# IRI Impact Highlights

A set of 5 case studies from the **2023 IRI cohort** developed with the **Translational Science Benefits Model** framework

In partnership with the Implementation Research Institute, the Translational Science Benefits Model project developed five impact case studies demonstrating how implementation science can improve health services and change communities. The case studies showcase the impact of IRI fellows' and alums' work, and the impact of the IRI itself as a mentored network.

Together, the IRI projects identified **40 TSBM benefits**, 17 demonstrated and 23 potential (expected to be realized in the future).

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CLINICAL   4   3

COMMUNITY   7   15

ECONOMIC   4

██ demonstrated   ░░ potential

POLICY   6   1
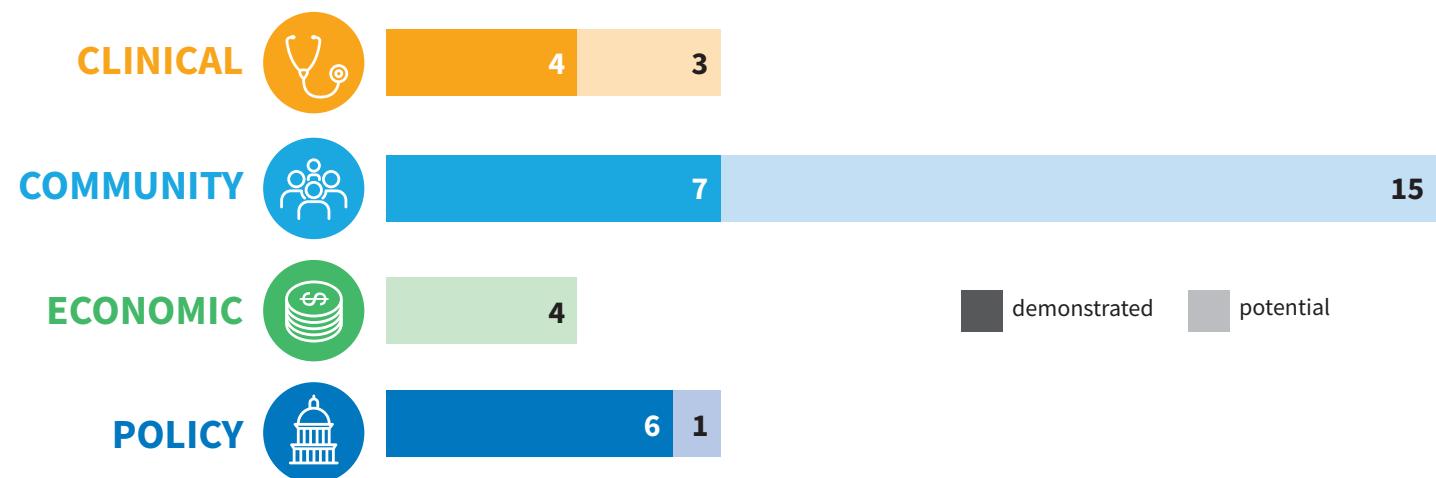
The MOUD "PLUS" Study: Collaborating with Recovery Peers to Support Opioid Use Disorder Treatment In Primary Care

PI: Brian Chan, MD, MPH

Brian Chan's MOUD PLUS study addresses barriers faced by people with opioid use disorder (OUD) in primary care by integrating addiction counseling navigators and peer recovery specialists into routine care. The intervention combines peer support with counseling to strengthen social support, reduce stigma, and improve care retention. Guided by a community engagement council, the study adapted the Gelberg-Andersen behavioral model and applied the Consolidated Framework for Implementation Research to shape implementation. Potential benefits include improved clinical outcomes, economic savings, and policy adoption that advances integrated care models. Read the **case study** on our website.

Psychiatric Measurement-Based Care (MBC) in Safety Net Clinical Settings: Implications for Health Equity

PI: Ana M. Progovac, PhD

Ana Progovac's study examined the implementation of technology-assisted Measurement-Based Care (MBC) across psychiatric clinics and inpatient units to improve mental health treatment. Findings revealed disparities in MBC uptake, challenges with feasibility and equity, and the need for tailored strategies to ensure fair access to benefits. The study highlights targeted approaches to reduce health disparities and informs policy development so that value-based payment models do not penalize safety net systems. Partnerships between clinicians, researchers, and patients are essential for advancing equitable and effective practices. Read the **case study** on our website.

Identifying and Addressing Traumatic Stress and Suicidality in Youth Served by Children's Advocacy Centers

PI: Elizabeth A. McGuier, PhD

Elizabeth McGuier's study evaluated the use of Care Process Model for Pediatric Traumatic Stress (CPM-PTS), which addresses PTSD and suicide risks among children who experience maltreatment. Implemented in more than 30 Children's Advocacy Centers (CACs), the model uses structured screening tools and technology-guided decision support to connect youth to appropriate care. Thousands of children have been screened and referred, though challenges remain with staff comfort and workflow integration. Ongoing work focuses on strengthening team-based implementation, particularly in rural areas with high suicide rates. These findings inform policy change and have broad implications for improving equity in mental health responses. Read the **case study** on our website.
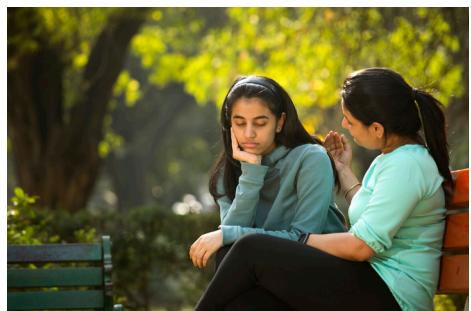
Addressing Food Insecurity with a Produce Prescription Program

PI: Hannah E. Frank, PhD

Hannah Frank's pilot study tested a produce prescription program to address food insecurity in Rhode Island through partnerships with Integra Community Care Network and Southside Community Land Trust. The program provided subsidized fruits and vegetables, improving diet-related health outcomes and advancing food equity. While barriers to expansion were identified, participant interviews guided strategies to improve implementation and program reach. The study's success helped drive Rhode Island's inclusion in a statewide initiative to sustainably fund produce prescription programs. This collaboration demonstrates the potential to reduce healthcare costs from diet-related illnesses and foster policy changes for equitable food access. Read the **case study** on our website.

Improving Treatment Adoption and Reach for Unhealthy Alcohol Use in Veterans

PI: Rachel Bachrach, PhD

Rachel Bachrach's pilot study sought to expand adoption of evidence-based alcohol-related care for veterans, addressing conditions from unhealthy drinking to alcohol use disorder. Using facilitation strategies, the study targeted barriers such as low rates of brief interventions and specialty referrals after positive alcohol screens. Engaging both providers and veterans, the team emphasized compassionate, nonjudgmental care tailored for delivery in primary care settings. Early findings suggest increased adoption, improved care quality, and better outcomes with strong potential for system-wide impact. The results point to significant public health benefits and inform policies that can reduce alcohol-related deaths, suicide risk, and healthcare costs across VA medical centers. Read the **case study** on our website.

For these and other case studies, visit **translationalsciencebenefits.wustl.edu/case-study**

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