Mike DeWine, Governor

Lori Criss, director, OhioMHAS

Ohio Substance Use Disorder Center of Excellence Advisory Committee Kickoff Meeting August 29, 2023

Ohio Mental Health & Addiction Services

CASE WESTERN RESERVE UNIVERSITY
Jack, Joseph and Morton Mandel School of Applied Social Sciences

Center for Evidence-Based Practices

Welcome - OhioMHAS

Lois Hochstetler, MSW, *LISW-S*
Assistant Director
Office of Community Treatment Services
Ohio Department of Mental Health and Addiction Services

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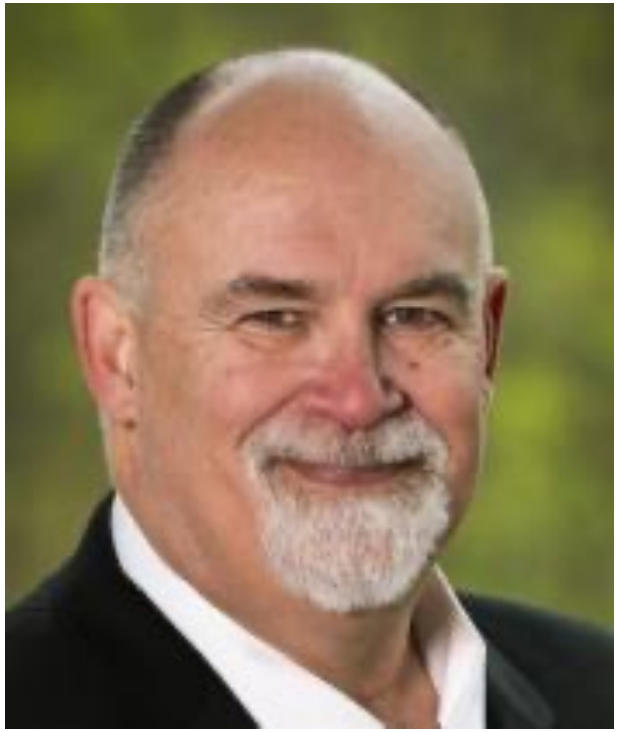
Ohio's Commitment to Quality

- The SUD Center of Excellence aligns with Governor Mike DeWine's plans to build and enhance statewide infrastructure for a fully integrated behavioral health system of care.

- The creation of a new, dedicated SUD COE will allow Ohio to develop its growing workforce by educating them on best practices in administrative management along with best and emerging practices regarding the treatment of various substance use.

Welcome – CEBP and the New SUD COE



Ric Kruszynski, MSSA, *LISW-S, LICDC-CS*
Director
Center for Evidence-Based Practices (CEBP)
Ohio SUD COE
Begun Center for Violence Prevention
Research and Education
Mandel School of Applied Social Sciences
Case Western Reserve University

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Goals for Today's Meeting

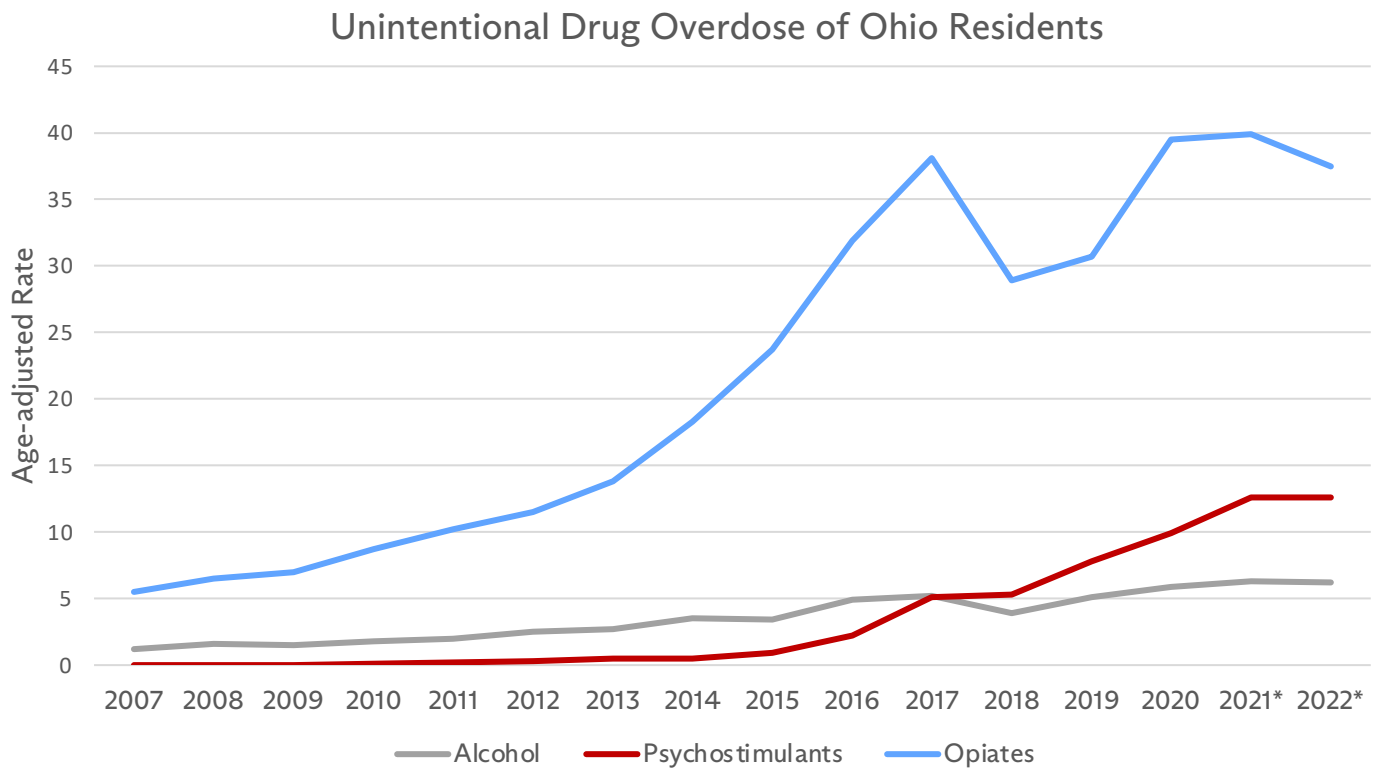
- Become familiar with the SUD COE initiative
- Solicit input and feedback from the Advisory Committee re:
  - Gaps in current professional development needs and opportunities
  - Recommendations for treatment-related and administrative-related EBPs/ESIs
  - Target populations for workforce development
  - Strategies for successful EBP/ESI promotion
- Help identify metrics of success for the SUD COE

SUD Prevalence in Ohio

- The National Survey on Drug Use and Health data from 2018-2019 suggests:
  - 747,000 Ohioans have had a substance use disorder within the past year. Of which…
    - 505,000 had an Alcohol Use Disorder*
    - 339,000 had an Illicit Drug Use Disorder*
    - 103,000 had a Pain Reliever Use Disorder*

**Figures are not mutually exclusive*

SUD-related Mortality in Ohio



Data source, The Ohio Public Health Data Warehouse of ODH, 8/24/2023. Gathered from death certificates

* Years are considered partial and may be incomplete
Drug categories are not mutually exclusive
Opiates include Heroin, Fentanyl, Methadone and other Synthetic Opiates
Psychostimulants include those with abuse potential, including methamphetamine

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Ohio's New SUD COE

- To educate Ohio's workforce about best practices, the OhioMHAS has awarded a three-year, $6 million grant for a new statewide initiative located at the Center for Evidence Based Practices at Case Western Reserve University.
- The grant, from federal American Rescue Plan Act dollars awarded to Ohio through the federal Substance Abuse and Mental Health Services Administration (SAMHSA), funded this Substance Use Disorders "Center of Excellence" (SUD COE).

