Mountain Plains ATTC (HHS Region 8)

ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Findings from the MPATTC Advisory Board Survey

September 2019

Mountain Plains ATTC

University of North Dakota
400 Oxford Street Stop 9025
Grand Forks, ND 58202
701-777-4559

University of Nevada, Reno
1664 N Virginia Street Mailstop 0279
Reno, NV 89557

SAMHSA Substance Abuse and Mental Health Services Administration

Work supported by grant 5UR1TI080200-03 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

Executive Summary

The purpose of the Mountain Plains Addiction Technology Transfer Center (MPATTC) is to improve the capacity of Region 8's substance use disorder (SUD) treatment/recovery workforce by using state-of-the-art training and technical assistance (TA), 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 the Substance Abuse and Mental Health Services Administration (SAMHSA) under the department of Health and Human Services.

As the MPATTC enters Year 3 of the five-year funding cycle, Advisory Board members were invited to participate in a survey prior to the September 18, 2019 Advisory Board meeting. The purpose of the survey was to receive input about issues they face in their work related to SUDs and how the MPATTC could assist with these issues from a training/TA perspective. Twenty-eight Advisory Board members were invited to participate and survey responses were received from 16 members, for a total response rate of 57%.

Advisory Board members were asked to respond to four questions:

1) What is the most difficult issue you deal with in your work for which the MPATTC might provide training and technical assistance?

2) Given your understanding of the focus of the work of the MPATTC and after reviewing the summary report for a brief description of accomplishments in the past six months (sent to you in email), what are the next steps that would be helpful to you in our Year 3 activities?

3) What is the most needed training/TA topic in your state?

4) If your state was given unlimited funds related to SUDs, where would you invest your money first?

This report provides a summary of findings from the survey. Common themes were identified under each question and all individual responses within those themes are included.

In responding to the four questions, Advisory Board members commonly expressed needs and concerns in the areas of workforce, stigma, systems-level work, funding, services for special populations, and prevention. In addition, several positive comments were made about the MPATTC's current training/TA services delivery (e.g., On the Spot Consultation, webinars, and Zoom online workshops) and recommendations that the marketing activities of MPATTC resources be increased, while another response gave good advice for the MPATTC to ensure that its training/TA services are not duplicative. The next section highlights these common themes.

Workforce concerns cut across responses to all four question and largely entailed difficulties with 1) recruiting and retaining the workforce necessary to provide effective SUD services, and 2) ensuring providers have staff with competent skills. Specifically, responses noted issues regarding competing with other entities for qualified staff and accessing staff who are willing to work in rural areas or in tribal communities. Other workforce issues mentioned the difficulties with finding and training volunteers and supervising peer support specialists. Furthermore, survey results indicated that the MPATTC can provide support to employers and supervisors by offering training/TA on best practices regarding prevention of burnout and coping with organizational change.

Stigma was mentioned as both one of the difficult issues that Advisory Board members faced and as a training/TA request (e.g., how to address stigma as a barrier to service delivery and how to help communities and the general public understand stigma and its impact on individuals seeking treatment and recovery services). This information will be helpful to the MPATTC as the topic of stigma's impact on SUD could be infused into all learning events to help its dissemination.

Systems-level work was the third theme identified. Advisory Board members in Questions 1 and 3 identified systems-level work as a barrier and also requested additional training/TA. For example, Advisory Board members mentioned Medicaid Expansion, Integrated Care, and accurate use of the Federal Confidentiality Rules and Regulations (42CFR Part 2) as system barriers (most difficult issues) and requested additional training/TA on these issues as well. Finally, systems-level work issues were mentioned in Question 4 and reflected recommendations to expand the number of Recovery Community Organizations (RCOs), increase access to 24-hour assessment and treatment services, and facilitate the collection of more meaningful and useful data. While the MPATTC will not be able to provide funding for these system-level service improvements, it can help regions, states, or providers address these issues and coordinate learning events to share these best practices.

