, Japan, Great Britain, India, South Africa, Spain). As of 12/31/21, the current ABS software system has been used by over 1,500 agencies to help almost 20,000 staff administer over 1,000,000 interviews. In collaboration with these programs and staff, norms, psychometrics, and over 800 publications have been publicly provided on over 100,000 adolescents, young adults and adults. In 2021, the GCC developed two new and larger data sets. The first is for the Bureau of Indian Affairs to look at the treatment needs of Native Americans; the second is for the National Institute on Drug Abuse (NIDA) to look at how treatment needs have changed due to the opioid epidemic and growing re-emergence of methamphetamines. The GCC also finalized our new GAIN National Dataset that contains over 300,000 records and can be used by researchers by request.
Website:	http://www.gaincc.org