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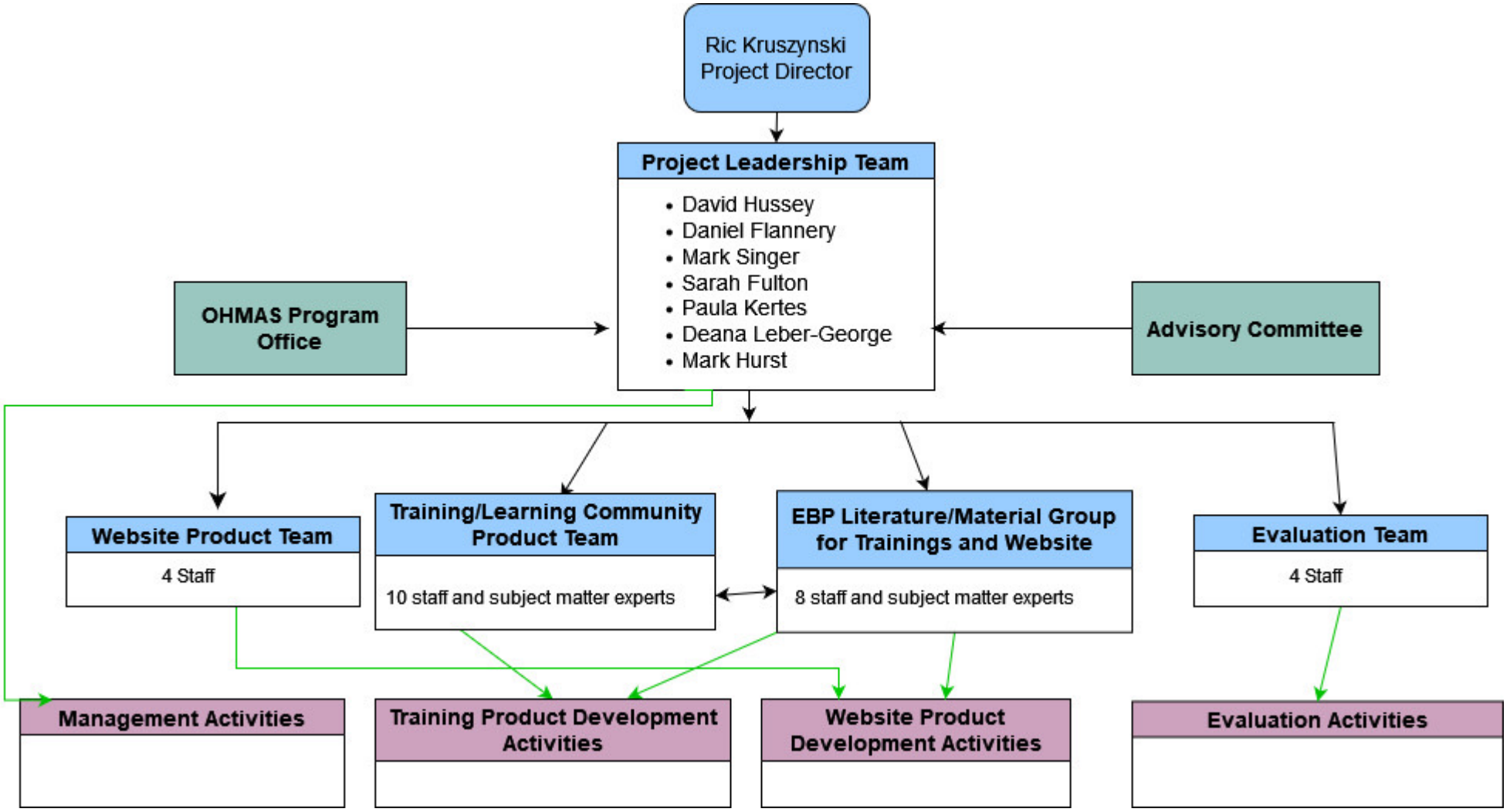
SUD COE: Organizational Chart



The Begun Center for Violence Prevention Research and Education

Daniel J. Flannery, PhD
Distinguished University Professor
Dr. Semi J and Ruth Begun Professor
Director, Begun Center for Violence Prevention Research and Education
Jack, Joseph and Morton Mandel School of Applied Social Sciences
Case Western Reserve University

Professor of Psychiatry and Pediatrics
University Hospitals Cleveland Medical Center

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The Begun Center for Violence Prevention Research and Education: Our Mission

Applied community-based **research**, **evaluation**, and **training** of **evidence-based** programs that seek to bridge the gap between science and practice.

Working with partners to demonstrate the impact of research through:

- significant behavioral **outcomes**
- improved **systems**
- effective **policy**

Focus Areas

Behavioral Health / Substance Abuse

Trauma-Informed Practices

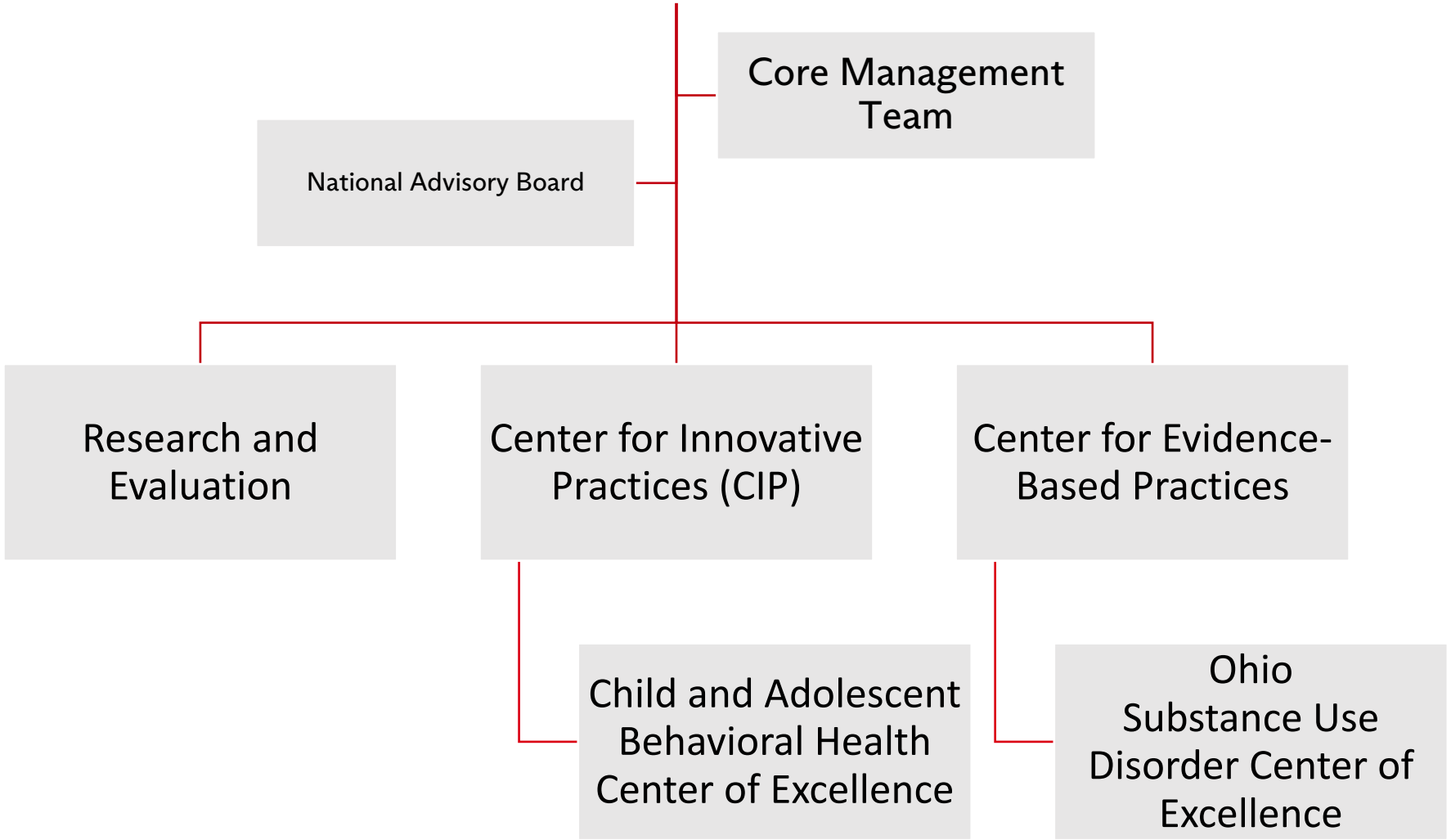
School-Based Violence Prevention

Law Enforcement Initiatives

Criminal + Juvenile Justice Systems

Community-Based Research

Begun Center for Violence Prevention Research & Education



Begun Center work in SUD space

- U.S. Department of Justice, National Institute of Justice (2017-DN-BX-0168). Cuyahoga County, Ohio Heroin and Crime Initiative: Informing the Investigation and Prosecution of Heroin-related Overdose.
- U.S. Department of Justice, Bureau of Justice Assistance (with the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County). (2018-AR-BX-K033): Comprehensive Opioid Abuse Site-based Program (COSSAP) Public Safety and Public Health sharing Partnerships: Northern District of Ohio Opioid Data Sharing Action Plan.
- Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Overdose Fatality Review (OFR) Database Pilot Site Selection Project (with the Cuyahoga Count Medical Examiner's Office).
- U.S. Department of Justice, Bureau of Justice Assistance (with the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County). (15PBJA-22-GG-04436-COAP): Comprehensive Opioid Abuse Site-based Program (COSSAP). Enhanced Data for Improved Substance Use Surveillance, Prevention and Recovery on Reentry in Cuyahoga County Ohio.
- Centers for Disease Control and Prevention (NU17CE2019001969). National Center for Injury Control and Prevention. With Cuyahoga County, Ohio Board of Health. Overdose Data to Action (OD2A).

The Center for Evidence-Based Practices (CEBP)

Ohio Mental Health & Addiction Services

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The Center for Evidence Based Practices (CEBP) at Case Western Reserve University

Originally commissioned through a partnership between ODMH and ODADAS in 1999/2000, the CEBP was formed to address the technical assistance needs of nine pilot Integrated Dual Disorders (IDDT) treatment teams.

Expansion initiatives over the subsequent two decades resulted in training consultation and program evaluation expertise for multiple EBPs.

Since its inception, the CEBP has and continues to serve the EBP technical assistance needs of treatment programs and health care systems in Ohio and 37 other States, as well as support for programs in Australia, Netherlands, Canada, Norway and England.

