Training and Practice Implementation Institute (TPII):
A Comprehensive Approach to Capacity Building for Behavioral Health Professionals –
Motivational Interviewing

Mindy Nass, MSW, Director of Care Innovation and QI, NYCDOHMH
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Tylie Mitchell, MHC, MPA, CASAC-T, CARC, Clinical Supervisor, VIP Community Services
Objectives

• Identify a minimum of 3 strategies that have been used to improve effective implementation of evidence-based practices for SUDs.

• Identify a minimum of 3 barriers encountered during implementation, along with strategies utilized to overcome these challenges.

• Identify both process and outcome measures that could be used as part of a quality improvement plan to measure progress and success.
Project Overview

TPII as an Innovative Model for Implementation of Evidence-based Practice

Mindy Nass, MSW
Director of Care Innovation and QI, NYCDOHMH
Project Overview – Motivational Interviewing Training and Sustainability

• NYC Mayor’s HealingNYC initiative to address opioid overdose crisis
• NYCDOHMH partnered with NDRI-USA to create the Training and Practice Implementation Institute (TPII)
• TPII provides select OASAS-licensed 822 (Opioid and Outpatient) treatment programs extensive training and support
HealingNYC: Decreasing opioid overdose deaths by 35% over five years

- 13 overall strategies
- Collaborative effort among multiple NYC agencies
- $60M investment by Mayor; began in 2017 and additional funding in 2018
### HealingNYC’s 4 goals, 13 strategies

<table>
<thead>
<tr>
<th>Goal 1: Prevent opioid overdose deaths</th>
<th>Goal 2: Prevent opioid misuse and addiction</th>
<th>Goal 3: Connect New Yorkers to effective treatment</th>
<th>Goal 4: Reduce the supply of dangerous opioids</th>
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<tbody>
<tr>
<td><strong>Strategy 1</strong>: Distribute 100,000 naloxone kits citywide</td>
<td><strong>Strategy 2</strong>: Invest in early interventions for youth to prevent opioid misuse and addiction</td>
<td><strong>Strategy 7</strong>: Increase access to evidence-based practice and medication-assisted treatment for addiction for 20,000 additional New Yorkers by 2022</td>
<td><strong>Strategy 10</strong>: Use data to target outreach and take action</td>
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<td><strong>Strategy 3</strong>: Educate New Yorkers about effective treatment for opioid misuse and addiction</td>
<td><strong>Strategy 8</strong>: Make NYC Health + Hospitals a system of excellence, delivering increased and effective opioid services</td>
<td><strong>Strategy 11</strong>: Expand the NYPD’s enforcement against dealers of opioids that cause overdose deaths</td>
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<td><strong>Strategy 4</strong>: Connect up to five of the communities at highest risk with targeted prevention messages and care</td>
<td><strong>Strategy 9</strong>: Target treatment and expand resources to people in the criminal justice system</td>
<td><strong>Strategy 12</strong>: Expand the NYPD’s capacity to disrupt the trafficking of opioids into New York City</td>
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<td><strong>Strategy 5</strong>: Educate clinicians to reduce overprescribing</td>
<td><strong>Strategy 13</strong>: Establish Health Assessment and Engagement Teams (HEAT)</td>
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<td><strong>Strategy 6</strong>: Expand crisis intervention services for nonfatal overdose</td>
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Opioid overdose and naloxone

**Strategy 3**: Educate New Yorkers about effective treatment for opioid misuse and addiction

“**I saved a life**” campaign – launched in May 2017

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**“I SAVED MY BEST FRIEND’S LIFE”**

“This was the best friend I could always rely on. A few years ago, we were hanging out. He looked like he was falling asleep. I shook him to wake him up, but couldn’t. He was overdosing. I gave him a dose of naloxone and he came back. Today, I still have my best friend.”

–Shane, Detroit

**NALOXONE** is an emergency medicine that prevents overdose death from prescription painkillers and heroin.

To find out more about naloxone and where to get it, call 211 or visit nyc.gov/health/naloxone. If you need help or referral to treatment, call 888-NYC-WELL.

