SUMMARY

of

Advisory Board Discussion

Denver Sheraton Hotel

December 7, 2017

Mountain Plains ATTC (HHS Region 8)

ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The Mountain Plains ATTC is a partnership between

UND UNIVERSITY OF NORTH DAKOTA.

CASAT Center for the Application of Substance Abuse Technologies University of Nevada, Reno

Mountain Plains Addiction Technology and Treatment Center

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EXECUTIVE SUMMARY

The purpose of the Mountain Plains Addiction Technology Transfer Center (MPATTC) is to improve the capacity of Region VIII's substance use disorder treatment/recovery services work-force by using state-of-the-art training and technical assistance, innovative web-based tools, and proven workforce development activities to expand access to learning, change clinician practice, and advance provider efficiencies with the intention of improving client outcomes. Funding for the five-year project, which began September 30, 2017, is provided by Substance Abuse and Mental Health Service Administration (SAMHSA).

On October 2 through 6, 2017, Co-Directors Thomasine Heitkamp and Nancy Roget traveled to the six states in Region VIII (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming) and met with Single State Authorities and their staffs to begin discussion regarding expectations for the project. The focus of the plan "to use existing technology to advance best practices to enhance system change" was outlined.

The University of North Dakota, in a partnership with the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada Reno, will collaborate to accomplish the proposed project goals. To support their effort, they have assembled an advisory board to assist in guiding future activities. (See Appendix for list of members.)

Advisory board members for the Region VIII MPATTC network held their initial meeting and input session in Denver, Colorado, on Thursday, December 7, 2017. A total of 32 stakeholders representing numerous positions from the six states within Region VIII were invited to attend the meeting to provide collaborative input. Advisory board members represent a wide range of industry providers and associations from both public and private sectors; including national, regional, state and local officials, private behavioral health providers, recovery organizations, tribal colleges, and state universities.

To open the Denver Advisory Board meeting, strategies and scope of work for the first year of the MPATTC project were shared by Heitkamp and Roget. Board members were then asked to participate in a planning exercise to help identify immediate needs.