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Participant Introductions

Tell Us About Yourself

Please share:

1. Name, title, organization
2. When you hear Center of Excellence, what do you think of?
3. Share one wellness activity you regularly engage in outside of work

The Ohio Substance Abuse Monitoring (OSAM)

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Mike DeWine, *Governor*
Lori Criss, *Director, OhioMHAS*

Epidemiological Updates from Ohio Substance Abuse Monitoring (OSAM) Network

R. Thomas Sherba, PhD, MPH, *LPCC, CPM*
Health Services Policy Supervisor &
OSAM Principal Investigator

Julia Dionne, MPA, MPH
Health Services Policy Specialist &
OSAM Coordinator

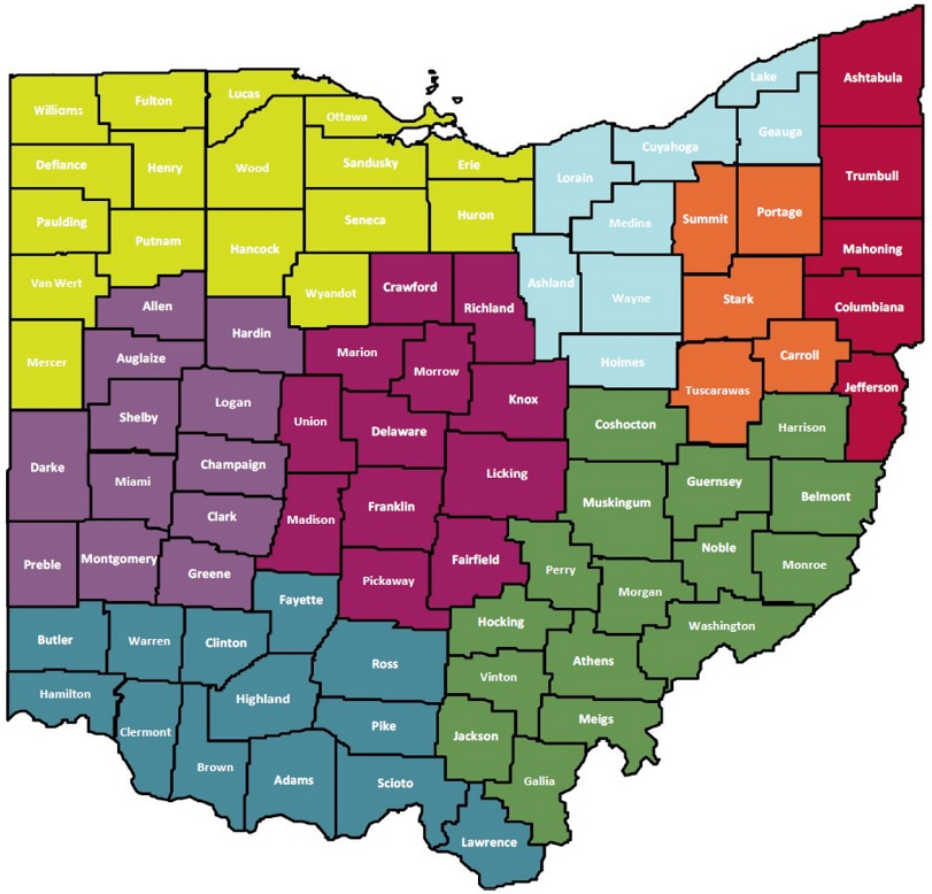
Sarah Kriebel, MLIS
Health Services Policy Specialist &
OSAM Quantitative Data Specialist

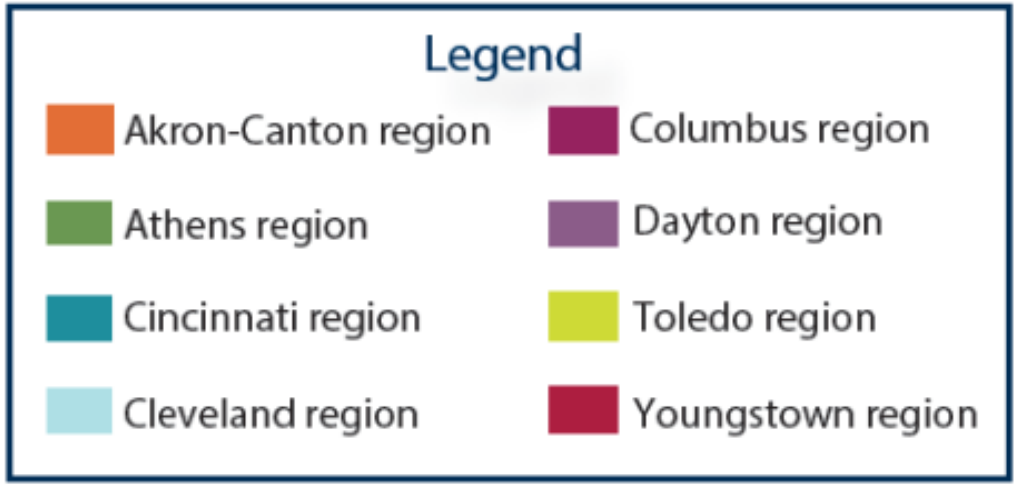
OSAM Aim and Benefits

Aim: Conduct surveillance and report on new and emerging substance use patterns every six months using a mixed methods study design

- Benefits:
  - Identifies real-time drug trends
  - Assists in planning program needs
  - Aids with grant applications
  - Is a resource for publications, media, businesses and government

OSAM Regions



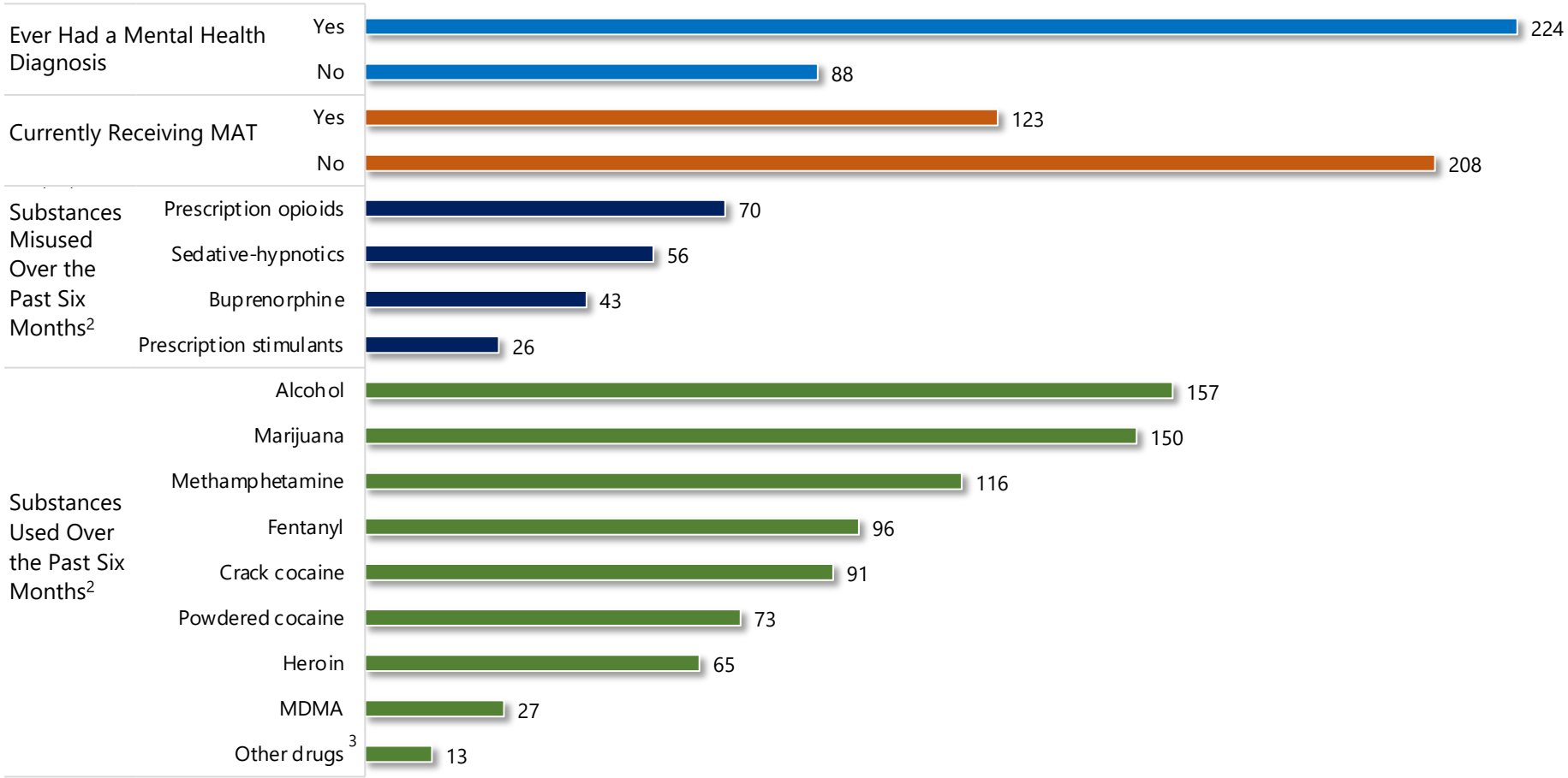


Demographic Overview

Surveillance of Drug Use Trends in the State of Ohio	
Reporting Period	July – December 2022
Persons with SUD	334
Community Professionals	40 treatment providers and 44 members of law enforcement
Secondary Data Sources	Coroner and medical examiner offices, police and county crime labs and other drug testing labs, Ohio Bureau of Criminal Investigation (BCI), Ohio Department of Public Safety (ODPS), Ohio Dept. of Mental Health and Addiction Services (OhioMHAS), municipal and common pleas courts
Media Outlets	Regional drug seizures and related reports

