

## ATTC Network Efforts and Activities in Integrating Substance Use Disorder and Health Care Services March 2015



### Central Rockies ATTC

#### The Behavioral Health Care Integration and Primary Care Subcommittee

The Central Rockies ATTC Advisory Board has convened the Behavioral Health Care Integration with Primary Care Subcommittee, which includes representatives from each of the six states in HHS Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming). The subcommittee has developed a work plan and holds quarterly virtual meetings.

The Central Rockies ATTC is also working with a consultant, Bern Heath, CEO of Axis Health System in Colorado. Mr. Heath has been very helpful to region and was introduced to us by Charles Smith, the SAMSHA Regional Administrator for Health and Human Services Region 8. Axis Health System's clinics are integrated with primary care and behavioral health to include substance abuse and mental health services. Activities with Axis Health Systems include:

- In April 2014, representatives from the Central Rockies ATTC and Colorado's Single State Agency (SSA) toured the one of Axis Health Care's integrated clinics in Durango, CO. In September 2014, Mr. Heath made a presentation to the Behavioral Health Care Integration with Primary Care Subcommittee.
- In May 2015, representatives from the Central Rockies ATTC and the Wyoming SSA office will spend the day at Axis Health Systems. This event is related to the subcommittee's work and to the technical assistance we providing Wyoming.

Other efforts and activities in integrating SUD and health care services include:

- In partnership with Project ECHO at the University of Utah, the Central Rockies ATTC is working on the hepatitis C project and providing SUD expertise within Project ECHO's virtual clinics.
- In 2014, Central Rockies ATTC expanded our Screening, Brief Intervention, and Referral to Treatment (SBIRT) project with the University of Utah's Pediatrics Department, providing monthly training and skill building during medical students' residencies.

- The Central Rockies ATTC is working with the Colorado SSA's office to develop a day-long curriculum, "The Changing Landscape of Behavioral Health Care Delivery." The course will be available in Colorado in 2015.



## Great Lakes ATTC

### The Recovery-Oriented Systems of Care Learning Community

The Great Lakes ATTC sponsored the development of a Recovery-Oriented Systems of Care Learning Community in collaboration with the Office of National Drug Control Policy. Thirteen states and three counties participated in the Learning Community. Areas of focus included the integration of services for mental health and substance use conditions, and also the integration of substance use disorder services into primary care settings.

Some examples of the presenters and type of content that pertained to integration efforts included:

- *Strategies for Successfully Integrating Peers into Primary Care Settings*  
Presenter: Joan King, Senior Integration Specialist, National Council for Community Behavioral Health, SAMHSA-HRSA Center for Integration Health Solutions
- *Emerging Models of Service Integration*  
Presenter: Joan King, Senior Integration Specialist, National Council for Community Behavioral Health, SAMHSA-HRSA Center for Integration Health Solutions
- *Promising Approaching to Integrating Recovery-Oriented Substance Use Treatment into Primary Care Settings*  
Presented by a panel of substance use disorder treatment providers
- *Recovery as the Overarching Framework to Promote Alignment between Substance Use and Mental Health Services and Supports*  
Presenters: Dr. Tom Kirk and Dr. Larry Davidson
- *ROSC as the Overarching Framework for Integration Efforts*  
Presenter: Dr. Ijeoma Achara

### ROSC System Transformation Leadership Institute

The Great Lakes ATTC co-sponsored the three-day System Transformation Leadership Institute: Equipping Behavioral Health Leaders to Successfully Lead a Recovery and Resilience-Focused System Transformation Effort in October 2013.

This event focused on equipping leaders with the knowledge and skills to lead complex system transformation efforts. Participants from across the nation represented policy makers, state and county regional system leadership, and behavioral health managed care administrators. Topics covered included:

- Integrating a more public-health approach, which includes a focus on resilience and wellness, into designing a system of care
- Preparing behavioral health treatment providers to be ready for and able to leverage opportunities within the ACA
- Technical assistance strategies for positioning providers to thrive in a more integrated system of care
- The intersection between ROSC and behavioral health-primary care integration along with strategies to strengthen integration efforts

Great Lakes ATTC will be sponsoring the Institute again in March 31-April 2, 2015.