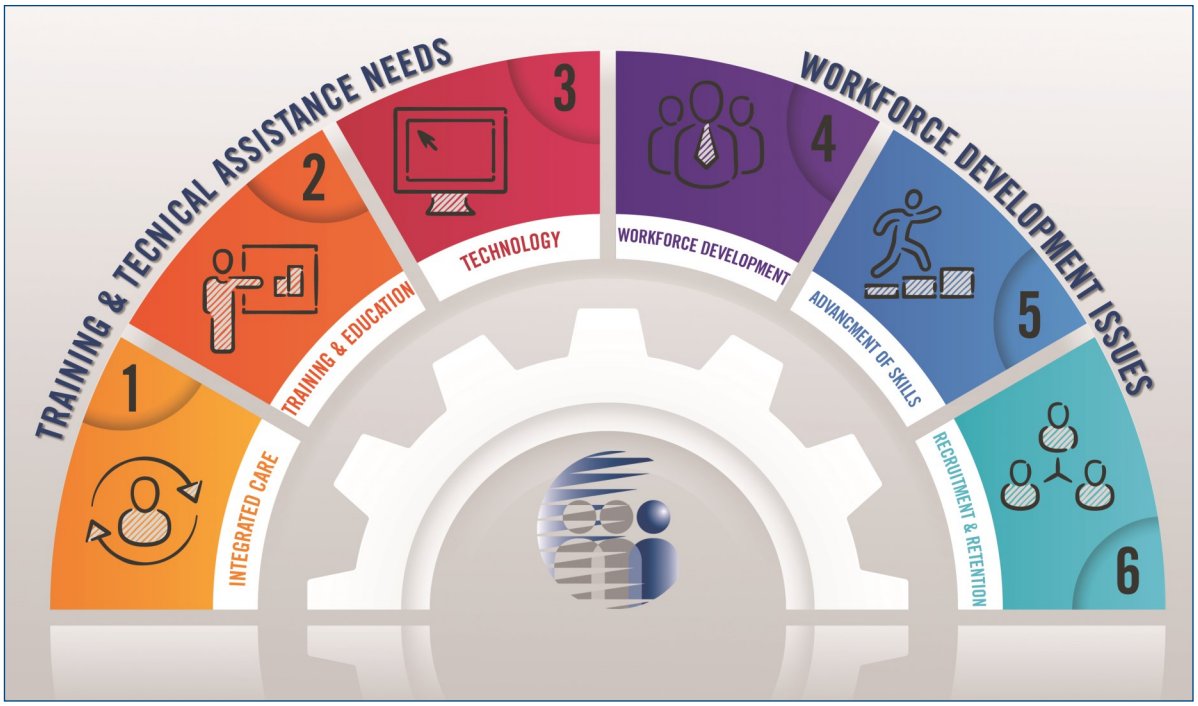
INPUT AND DISCUSSION

During the morning session, six work groups were formed, each consisting of five to six members. The groups were tasked with providing a response to the question: "*What are the top five training and technical assistance needs for health professionals providing treatment and recovery support service to individuals with substance use disorders and/or mental health conditions?*"

Three general themes were identified from the responses that are designated as priority needs: 1) importance of an integrated care focus; 2) expanded training and education on evidence-based practices; and 3) use of technology to enhance services.

Following an afternoon panel discussion on workforce development, a second break-out session occurred with groups exploring the following question: *"What are the most important workforce development issues that behavioral health providers (including peer support specialists) face in your state?"* Themes identified in analysis of the data from the afternoon session include: 1) barriers to workforce development; 2) advancement of skills; and 3) recruitment and retention of professionals.

The themes from both sessions are summarized here in the form of a graphic and also within the following narrative that emphasizes in **bold type** the key words provided from the small group sessions.



#1 Priority — Advance Integrated Care within a Larger Context

The importance of **integrated care** was mentioned universally within the input delivered by the six break-out groups of MPATTC Advisory Board members. A 2013 report from the Agency for Healthcare Research and Quality (AHRQ) describes integrated care as: "Care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population."

The integrated approach to healthcare service delivery **requires coordination between behavioral health and medical providers** to **prevent fragmentation for patients/clients.** The specific need to **use evidence-based practice across all behavioral health specialists** was recognized as a key factor to ensure **successful outcomes and the essential supports for recovery.** This approach also requires the provider to perform a **holistic examination of the social determinants of health** to support a **collaborative approach to patient/client care**.

A team-based approach is just one element of integrated care, subsequently removing the focus on solo practice. Integrated care teams are inherently designed to better ensure responsibility for a shared population. **Team members who engage in individual and system-wide understanding of roles** are a critical component of this approach. **A commitment of time in team development** ensures evolution of a higher level of engagement in shared problem solving, since a wide variety of professional expertise is required. Thoughtfully developed integrated care teams are more capable of serving people with substance use disorders; however, the provider partners must recognize and support the ensuing cultural shift requiring system change.

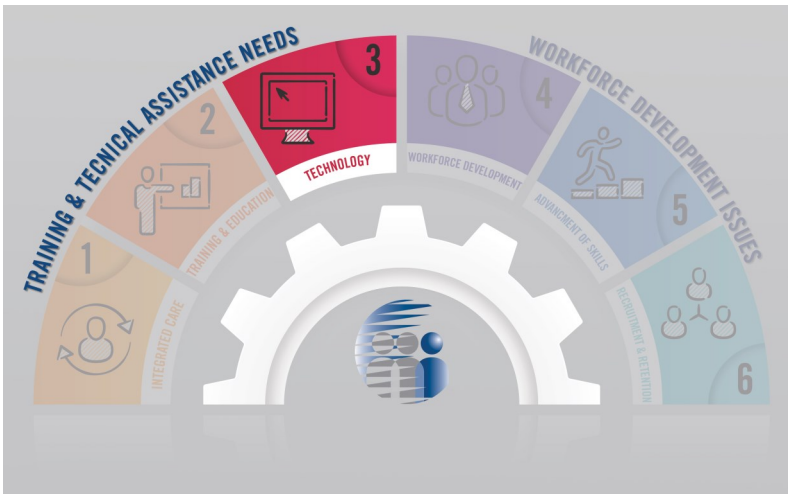
A host of **community partners, such as primary care physicians and staff, child protection workers, judges, probation staff, and juvenile justice staff** are necessary to engage in a collaborative manner. The community partner approach requires a system-wide understanding of roles for the final outcome to manifest as a **safety net for the patient/client.**

#2 Priority — Needs Relative to Training and Education

Areas of training and technical assistance needs identified for consideration by the MPATTC Advisory Board include advancing skills on both a micro and macro level. The need to advance **competency and skills development for providers throughout the region to serve people with substance use disorders** is an overall goal. An emphasis on **strength-based individualized treatment** delivered in a **culturally responsive manner with an understanding of diverse population** was identified as critically important relative to intervention.