Mental Health, MAT, and Substances Used

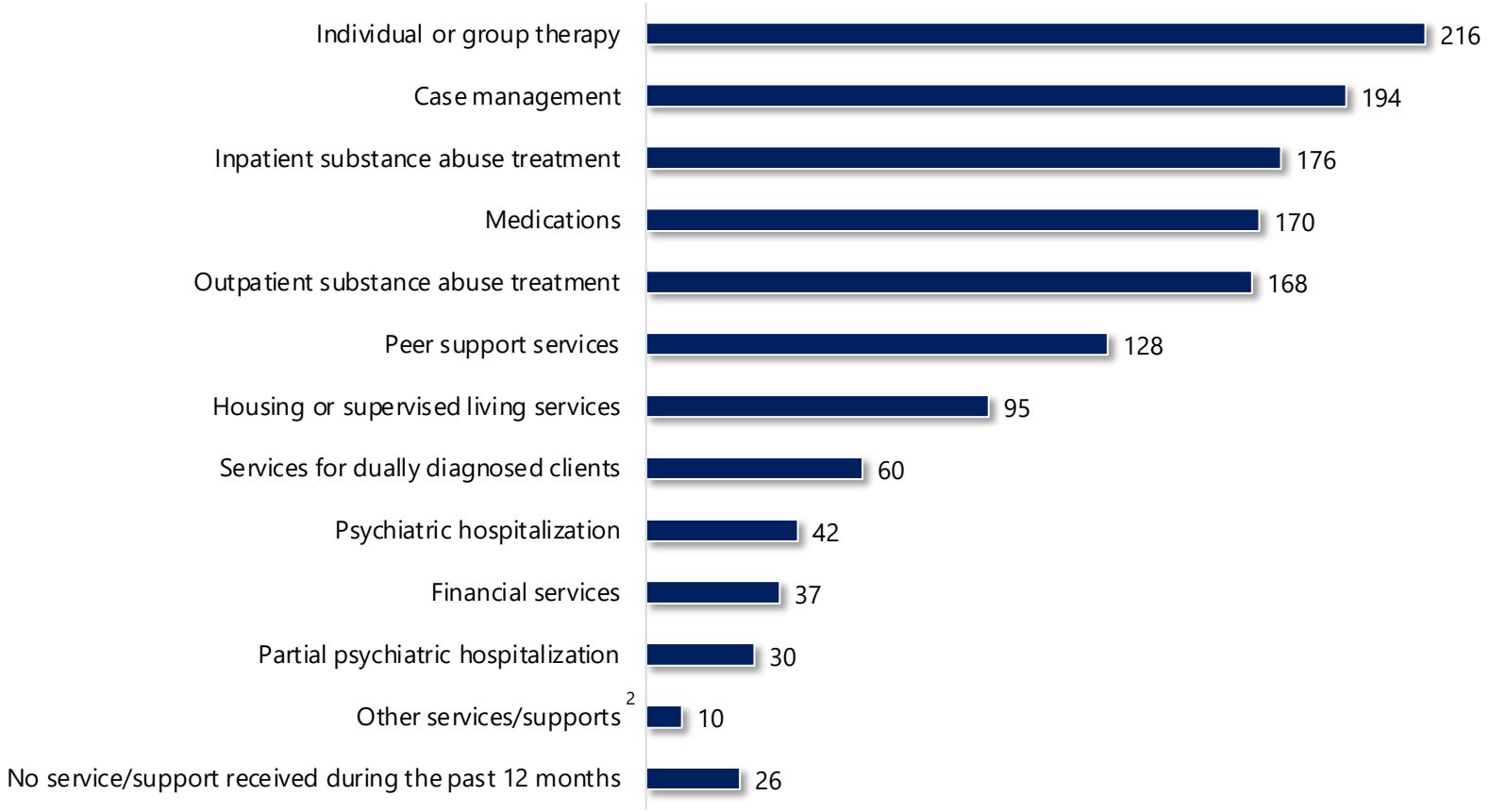
Consumer Mental Health and Substance Use Characteristics (N=334)[1]



[1]Due to missing or excluded invalid responses, some totals may not equal 334.
[2]Consumers were allowed to choose more than one substance. Substances are not mutually exclusive.
[3]Other drugs included: cough syrup (dextromethorphan [DXM]), gabapentin, gamma hydroxybutyrate (GHB), hallucinogens (dimethyltryptamine [DMT], lysergic acid diethylamide [LSD], psylocibin mushrooms), hexen (substituted cathinone, aka "bath salts"), K2 (synthetic cannabinoids), inhalants (aka “poppers”), kratom, and phencyclidine (PCP).

Treatment/Support Services

Consumer Treatment/Support Services Received at Any Time During the Past 12 Months (N=332)[1]

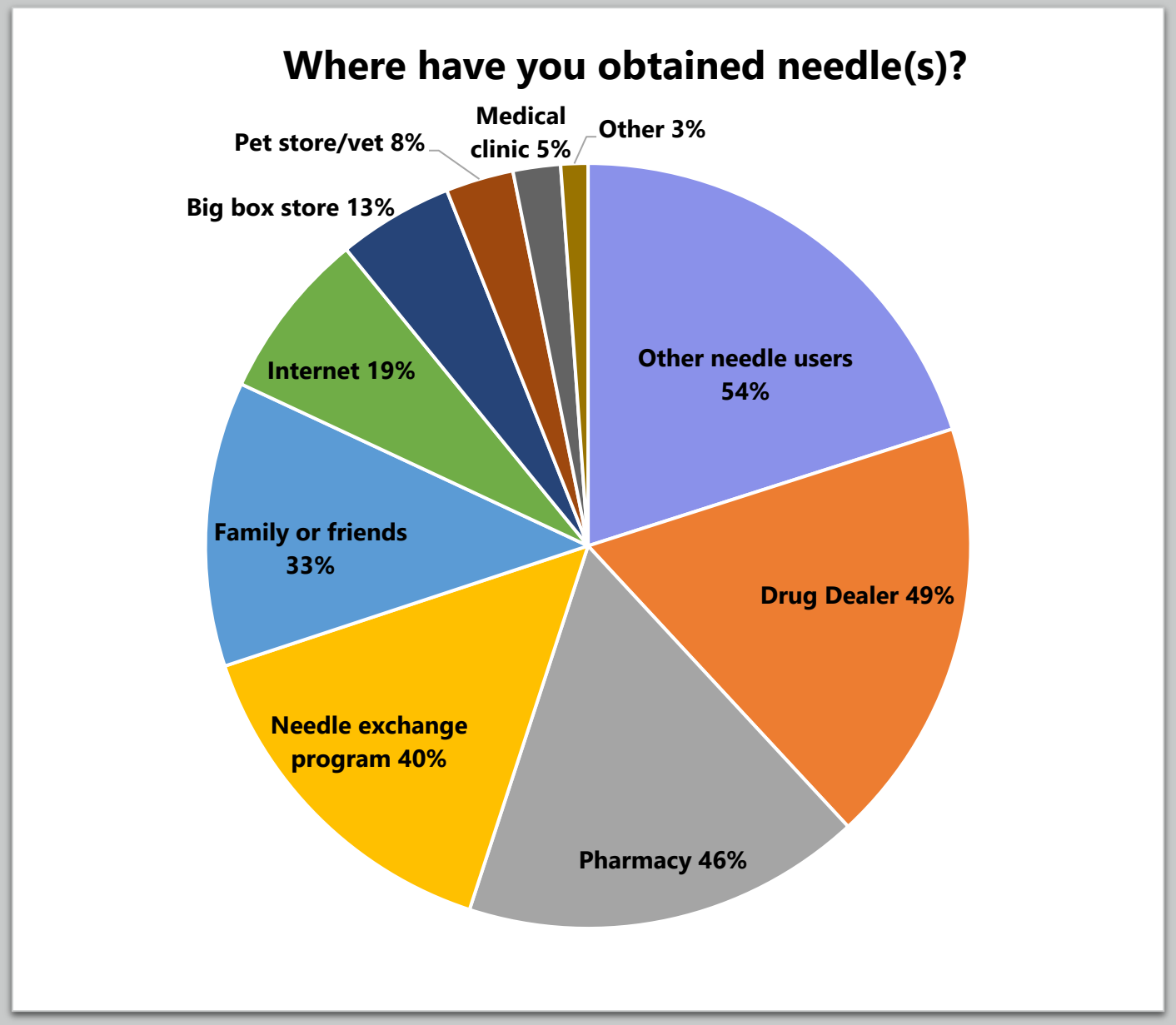


[1]Excludes missing data (N=2). Consumers were allowed to choose more than one treatment/support service.
[2]Other services/supports included: drug court, harm reduction program, hospital, intervention counseling in jail, Narcotics Anonymous (NA) meetings, and probation addiction treatment program.

