

# Improving Co-occurring Capacity

## Training and Technical Assistance Project

### 2018 - 2019

#### Project Description

This learning community is intended to support mental health treatment providers who are interested in improving their capacity to work with youth at risk for substance use/misuse. The primary aims for this community are:

1. Increasing retention in treatment for youth with co-occurring disorders.
2. Improving the identification of youth at risk for a substance use disorder or harm related to substance use through the implementation of the [CRAFFT II](#), a standardized substance use screening tool for adolescents and young adults.
3. Increasing the number of staff members who are trained in the use of motivational interviewing (MI) techniques to have effective conversations with youth about their use of alcohol and other drugs.

Providers who are selected to participate in this community will participate in the following activities:

- Four learning community meetings (two in person and two virtual) that will take place between October 2018 and April 2019.
- Training and virtual coaching for staff members in the use of the CRAFFT II and motivational interviewing techniques.

This project is sponsored by the Children's Behavioral Health Knowledge Center at the Massachusetts Department of Mental Health in collaboration with the Bureau of Substance Addiction Services at the Massachusetts Department of Public Health and the Massachusetts Screening Brief Intervention and Referral to Treatment (MASBIRT) Training and Technical Assistance Center at Boston Medical Center.

#### Project Activities

Participation in this project involves the following meetings/trainings.

- A day-long "kick-off" meeting with the **change team** from each organization. At this meeting change teams will spend the morning engaged in learning about the CRAFFT II and MI. During the afternoon session teams will spend time developing a site-specific plan for implementing the CRAFFT II and the MI training.
- Three days of training on the CRAFFT II and MI (two consecutive days followed by a third day approximately eight weeks later). CE credits will be offered for social workers and licensed mental health counselors. Providers can select **up to nine** staff to participate in the trainings – these nine staff members **can** include members of the change team if desired.

- Four hours of “virtual coaching” using Adobe Connect and Basecamp (an online collaboration space) for staff members who participated in the training.
- Two one -hour virtual online meetings for change teams to report progress on the CRAFFT II implementation and use of MI.
- One final half-day meeting for change teams to present on their work and plan for sustainability and/or scale-up within their organization.

### *Timeline of activities*

| Activity   | Date/Time   |
|--|---|
| Application release – click link below for online application<br><a href="https://www.surveymonkey.com/r/B6TL7HX">https://www.surveymonkey.com/r/B6TL7HX</a>                         | July 30, 2018   |
| Webinar for interested applicants<br><a href="http://donahue.adobeconnect.com/improving-co-occurring-capacity/">http://donahue.adobeconnect.com/improving-co-occurring-capacity/</a> | August 7, 2018 at 10:00 am  |
| Application due  | August 28, 2018<br><i>Applications must be submitted via Survey Monkey. No paper applications will be accepted.</i> |
| Notification decisions   | September 7, 2018   |
| Kick-off meeting for change teams  | October 17, 2018 9:30 – 3:30 pm   |
| Screening and intro to MI skills training  | November 15 and 16, 2018<br>January 16, 2019  |
| Change team leader virtual progress meeting  | December 12, 2018 at 11:00 am or 12:15 pm   |
| Virtual coaching meeting #1  | December 19, 2018 at 11:00 am or 12:15 pm   |
| Virtual coaching meeting #2  | February 27, 2019 at 11:00 am or 12:15 pm   |
| Change team leader virtual progress meeting  | February 20, 2019 at 11:00 am or 12:15 pm   |
| Virtual coaching meeting #3  | March 27, 2019 at 11:00 am or 12:15 pm  |
| Wrap-up and presentation meeting   | April 10, 2019 9:30 – 12:30 pm  |

### Eligible Entities

**Four non-profit 501(c)(3) organizations** located in **Massachusetts** that deliver mental health treatment services (e.g. outpatient, inpatient, partial hospital, intensive outpatient, in-home therapy, Caring Together Continuum services, DMH Flexible Support services) to youth and young adults will be selected to participate in the learning community.

Providers must identify **one site or program** to implement this screening and staff training project.

### Change Team

Organizations must identify individuals from their organization to serve in the following roles:

- **Executive Sponsor:** The Executive Sponsor should be a high-level administrator at the organization (i.e. CEO, Executive Director, COO, VP for Children’s Services). The executive sponsor assists in defining the change project for the organization including the specific aim, level of care, or site/location. It is preferred that this person attend the learning community kick-off meeting.

- Change Team Leader: The team leader serves as the primary point of contact for this initiative with faculty and learning community organizers. This person needs to have the ability (and leverage) to interact with all levels of the organization. This person should be at a Director level or higher in the organization. She/he also needs to be able to allocate the time required for this initiative. She/he also should be a good team leader, communicator, and delegator, have good organizational skills, and experience with making changes. This person **must** commit to attending all meetings as part of this initiative.
  