While increasing funding and/or wages for SUD providers is not in the scope of the MPATTC's work, training/TA can help build providers' skills in EBPs which may impact providers' abilities to bring in additional funding through new programing. In addition, Advisory Board Members in Question 3 requested training/TA in business practices, which could also increase funding potential for providers.

In all four questions, the issue of training/TA and developing expertise in providing services to special populations was mentioned. Examples of recommendations include: Youth SBIRT; Co-Occurring Disorders; Maternal Use of Drugs/Alcohol; and EBPs for providing treatment and recovery services for Native Americans. In addition, multiple ongoing training /TA were identified by survey respondents and include: trauma; methamphetamines; digital addictions; telehealth; ASAM; transitioning patients from treatment to recovery support services; etc. These issues are within the purview of the MPATTC to address and will help guide the Year 3

planning. Also, many of these topics, issues, and concerns can be addressed in the various Region 8 workgroups.

Finally, SUD prevention was a topic identified as a priority by several survey respondents and cut across more than one survey question. Since the MPATTC's scope of work primarily focuses on SUD treatment and recovery services, these findings will be shared with the Region 8 Prevention ATTC.

Thanks to MPATTC Advisory Board members for their time and effort in completing the survey. The thoughtful and insightful responses provided are significant and important to the MPATTC staff, especially as Year 3 planning is undertaken.

Categorized Survey Responses to Questions

1. What is the most difficult issue you deal with in your work for which the MPATTC might provide training and technical assistance?

- **LACK OF PRIMARY PREVENTION**
  - *Lack of primary SUD prevention in school systems*
  - *Lack of prevention in school systems*
- **BARRIERS TO TREATMENT AMONG SPECIAL POPULATIONS**
  - *Referrals to treatment for youth*
  - *Lack of treatment for maternal substance use disorders during pregnancy*
  - *Laws that impede care for mothers with SUD*
  - *Providing services in rural areas that do not have access to internet*
  - *Finding evidenced based practices that support the Native American population for healing and recovery. Access to training that is culturally relevant to Native American counselors & recovery support systems.*
- **STIGMA/NEED FOR COMMUNITY-WIDE EDUCATION**
  - *Lack of general public understanding of addiction as a preventable chronic disease*
  - *On-going stigma reduction.*
  - *Assisting professionals working in the justice field in understanding that addiction is a disease and treatment is not punishment. Not a new issue, but with the insurgence of meth, the justice system is feeling overwhelmed and looking for immediate solutions.*
- **CONCERNS ABOUT WORKFORCE**
  - **Recruitment & Retention**
    - *The workforce shortage is the most difficult issue. As the state behavioral health agency, we do not have a way to influence this area other than funding. A resource for retaining current workforce, including ways to keep current staff (could include changing business practices as applicable), addressing burnout, coping with change in leadership.*
    - *Retention of volunteers in Peer Recovery Support; Development of Peer Recovery Support - awareness in the communities, opportunities for employment.*
    - *Employee recruitment and retention. We are experiencing a workforce crisis. We are competing for talent with more and more entities for the available talent; ACO's, School Systems, the VA,*

Hospital Systems and private treatment providers. We used to be able to attract a sufficient volume of talent to fill available positions because we provided great training, but those entities are now offering very rich packages to individuals exiting school and we aren't even attract that group. Because we operate in a segment of the SUD/MH Treatment system that is subject to high standards around evidence-base practices, we have historically served as a training ground. Historically, the volume of individuals exiting the schools was great enough that we could compensate. That's very different now. In the past we were able to retain high quality people, but those folks are getting offers that they can't refuse and that we can't compete with.