Needle Use

Of the 314 consumers who responded to survey questions regarding needle use, 41% reported having used needles to inject drugs.

71% of these consumers reported having shared a needle with other users.



Naloxone (e.g., Narcan®, opiate overdose reversal medication)

81% of consumers reported having heard of naloxone.

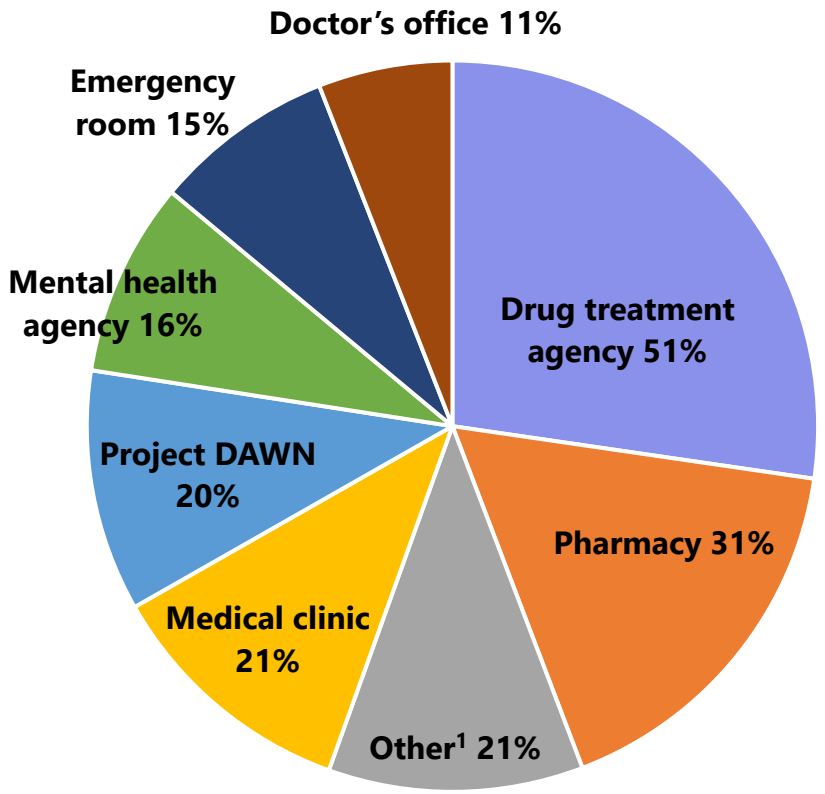
- 43% reported having had naloxone used on them to reverse an opioid overdose.
- 35% reported having used naloxone on another individual to reverse an opioid overdose.

67% reported that they know where to obtain naloxone.

- 82% reported having ever obtained naloxone.
- 47% reported currently possessing naloxone.
- Of those who have ever obtained naloxone, 79% reported having been trained on how to use naloxone when they obtained it.

Naloxone

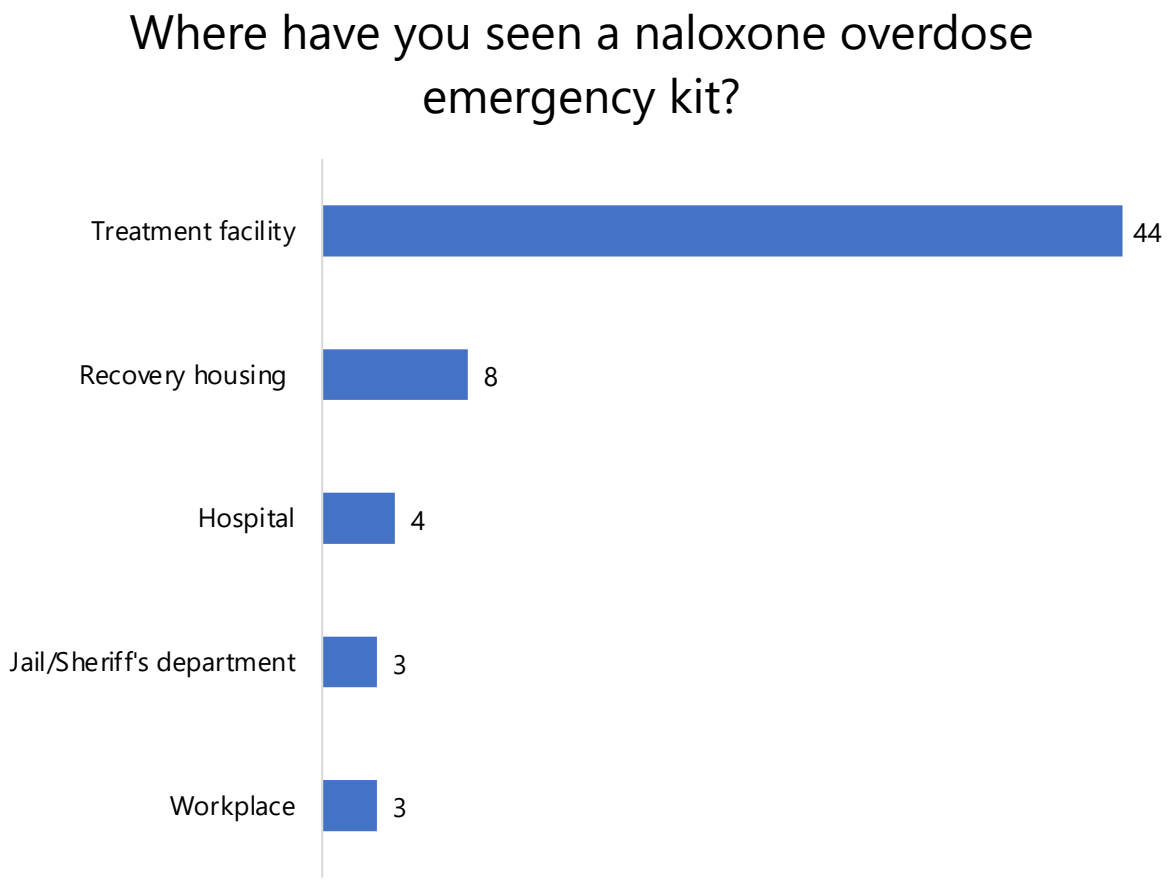
Where have you obtained naloxone? (N=181)



[1]Church, driver intervention program, fire department, friends, harm reduction program, health department, hospital, jail/prison release, needle exchange program, online, open shelter, other drug users, outreach event, police department, street outreach, and workplace.

Naloxone Emergency Kits ("NaloxBox")

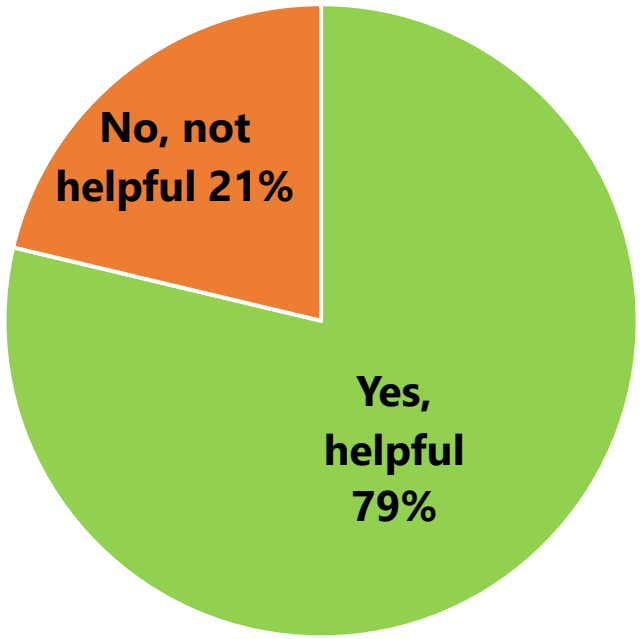
26% of consumers reported seeing a naloxone emergency kit in a public place.



Hotline/Crisis Support Service Satisfaction

15% of consumers reported calling and/or texting one or more local or national hotline or crisis support number.

