Moderators

Aaron Williams, Senior Director, Training and Technical Assistance for Substance Use

Roara Michael, MHA, Senior Associate
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Learning Objectives

• Understand the key components of a successful integrated care model to treat opioid use disorders in a rural health center

• How to develop motivational interviewing skills in a primary care setting as it relates to opioid use disorder

• Identify key considerations for setting up MAT services in a rural health care setting

• Understand how to treat patients with opioid use disorders and other chronic health conditions and complex needs

• Explore mechanisms for training and maintaining substance use disorder treatment staff in rural health center settings
Health Resources & Services Administration (HRSA)

Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged
- HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care
## HRSA Funding (dollars in millions)

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<tr>
<th>HRSA Program</th>
<th>FY 2017 Enacted</th>
<th>FY 2018 Request</th>
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<td>Primary Health Care</td>
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*Administered by the HHS Office of the Assistant Secretary of Health, Office of Population Affairs.*
To learn more about our agency, visit

www.HRSA.gov

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Motivational Interviewing Techniques in Integrated Care Settings

Deborah Myers, M.Ed., LPCC-S
Consultant and Trainer, Center for Evidence Based Practices
What is Motivational Interviewing?

- Collaborative, goal-oriented style of communication
- Pays specific attention to the language of change
- Evokes and strengthens a person’s own motivation for change
- By eliciting and exploring person’s own reasons for change
- Occurs within the context of provider acceptance and compassion

(Miller & Rollnick, 2013)
People are more open to conversations about change when the provider:

- Avoids making the arguments for change
- Elicits the person’s own reasons for not changing/changing
- Demonstrates understanding of the person’s perspective
- Acknowledges the challenges inherent in any change process
- Honors the person’s right of choice
- Recognizes the person’s intentions, efforts and strengths
- Uses shared-decision making as a core skill in wellness planning
Listen to the person’s concerns and identify

• Their own statements regarding an interest in addressing their opioid use (Change talk)

• Opportunities to raise the topic of motivation for change regarding their opioid use:
  • New or existing physical health concerns/risks that may be connected to or made worse by opioid use.
  • Other concerns that may be connected to or made worse by opioid use (i.e., mental health, relationship, housing, safety, victimization, employment, financial or legal, etc.)
Sustain Talk
Person presents the arguments for status quo

Example:
“It’s not as big a deal as you make it out to be.”

Strategies:
• Resist the urge to argue for change
• Reflect understanding of person’s perspective
• Consider a hypothetical open-ended question to elicit change talk
  “Currently, this isn’t much a of concern for you. What would be a sign for you that you may need to look more closely at your drug use?”
Change Talk
Person presents the arguments for change

*Desire* – want, prefer, wish

*Ability* – able, can, could, possible

*Reasons* – Why do it? What would be good?

*Need* – important, have to, need to, got to

*Commitment* – readiness, willingness, intention, taking steps
Change Talk - examples

1. “I want to get my kids back and I can’t do that unless I quit using.” (Desire)

2. “I think I could quit.” (Ability)

3. “If I stopped using my health would improve.” (Reason)

4. “I’ve got to do something about my drug use or I may die.” (Need)

5. “I’m ready to try treatment.” (Commitment)
Strategies to elicit change talk: open-ended questions (see handout)

- Ask evocative questions
- Use importance ruler
- Explore the pros/cons
- Ask for elaboration
- Look back / look forward
- Query extremes
- Explore goals and values
- Hypothetical questions
Eliciting change talk: importance ruler

1. On a scale of 0 - 10 how important is it for you to (quit using opioids)?
2. Why are you at a ____ and not a zero? (listen for the change talk)
3. What would it take for you to be at a ____ (1 number higher than they are)?
Eliciting change talk when readiness is low: hypothetical questions

1. “In terms of your health, what might it take for you to make a decision to stop using drugs?”

2. “If you were to continue using drugs, what might your health be like in 5 years?”

3. “If you were to stop using drugs, what might be some of the health benefits?”