On a system level, an intentional focus on training that examines critically the **multiple pathways to recovery** was emphasized. There was concern regarding **lack of understanding of substance use disorder as a chronic disease** and the capacity to **address bias and stigma**. Given the limited number of opioid treatment providers, particularly in rural states and frontier areas in the region, it was no surprise that **support for medication assisted treatment** was identified **as a training and technical** assistance need**.**

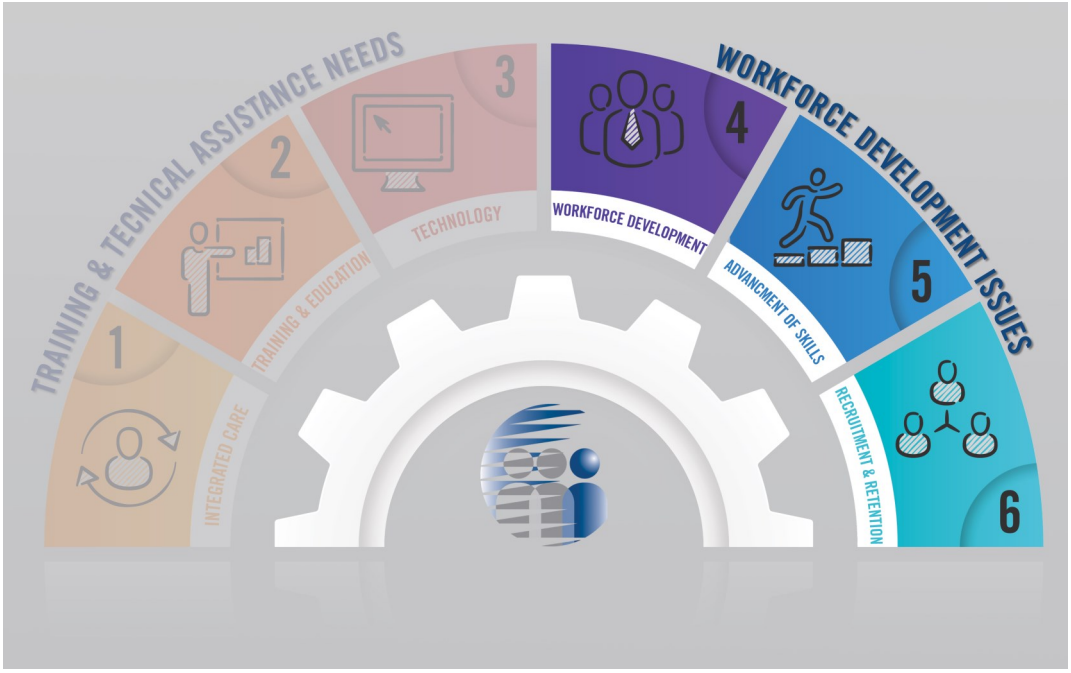
On a micro level, providers remain interested in **American Society of Addiction Medicine (ASAM) patient placement** which includes both continued stay and transfer/discharge criteria for **patients with mental health and substance use disorders** (SUD). Training and technical assistance to aid providers in developing skills to better ensure **crisis stabilization and prevention of outpatient de-escalation** were identified as additional critical needs. **Training that provides more clarity on confidentiality and privacy rules to include HIPAA and 42CFR regulations was identified** as extremely important and a frequent barrier to holistic treatment. **Training for peer support specialists and clinical supervision** is also identified as necessary since states are beginning to incorporate these peers in a more robust manner**.**



#3 Priority — Use of Technology for Good

The final major theme developed as part of morning group discussion was the need for effective use of available technology resources. This includes using technology to advance skill development when generating **data to advance analytics and business intelligence**. A need for providers to **capture all service accurately and in a timely manner,** which includes data regarding **medical necessities,** was noted. The challenge for providers to remain vigilant regarding their fiscal wellbeing and outcomes was underscored. As one group reported, "**Know your numbers and use them for accountability**." Regarding the use of electronic health records, access to historical data regarding client/patient services supported by technology for **clinical documentation** was noted as being essential.