### **Presentations to National and Regional Audiences**

The Great Lakes ATTC has planned, conducted, and sponsored a variety of training and technical assistance processes focused on service integration and alignments between behavioral health and primary care to move integration forward. These included:

*Developing a Recovery-Oriented Community: Findlay's Community Recovery Oriented System of Care Summit – Making the Ideal Real,*  
September 25, 2013

The Great Lakes ATTC developed the Summit with an advisory group made up of Findley County, faith-based organizations, behavioral health treatment providers, recovery community and organizations, Veteran's Administration, county judiciary, and the local hospital.

*44<sup>th</sup> Annual MARRCH Conference of Minnesota*

October 29-31, 2013

Key Note and Follow-up Workshop

Healthcare Reform: Moving to Integrated Recovery Oriented Systems of Care and the Affordable Care Act: A Strategic Look at Health

Presenters: Lonna M. Albright, Great Lakes ATTC, and Maureen McDonnell, TASC, Inc.

Relevant objectives included:

- Discuss two strategies to guide the change process
- Build momentum, consensus, and a common vision
- Establish infrastructure to do system change

- ROSC is about health—the ACA is about funding health
- How do we harness the power of the ACA to support ROSC?
- In what way is the ACA a funding engine to support your ROSC development?

*Regional Webinar Series: ROSC as a Framework for Recovery and Resilience-Focused Integrated Health & Wellness.*

January 22, 2014

Relevant objectives included:

- Understand the major drivers leading to the focus on ROSC
- Raise and expand awareness about ROSC; its guiding principles, operational elements, and components
- Learn about 7 building blocks of an ROSC (Achara Consulting, Inc.)
- Recognize alignments of ROSC with behavioral health-primary care integration

*ROSC as a Framework for Recovery and Resilience-focused Integrated Health and Wellness*

April 3, 2014

National webinar presented for NAADAC. Relevant objectives included:

- Understand what we mean by “Recovery,” Recovery Management, and ROSC
- Raise and expand awareness about ROSC; its guiding principles, operational elements and components
- Recognize alignments of ROSC with behavioral health-primary care integration
- Hear about experiences from across the country

*Grand Rapids 2014 Regional Summit on Recovery: Putting the Pieces Together*

April 16, 2014

Lakeshore Region ROSC Summit. Relevant objectives included:

- Alignments of ROSC with Behavioral Health-Primary Care Integration
- Improved outcomes
- A brief overview of transformational change

*Shawnee County ROSC Summit*

April 28-29, 2014

Presentation: ROSC as a Framework for Recovery and Resilience-Focused Integrated Health & Wellness. The Great Lakes ATTC planned, facilitated, and

presented in cross-regional collaboration with Mid-America ATTC and Shawnee County system in Topeka Kansas. Relevant objectives included:

- Recognize alignments of ROSC with Behavioral Health-Primary Care Integration
- Learn about 7 Building Blocks of a ROSC (Achara Consulting Inc.)
- Understand how treatment looks different in a ROSC
- Explore implications for peers and other recovery support services.

#### *Ohio County Boards Summit*

September 24, 2014

Presentation: ROSC 101: A Framework for Behavioral Health Integration

Relevant objectives included:

- Any person person or organization can make a paradigm shift if willing to do the work?
- Language is critical for shared vision
- Treatment as a chronic disease does look different in a ROSC
- Peers and/or Coaches are members of the team (not separate from treatment) at all levels of the organization (paid and volunteers)
- ROSC aligns with behavioral health-primary care integration
- It takes time

#### *ROSC Webinar for national learning community*

October 2014

In October 2014 the Great Lakes ATTC's lead subject matter expert, Dr. Ijeoma Achara, conducted a presentation for a national learning community of substance use disorder treatment providers focused on primary care integration. The learning community is hosted by the SAMHSA-HRSA Center for Integrated Health Solutions. The Great Lakes ATTC will sponsor another presentation of this webinar in 2015.