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**“I SAVED MY NEIGHBOR’S LIFE”**

“I took a different way home from work one night and found my neighbor on the ground. He was unresponsive, not breathing. I gave him naloxone, which I always carry, and in 3 minutes he was breathing again. As I waited for the ambulance, it hit me that if I hadn’t come home this way, his family would be getting a very different phone call that night.”

–Devin, Muskovon

**NALOXONE** is an emergency medicine that prevents overdose death from prescription painkillers and heroin.

To find out more about naloxone and where to get it, call 211 or visit nyc.gov/health/naloxone. If you need help or referral to treatment, call 888-NYC-WELL.
Living Proof campaign: 4 stories of New Yorkers

**Strategy 3**: Educate New Yorkers about effective treatment for opioid misuse and addiction;

**Strategy 7**: Increase access to medication-assisted treatment for addiction for 20,000 additional New Yorkers by 2022 (this campaign also aims to increase demand for treatment)

Goals:

1. Increase demand for treatment
2. Decrease stigma
Barriers to Implementing Evidence-based Practices

• How often have you or your staff gone off-site to training and returned to the agency but not use what was learned in the training?

• How do you know that your staff employ evidenced-based practices and at what proficiency?

• How are those practices sustained over time?

• Do counselors receive clinical supervision on a regular basis?
What does the evidence say?

• Key findings: Motivational Interviewing skills decline over time among participants in training workshops when post-workshop feedback and coaching are not provided.

• Conclusion: On average, 3-4 feedback/coaching sessions over a 6-month period sustain skills among trainees for motivational interviewing, mainly for substance use disorder treatment.

What does the evidence say?

- **Key questions:** (1) does training in MI achieve sustained practice change in clinicians delivering SUD treatment; and (2) do clinicians achieve a level of competence after training in MI that impacts upon client outcomes?

- **Conclusion:** A broad range of training studies failed to achieve sustained practice change in MI according to our criteria. *It is unlikely that 75% of clinicians can achieve beginning proficiency in MI spirit after training unless competency is benchmarked and monitored and training is ongoing.*

_Hall K, et al. After 30 years of dissemination, have we achieved sustained practice change in motivational interviewing? Addiction, 2016._
TPII Structure and Process

The Approach to Working with Treatment Programs

Kim-Monique Johnson, MSW
Program Manager, NDRI-USA, Inc.
TPII Process

Recruitment ➔ Application Process ➔ Cohort Selection ➔ MI Training & Skills Practice ➔ Sustainability Plan Development
TPII Structure – MI Training, Practice, Coaching

- **Tour of MI Online**
  - (4 hours)

- **MI Training In-Person**
  - (12 hours)

- **MI Congruent Supervision In-Person**
  - (12 hours)

- **MI Booster Training**
  - (6 hours)

- **Audio Recordings**

- **Program Managers Clinical Supervisor Coaching**
TPII Structure – MI Practice with Peer Support

Virtual Learning Community (ECHO)

MI Booster Training
TPII Approach – The Parallel Process

Providers were also experiencing a change process.
A Provider’s Experience

Provider Outcomes

Tylie Mitchell, MHC, MPA, CASAC-T, CARC
Clinical Supervisor, VIP Community Services
VIP Community Services

• History of VIP/SUD services

• Two sites participated: 2 clinical supervisors, 15 counselors

• September 2017 – May 2018
VIP Community Services – Program Experience

• Staff eager to receive training/participated
• Staff were able to incorporate their learning into practice
• Submitting audio recordings was challenging
• Clinical supervisor used MI congruent supervision to help counselors resolve their ambivalence and move to audio recording action
VIP Community Services – Outcomes

Scored the best out of all programs in avoiding MI Incongruent Items such as:

• Unsolicited advice/feedback
• Emphasis on abstinence
• Direct confrontation
• Powerlessness and loss of control
• Asserting authority
• Closed-ended questions
VIP Community Services – Outcomes

