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

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

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
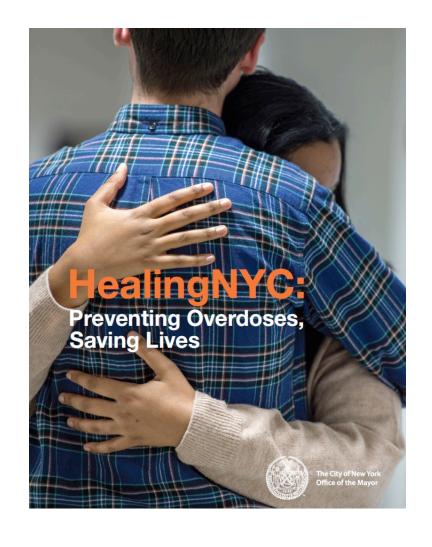
Director of Care Innovation and QI, NYCDOHMH

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

Goal 1: Prevent opioid overdose deaths

- Strategy 1: Distribute 100,000 naloxone kits citywide

Goal 2: Prevent opioid misuse and addiction

- Strategy 2: Invest in early interventions for youth to prevent opioid misuse and addiction

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

- Strategy 4: Connect up to five of the communities at highest risk with targeted prevention messages and care

- Strategy 5: Educate clinicians to reduce overprescribing

- Strategy 6: Expand crisis intervention services for nonfatal overdose

Goal 3: Connect New Yorkers to effective treatment

- Strategy 7: Increase access to evidence-based practice and medication-assisted treatment for addiction for 20,000 additional New Yorkers by 2022

- Strategy 8: Make NYC Health + Hospitals a system of excellence, delivering increased and effective opioid services

- Strategy 9: Target treatment and expand resources to people in the criminal justice system

- Strategy 13: Establish Health Assessment and Engagement Teams (HEAT)

Goal 4: Reduce the supply of dangerous opioids

- Strategy 10: Use data to target outreach and take action

- Strategy 11: Expand the NYPD's enforcement against dealers of opioids that cause overdose deaths

- Strategy 12: Expand the NYPD's capacity to disrupt the trafficking of opioids into New York City

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

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.

Schwalbe C, et al. Sustaining motivational interviewing: a meta-analysis of training studies. Addiction, 2014

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.
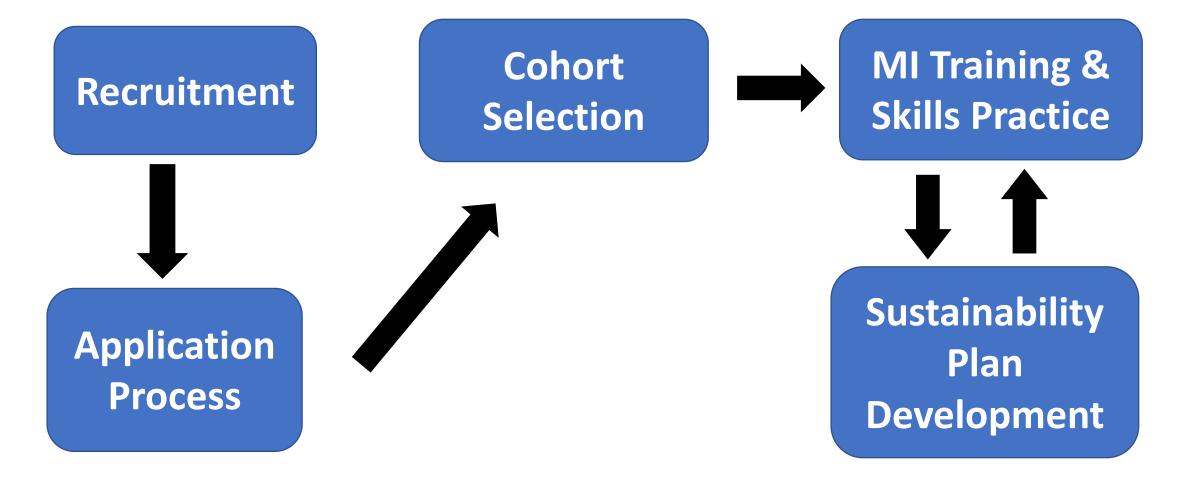
TPII Structure and Process

The Approach to Working with Treatment Programs

Kim-Monique Johnson, MSW

Program Manager, NDRI-USA, Inc.

