



Northwest (HHS Region 10)

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Northwest, Northeast & Caribbean, and Great Lakes ATTC presents:

Integration Series: Staffing and Training

- **Got questions?** Type them into the chat box at any time and they will be answered at the end of the presentation.
- An ADA-compliant recording of this presentation will be made available on our website at:
<http://attcnetwork.org/northwest>

SAMHSA
Substance Abuse and Mental Health
Services Administration



Great Lakes (HHS Region 5)

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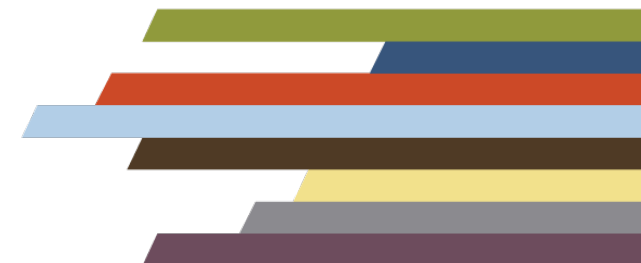
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Northeast & Caribbean (HHS Region 2)

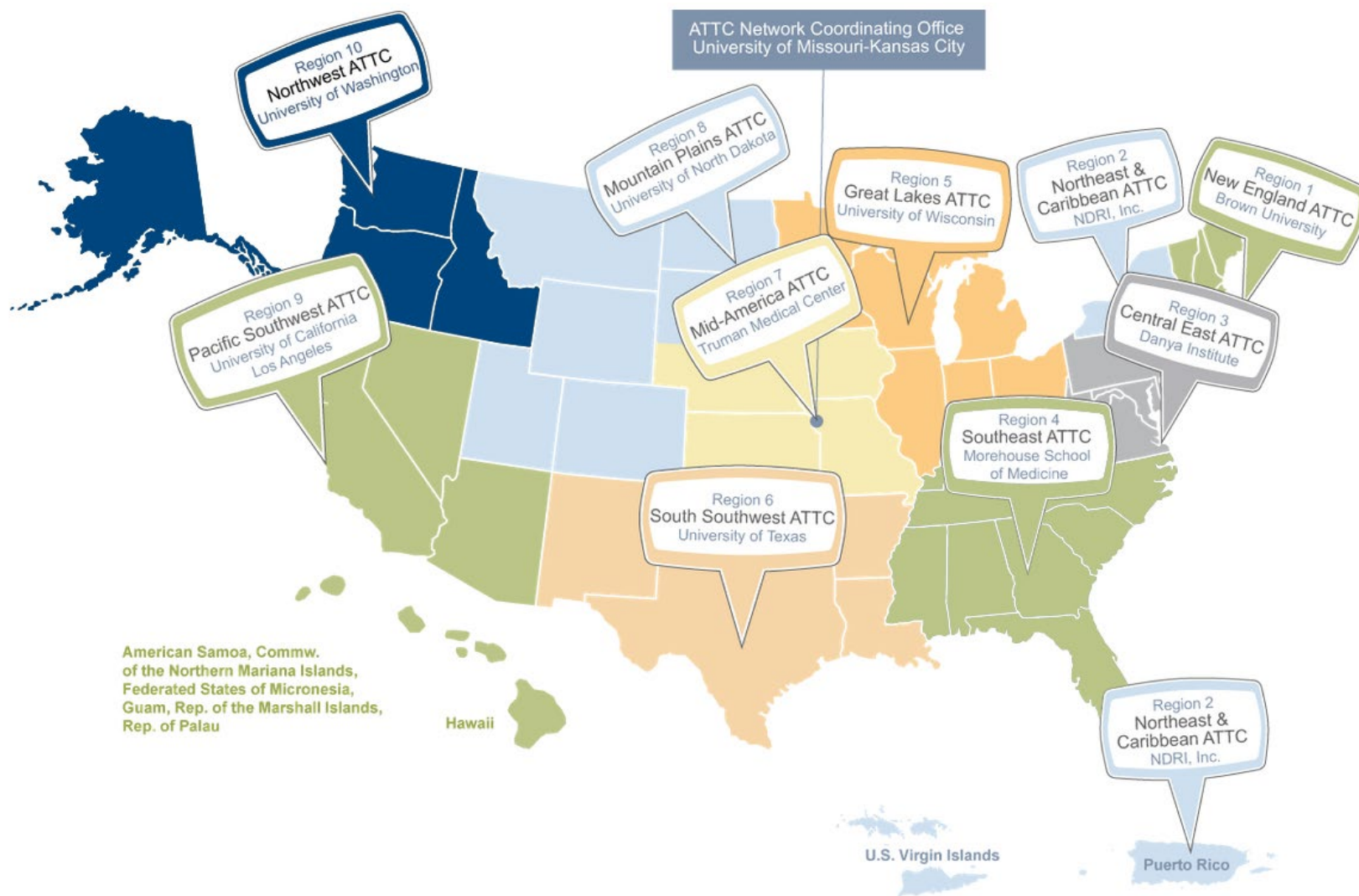
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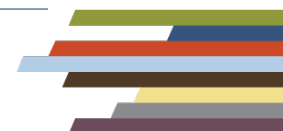
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Certificates

Certificates of Attendance are available for live viewers!



Viewing Groups:

Please send each individual's **name** and **email address** to northwest@attcnetwork.org within 1 business day.

Your certificate will be emailed within a week to the address you registered with.