4. “What advice might you offer to a friend in a similar situation?”
Strategies to elicit change talk: reflections

• Are a statement of what the person has said to you
  • Same or similar words
  • Metaphor
  • May include a guess at feeling or meaning

• Helps the person to feel understood

• When you hear change talk reflect it, this reinforces the change talk and elicits more of it
Strategies to elicit change talk: reflections

• When you hear both sustain and change talk, first reflect the sustain talk and then the change talk. It helps continue the conversation in the direction of change.
  • Connect both sides of the reflection with “and”

Person:
  “I am doing ok right now. I know heroin isn’t’ good for me in the long run, but I’m not ready to doing anything about it. ”

You:
  “You’re not ready to stop using and at the same time when you look a ways down the road, you want a better future than the one you see with heroin.”
Commitment to change

If you think the person may be ready to start planning for change summarize:

1. Person’s perception of the situation
2. Any remaining ambivalence they have about making a change
3. Evidence related to importance of change
4. Include person’s own change talk
5. Affirm the person

“It’s important to you to work on taking better care of yourself, in order to be there for your children.”
Commitment to change

- Ask a key question: “What are some ways you would like to move forward from here?”
- If you hear sustain talk/no interest in making a change
  - Refrain from proceeding to action planning
  - Continue to explore and develop motivation over time
  - Revisit topic at another time
  - Evaluate if person needs more information
- If you hear commitment change talk (readiness, willingness or intention)
  - proceed with collaboratively planning a course of action
Addressing Opioids in Integrated Care

Chastity L. Dolbec, RN, BSN, Director of Patient Care & Innovation; Melissa Herman, LICSW, LAC; Brandi Richter, COTA, Behavioral Health Care Coordinator
Coal Country Community Health Center
Background ~ Providing Integrated Care Services to Address Opioid Use Disorders

• Key Considerations for Setting up MAT Services in a Rural Health Care Setting
  • **Community Health Needs Assessment** (CHNA)
    • Assessed need for improving access for substance use and mental health services as it relates to opioid use disorders
    • Strategic Plan developed to address needs identified
      • Board of Directors, Administrative Leadership, Medical Leadership
      • Administrative team lead
      • Community Collaboration
  • **Community Health Improvement Plan**
    • Goals, Objectives, Strategies, and Performance Measures
    • Population Health Committee facilitates the work plan
Providing Integrated Care Services to Address Opioid Use Disorders in a Health Care Setting

• Key Considerations for Setting up MAT Services in a Rural Health Care Setting
  • Patient-Centered Medical Neighborhood of Care Delivery
    • Collaborative partnerships
      • Critical Access Hospital – emergency/in-patient
      • Local public health unit – Narcan kits/needle exchange program
      • Local skilled nursing facility – access for long-term skilled care
      • Local emergency response systems
      • Heartview – Alcohol and Drug Treatment Program
  
• Expanded screening for all patients
  • PHQ4 and CAGEAID
    • PHQ9, GAD7, DAST, AUDIT
Providing Integrated Care Services to Address Opioid Use Disorders in a Health Care Setting

• Key Considerations for Setting up MAT Services in a Rural Health Care Setting
  • Expanded Care Team Members Beyond Primary Care
    • Addition of Behavioral Health Care Coordinator (BHCC)
    • Addition of Contracted Licensed Clinical Psychologist
    • Addition of Licensed Addiction Counselor
    • Support staff – certified nursing assistants
    • Registered Nurse Care Coordinators
    • Physicians and Mid-level providers – DATA 2000 Waiver
Providing Integrated Care Services to Address Opioid Use Disorders in a Health Care Setting

• Key Considerations for Setting up MAT Services in a Rural Health Care Setting
  • **Dedicated resources for training care team members**
    • SAMHSA (Substance Abuse and Mental Health Services Administration)
      Online Training – Physicians, Mid-Level Provider, Nurses, and BHCC
    • Motivational Interviewing
    • SBIRT (Screening, Brief Intervention, Referral, Treatment)
    • Opioid Symposium – North Dakota Department of Health
    • CHAMPS – Community Health Association of Mountain/Plains States
    • NAADAC – National Association for Addiction Professionals
    • UND Center for Rural Health – Project ECHO Management of Opioid Use Disorder
Key Considerations for Setting up MAT Services in a Rural Health Care Setting