- Change Team members: The Change Team membership should consist of **no more than seven people but no less than five people (including the Change Team leader but not including the Executive Sponsor)**. The team should include members from all areas critical to the functioning of the system that is the focus of improvement activities. For example, a Change Team working on access issues would include a person who handles intake calls from potential youth/families requesting treatment services as well as a counselor. This may include:
  - Workers and supervisors at the program/site where the changes will be implemented.
  - Others who are affected by the change (e.g., other departmental staff if the change crosses departments, human resources, information technology staff etc.).
  - People with special knowledge about a specific change (e.g., youth, family members, peer mentors, training directors, etc.).

### **Motivational Interviewing Training**

Motivational Interviewing (MI) is an evidence based practice that includes a specific frame for working with clients, referred to as the Spirit of MI, as well as a set of skills used towards the goal of helping a client change a specific behavior. The MI approach is directive and patient-centered. It promotes behavioral change by helping clients explore and resolve their ambivalence about change. Research has shown that this intervention works well with individuals who start off unmotivated or unprepared for change and may not be ready to commit to change.

MI can be used to augment on-going behavioral health services or as a discrete interaction(s). MI is often combined or followed up with other interventions, such as cognitive therapy, support groups or stress management training. It can also be used to prepare individuals for more specific types of therapy. MI skills can be useful to behavioral health practitioners of all levels of training and experience. MI is a skill set that cuts across mental health and substance use service settings.

This in depth MI training will assist staff members to deepen experience and skill in conversing with youth regarding alcohol and other drug use. This includes youth at all levels for risk, as well as those with a substance use disorder. The training will give staff additional methods to address substance use and motivate clients to change behavior.

This training is for behavioral health staff either with little or no MI training or those with some MI training who want to deepen their skills and have an opportunity to practice them. It will include two full

day sessions and a full day follow-up approximately 8 weeks later. Trainees will additionally receive three virtual coaching sessions to support their MI skill development.

Providers can select up to nine (9) staff to be trained in the CRAFFT II and MI from **one site or program** (change team members can be included as part of the training cohort).

### **Faculty/Project Team**

**Lee Ellenberg, LICSW** is the Training Manager for the Massachusetts Screening, Brief Intervention, and Referral to Treatment Training and Technical Assistance (MASBIRT TTA) program, where he leads the training and implementation efforts. He led MASBIRT implementation as the Clinical Program Supervisor in a variety of healthcare settings and provided clinical supervision to more than 25 Health Promotion Advocates and behavioral health staff. Lee has trained both locally and nationally on SBIRT and Motivational Interviewing.

Previous to working with MASBIRT, he was the Social Work Manager of HIV services at Cambridge Health Alliance and the Associate Director of Mental Health and Addiction Services at Fenway Health. Lee has also served on the board of directors of Cambridge Cares About AIDS.

**Angela Cooper, LCAT** Angela is a Licensed Creative Arts Therapist and the Chief Learning and Development Officer for Insight On Demand. For the last 15 years, Angela has worked in nonprofit organizations with adolescents and young adults involved with the criminal justice system, the foster care system and with histories of trauma and substance use. Angela has been practicing Motivational Interviewing since 2008 and was trained by MINT in 2012. She has since trained community based organizations, school personnel, and police and probation officers across New York City and the greater Boston area to use Motivational Interviewing, Cognitive Behavioral Therapy techniques, and to be trauma informed in their work with vulnerable populations. She has also worked with organizations to implement sustainable and outcome oriented training and professional development systems to support their staff in reaching outcomes for the clients they serve.

**Kelly English, MSW, Ph.D.**, joined DMH in January 2015 as the first full-time director of its Children's Behavioral Health Knowledge Center. She is responsible for setting the strategic director of the Center, consistent with its legislative authorization; developing partnerships with state agencies, community based organizations, research institutes, and advocates; and developing and managing projects that advance the Center's mission and the children's behavioral health system. She has worked in a variety of organizations, including a national consulting firm, MassHealth, and community-based service provider organizations. She is a licensed independent clinical social worker and holds a Ph.D. in social work from the Boston College School of Social Work.



Improving Co-occurring Capacity Training and TA

**This application must be submitted no later than August 28, 2018. There are two required attachments: 1) a letter explicitly stating the organization’s support for this initiative on agency letterhead signed by the Chief Executive Officer/Executive Director of the organization  
2) documentation of the organization’s non-profit status.**

\* 1. Please provide contact info for the lead/primary contact for this initiative.

|                      |                      |
|----------------------|----------------------|
| Primary Contact Name | <input type="text"/> |
| Organization         | <input type="text"/> |
| Address              | <input type="text"/> |
| Address 2            | <input type="text"/> |
| City/Town            | <input type="text"/> |
| State/Province       | <input type="text"/> |
| ZIP/Postal Code      | <input type="text"/> |
| Country              | <input type="text"/> |
| Email Address        | <input type="text"/> |
| Phone Number         | <input type="text"/> |

2. Provide a brief (no more than 1 paragraph) description of your organization including years in operation, mission, client population, numbers served, ages, and the current range of services and/or activities provided.