#### *ROSC Summit – under development*

As part of a cross-regional collaboration with the Central East ATTC and Southwest Virginia's Annual Conference, the Great Lakes ATTC is creating a one-day ROSC Summit that includes integration with primary care.

### **Interviews with Leaders in the Behavioral Health Recovery Movement**

Great Lakes ATTC has sponsored a series of interviews with leaders in the field of recovery conducted by noted writer and SUD field historian William White. The following are a series of three interviews exploring the ROSC work in Michigan, with a particular focus on the work that has been underway in Western Michigan.

*Recovery-focused Addiction Medicine: An Interview with Dr. Corey Waller*  
*ROSC in Western Michigan: An interview with Mark Witte and Kevin McLaughlin*

*ROSC in Michigan: An interview with Debra Hollis, Director, Office of Recovery Oriented Systems of Care*

### **Minnesota Systems Change Initiative**

Minnesota's substance use disorder (SUD) service system is in the midst of a tremendous change process, fueled by a legislative mandate to shift the system from an acute care to a chronic care approach. In an effort to maximize this and other opportunities for transformative change, Great Lakes ATTC provided systems change technical assistance that was designed to:

- Examine the current state of transformation efforts in Minnesota, including strengths, opportunities and potential pitfalls
- Offer recommendations that can be used as the foundation for developing an implementation plan over the next 12 months
- Provide concrete recommendations regarding strategies for managing and coordinating Pilot Projects that span 3 counties and 37 treatment providers that will work towards integrating a chronic care approach to services.

The Great Lakes ATTC team met with numerous staff, treatment providers, and advocates to hear diverse perspectives on the current state of Minnesota's service system, to provide an overview of a recovery-oriented system of care framework, and to identify potential opportunities for moving forward. The groups included treatment providers, recovery advocacy organizations, and SSA staff within the Minnesota Alcohol and Drug Abuse Division.

In addition to this two-day strategic consult, training related to tele-health and care coordination began in order to position the treatment providers to thrive within more integrated service settings.



## Mid-America ATTC

### **A Changing Health Care Landscape: Can Your Organization Weather the Storm?**

Mid-American ATTC developed this model program with State Associations of Addiction Services (SAAS) to allow for state discussion of healthcare reform, including discussions about integration of substance use disorder services into primary care settings. *A Changing Health Care Landscape: Can Your Organization Weather the Storm?* consisted of the following steps:

Step 1: Mid-America ATTC met with state leadership in Iowa, Kansas, Missouri and Nebraska to garner SSA Director support for these state-specific events. (Iowa had already held such an event so Mid-America ATTC provided a speaker on this topic at Iowa's state conference.)

Step 2: State-licensed SUD treatment program executive directors and fiscal officers completed the Provider Readiness and Capabilities Assessment (RCA), an online tool developed by the State Associations of Addiction Services (SAAS). Those CEOs completing the free, confidential, online survey before the event received an automated and confidential e-mail summary of their organization's readiness and capability to adapt to ongoing changes in behavioral healthcare. Provider organizations were asked to print their agency-specific reports and bring a copy with them to the event; this process allowed organizations to compare organizational scores with those aggregated scores of similar organizations.

Step 3: Separate *A Changing Healthcare Landscape: Can Your Organization Weather the Storm?* events held in each state. Mid-America ATTC sponsored nationally recognized presenters. Ron Manderscheid, Executive Director of National Association of County Behavioral Health and Developmental Disabilities Directors; Patrick Gauthier, Director, AHP Healthcare Solutions, and/or Becky Vaughn, CEO of SAAS presented the aggregated RCA results and made comparisons to a national data set comprised of 500 provider organizations in six key areas: 1) general management, 2) marketing, 3) information technology and data management, 4) clinical and human resources, 5) finance, and 6) provider network organizations. Provider focus groups convened in the afternoon and outlined initial steps in future collaborative planning for healthcare reform. Discussion tables in the afternoon allowed the CEOs, CFOs, and agency board members to select the topics of most concern to them and share ideas of moving forward.