The importance of using technology to better ensure **accessible knowledge transfer, staying current on advances and resources,** and establishing a culture of **evidence based practice** were recognized as part of this theme. Finally, a group noted the importance of **taking advantage of telehealth options which are critical for rural and remote areas**.



AFTERNOON SESSION

The focus of the afternoon session of the MP ATTC Advisory Board meeting was on gaining a greater understanding of workforce development needs perceived by the 30+ behavioral health providers in attendance. A hard copy of *ATTC National Workforce Report 2017: Strategies for Recruitment, Retention, and Development of the Substance Use Disorder Treatment and Recovery Services Workforce* was distributed, and the findings were reviewed in a short summary.

Additionally, a panel discussion was moderated by Thomasine Heitkamp (MPATTC Co-Director) that included the following panelists: Dennis Mohatt (Vice President for Behavioral Health for the Western Interstate Commission for Higher Education), Richard Nance (Director of the Utah County Department of Drug and Alcohol Prevention and Treatment), Cindy Lindquist (President of Cankdeska Cikana Community College), Charles Smith (Substance Abuse and Mental Health Service Administration (SAMHSA) Administrator for Region VIII), and Emily Martin (Fellow, Region VIII SAMHSA).

Following the panel discussion, a second break-out session occurred with groups exploring the question: "*What are the most important workforce development issues that behavioral health providers (including peer support specialists) face in your state?"*

#4 Priority — Barriers in Workforce Development

A host of literature describes the need to grow the pool of candidates professionally trained to serve people with substance use disorders. Particularly, a dire need exists in rural and frontier areas to advance workforce due to the shortage of health and behavioral health professionals in all professional fields. Limited access to local behavioral health services without extensive travel is evident in all research findings and is a **major concern in rural and remote areas**.

Attendees described the **lack of funding and the limited resources available to grow a strong pool of professionals in the field**. Problems regarding **access to reimbursement for services delivered** created significant frustration for providers. Additionally disturbing is the lack of employee retention due to **"burn-out" among existing workers.** There is also a noteworthy population of professionals that will retire in the next five years, with **no existing pool of people trained to replace them** in the workforce.

Shared responsibility for strong client/patient outcomes is an emphasis, given the **current lack of integration and collaboration** among various service areas. Participants referred to **silos that create barriers to successful outcomes** for client/patients. Concerns were expressed regarding the **lack of access to peer recovery support specialists** and licensed/ certified addiction counselors.

Added attention was also expressed surrounding the topic of employee retention due to **worker burn-out**. A host of changes and stressful work situations were mentioned as contributing factors to burnout, as well as the **onerous documentation process that overburdens professionals,** including **requirements of regulatory payers.**

Problems were noted relative to **securing access to appropriate reimbursement** for effort and **evidence-based practice.** Frustration was also expressed regarding the **lack of a database to provide real-time resources to guide best choices for clients.** Concerns surrounding the use of acronyms was expressed as a problem, specifically regarding the use of **"alphabet soup" abbreviations** and the **"scavenger hunt" approach** to explaining our work as it relates to communications and collaboration.

Additionally, problems exist in **addressing the growing expectations of current employees to engage in integrative care and evidence-based practice.**

#5 Priority — Advancement of Skills

Training needs identified for advancement of clinical practice skills included:

1. Improving documentation and use of data,
2. Advancing leadership and middle management skills,
3. Improving skills in integrative care, and
4. Working with the population diagnosed with co-occurring disorders.

With regard to documentation, the importance of **documented medical necessity standards (15-minute and 50-minute increments)** and expanded skills in **general management of paper work** were mentioned**.** There was a widespread concern among all groups regarding **expanded use of prescription drug monitoring.** Additionally, the need to advance skills in best practices related to use of technology in communication with clients and in providing support to them was identified. For example, best practices for use of text messaging with clients, including the pros and cons, risks, legal issues, and methods for ensuring who is viewing the text message.