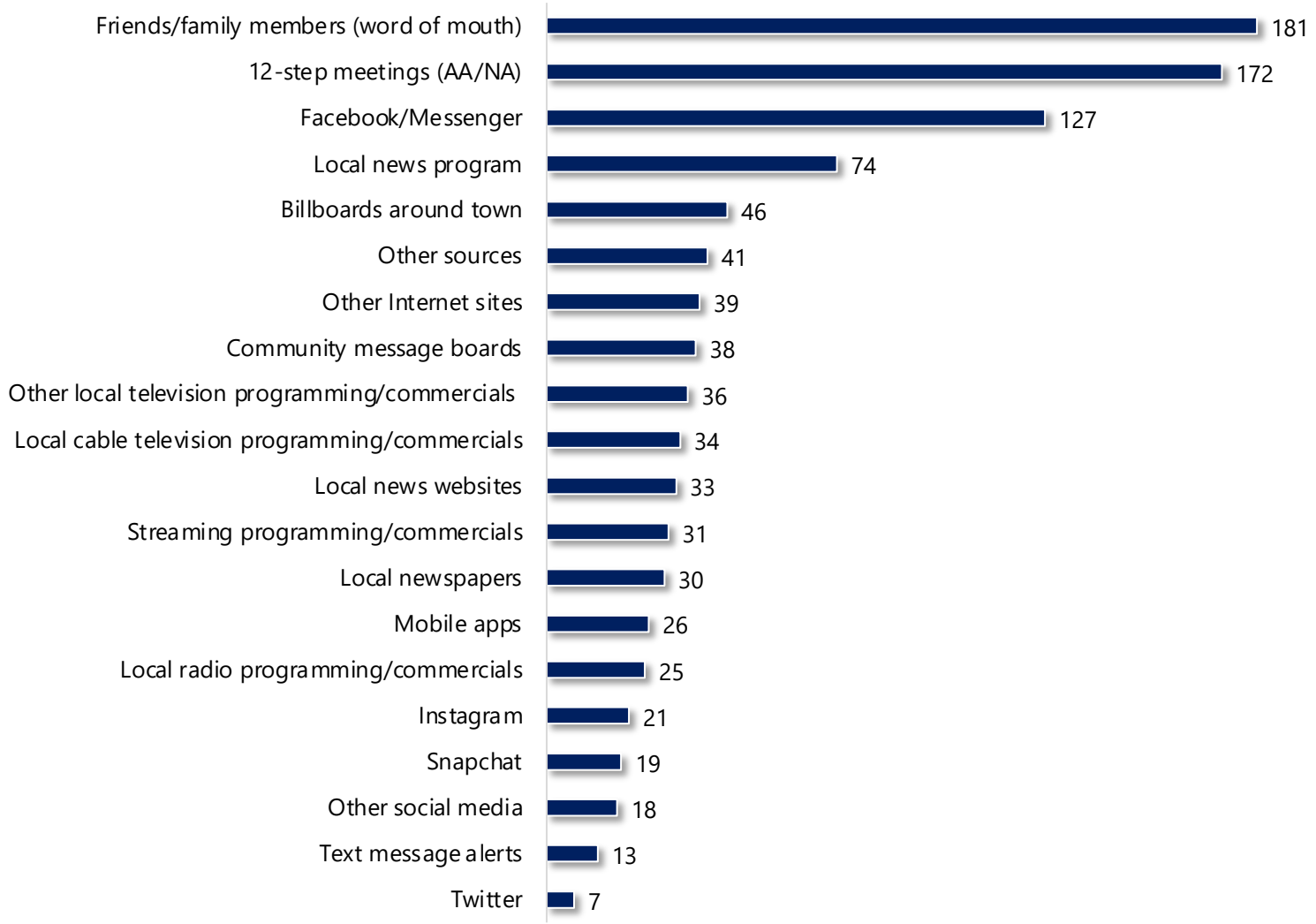
Did you find the hotline/crisis support service helpful? (N=47)



Note: consumers were allowed to specify more than one way the hotline/crisis support service was helpful or not helpful.

Consumer Sources of Learning About Recovery News, Activities, or Events in Consumer Communities (N=333)[1]

Consumer Sources of Learning About Recovery News, Activities, or Events in Consumer Communities (N=333)[1]



[1]Consumers were allowed to choose more than one source. [2]Other sources included: case management, church, community support systems, drug court, homeless shelter, hospital, jail/prison, medication-assisted treatment (MAT) clinic, mental health and substance use disorder treatment facility, peer support services, and probation services.

Surveillance of Drug Abuse Trends in Ohio
July – December 2022

Other Survey Demographics Covered in the Report

- Age
- Sex
- Race
- Ethnicity
- Education
- Household income
- Poverty status
- Employment status

Other Survey Variables Covered in the Report

- HIV testing and status
- Hepatitis C testing and status
- Hotline/crisis support services contacted, specified
- How hotline/crisis support services were helpful or not helpful
- Sources of learning about recovery news, activities, and events in consumer communities

MHA > Research & Data > Data & Reports > OSAM > Drug Trend Reports

Surveillance of Drug Use Trends in Ohio
July – December 2022

Substances Covered in the Report:

- Fentanyl
- Heroin
- Prescription Opioids
- Buprenorphine
- Sedative-Hypnotics
- Marijuana
- Methamphetamine
- Crack Cocaine
- Powdered Cocaine
- Other Drugs (Anabolic Steroids, Bath Salts, Gabapentin, GHB, Hallucinogens, Inhalants, Ketamine, Kratom, MDMA, Nitazene, OTCs [over-the-counter medications], Prescription Stimulants, Promethazine, Synthetic Marijuana, Xylazine)

Principle Study Variables:

- Current Drug Availability
- Change in Drug Availability during the Past Six Months
- Adulterants
- Street Names
- Street Pricing
- Routes of Administration
- Typical Use Profile
- Other Substances Used in Combination

MHA > Research & Data > Data & Reports > OSAM > Drug Trend Reports

Surveillance of Drug Use Trends in Ohio
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MHA > Research & Data > Data & Reports > OSAM > Drug Trend Reports

Fentanyl

Reported Change in Availability of Fentanyl during the Past 6 Months			
Region	**Current Availability**	**Availability Change**	**BCI Fentanyl Case Incidence Change**
Akron-Canton	High	Increase	Decrease
Athens	High	No Consensus	Increase
Cincinnati	High	No Change	Decrease
Cleveland	High	Increase	Decrease
Columbus	High	Increase	Increase
Dayton	High	No Change	Decrease
Toledo	High	No Change	Decrease
Youngstown	High	No Change	Increase

Treatment provider (Akron-Canton region):
"[Fentanyl is] *the main one (drug of choice)…. I've had more people say fentanyl is their drug of choice* [during the past six months than previously]."

Law enforcement (Cincinnati region):
"[Fentanyl] *is widely available. Pretty much anybody in Butler County can get fentanyl. It's popular because it's cheaper, and it has more of a kick (potency) to it* [than heroin] … *dealers can cut it with other agents (baby powder), and it still would have the same effect as heroin.*"

Consumers (Multiple regions):
"*I don't know if I just have a 'user look,' but* [dealers] *would walk up to me and just hand me a* [fentanyl] *sample for free, like, to try to get a customer; When I would try to withdraw* [from opioids] *at home, I'd make it like, day four and* [my drug dealers] *would realize I'm not spending money and then they would 'hit me up' (contact me) with the free stuff (fentanyl) to try to draw me back in.*"

Fentanyl

Typical Use Profile

- Most respondents…
  - No profile of typical fentanyl use
    - *"It doesn't matter your demographics, your skin's color, your economics, your religion. You literally could be impacted by fentanyl, whether you're a 'fentanyl user' or not."* – Law enforcement (Cincinnati region)
  - Other common descriptors of fentanyl use…
    - Heroin use
    - Low socio-economic status
    - White people
    - Young people (aged 20 to 40 years)

Most Common Substances Used in Combination

- Crack/powdered cocaine
- Heroin
- Methamphetamine
  - *"Speedball effect … when you use something to make you go down (fentanyl), then you need something to make you come up (cocaine/methamphetamine). If you use something that takes you up, then you need to use something to make you come down. I liked to use* [fentanyl and cocaine/methamphetamine] *together."* – Consumer (Akron-Canton region)

Methamphetamine

Consumers (Multiple regions):
"[Methamphetamine is] *just hitting like a tidal wave. It's coming from Mexico and it's so cheap; You just get so much* [methamphetamine] *for such little money so people want it.*"

Treatment provider (Akron-Canton region):
"[MAT clients] *don't view* [methamphetamine] *as their drug of choice, so they use it thinking it's okay when they are trying to quit* [opioids]."

Law enforcement (Multiple regions):
"*When people can't get heroin or fentanyl or whatever,* [dealers] *hook them up with meth; One of my informants told me that when they are trying to detox off heroin, they use methamphetamine to prevent sickness (experiencing opioid withdrawal symptoms), and they get addicted* [to methamphetamine as well]…."