Step 4: Mid-America ATTC provided follow-up TA in each state depending on which of the six keys areas were of most concern to providers. Since December 2013, Mid-America ATTC has held eight SBIRT trainings in Kansas. Nurses, physicians and psychologists have been among those attending the trainings. Since the spring of 2014, Kansas has allowed for SBIRT intervention services to be billed to Medicaid. Mid-America ATTC provided technical assistance to the state behavioral health leadership as the regulations were being drafted and is the lead SBIRT training entity for the state. Mid-America ATTC has four staff members trained to deliver the training and has trained three persons in Kansas to deliver it as well.



## **New England ATTC**

### **New England Institute of Addiction Studies Course: Connecting Medicine and Substance Use Services**

New England ATTC sponsored a course at the New England Institute of Addiction Studies (NEIAS) Summer School entitled: Connecting Medicine and Substance Use Services. The course was designed to support the coordination of services provided by substance abuse and mental health professionals who practice in medical settings, primary care clinics, integrated practices, and hospitals. During the course, participants evaluated screenings currently being used to assess risky substance use behaviors and discussed appropriate clinical interventions based on the results including brief interventions and therapy, medication assisted treatment and treatment referrals.

The New England ATTC co-sponsors all courses provided at the NEIAS summer school and school of best practices. Plans for the upcoming NEIAS summer school include ensuring the provision of courses on the basics of functioning in a managed care environment, specifically, documentation, assessment tools, introduction to managed care, etc., and ensuring health care and substance abuse is overlaid into all courses across all levels of services and for all presentations whenever possible.

### **Meeting with the Rhode Island Health Center Association (RIHCA)**

New England ATTC met with Meeting with the Chief Operating Officer and President/CEO of the Rhode Island Health Center Association (RIHCA) to



describe the work of the New England ATTC and how trainings could benefit staff at their health centers. Subsequently, the New England ATTC provided a presentation on the New England ATTC at the monthly meeting of the RICHA Clinical Leadership Committee consisting of FQHC medical directors. The presentation was conducted in collaboration with the Rhode Island OTP Health Home Initiative Administrative Coordinator.

### **Rhode Island Drug Overdose Prevention and Rescue Coalition**

New England ATTC participates in the Rhode Island Drug Overdose Prevention and Rescue Coalition. This committee was established by the RI Department of Health to address the increasing number of opioid overdoses occurring and the effect on emergency rooms throughout the state. This committee's membership includes state public health agencies, Department of Corrections, law enforcement, treatment providers, recovery organizations, healthcare providers, researchers, prevention councils, and other affected community members.

### **Meeting with New England Single State Agency Directors and SAMHSA HHS Region I Administrator**

The New England ATTC sponsored this forum to discuss:

- What is being done to address/prevent opioid overdose
- Funding strategies for residential treatment services under the ACA, specifically how the rules of the exchange will affect residential programs
- How to bring behavioral health into Medicaid managed care

Staff from the New York Office of Alcohol & Substance Abuse Services gave presentations on parity and the Medicaid redesign, which will bring behavioral health benefits into Medicaid managed care. Staff from NASADAD, including Rob Morrison, Executive Director, and Rick Harwood, Deputy Executive Director participated in the meeting and provided a national perspective on the issues of health integration.

### **Medical Issues in Buprenorphine Treatment**

New England ATTC provided this training for practitioners treating patients on buprenorphine. Participants learned how to treat pain for patients on buprenorphine, the effects of the medication during pregnancy and on newborns, the effect of buprenorphine for those patients with hepatitis C, as well as general information on neurobiology, drug interactions, and statistics on opiate abuse.



## **Northeast and Caribbean ATTC**

### **Federally Qualified Health Centers (FQHCs) in Puerto Rico**

In February of 2014, Northeast and Caribbean staff from the National Development and Research Institutes (NDRI) and the Universidad Central del Caribe UCC visited two FQHCs in Puerto Rico, conducting assessments of integrated behavioral health services using the Dual Diagnosis Capability in Health Care Settings (DDCHCS) Index.

This technical assistance site visit included six hours on site interviewing staff, touring the facility, observing program activities, and reviewing program forms and documentation practices. Information gathered during the site visit was used to rate the program regarding their level of behavioral health (mental health and substance use) integration, and these results formed the basis of recommendations designed to enhance the integration of these services.