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Integration Webinar Series

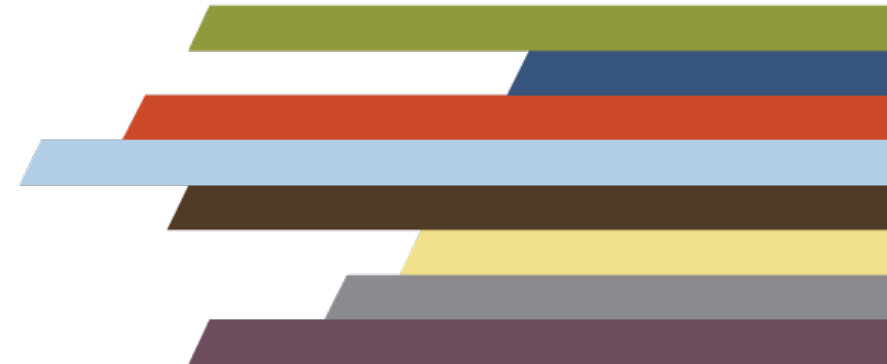
Part III: Staffing and Training

Presented by:

Denna Vandersloot, M.Ed, Northwest ATTC, University of Washington

Jill Blackson, MSW, Deputy Director, Community Care Services

Kris Kelly, Great Lakes ATTC, University of Wisconsin



Welcome: Presenter Introductions



Denna Vandersloot



Kris Kelly

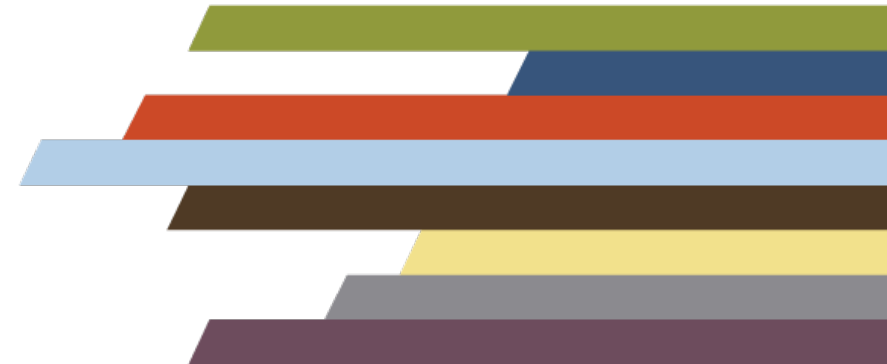


Jill Blackson



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DDCAT Overview (“Reminder”)

Domain	Description
Program Structure	Certification, licensure, coordination and collaboration with other providers
Program Milieu	Extent to which programs/staff expect and welcome clients with dual diagnosis
Assessment	Screening and assessment procedures for dual diagnosis
Treatment	Treatment planning and services delivery for clients with dual diagnosis
Continuity of Care	Assesses discharge planning for clients with dual diagnosis
Staffing	Availability of licensed staff to provide dual diagnosis services
Training	Amount of training staff receives in dual diagnosis

Today's
Focus!!!



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Today's "Agenda"

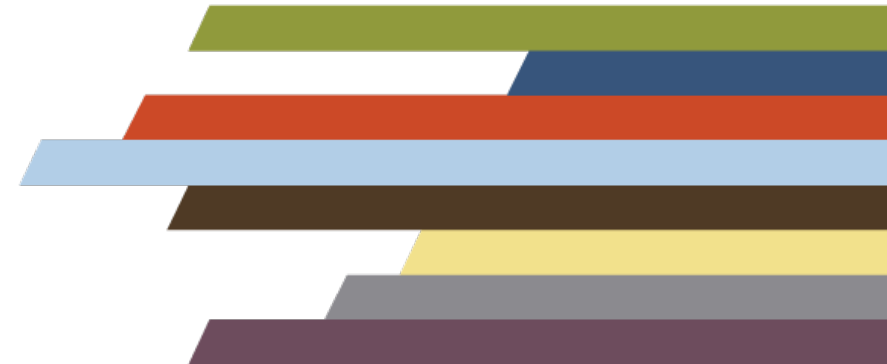
This webinar will incorporate the following elements throughout:

- (1) Brief overview of DDCAT constructs that address opportunities for enhancing various aspects of training and staffing to provide co-occurring disorder treatment;
- (2) Brief review of recommended strategies for enhancing capability;
- (3) "Interview" with provider(s) illustrating implementation of "in-service" strategies;
- (4) Ask the Experts and Innovators: Q&A Session for participant



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Goal

This webinar will explore a variety of strategies for:

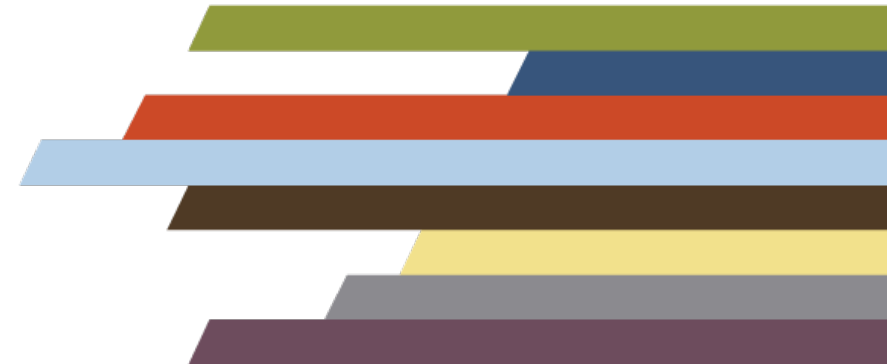


- (1) enhancing the staffing structure, including supervision practices, to develop and support the infrastructure for clinical services;
- (2) staff capacity building in evidence-based practices for co-occurring disorders treatment, including training and technical assistance needs.