TPII Process

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Recruitment  →  Application Process  →  Cohort Selection  →  MI Training & Skills Practice  ⇅  Sustainability Plan Development
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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

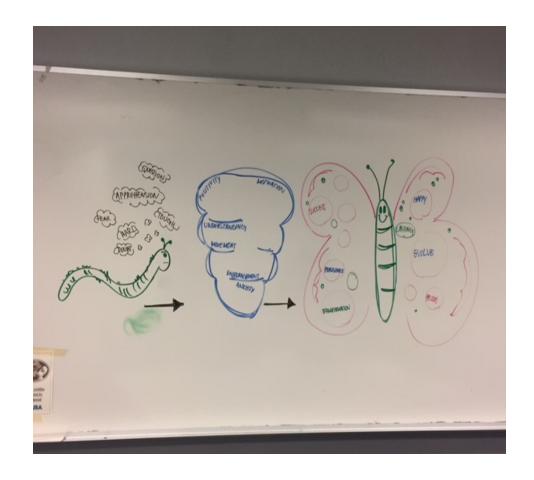# TPII Structure – MI Practice with Peer Support

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 <u>avoiding MI Incongruent Items such as:</u>

- 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
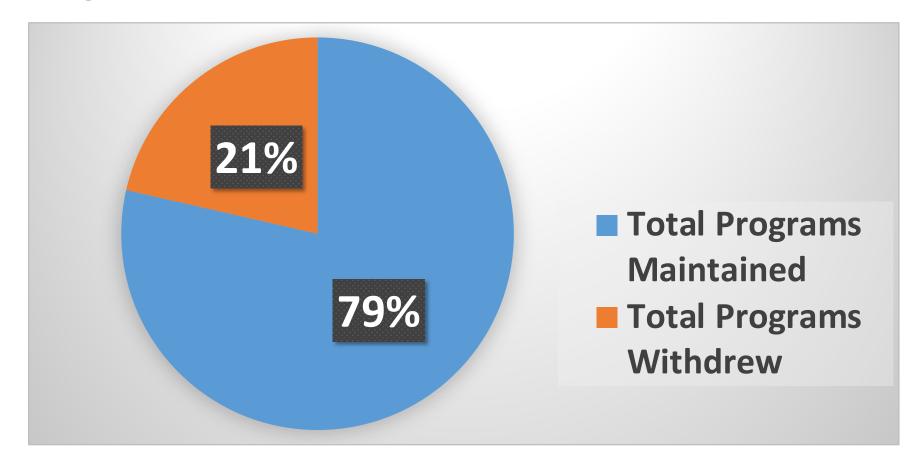
TPII Outcomes – Year One

Lessons Learned

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Upcoming Year Changes
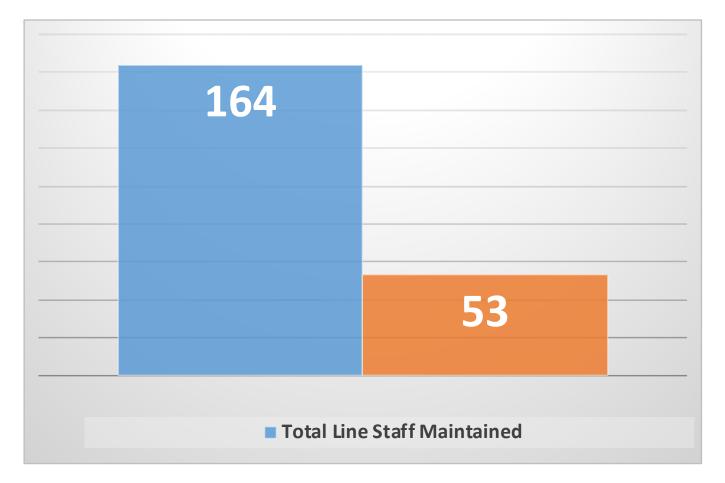
Kim-Monique Johnson, MSW,
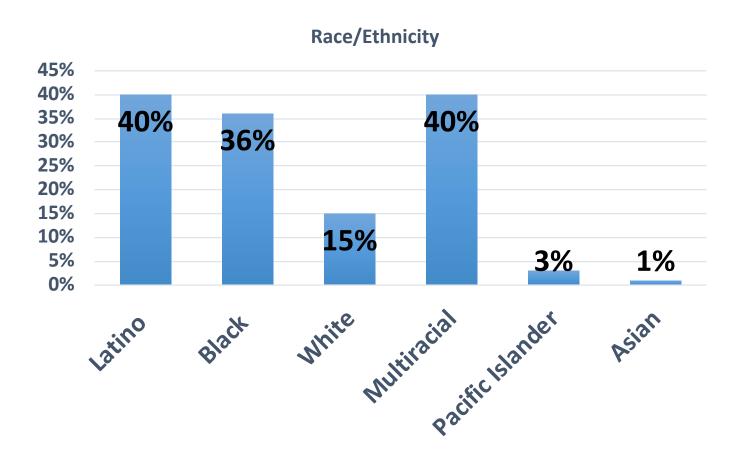Program Manager, NDRI-USA, Inc.