Reported Change in Availability of Methamphetamine during the Past 6 Months

Region	Current Availability	Availability Change	BCI Methamphetamine Case Incidence Change
Akron-Canton	High	No Change	Decrease
Athens	High	No Change	Decrease
Cincinnati	High	No Change	Decrease
Cleveland	High	No Consensus	Decrease
Columbus	High	Increase	Increase
Dayton	High	No Change	Decrease
Toledo	High	No Change	Decrease
Youngstown	High	No Change	Decrease

Methamphetamine

Typical Use Profile

- Most often described typical methamphetamine use as associated with…
  - Low socio-economic status
  - White people
  - Young people (aged 20s to 40s)
  - People who work long or late hours (e.g., long-haul truck drivers, bartenders, third-shift workers)
- Other common descriptors of methamphetamine use…
  - Cocaine use
  - Heroin/Fentanyl use
  - Gay men
  - Manual laborers (e.g., factory workers)

Most Common Substances Used in Combination

- Alcohol
- Heroin/Fentanyl
- Marijuana
- Sedative-hypnotics

> *"Sometimes, what I do with the needle is, you shoot meth up and get so high, you're like, 'I got to come down right now.' Then you got to do heroin or fentanyl to come down, so I mean it's either* [used] *together or one after the other; Or you do the meth after the fentanyl to bring you back up because you're scared* [of overdosing]." – Consumers (Columbus region)

For More Information, Please Contact:

R. Thomas Sherba, PhD, MPH, *LPCC, CPM*
Health Services Policy Supervisor &
OSAM Principal Investigator
Tom.Sherba@mha.ohio.gov
(614) 466-9020

Julia Dionne, MPA, MPH
Health Services Policy Specialist &
OSAM Coordinator
Julia.Dionne@mha.ohio.gov
(614) 302-2812

Sarah Kriebel, MLIS
Health Services Policy Specialist &
OSAM Quantitative Data Specialist
Sarah.Kriebel@mha.ohio.gov
(614) 995-7182

The Ohio Substance Use Disorder Center of Excellence (SUD COE) Overview

Mental Health & Addiction Services Ohio

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Center for Evidence-Based Practices

SUD COE Mission

Provide technical assistance to the Ohio treatment provider network for implementation of practices with the best potential outcomes for high morbidity/mortality substance use disorders (SUD).

Vision

Training Access: Increase access to high-quality trainings for persons working with SUD clients that will produce optimal outcomes.

Training Tools: Provide information, resources, and tools to implement evidence-based/evidence-informed treatment modalities that include best and promising practices in patient engagement, retention, and outcome evaluation.

Inclusion: Incorporate diverse interdisciplinary stakeholder perspectives to inform and promote practices that are culturally sensitive and relevant to minority populations and other special populations of interest.

Quality Improvement: Improve and assist in sustaining provider performance in SUD treatment modalities by enhancing provider expertise in training their own staff, understanding research, measuring fidelity to a practice, and evaluating clinical and administrative outcomes.

Applied Research: Promote implementation science frameworks and methods to improve the systematic uptake of research findings, evidence-based, and other promising practices into routine care.

SUD COE Key Objectives

Engage Behavioral Health Organizations

Design/adapt Evidence-informed Curricula

Develop Dynamic Learning Communities

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SUD COE Timeline and Key Deliverables

Phase 1 to Phase 3 (2/13/23 – 9/30/25)		
Develop an organizational engagement and recruitment strategy	Curriculum development for treatment and administrative-related innovations	Website creation to publish products, resources, and trainings
Inventory EBPs, ESIs, and other treatment practices	Learning community development for treatment and administrative-related innovations	Disseminate protocols related to fidelity evaluation if they exist
Provide up-to-date information and resources for EBPs, ESIs, and other treatment practices	Evaluate evidence gaps for persons with substance use disorder	Provide TA with fidelity evaluation, including building in-house expertise

SUD COE Expectations for Advisory Committee Members

The steering committee will inform the critical considerations for the workforce development needs of professionals engaged in the treatment of substance use disorders. Topics will include:

- Gaps in current professional development opportunities
- Recommended treatment-related and administrative-related EBPs/ESIs
- Target populations for workforce development
- Cultural considerations to be included in EBP/ESI training
- Regional dynamics influencing EBP/ESI adoption and implementation
- Strategies to successful EBP/ESI promotion

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Small Group Breakout Session

Reflection on the SUD COE Advisory Committee Expectations

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Quality Practice Based on Evidence

David L. Hussey, Ph.D.
Associate Professor &
Director of the Mandel Leadership Fellows Program
Jack, Joseph and Morton Mandel
School of Applied Social Sciences
Associate Director for Research,
Begun Center for Violence Prevention Research & Education
Case Western Reserve University

Mark I. Singer, Ph.D.
Leonard W. Mayo Professor of Family & Child Welfare
Jack Joseph and Morton Mandel
School of Applied Social Sciences and
Professor of Psychiatry, School of Medicine
Deputy Director, Begun Center on Violence Prevention Research & Education
Case Western Reserve University

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Evidence-Based Practices

Evidence-based practices (EBP) involve applying or translating research findings into patient care practices and clinical decision-making.

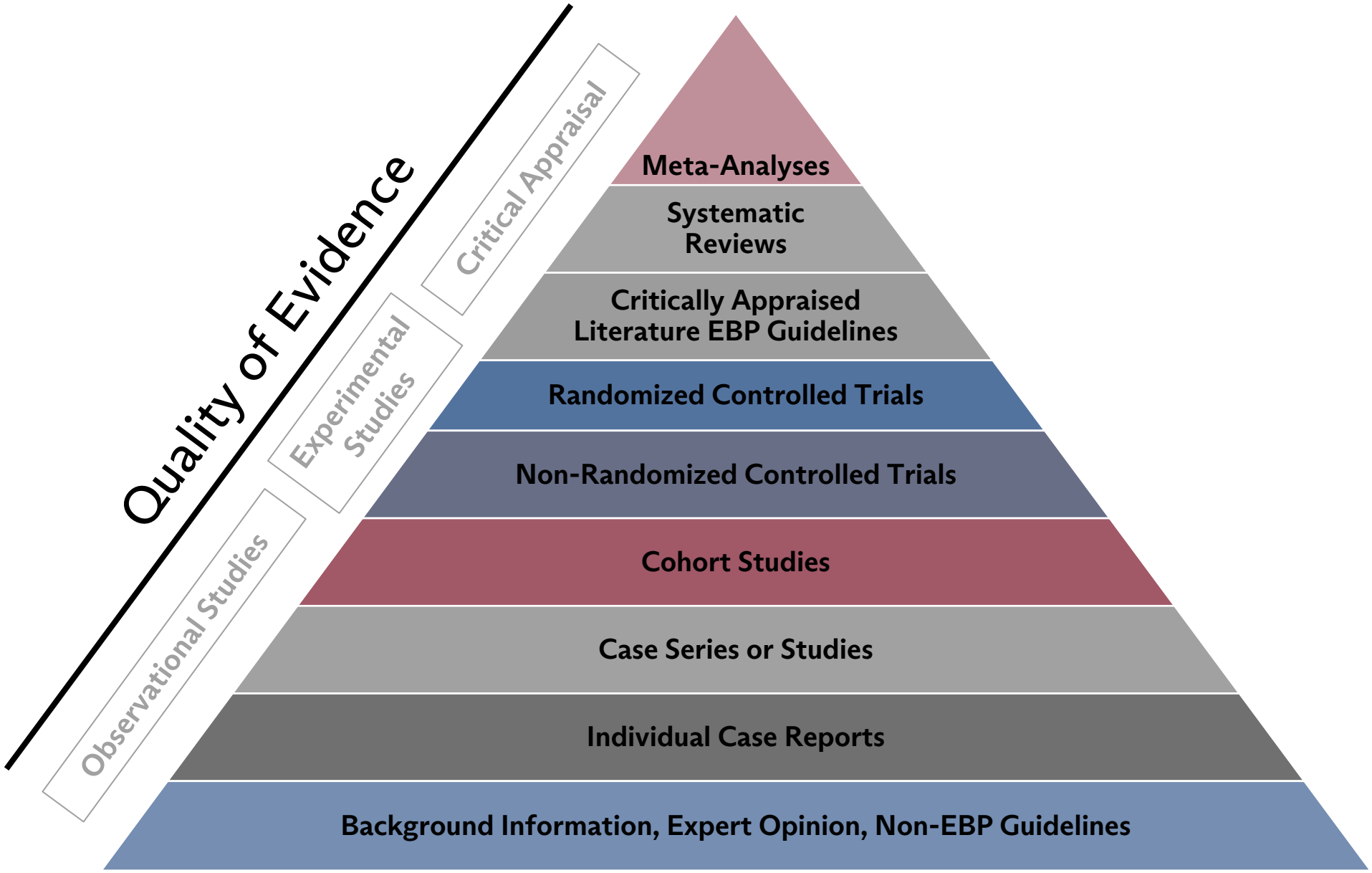
EBPs also involve integrating the best available research with clinical knowledge and expertise, while considering the unique needs and personal preferences of individuals receiving services.

Using EBP requires re-assessing potentially outdated care delivery practices and choosing effective, scientifically validated methods to meet individual patient needs.

Evidence-Supported and Best Practices

- Some models which achieve “real world” outcomes have yet to be subjected to rigorous academic research or may otherwise be in the earlier stages of evaluation, but are nonetheless promising
- Some models suggest that with adjunctive or adaptations better suited to the needs of a given community, enhanced treatment outcomes are possible
- Some frameworks for Best Practices (such as ASAM Criteria) have limited research but still offer a well established and useful reference point for optimal service delivery
- Note the difference between efficacy vs. effectiveness

Levels of Evidence Continuum



What is EBP Fidelity?