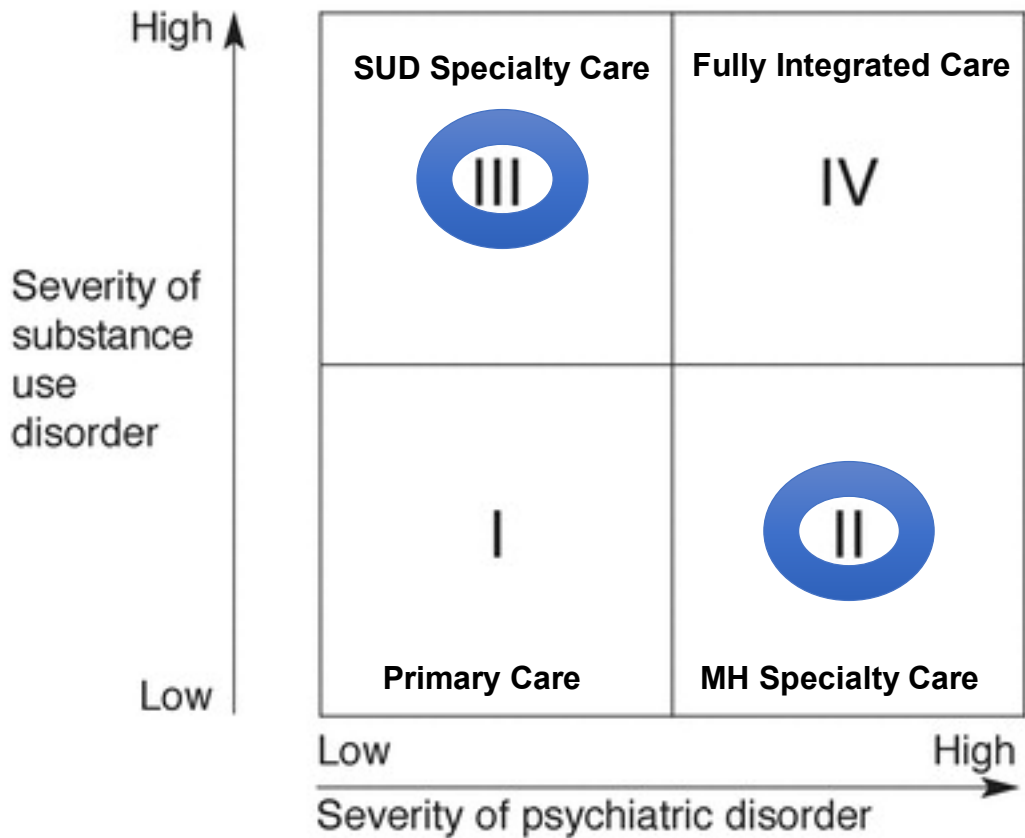


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Conceptual Framework for Integrated Care



Quadrant I. Low psychiatric severity: anxiety, mood, personality, and behavioral disorders; low substance severity: (low to moderate substance use disorders).

Quadrant II. High psychiatric severity: schizophrenia, bipolar, schizoaffective, and major affective disorders; low substance severity: (low to moderate substance use disorders).

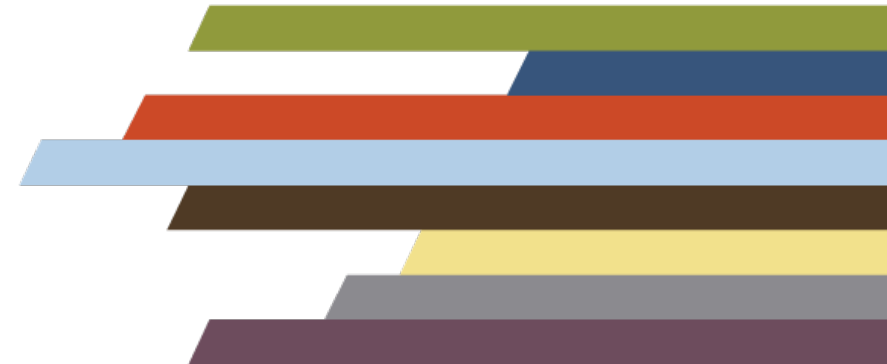
Quadrant III. Low psychiatric severity: anxiety, mood, personality, and behavioral disorders; high substance severity: (severe substance use disorders).

Quadrant IV: High psychiatric severity: schizophrenia, bipolar, schizoaffective, and major affective disorders; high substance severity: (sever substance use disorders).