- HRSA AIMS Funding
  - Expanded providers through training and waiver
    - Four physicians; One nurse practitioner
  - Expanded access at additional clinic location
    - Two days/month western ND
  - Expanded access for screening in school location
  - Expanded licensed clinical psychologist availability
  - Narcan kits
  - Drug Take Back location at local pharmacy – marketing
  - Needle Exchange Program – Custer Health lead
Providing Integrated Care Services to Address Opioid Use Disorders in a Health Care Setting

- Key Components of a Successful Integrated Care Model
  - Team-based care
  - Investment in training and resources
  - All team members receive education and training
  - Access for referrals
  - Transparency in achieving health outcomes
    - Monthly tracking of outcomes
      - Depression and Anxiety screening and follow-up
      - Alcohol and Substance Use screening and follow-up
  - Innovative approaches
    - School pilot project addressing youth/adolescent needs
    - SBIRT / Motivational Interviewing
Sustaining Addiction Treatment Services in a Rural Health Center Setting

- Stepping Stones to Program Development
  - Additional LAC
  - ASAM Level .5, Level 1 Programming… and getting creative
  - Contracts with other agencies
    - WARC
  - Community Education
    - MHFA
    - YMHFA
    - Lunch and Learns
    - Recovery Month
Sustaining Addiction Treatment Services in a Rural Health Center Setting

• Networking and collaboration with Heartview Foundation
  • MAT Program
  • TAAP Consortium- Training Academy for Addiction Professionals
  • Peer Support Specialists

• Addition of Higher Levels of Care
  • ASAM Level 2.1
Sustainability and Innovation

• Expansion of Screening in Schools
• Expansion of Needle Exchange Program and Narcan Kits
• Expansion of LAC services and programs
• Community-based Substance Use Response Task Force
  • SAMHSA’s Strategic Prevention Framework (SPF)
    • Assessment, Capacity, Planning, Implementation, Evaluation
      • Identify gaps in care
      • SWOT Analysis – examine capacity to implement additional prevention, treatment, and recovery efforts
      • Improve access at schools, work, home, other facilities
HRSA Access Increases in Mental Health and Substance Abuse Services (AIMS) Resource Page

FY 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) supplemental funding supports the expansion of access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse.

https://bphc.hrsa.gov/programopportunities/fundingopportunities/supplement/
Web-Based Resources (cont.)

SAMHSA's Providers’ Clinical Support System for Medication-assisted Treatment (PCSS-MAT)
Educates providers on the most effective medication-assisted treatments to serve patients in a variety of settings.
https://pcssmat.org/

Prescribers’ Clinical Support System for Opioid Therapies (PCSS-O)
A national training and mentoring project that provides a variety of no cost CME programs on the safe and effective prescribing of opioid medications in the treatment of pain and/or opioid addiction.
https://pcss-o.org/

SAMHSA Opioid Overdose Prevention Toolkit
This toolkit offers strategies to health care providers, communities, and local governments for developing practices and policies to help prevent opioid-related overdoses and deaths. Access reports for community members, prescribers, patients and families, and those recovering from opioid overdose.
https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/All-New-Products/SMA16-4742
CIHS Motivational Interviewing Resources
Motivational Interviewing is a clinical approach that helps people with behavioral health disorders and other chronic conditions such as diabetes, cardiovascular conditions, and asthma make positive behavioral changes to support better health.

https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing

Case Western Reserve University Center for Evidence-Based Practices
Center provides technical assistance (consulting, training, evaluation) for service innovations that improve quality of life and other outcomes for people with mental illness or co-occurring mental illness and substance use disorders.

https://www.centerforebp.case.edu/practices/mi
Visit www.integration.samhsa.gov or e-mail integration@thenationalcouncil.org

Free consultation on any integration-related topic!
WHO WE ARE

The **SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)** is a national training and technical assistance center dedicated to the planning and development of integration of primary and behavioral health care for those with mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety-net provider Settings across the country.

CIHS is jointly funded by Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Services Administration (HRSA), and is run by the National Council for Behavioral Health through the contract task order HHSS283201200031I/HHSS28342001T, Ref No. 283-12-3101.
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

The mission of HRSA is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs.

integration.samhsa.gov