3. What level of care or service (e.g. outpatient, group home, residential program, in-home therapy, Caring Together Continuum) **AND** site location (e.g. Pearl St. in Brockton) is your organization proposing for this initiative? It is acceptable to include more than one level of care/program as long as they are co-located and senior managers from the programs participate on the change team. **Why** are you proposing this particular level of care and site location?

4. Please provide a brief description of the selected program(s) and site referenced in the above questions. Include information about the number of youth served annually, the average daily capacity of the program (i.e. number of slots or beds), the staffing model, any special populations served (e.g. LGBTQ youth, young parents, etc.), goals and intended outcomes of the program, and common referral and funding sources.

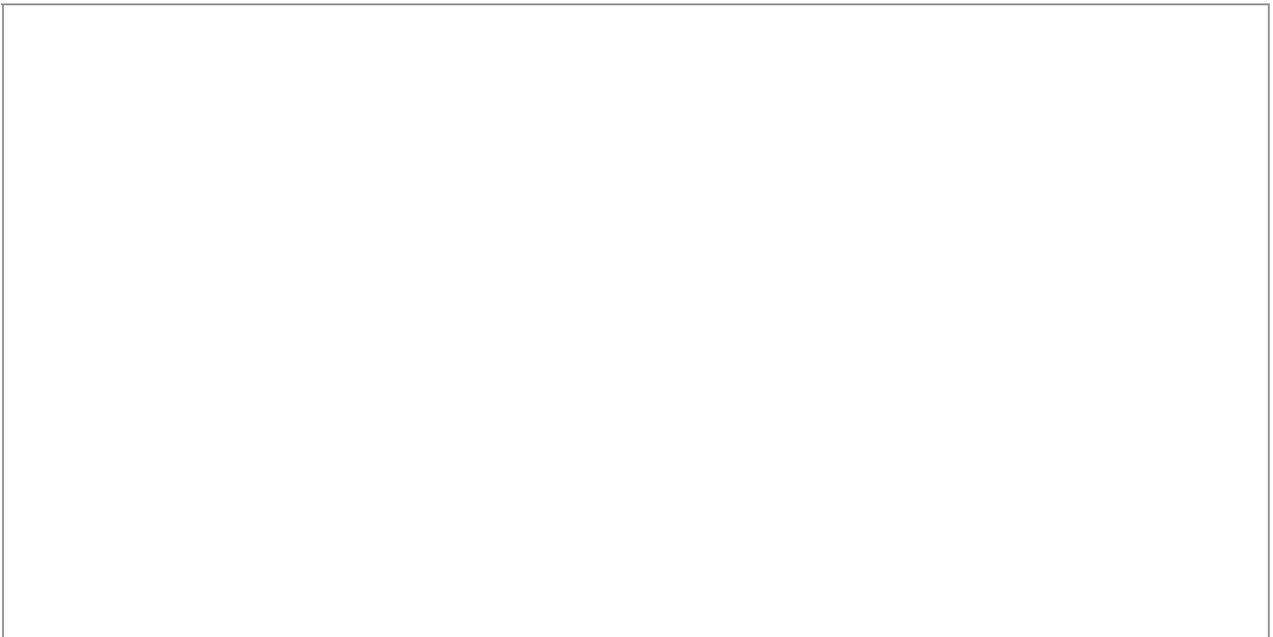
5. Describe why your organization is interested in participating in the initiative. What benefits/opportunities does your organization foresee relative to improved quality, cost, and outcomes for the particular level of care/service?

6. What (if any) data do you collect now about youth at risk for substance use/mis-use?

7. Identify more than one challenge or problem you foresee relative to participation in the initiative and how your organization intends to address these issues.



8. Identify any other major staff development initiatives at your agency/site that would run concurrently with this project and how your organization will ensure adequate capacity to manage multiple projects.



9. Please identify the name AND role/title of the individuals your organization is proposing serve in the following roles as part of the change team? It is understood that the names offered below may change due to staff attrition but organizations should identify a replacement should someone identified below be unable to participate. **The organization must identify no more than 7 but no less than 5 change team members (not including the exec sponsor).**

|   |                      |
|---|----------------------|
| Executive sponsor name                    | <input type="text"/> |
| Change leader name/role                   | <input type="text"/> |
| Change team member 1 name/role            | <input type="text"/> |
| Change team member 2 name/role            | <input type="text"/> |
| Change team member 3 name/role            | <input type="text"/> |
| Change team member 4 name/role            | <input type="text"/> |
| Change team member 5 name/role (optional) | <input type="text"/> |
| Change team member 6 name/role (optional) | <input type="text"/> |
| Change team member 7 name/role (optional) | <input type="text"/> |

10. Please upload a letter of support from the Executive Director or CEO

No file chosen

11. Please upload a copy of your organization's tax-exempt (non-profit) status.

No file chosen