Post-training, staff reported:

- 91% using MI often or always
- 40% needing more MI support in supervision
- 40% needing more MI training
- 36% needing more skills practice
TPII Outcomes – Year One

Lessons Learned

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Upcoming Year Changes

Kim-Monique Johnson, MSW,
Program Manager, NDRI-USA, Inc.
TPII Program Enrollment

- 79% Total Programs Maintained
- 21% Total Programs Withdrew
TPII Participants Completing the Program

Total Line Staff Maintained

- 164
- 53
TPII Program Profiles – Client Demographics

Race/Ethnicity

- Latino: 40%
- Black: 36%
- White: 15%
- Multiracial: 40%
- Pacific Islander: 3%
- Asian: 1%

Gender

- Male: 68%
- Female: 31%
- TGNC: <1%
TPII Program Profiles – Client Drug of Choice

- Opioids: 47%
- Alcohol: 28%
- Marijuana/Hashish: 16%
- Stimulants: 9%
TPII Program Profiles – Average Participant Years of Service & Client Caseload

- Years of Service: 12
- Years at Current Agency: 8
- Years in Current Position: 6
- Client Caseload: 32
Program Profiles – Provision of Evidenced-based Practices for SUDs

- Approved medication
- Individual Counseling
- Group Therapy
- Motivational Interviewing
- CBT
- 12 Step Facilitation
Pre-TPII Program Profiles —
Average hours of training per staff

Max hours of general training = 10
Max hours of MI training = 3

_TPII hours of MI training = 34_
Post-TPII Program Profiles –
MI Utilization in Clinical Practice

83% reported practicing MI at least weekly

91% reported increased awareness of using MI Skills
TPII Lessons Learned: Successes/Opportunities

• Staff responded well to in-person training

• Dividing the training into half days allowed for practice between training sessions

• Success of in-person booster-trainings

• Effective use of support materials and visual guides/infographics
TPII Lessons Learned: Barriers/Challenges

• Staff turnover and site or supervisor reassignment
• Clinical supervision was not consistently delivered
• Technology challenges using the audio recorders
• Competing agency demands
TPII Year 2 Changes: Application Process

• Simplified, 1 pager to initiate process

• Phone meeting with administrators, followed by on-site meeting with administrators and staff

• No requirement to identify clinical supervisors and direct line staff

• Clinical supervisor role replaced with Practice Champions
## TPII Year 2 Changes: Training & Practice Design

<table>
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<tr>
<th>Year One</th>
<th>Year Two</th>
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<tr>
<td>4 half-day training sessions at NDRI</td>
<td>2 full-day training sessions at NDRI</td>
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<tr>
<td>2 full-day Supervisor trainings</td>
<td>1 full-day Practice Champion training</td>
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<td>Audio recordings after training completed</td>
<td>Integrating audio recordings <em>early</em> and <em>during</em> training</td>
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<td>Coaching via coaching calls with supervisors only</td>
<td>Practice with whole teams with NDRI staff at agencies</td>
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Counselors said...

“The quality of the session improved. I no longer start the conversation with the results of the toxicology reports.”

“We’ve seen an increase in retention with new patients.”

“I stopped lecturing.”

“After 18 years of counseling, complacency set in. MI helped me realize the cheerleading I was doing is not nearly as effective as helping clients to cheer on themselves.”

“It’s improved our progress notes because now we can document the actual MI skills used in the session.”
“Is your counselor acting different?

Mine is.

She’s not yelling at me like she used to!”
Policy Implications for Lessons Learned

Mindy Nass, MSW
Director of Care Innovation and QI, NYCDOHMH
Policy Implications for Lessons Learned

- Less emphasis on abstinence as a proxy for success; more focus on client’s goals and changes that support their health and wellbeing
- MI has been shown to be effective but only when properly supported
- Clinical supervision continues to be a challenge for programs and needs to be supported by organizational leadership, funders and regulators
Thank you!