Foundational and refresher courses to advance skills development were also requested. Training on skills in **data management** and **advancing skills in use of data to improve client outcomes** was expressed. A suggestion was made to **advance implementation** of the University of Wisconsin **NIATx** model of process to ensure improvement relative to, access to, and retention in, treatment. The importance of training on trauma-informed practice and suicide prevention was also expressed. Training that advances best practices in work **with people diagnosed with co-occurring disorders** was requested. A request from another group is the need to provide **ethical standards training for peer support specialists.**

Several groups indicated that training was needed across all levels of staff—both for those in direct client care, as well as those in administrative or supervisory positions. On an administrative level, noted areas of interest included **training for organizational change development** and **consideration of a management leadership academy to build on bridges from the director to the clinical practice personnel.**

The responses on a macro level again focused on advancing skills to **prepare for work in an integrated care setting.** Several groups indicated that there was a need to offer training and support for providers across a variety of settings, beyond those that offer the most direct treatment and recovery services, as well as for communities as a whole. The need for **skill development to improve awareness of innovation and changes in workforce** was also mentioned. **Integration of prevention strategies** into the delivery of services was also identified as a need. A request was made to provide training to **remove stigma for people with substance use disorder**, and suggestions were received to **expand the idea of addiction as a chronic disease.**

A major barrier to accessing training was identified as **limited time available to participate.** Providers require billable hours, and in many cases extensive training is difficult to schedule within the work week. To the degree possible, training should **expand credentialing and certification. Badging** as a visual representation of skills achieved should also be included, which could provide additional incentives to professionals/peer support specialists.

#6 Priority — Recruitment and Retention of Professionals

The list of training and technical assistance needs that can result in **strategies to improve recruitment and retention** include the need to **expand the pool of competent professionals with skills in working with diverse populations.** Engaging in long-term planning to **create a pipeline for workforce** was noted. This includes **providing clinical supervision and expanded funding for salaries.** Higher education officials were challenged to better prepare future practitioners by **combining mental health and SUD training,** rather than offering separate training by disorder type.

APPENDIX

Mountain Plains ATTC Advisory Board Members

2018

National/Regional	
Dennis Mohatt, MA Vice President for Behavioral Health Western Interstate Commission Higher Ed (WICHE) Boulder, CO	**Charles H. Smith, PhD** Regional Administrator, Region VIII SAMHSA / HHS Denver, CO
Colorado	
Sara Dolling, LPC, LAC Director of Residential Services Arapahoe House, Inc. Denver, CO	**Lisa Gawenus, MNM, FACHE** Director Outpatient Behavioral Health Services Denver Health Behavioral Health Services Denver, CO
Mary McMahon, LPC, LAC, MAC Manager, CAC Clinical Training and Workforce Dev. Colorado Department of Human Services Denver, CO	**Claudia Zundel, MSW** Director, Workforce Development & Innovation Colorado Department of Human Services Denver, CO
Montana	
Isaac Coy, LAC, NCAC-I Treatment Program Manager Montana Dept. of Public Health and Human Services Helena, MT	**Dan Krause, LAC** Chief Operations Officer Boyd Andrew Community Services Helena, MT
Lenore Meyers, LCPC, LAC Division Chief White Sky Hope Center, Rocky Boy Clinic Box Elder, MT	**Scott Malloy, LCSW** Senior Program Officer Montana Healthcare Foundation Bozeman, MT
Bobbie Perkins Bureau Chief Montana Dept. of Public Health and Human Services Chemical Dependency Bureau Helena, MT	
North Dakota	
Rosalie Etherington, PhD Chief Clinics Officer North Dakota Department of Human Services Jamestown, ND	**Cynthia Lindquist, PhD** President Cankdeska Cikana Community College Fort Totten, ND
Kurt Snyder, LAC, LSW, MMGT Executive Director Heartview Foundation Bismarck, ND	

Mountain Plains ATTC Advisory Board Members

2018

South Dakota	
Dee LeBeau-Hein, MS Training Coordinator Great Plains Tribal Chairman's Health Board Rapid City, SD	**Melinda Olsen, MEd** Prevention Specialist Southeastern Prevention Resource Center Sioux Falls, SD
Gary Tuschen, BA Executive Director Carroll Institute Sioux Falls, SD	**David Whitesock, JD** Chief Information Officer Face It Together Sioux Falls, SD
Tiffany Wolfgang Behavioral Health Director South Dakota Department of Social Services Sioux Falls, SD	
Utah	
Jacqueline Gomez-Arias, MPA Executive Director Latino Behavioral Health Services Salt Lake City, UT	**Brent Kelsey** Assistant Director Utah Dept. of Substance Abuse & Mental Health Salt Lake City, UT
Mary Jo McMillen, ASUDC Executive Director Utah Support Advocates for Recovery Awareness Salt Lake City, UT	**Shawn McMillen, MPA, ASUDC** Executive Director First Step House Salt Lake City, UT
Richard Nance, LCSW Director Utah County Dept of Drug & Alcohol Prev/Trtment Provo, UT	
Wyoming	
Patricia Bacon Certification Program Manager Wyoming Dept of Health, BH Division Cheyenne, WY	**Carol Day, MPA** Administrator, MH and SA Services Wyoming Department of Health Cheyenne, WY
Laura Griffith, MEd Director Recover Wyoming Cheyenne, WY	**Anna Kinder, MS OTR/L** Project Director/PTP Coordinator Wyoming AIDS Education Training Center/ Mountain West AIDS Education Training Center Casper, WY
Marla Smith, MA Community Services Unit Manager Wyoming Department of Health Cheyenne, WY	