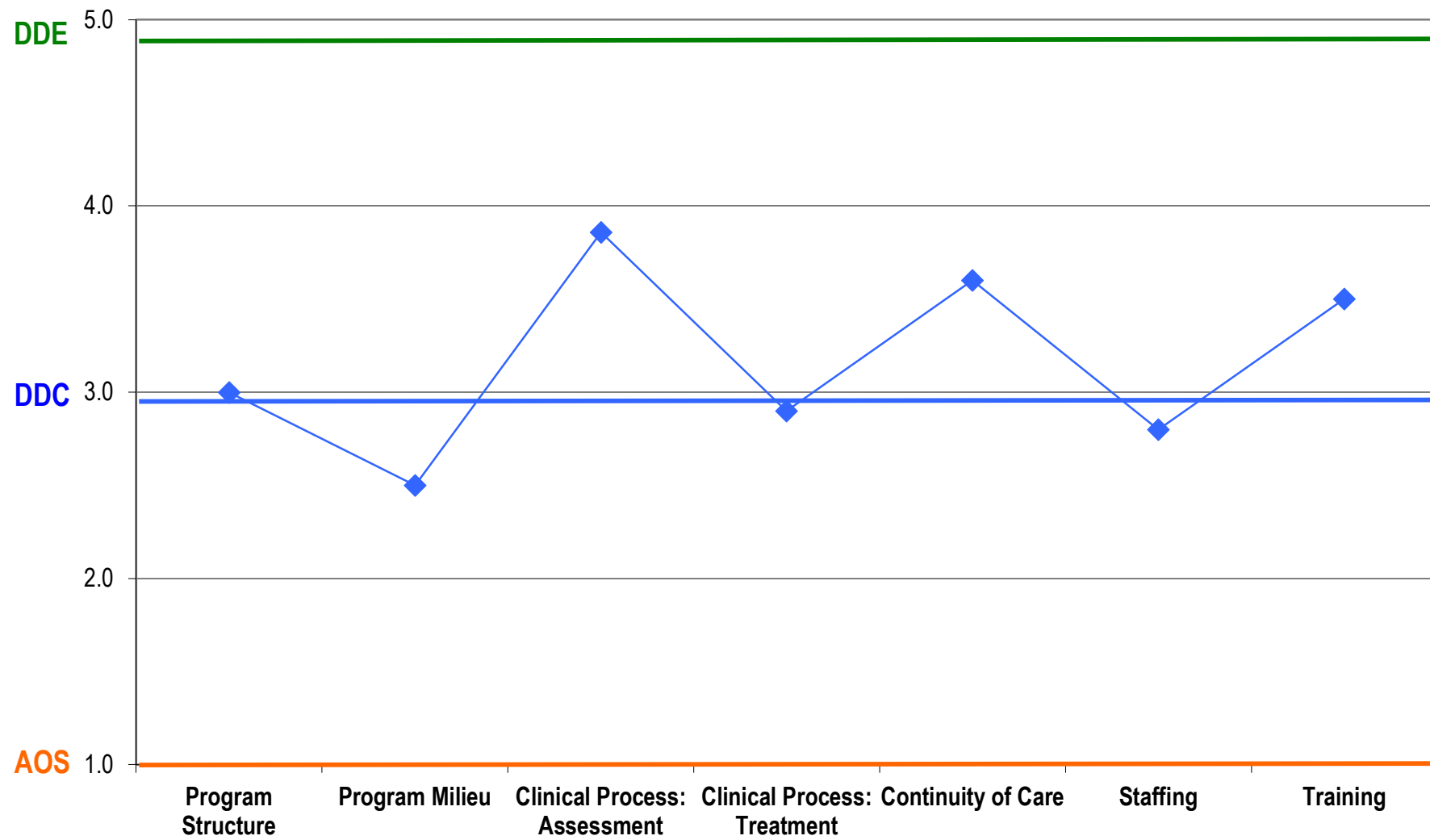


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DDCAT Summary Profile



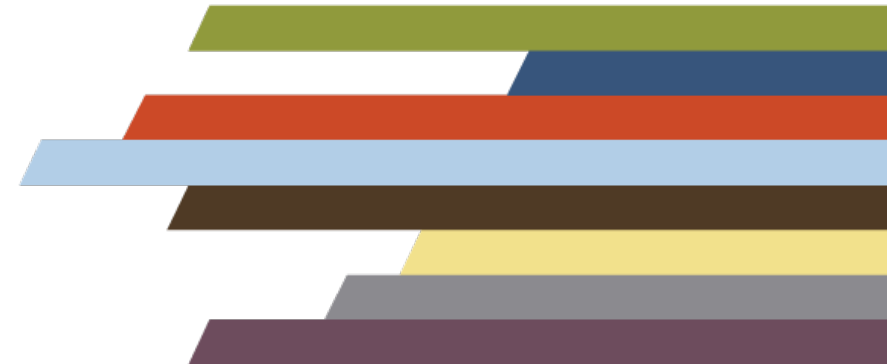
Multiple Components of Staffing Structure

- Staff/Consultants who can prescribe medications?
- Clinical staff members with dual licensure in SUD/MH?
- Clinical supervision, that may include case review and mentoring?
- Peer/alumni supports?



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Staffing: Medication Prescribing

Goal: To facilitate access to a practitioner who can prescribe medication for MH and SUD for individuals with co-occurring disorders.

❑ Can vary with regard to location of and time commitment from provider.

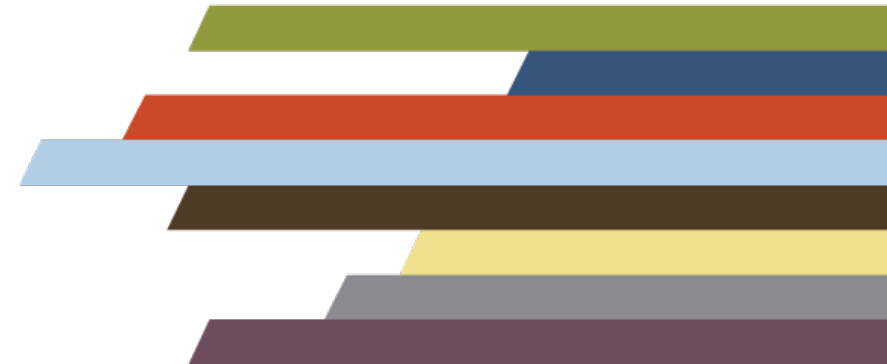
Potential strategies for facilitating access to prescribers:

- Consultant/contractor located off-site (level 2); minimal time commitment
- Consultant/contractor located on-site (level 3); minimal time commitment
- Staff member on-site for prescribing and some clinical matters (level 4);
- Staff member on-site for prescribing, supervision, team meetings, and admin (level 5)



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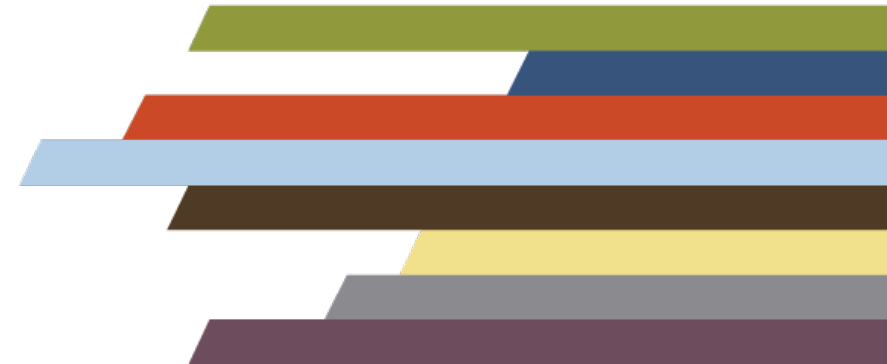
Considerations around Medication Prescribing

- Patient needs will dictate level of commitment from a provider
- Referring clients out for medications will limit access
- Primary care physicians can prescribe; psychiatrists and NPs best suited
- Leverage telehealth to facilitate access to prescribers, specifically psychiatric evaluation, ongoing consultation, and medication management.