Results from these assessments indicated that substance use services were not nearly as well integrated as mental health services. Therefore, recommendations, issued via a detailed written report, promoted strategies for improving substance use (and mental health) services including a focus on: staff receptivity; program and treatment environment; screening and assessment practices during intake; treatment planning and provision of services; development of staff through supervision and training, and discharge planning. These participating FQHCs were offered ongoing technical assistance support to address challenges encountered during implementation.

### **Buprenorphine Use in Primary Care: The Physician Behavioral Health and Addiction Learning Lab-New Jersey**

The Northeast and Caribbean Addiction Technology Transfer Center (NeC-ATTC) is collaborating with the Northwest ATTC on the Physician Behavioral Health and Addiction Learning Lab - New Jersey (PBHALL- NJ). This demonstration project funded by the Nicholson Foundation aims to respond to the growing opiate crisis in New Jersey with well-established clinical protocols. The project pairs established expert safety-net primary care providers of buprenorphine with an interested cohort of NJ safety net providers. Through an introductory face-to-face training followed by expert consultation, and twice monthly group case review discussions, this learning collaborative is facilitating

access to buprenorphine in primary care for NJ residents. ATTC). The project began 11/1/14 and will end on 10/31/15.

### **DATA 2000 Physician Waiver Training**

In addition, the Northeast and Caribbean ATTC has organized several training events for New York and New Jersey physicians that meet the eight-hour training requirement specified in the Drug Addiction Treatment Act of 2000 for physicians to qualify for prescribing and dispensing buprenorphine in their offices or the treatment of opioid dependence. This course for physicians provides information regarding the use of buprenorphine for the treatment of opioid addiction. It reviews legislation regarding office-based opioid-addiction treatment, pharmacology, safety and effectiveness, patient assessment and selection, clinical management, special treatment populations, dosing, urine testing, and confidentiality.

### **Buprenorphine Treatment: Training for Multidisciplinary Treatment Professionals**

The Northeast and Caribbean ATTC has heavily promoted the ATTC course, “Buprenorphine Treatment: Training for Multidisciplinary Treatment Professionals,” which is geared to help non-physician personnel support patients in need of buprenorphine.

Opioid abuse and addiction (e.g., heroin, OxyContin) remains a critical national public health concern. In 2002, the Food and Drug Administration approved tablet formulations of Buprenorphine for the treatment of opioid addiction. In order to prepare the field to effectively integrate this new treatment, the NIDA-SAMHSA/ ATTC Buprenorphine Treatment Blending Team developed an awareness training to disseminate information and enhance awareness among multidisciplinary (non-physician) addiction professionals about buprenorphine treatment.

This training is designed to provide a broad overview of the medication, its effects, and the role of non-physician practitioners in providing and supporting the treatment of individuals receiving this medication. This six-hour training program provides instruction on the use of buprenorphine for opioid dependent patients. Specifically, it discusses legislation that permits office-based buprenorphine treatment; examines the science of addiction; explores the mechanism of buprenorphine; provides an overview of patient selection issues; and reviews various patient, counseling and therapeutic issues.

### **Training and Technical Assistance on Trauma-informed Care for Federally Qualified Health Centers**

The Northeast and Caribbean ATTC has provided extensive training to FQHCs in NY and NJ, including both non-clinical and clinical staff, addressing a trauma-informed approach to care. This has been designed as a three-part course:

Part I: Introduction for non-clinical providers (1-hour): Brief overview of trauma informed care for non-clinical providers who have more limited and less routine patient contact (e.g. billing, finance, and IT staff). Course objectives include: define trauma; state what facilitates trauma is how a person responds to an event or experience; and list at least three key facts about trauma.

Part II: Intermediate continuation course for non-clinical providers (2 hours): Expanded overview of trauma informed care for non-clinical providers who have more extensive and routine patient contact (e.g., patient representatives, medical records personnel, call center, security and building maintenance staff). Course objectives include: identify at least three types of traumas their clients have experienced; identify at least three ways that clients may respond to trauma; and state that symptoms can also be seen as adaptations.