Advisory Board Meeting

Denver, CO – December 7, 2017

Group Discussion Outcomes – Morning Session

"What are the top five training and technical assistance needs for health professionals providing treatment and recovery support services to individuals with substance use disorders/mental health conditions?"

1. Integration
- EBP to enhance services competently across all behavioral health specialties
- SBIRT training can be tied in to increase comprehension
- Primary care physicians and team
- Holistic look at the social determinants of health
- Recovery supports
- Collaboration and networking
- Interdisciplinary development teams
- Creating a safety net
- System-wide understanding of role identification
- Community partner training for judges, probation staff, JJS, other health professionals
2. Training and Education
- Address bias and stigma of chronic disease focus
- Strength-based, individualized treatment
- Support MAT
- Competency development for all roles in provider care and serving people with SUDs
- Lack of understanding of SUD as a disease
- Buy-in from management and supervision
- Diagnosis
- ASAM criteria training
- Support for providers
- CEUs for competency development
- Accept multiple pathways to recovery
- Clinical supervision
- Crisis stabilization and outpatient de-escalation
- Cultural responsiveness: diversity and humility
- Utilize and develop peer recovery support
- HIPAA, 42CFR – need more clarity, confidentiality and privacy

3. Technology
- Data analytics
- Business intelligence
- “Know your numbers and use them for accountability.”
- Stay current on advances and resources
- Take advantage of technology that addresses telehealth options for rural and remote areas
- Accessible knowledge transfer
- Exchange for EBPs
- Complete clinical documentation
- Capture of all services accurately and in a timely manner; include medical necessities
4. Workforce Development
- Support for retention and recruitment
- Addressing burn-out
5. Funding
- Financial support for clinical supervision and fidelity monitoring

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Group Discussion Outcomes – Afternoon Session

"What are the most important workforce development issues that behavioral health providers (including peer support specialists) face in your state? What training and technical assistance activities related to SUDs does your state need, in addition to the training/TA provided through the opioid STR meeting?"

1. Barriers to Workforce Development
- Funding for a strong pool of professionals
- Onerous paperwork that is burdensome due to documentation for regulatory payers
- Use of "alphabet soup" and "scavenger hunt" approach to doing the work
- Lack of financial resources to support workforce development
- Limited time to complete training
- Lack of integration and collaboration in professional approach
- Lack of database that has real-time resources to support workforce development
- Problems securing access to appropriate reimbursement
- Problems ensuring access to peer support specialists
2. Necessary Training and Technical Assistance Activities
- To better manage co-occurring disorders
- To document medication necessity standards (15-minute and 50-minute increments)
- To work in an integrated care setting
- To manage paperwork
- Improve use of data to measure outcomes/progress and success
- Affordable middle management leadership academy (to build bridges from the director to the clinical practice personnel)
- Improve awareness of innovation and changes in workforce
- Preparation to work in an integrated care setting
- Expand credentialing and certification (understanding they are not the same)
- Ethical standards training for peer support specialists
- Best practices in use of text messaging (pros and cons, risks, legal issues, best practices)
- Implementation of the NIATx model of process for improvement to advance access to and retention in treatment
- Organizational change development
- Ethical standards for peer support specialists
- Training that supports credentialing and certification
- Foundational and refresher courses to advance skills development
- Use of data to advance better client outcomes

3. Issues with Recruitment and Retention of Professionals
- Need for workforce retention strategies
- Funding for salaries and reimbursement
- Expanded pool of professionals
- Expand clinical supervision
- Attract diverse and competent workforce
- Develop a pipeline for future workforce

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