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Provider “Interview”: Medication Prescribing

Provider review of “in-service” strategies implemented to:

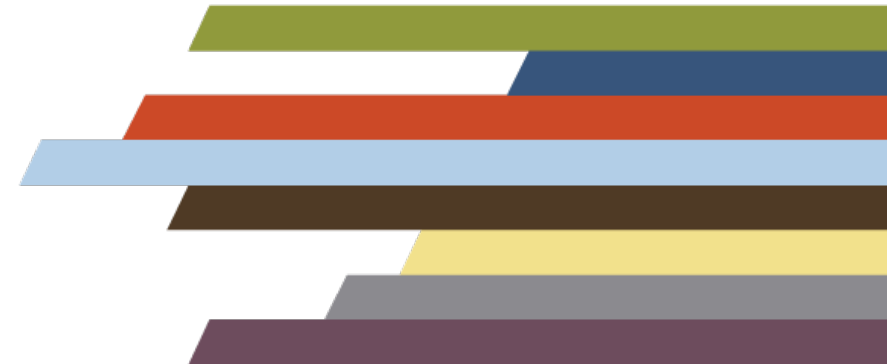
- Facilitate prescribing medication for SUDs in licensed mental health clinics
- Facilitate the prescribing of Psychotropics in licensed SUD clinics

Follow-up Q&A from Participants



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Staffing: Composition of Clinical Staff

Goal: To secure a multi-disciplinary staff team on-site that collectively have mental health, substance use, and co-occurring disorders expertise.

❑ Should consider licensure, competencies, and work experience

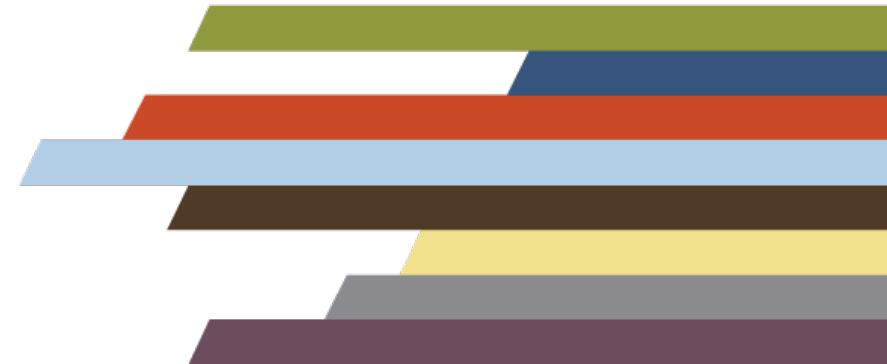
Potential strategies for targeting competent staff when hiring:

- Dually licensed clinicians (MH and SUD counseling) should be prioritized
- At least two years of supervised experience in treating clients with COD
- Demonstrated capability to assess and diagnose both disorders, determine treatment needs including appropriate level of care, and deliver treatments.



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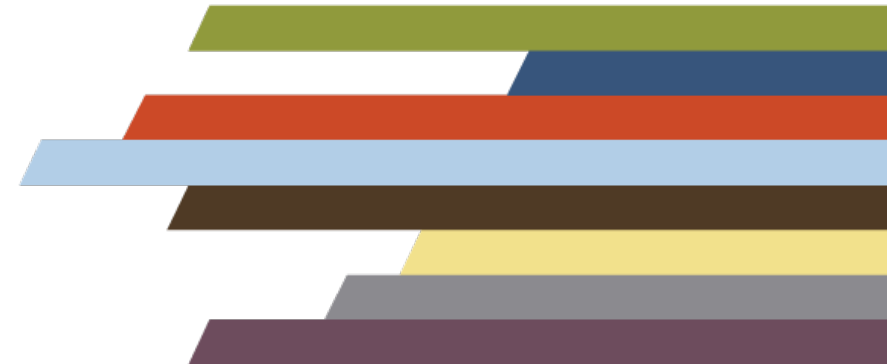
Staffing: Composition of Clinical Staff

- The potential to enhance screening, assessment, and treatment services depends largely on the capacity of your clinical staff to perform these tasks
- Programs that have more limited staff capacity with regard to co-occurring disorders competencies will need increase coordination with external providers
- If staff are not licensed or certified, programs can seek to increase their capacity through training and supervision provided to existing staff (more on this in a bit)
- As hiring opportunities emerge, program can integrate more diverse staff



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Staffing: Clinical Supervision & Case Review



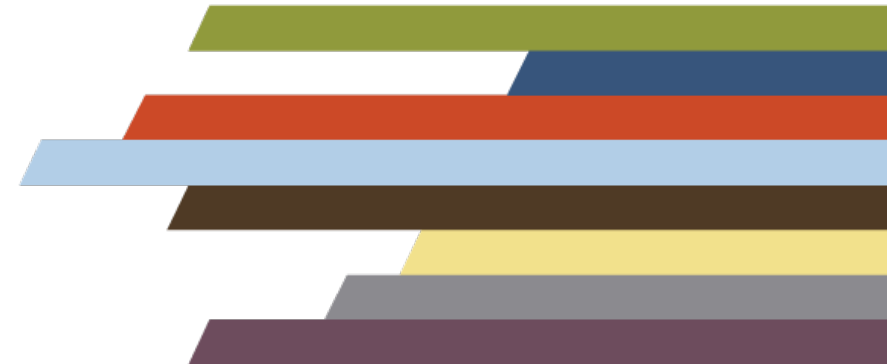
Staff Development Strategies:

- Provide clinical supervision by a dually credentialed staff on a regular basis
- Promote in-depth learning
- Promoting the implementation of EBPs
- Case consultations and review
- Team staff meetings
- Review treatment readiness routinely



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Provider “Interview”: Clinical Supervision

Provider review of “in-service” strategies addressing:

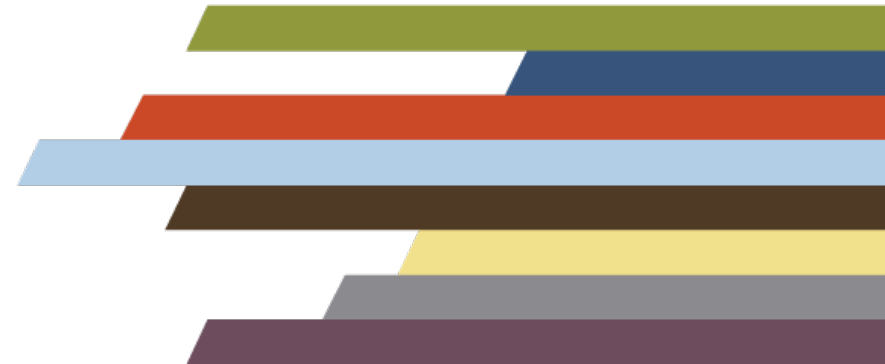
- The provision of routine clinical supervision
- The specific approach to clinical supervision

Follow-up Q&A from Participants



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Staffing: Peer Recovery Supports

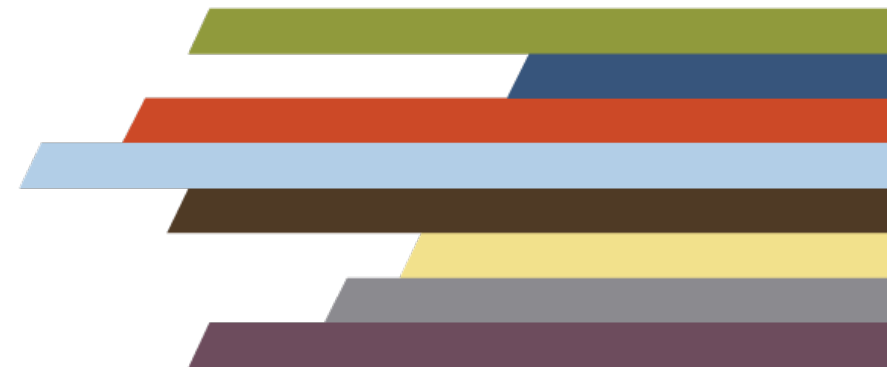
- Delivered by peers who have been successful in the recovery process
- Embody a powerful message of hope, as well as a wealth of experiential knowledge
- Non-clinical, uses recovery capital as a lens to help identify distinct areas of assets that could be enhanced and barriers to be addressed in individuals' recovery processes.
- Experiential knowledge complements the clinical and technical knowledge that practitioners acquire in their training and practice.

, W, Peer Based Addiction Recovery Support: History, Theory, Practice, and Scientific Evaluation (2009).



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Peers Build Recovery Capital

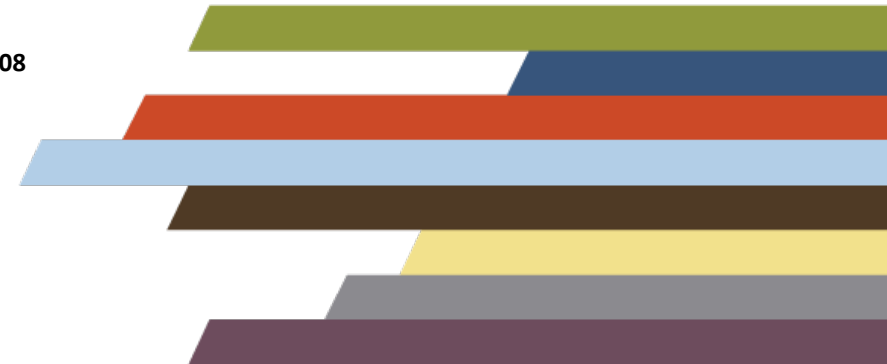
- **Social capital** – the sum of resources each person has as a result of their relationships, and includes both support from and obligations
- **Physical capital** – tangible assets, such as property and money
- **Human capital** – the skills, positive health, aspirations and hopes, and personal resources that will enable the individual to prosper
- **Cultural capital** – the values, beliefs and attitudes that link to social conformity

Cloud & Granfield, 2008



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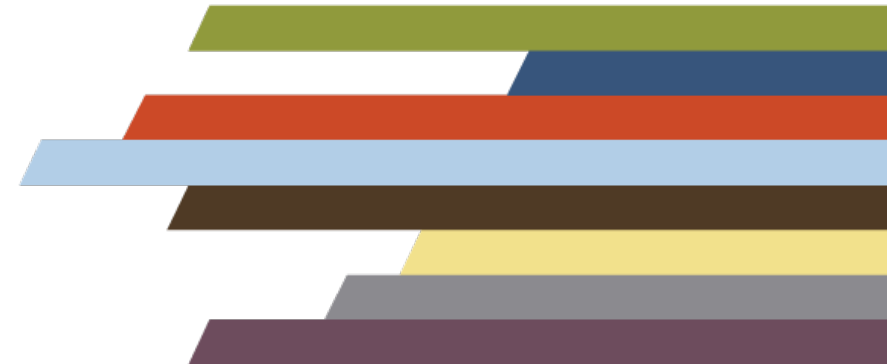
Integration of Peer Recovery Supports

- Ensure Peer Recovery Support Services clearly align with organizational needs, strategies, and policies.
- Guarantee buy-in from organization leadership and staff
- Consider the advantages AND disadvantages of integrating Peer Recovery Support Services.
- Are Peer Recovery Support Services program fiscally sustainable?