Part III: Trauma Informed Care for clinical providers (3 hours): Discusses opportunities to explore implementation of trauma-specific care in the clinical setting. Objectives include: list three possible warning signs or triggers for clients around re-traumatization; list three reactions to trauma (fight, flight, freeze); state the connection between trauma, substance use and mental health disorders; list at least six principles of trauma informed care; state difference between trauma specific and trauma informed care programs; and identify site specific opportunities for the practice of trauma informed care.

### **SBIRT Training for Federally Qualified Health Care Centers in Puerto Rico**

Several trainings have been conducted with FQHCs in Puerto Rico to help primary care experts understand and conceptualize the integration of the SBIRT approach for improving the integration of behavioral health services.

### **Development of Viral Hepatitis Face-to-Face Curriculum for Behavioral Health Providers in FQHC Settings**

The Northeast and Caribbean ATTC has developed a new course, "Hepatitis C: Building Capacity for Behavioral and Healthcare Professionals." Hepatitis C (HCV) is the leading cause of liver disease, predominantly affecting people unaware of their infection and in clinical settings that are not necessarily equipped to address HCV. Building capacity for behavioral health professionals (addictions and mental health counselors) is essential to bridging the gap between critical early diagnosis of HCV-infected persons and linkage to health care.

This training is designed to inform behavioral health professionals on how to counsel and promote HCV screening and testing, link infected persons to HCV health care, and support people recommended for HCV treatment. By the end of this training, participants will be able to: review HCV disease progression and impacting factors; identify groups at risk for hepatitis C who are entering or within the continuum of care; promote HCV screening and testing; list opportunities to link persons infected; review barriers and strategies, and provide resources to access and support clinical health care expertise.

The Northeast and Caribbean ATTC is now preparing a Training-of-Trainers (ToT) event to be hosted in Puerto Rico for the ATTC network in order to develop a training infrastructure nationally to disseminate this new curriculum

### **Integration of Behavioral Health and Primary Care Services**

Integration of Behavioral Health and Primary Care Services in New Jersey FQHCs: The Northeast and Caribbean ATTC offered two full-day, special implementation support and guidance trainings on the integration of addiction, mental health and primary care services as part a larger project in the fall of 2012. The overall purpose of the project was to integrate behavioral health (substance use disorder and mental health) and health care services in FQHC settings in New Jersey (Henry J Austin Health Center, The Center for Health Education, Medicine, & Dentistry), and to obtain data documenting improvements in service integration subsequent to the delivery of technical assistance and implementation support.

The approach to technical assistance and implementation support consisted of: site visit and feedback; assessment report; implementation planning, support and guidance; and follow up assessment. Results showed that they had successfully achieved more than the proposed 5 to 7 changes and that their capability score had increased substantially, demonstrating that it is possible to achieve significant gains in the integration of substance abuse, mental health and medical services in a relatively short period of time (six months). The special sessions provided feedback on progress to day, identified staff to carry the work going forward and developed plans for making further improvements.

### **Integration of Co-Occurring Disorder and Primary Care Services in NYC Hospital**

The NeC-ATTC began a one-year longitudinal project designed to foster the integration of co- occurring disorder and primary care services in a NYC-based hospital (Richmond University Medical Center) in the fall of 2014, working at the staff, program, and agency levels. Phase 1 of the project involves helping several

services for clients with co-occurring disorders become more capable of providing these services.

The approach to technical assistance and implementation support and guidance involves: assessment, focus groups, development of an implementation plan, webinars on DSM-5, face-to-face trainings on screening, assessment and evidence-based practices and reassessment of co-occurring disorder capability. During Phase 1 of the project the program director has been working with hospital psychiatric and medical staff to pave the way for further integration with medical services. Phase 2 of the project will involve the further integration of co-occurring disorder and primary care services, using an approach similar to the approach described in Integration of Behavioral Health and Primary Care Services.



## **Northwest ATTC**

### **Training on SBIRT and Medication-assisted Treatment**

The NWATTC provides training on SBIRT in partnership with the Department of Behavioral Health and Recovery (DBHR) throughout the state of Washington via in-person training and the development of an online self-paced SBIRT curriculum.