- *Having trained providers in [rural] areas that are able to provide services.*
- *Recruitment of qualified tribal members to fill positions*

- **<u>Ensuring a Competent Staff</u>**
  - *Consistency with staff competency development, and retention.*
  - *Refreshing skills of seasoned clinicians can be challenging as well. Cost and travel are the biggest barriers to provide training for CEU*
  - *Enrollment of tribal members for college, then helping them to achieve the educational plan for careers/professions in behavioral health...i.e. LACs*

- **ISSUES AT THE SYSTEMS LEVEL**
  - *[Lack of] immediate access to treatment*
  - *The most difficult issue is the lack of sound understanding of the mechanics of 42 CFR Part 2. Care coordination and building continuums between clinical providers and community-based organizations goes nowhere because providers hide behind 42 CFR Part 2. Sadly, this harms the patient/client and prolongs the journey of wellness.*
  - *I have not been able to fully engage in the work due to scheduling conflicts.*
  - *Medicaid Expansion and Integration issues*

2. **Given your understanding of the focus of the work of the MPATTC, and after reviewing the summary report for a brief description of accomplishments in the past six months (sent to you in email), what are the next steps that would be helpful to you in our year three activities?**

- **FUNDING RELATED ISSUES**
  - *TA on grant applications*
  - *Reimbursement rates that that allow/enable agencies to pay a wage that is competitive in an increasingly competitive environment.*
  - *Assisting states to handle the influx of funding for OUD; coordination between the various entities receiving the funding; ways to use the funding to treat the person as a whole, not just an OUD client*
- **COORDINATION AND COLLABORATION**
  - *Dedicated liaison at the community level to coordinate the work; networking*
  - *The work really needs to integrate more into the existing work in the state. There definitely seems to be a disconnect with what is happening in the state and what MPATTC is providing. Granted this is not a criticism of MPATTC, rather a reflection of how complicated it is to connect dots.*
  - *Continued telehealth and telesupervision in various places not just outpatient, including ER, Primary Care, integration*
- **WORKFORCE ISSUES**
  - *Workforce recruitment and retention strategies*
  - *Advocacy with policy-makers relative to workforce recruitment and retention*
  - *Create a dedicated pipeline or pathway to train tribal members that is paid for and toward terminal degrees in all related fields (medicine, psychiatry/psychology, etc.)*
- **EXPAND MARKETING OF MPATTC**
  - *We have enjoyed a much more active and engaged relationship with MPATTC especially through the RCO workgroup. I would like to see other states in Region 8 to be involved.*
  - *More focused marketing about MPATTC and the availability of resources*
  - *I would like to see more advanced notice however of webinars*
  - *Busy-- but seemed like a lot of remote activities*
- **ASSESSMENT AND EVALUATION**
  - *Opioid Overdose Statistics: Using this information in each state to see where the highest rates are and what efforts to prevention and treatment are in those areas*
  - *Follow up of how the information and/or training efforts helped and in which areas was it beneficial. Sometimes it seems we want to get as much*

resources and training opportunities out there but don't stop to ask if it was helpful in their professional or personal life. Minimal follow up.

- *Potentially to circle back up on plans for the next year--what we can expect, how best to promote etc. I recognize that you may have already sent out some communication but with the mass volume of emails, it is easy to get lost in the shuffle.*

- **BUILD ON SUCCESSES**
  - *Continue doing the great job you all are doing!*
  - *Continue to build on successes*
  - *I would like to see the continuation of the on the spot consultation opportunities, I also appreciate the other webinar based learning opportunities.*
  - *The training opportunities through Zoom and other technology has been very effective and helpful for the entire staff.*
- **ADDITIONAL TRAINING NEEDS**
  - *Additional trainings with focus areas of trauma, digital addictions and professional ethics*
  - *Continue to build skills of workforce to address trauma.*
  - *I feel like we have gone full circle and feel that targeted training on Methamphetamine is needed again. Primarily because there are so many newer clinicians in the field now.*
  - *Let's focus on prevention education and get upstream*