TPII Program Enrollment

Pie chart showing:
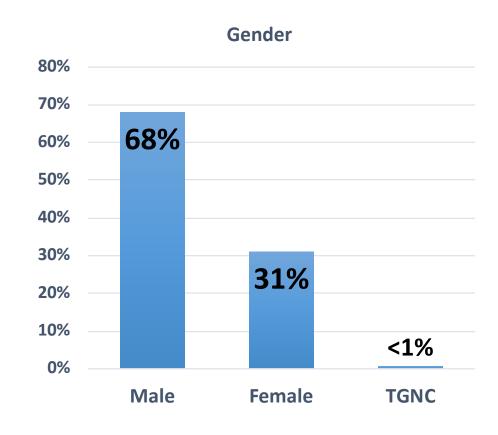- **Total Programs Maintained**: 79% (blue)
- **Total Programs Withdrew**: 21% (orange)

TPII Participants Completing the Program

164

53

Total Line Staff Maintained

TPII Program Profiles – Client Demographics

Race/Ethnicity

Category	Percentage
Latino	40%
Black	36%
White	15%
Multiracial	40%
Pacific Islander	3%
Asian	1%

Gender

Category	Percentage
Male	68%
Female	31%
TGNC	<1%

TPII Program Profiles – Client Drug of Choice

Pie chart: Opioids 47%, Alcohol 28%, Marijuana/Hashish 16%, Stimulants 9%

Legend: Opioids | Alcohol | Marijuana/ Hashish | Stimulants
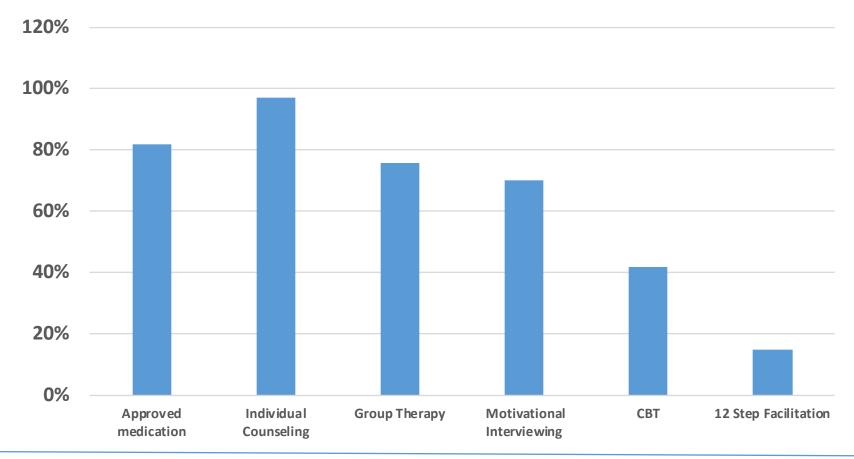
TPII Program Profiles – Average Participant Years of Service & Client Caseload

Program Profiles –
Provision of Evidenced-based Practices for SUDs

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

Year One

4 half-day training sessions at NDRI

2 full-day Supervisor trainings

Audio recordings after training completed

Coaching via coaching calls with supervisors only

Year Two

2 full-day training sessions at NDRI

1 full-day Practice Champion training

Integrating audio recordings *early* and *during* training

Practice with whole teams with NDRI staff at agencies

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!