- The NWATTC developed a curriculum on Brief Treatment in Primary Care in collaboration with WA DBHR.
- In Oregon, the NWATTC provides SBIRT training to major health system partners, including Providence Health Plan and Providence Medical Group, as well as contributing to a SAMHSA-funded pre-service training project for Family Medicine residents, MSW students and MH Counseling students.
- Also in Oregon, the NWATTC is partnering with the state's largest Coordinated Care Organization to establish a plan for ongoing dissemination of SUD CME for the primary care providers, including conducting a one-day CME conference on Substance Use Disorders in March 2015.

The NWATTC provides training on medication-assisted treatment in primary care throughout the region.

- The NWATTC will deliver the curriculum on Brief Treatment in Primary Care in collaboration with the Regional Alcohol and Drug Abuse Counselor Training Program in Alaska in the spring of 2015.
- The NWATTC delivered a “SUD 101” webinar for the Oregon Patient-Centered Primary Care Institute.
- The NWATTC is contributing expertise in evaluation to an ECHO project at OHSU to improve mental health management in primary care, including the treatment of co-occurring SUD.
- The NWATTC is partnering with Coordinated Care Organizations, county public health, and other health system partners to provide interdisciplinary motivational interviewing training.
- The NWATTC worked with the Idaho SSA’s to bring Becky Vaughn, SAAS Director, to Idaho in March 2014, to meet with providers at five locations around the state including; Pocatello, Twin Falls, Boise, Coeur d’ Alene, and Lewiston. Ms. Vaughn discussed the current national SUD treatment environment and where the country is headed under the Patient Protection and Affordable Care Act. NWATTC and SAAS are collaborating on facilitating a statewide survey to assess the readiness for Healthcare Reform in Idaho agencies. NWATTC also sponsored Ms. Vaughn’s “Preparing Providers for Health Reform” session at the Idaho Conference on Alcohol and Drug Dependency.
- The NWATTC has conducted outreach to the FQHC membership associations in all four states and is disseminating training and technical assistance opportunities through the PCAs.
- NWATTC Principal Investigator Traci Rieckmann presented at the Oregon Primary Care Association Spring 2014 Symposium.



## **Pacific Southwest ATTC**

### **SBIRT Trainings Throughout the Region**

The PSATTC is in the process of establishing a partnership with the California Community Foundation to assess the SBIRT-related training needs of adolescents and young adults aged 15-22 who are seeking care in a variety of settings. The PSATTC will convene three meetings with providers local to Los Angeles County to determine their specific training needs and to develop a plan for SBIRT implementation with service providers treating individuals aged 15-22.

The PSATTC is partnering with the California Department of Health Care Services (CA SSA) and the California HealthCare Foundation to provide 30 SBIRT trainings throughout the state of California (August 2014-May 2015); in addition, this project includes a mixed-methods evaluation of alcohol-specific SBIRT implementation efforts in primary care settings (among adult Medi-Cal patients aged 18 and older).

In 2014, the PSATTC focused the California Addiction Training and Education Series and Substance Abuse Research Consortium training efforts on the delivery of 8 four-hour SBIRT trainings across California. More than 400 people were trained in this effort. Locations included Fairfield, Orange, Merced, Los Angeles, Quincy, and Sacramento.

In addition to the aforementioned SBIRT training efforts, since 2007, the PSATTC has provided more than 150 SBIRT trainings throughout the Region in a variety of care settings, including: college health centers, dental clinics, jails and other criminal justice settings, ERs, trauma centers, and primary care clinics, mental health clinics, and HIV care settings.

The PSATTC, in partnership with the University of Nevada-Reno, is developing a four-hour self-paced, online course on SBIRT to serve as an alternative to face-to-face training throughout Region 9. The course will be launched in 2015.

### **Increasing Capacity for Integrated Care**

The PSATTC has long established relationships with the Los Angeles County Department of Mental Health, LA County Department of Public Health, Substance Abuse Prevention and Control, and Orange County Health Care Agency to assist with workforce development efforts aimed at increasing the capacity of providers to offer integrated primary health and behavioral health



services. Major training topics include: integrated approaches for treating individuals with co-occurring disorders; SBIRT; motivational interviewing; and performance measurement and process improvement.