3. What is the most needed training or technical assistance topic in your state?

- **ISSUES RELATED TO WORKFORCE**
  - *Volunteer management*
  - *Professionalization of Peer Recovery Support (what other states are doing).*
  - *Workforce recruitment and retention strategies*
- **TREATMENT APPROACHES**
  - *Training for MAT*
  - *Ongoing Opioid and heroin treatment, including MAT*
  - *Methamphetamine treatment*
  - *Methamphetamine treatment approaches*
  - *Continued education on ASAM and how treatment decisions are made*
  - *ASAM levels of care.*
  - *Ongoing training on telehealth delivery of SUD services as well as technical support for agencies as they implement telehealth services*
  - *Ongoing education/training in evidence based practices*
  - *How to deliver effective case management supports to individuals with SUD*
  - *How to help patients transition from formal treatment to recovery supports*
- **CLIENT-CENTERED CARE**
  - *Trauma*
  - *Basics on the issue of drug use/abuse and the impact to family; how does a family respond? Local services that are family orientated*
  - *General understanding of SUD as a chronic brain disease*
- **ADDRESSING SYSTEMS ORIENTED CONCERNS**
  - *Assessing treatment and business models; How does the system continue to move forward while the funding remains level or is less than previous years. How do we ensure that we are serving those that need services the most?*
  - *Sustaining activities funded with grant dollars and making a routine part of business*
  - *Data privacy, governance, sharing. Most providers collect a lot of data because they are required to by the state or their funders but that data sits in a black hole for years. It's never used in real-time to help patients, nor is it shared or maintained to improve systems and care or to inform the public of their reach and effectiveness.*
  - *Would be nice to see required behavioral health including SUD education in school systems. Would be good to see SUD prevention / Evidence Based Intervention in the school. We are just waiting too long and ending up to far down stream what a national crisis*

    - *There needs to be a "step back" and reflect on all of the trainings that are occurring and then ensure that trainings offered are not duplicative.*
- **OTHER**
    - *Opioid overdoses*
    - *Ethics*
    - *Youth SBIRT*

4. If your state was given unlimited funds related to SUDs, where would you invest money first?

PREVENTION

- *Prevention for SUD disorders in rural areas*
- *Prevention*
- *Prevention and Early Intervention are the most severely underfunded*
- *Harm reduction models*
- *Education and prevention from early head start through 12.*

WORKFORCE

- *We would first address the wage gap.*
- *More staff at the state level to support the good work we are doing!*

IMPROVED SERVICES FOR SPECIAL POPULATIONS

- *Treatment for SUD disorders in rural areas: Individuals would have access to treatment via transportation, vouchers, access to internet, no wait times to get assistance*
- *Housing for homeless SUD addictions*
- *Fully fund the education with payback obligation to serve the most underserved areas (i.e. reservations, rural) and for all levels (i.e. CNAs to physicians)*
- *Invest in adapting all aspects of the certification process for Native American counselors due to the culturally different ways Native American people learn and use their traditional healing practices.*

IMPROVEMENTS AT THE SYSTEMS LEVEL

- *Expansion of Recovery Community Organizations providing recovery support in Wyoming on a regional basis.*
- *Developing a vision for the statewide prevention and treatment system for the next 5-10 years. Without that and strong leadership, our system will stagnate.*
- *Basic system infrastructure. Colorado licensing does not meet the ASAM levels of care for 111.7 - need to ensure persons have adequate medical monitoring post hospitalization.*
- *A good information and referral system that would provide 24 hour access to treatment and a way to know where spots are open rather than having to call each provider individually in the middle of a crisis.*
- *Full-scale health information exchange with patient ID mapping and connection to SDOH frameworks for fully connected data, care coordination, and upstream interventions.*
- *Reporting systems to collect better and more meaningful data*

TRAINING

- *Develop some in-person and web based training for justice professionals, judges, state's attorney's etc. on addiction disorders.*
- *Continued training and support for the field in evidence based practices*
- *Newer and perhaps more relevant curricula*
- *A convening of organizations that are providing training to review existing and future plans.*

TREATMENT

- *MAT*
- *Co-occurring residential treatment*
- *Co-occurring outpatient treatment*