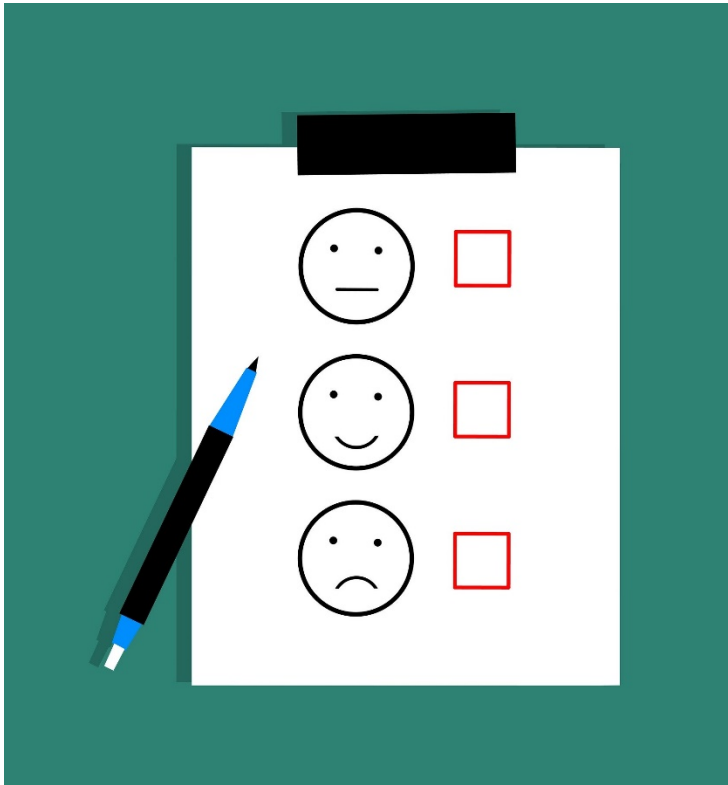


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Supervision of Peer Workers



- Promotes the unique role of the Peer Recovery Support provider
- Understands the principles and philosophies of Peer Recovery Support Services
- Use position descriptions as a tool
- Administrative, Formative, Supportive
- Convey the importance of the peer role throughout the organization

Daniels, A. S., Tunner, T. P., Powell, I., Fricks, L., Ashenden, P., (2015) Pillars of Peer Support – VI: Peer Specialist Supervision. www.pillarsofpeersupport.org; March 2015.



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Provider “Interview”: Peer Supports

Provider review of “in-service” practices addressing:

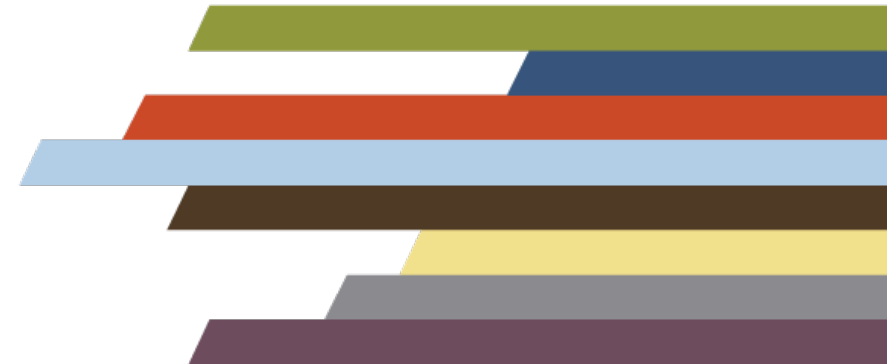
- Engagement of peer support workers as volunteers or paid staff
- Strategies for integrating peer support workers into program workflow

Follow-up Q&A from Participants



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Training: Staff Capacity Building

Goal: To ensure that all staff have basic training, and more advanced training if necessary, to address range of issues among clients with COD.

❑ Should be outlined as part of a **strategic plan** for capacity building

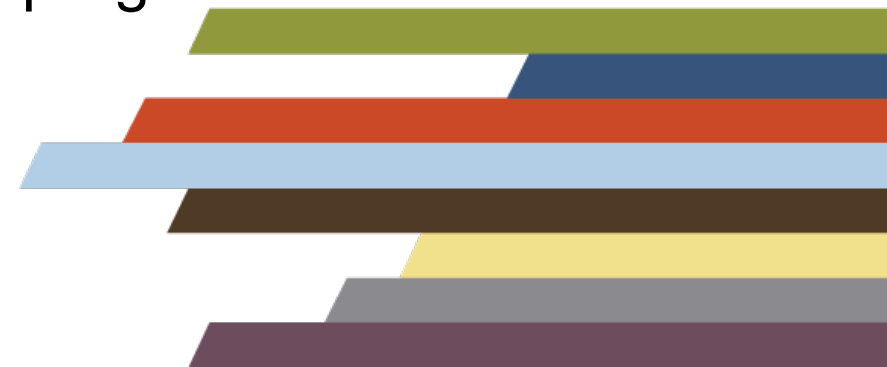
Potential strategies for building staff capacity through training include:

- Identify all capacity building needs required to support COD program elements
- Develop a plan that matches training needs to staff roles/responsibilities
- Draw upon expertise of your own staff to deliver in-service
- Identify external training resources available to your program



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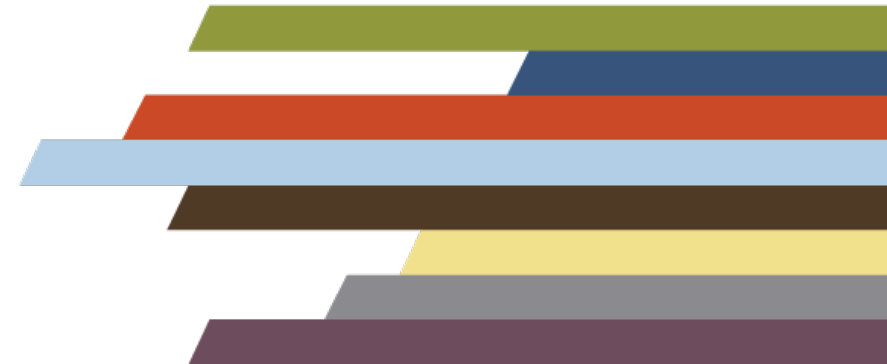
Training: Common Staff Needs

- Basic training addressing attitudes, knowledge, prevalence, signs and symptoms
- Screening and identification of co-occurring disorders
- Brief intervention and motivational interviewing skills to increase readiness
- Treatment Planning and Individual Recovery Plans
- Building knowledge about pharmacological interventions for COD
- Provide waiver training for potential prescribers of buprenorphine
- Skills practice in specific therapies, interventions, and evidence-based practices
- Clinical supervision training
- Training on recovery-oriented systems of care
- Professional boundaries training for peer support workers



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Provider “Interview”: Training

Provider review of “in-service” strategies addressing:

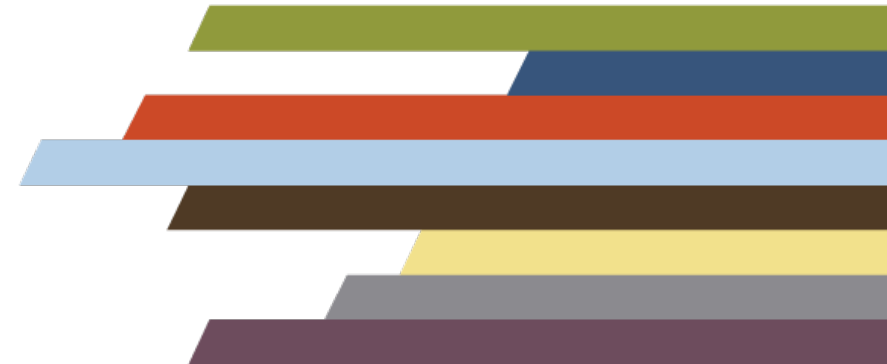
- Developing on-going training plans, capacity building
- Training and mentoring in core competencies around integrated care
- Strategies to deal with staff turnover

Follow-up Q&A from Participants



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Training: External Resources Available

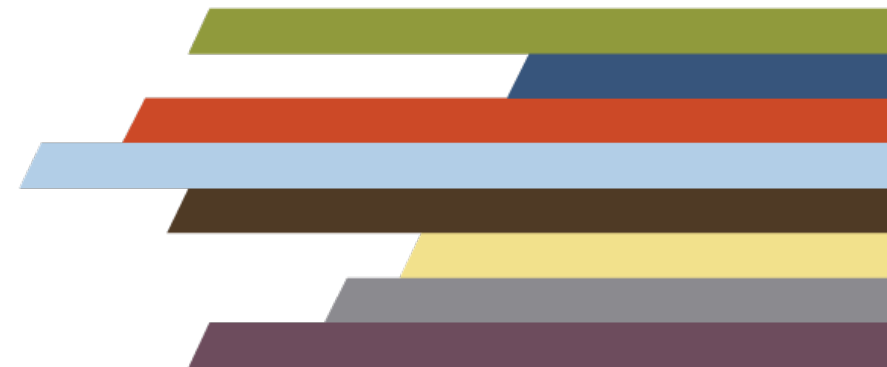
- Addiction Technology Transfer Centers (ATTC): <https://attcnetwork.org/>
- Mental Health Technology Transfer Centers (MHTTC): <https://mhttcnetwork.org/>
- Prevention Technology Transfer Centers (PTTC): <https://pttcnetwork.org/>
- Opioid Response Network (ORN): <https://opioidresponsenetwork.org/>
- BRSS-TACS: <https://www.samhsa.gov/brss-tacs>
- Support Technical Assistance and Resources (STAR) Center for recovery: <http://www.peerstar.org/>
- Providers Clinical Support System for OUDs, MAT, and Physician Mentoring: <https://pcssnow.org/>
- ASAM buprenorphine waiver courses: <https://elearning.asam.org/buprenorphine-waiver-course>
- Tribal Training and Technical Assistance Center (TTAC): <https://www.samhsa.gov/tribal-ttac>
- Clinical Support System for Serious Mental Illness (CSS-SMI): <https://smiadviser.org/>
- Center of Excellence for Protected Health Information (COE-PHI): <https://caiglobal.org/>
- Mental Health First Aid Training: <https://www.mentalhealthfirstaid.org/take-a-course/find-a-course/>
- GAINS Center for Behavioral Health & Justice Transformation :<https://www.samhsa.gov/gains-center>

Many more national, state and local TTA centers available to you...

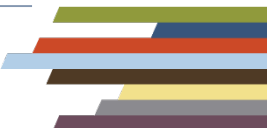
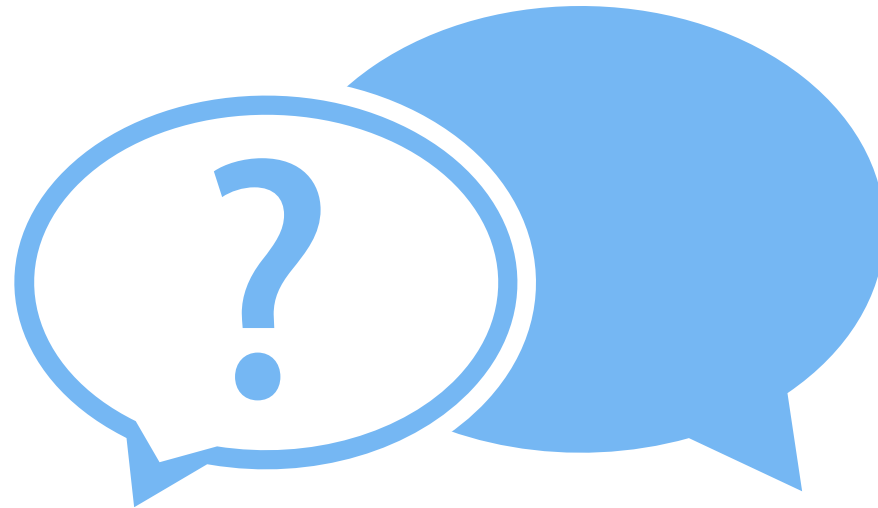


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It only takes **1 minute** to complete!



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Integrated Treatment Webinar Series

Join us for our next webinar!

Best Practices for Co-occurring Disorder Treatment
Intake, Screening, & Assessment,

Facilitated by: Michael Chaple, Ph.D. and Denna Vandersloot, M.Ed.
September 23, 1:00 ET, 12:00 CT, 11:00 MT, 10:00 PT



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gracias cảm ơn bạn ধন্যবাদ 고맙습니다
شكرا جزيلا salamat благодарю вас 谢谢
Dziękuję Ci **Thank** ευχαριστώ
quyana tack **you!** አመሰግናለሁ
धन्यवाद danke asante grazie
hík'wu? merci הודת obrigado ขอบคุณ
ありがとうございました спасибі mahalo



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