In 2014, the PSATTC convened a Strategic Business Planning learning network with providers from across California as part of the SAMHSA-funded BHbusiness Plus effort.

### **CATES Training Series: “The Changing Behavioral Health Care Landscape: Integration, Innovation, and Financing Models for Success”**

In 2013, the PSATTC focused the CATES training series on “The Changing Behavioral Health Care Landscape: Integration, Innovation, and Financing Models for Success.” Key partners included the California Department of Health Care Services, Countywide Alcohol and Drug Program Administrators Association of California, the Pacific Region and Western States Nodes of the NIDA CTN, and Advocates for Human Potential. A total of four daylong trainings were held throughout California in May-September 2013. Post-training technical assistance was provided through a series of 10 hourly webinars. Topics included: developing payer relations, marketing and financing strategies, integration of primary care and behavioral health services, and contract negotiations.

### **Integrated Care Conference**

For the past several years, the Pacific Southwest ATTC) and the UCLA Integrated Substance Abuse Programs (ISAP) Training Department has served as the primary organizer of the Statewide Integrated Care Conference. Attendance in this annual conference has ranged from 500-900+ individuals from California and beyond. For the past few years, the theme of the conference has been “Integrating Substance Use, Mental Health, and Primary Care Services in Our Communities.” The conference has featured national and local experts, including Ron Manderscheid, Dale Jarvis, Robert Ross, and James O’Connell.

### **Arizona Summer Institute**

For the past several years, the PSATTC and Arizona State University Center for Applied Behavioral Health Policy have hosted the Arizona Summer Institute, focusing on integrated care delivery.



## **South Southwest ATTC**

### **Technical Assistance on Integrating SUD services: Louisiana Center**

South Southwest ATTC provided technical assistance (TA) to the Louisiana Center, a treatment center in Lake Charles, LA, providing substance use disorder treatment. This agency has almost completed their transition from a strictly addiction services unit into an integrated health, behavioral health (mental health, developmental disabilities and addictions), with a pharmacy and off-site hospital unit that accepts ER and detox patients requiring detox.

The TA was provided during April 2014. The agency had already done the planning phase and begun implementation. The TA involved a tour of the facilities, a review of the service process, followed by feedback and recommendations for further development.



## **National SBIRT ATTC**

### **Training and Consultation on SBIRT**

The National SBIRT ATTC works to ensure the coordination of multiple national SBIRT initiatives and offers a suite of services to advance the adoption of SBIRT practices within systems.

Three examples of interaction between the National SBIRT ATTC and primary health care agencies include the following:

- On April 15-16, 2013, the National SBIRT ATTC provided training and consultation to a very large primary care clinic on Long Island, NY. A health educator provided 12 hours of training to non-licensed staff, and a team of two SBIRT trained nurses met with the clinic's doctors and nurses for four hours of training. Later, the National SBIRT ATTC provided some feedback on the SBIRT policies and procedures developed by the agency.
- On May 9, 2013, the National SBIRT ATTC began an association with an FQHC in Youngstown, Ohio. This initial meeting was a consultation with the physician director and his staff as they were in the beginning stages of

implementing SBIRT in an FQHC setting. After this initial meeting the National SBIRT ATTC provided an all-staff training and further consultation as the agency considered ways to expand SBIRT to the dental clinic. Later, the National SBIRT ATTC Evaluator provided the director with some guidance around publication of the data emerging from the SBIRT rollout.

- On October 28-30, 2013, the National SBIRT ATTC provided 3 days of training at a large primary care center in Rochester, NY. All staff at the agency, including doctors, nurses, behavioral health and support staff were trained. Further technical assistance was provided around selecting approved, validated screening tools and billing for SBIRT services. In addition, the National SBIRT ATTC arranged for the clinic on Long Island to share its well-developed SBIRT policies and procedures with the Rochester clinic. The National SBIRT ATTC also sent information about SBIRT and smoking cessation as requested by the clinic director.