Fidelity

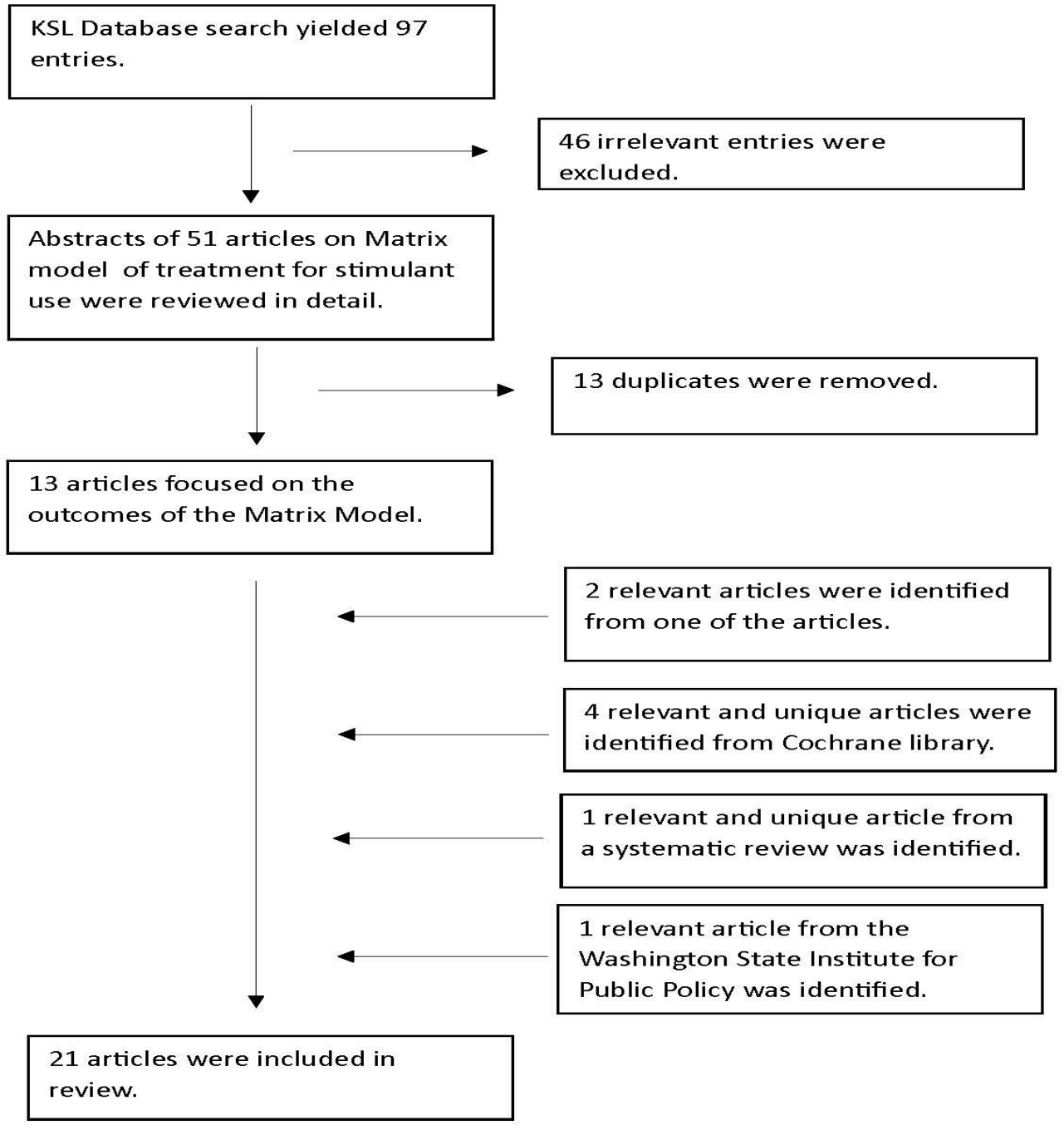
- “Faithfulness” to the design of an intervention with known positive outcomes
- Correct implementation of the key components of a defined intervention.
- Helps guard against deviations from, or drift in, the delivery of a targeted intervention
- Differentiates treatment approaches from each other.

(Mihee An, et al., 2020)

Example of Article Selection Process for the Matrix Model & Stimulant Use

- Search terms: Matrix Model AND (cocaine OR methamphetamine OR amphetamine OR stimulant*).
- Databases: CWRU KSL Research Databases (PsycINFO, MEDLINE, SocINDEX, Psychology and Behavioral Sciences Collection) and Cochrane Library.
- The initial search was conducted on the KSL databases using the specified search terms and databases mentioned above. Subsequently, a second search was performed on the Cochrane Library, using the same search terms. See the funnel on the next slide for a visual representation of the process.

Matrix Model and Stimulant Use



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SUD Models Being Reviewed

Program Structural Frameworks:

- Contingency Management
- Recovery Oriented Systems of Care/Recovery Management
- Matrix Model

Program Clinical Orientation:

- Motivational Approaches/MET
- Cognitive Behavioral Interventions
- Advanced Topics within Medication Assisted Treatment

Other Topics:

- Patient Engagement & Retention
- Ethics, Focusing on Dual Relationships & Boundaries
- Best Practices Associated with Supervision

Next Steps

Research and Evaluation Team: Conduct a comprehensive review of treatment literature to outline which practice models will be endorsed and disseminated as part of the project

Learning Development Team: Develop content, resources, tools, experiences and a multi-platform approach to enhancing the EBP knowledge and skills of the SUD treatment workforce

- Training Events (Virtual and Regional)
- Learning Communities
- Website Resource Archive
- Podcast

Implementation of EBPs

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What We Know About EBP Implementation

Since 2000, the CEBP has been utilizing the best-known science concerning EBP models and service delivery:

- Practice Adoption and Innovation
- Organizational Change
- Systemic Facilitators and Barriers to Change
- Sustainability Dynamics

Common Ground: We all want to do what is known to work best for the consumers with whom we work

What We Know About EBP Implementation

It is one thing to say with the prophet Amos, “Let justice roll down like mighty waters,” and quite another to work out the irrigation system…

- William Sloane Coffin

“If you’ve seen one County in Ohio, then you’ve seen one County in Ohio…”

- CEBP Staff, since 2000

Stages of Change

"When appropriate, curriculum should incorporate a discussion of Prochaska and DiClemente's Transtheoretical Model (of Change)"

~Original SUD COE Project RFP

"It's pretty much always appropriate"

~ CEBP Staff, since 2000

Stages of Change

Personal

Organizational

Systemic

What's Common?

Despite tremendous variability in content and context, across domains:

- EBPs have similar implementation problems
- EBPs show similar implementation solutions

“Problem” themes

What is implemented

- is often *not* used with high fidelity and good effect
- disappears with time and staff turnover

“Usability” has little to do with the weight of the evidence re: program outcomes

- Evidence on effectiveness helps us *select* what we want to implement
- Evidence on outcomes *does not* help us implement the program or install the approach

The research on EBPs tells us

Effective intervention practices

\+ Effective implementation practices

= Good outcomes for patients

No other combination of factors reliably produces desired outcomes for patients.

"…the challenges and complexities of implementation far outweigh the efforts of developing the practices and programs themselves."

Fixsen, D., Naoom, S.F., Blasé, K.A., Friedman, R.M. & Wallace, F. (2005)

Professional Attitudes

- Degree to which practitioners are
  - motivated, enthusiastic, open to change, and otherwise receptive to the practice changes asked of them had notable influence on the uptake of the training

- Although experience and skills were important for implementation success
  - a willingness to take on the EBP is primary

Break for Lunch

(See packet for possible locations)

Statewide Learning Opportunities

Deana Leber-George, M.Ed, *LPCC-S*
Manager of Training & Consultation,
Center for Evidence-Based Practices –
Ohio SUD COE
Begun Center for Violence Prevention
Research and Education
Jack, Joseph and Morton Mandel School of
Applied Social Sciences
Case Western Reserve University

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Effective Training Strategies…

Intensive, Comprehensive, Targeted Training

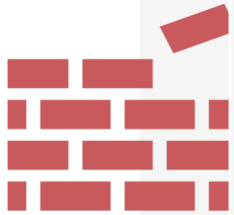
- Both didactic and applied learning

Ongoing in vivo supervision

Attention to work environment

Staff support

Multi-modal



Advocacy to remove barriers to using newly learned practice skills

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Learning Opportunity Framework

Each practice the SUD COE is commissioned to disseminate will offer training content, resources and learning communities targeted for:

- Clinical Staff
- Supervisory/Administrative Staff
- Peer Support Staff
- Medical Professionals

Next Steps

Additionally, the Center's training team has begun topical training content and resource development to be delivered beginning early Fall 2023 in critical areas deemed foundational to treatment success, including:

- Best Practices Associated with SUD Supervision
  - SAMHSA TIP 52: Clinical Supervision and Professional Development of the Substance Abuse Counselor
  - ATTC TAP 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors
- Foundations of Treatment Engagement & Retention
- Ethics and Boundaries in SUD Treatment
- Foundational SUD Treatment Principles
  - NIDA: Principles of Drug Addiction Treatment: A Research-Based Guide (3rd Edition).

Medical Professionals

Mark Hurst, MD *FAPA*
Hurst Healthcare Consulting LLC
Medical Consultant, SUD COE

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Goals for Medical Consultant: Non-medical Professionals

- Participate in development of trainings for non-medical professionals including medical content
  - Understanding medical interventions
  - How to deal with own bias and client bias regarding medical treatments
  - Evaluating treatment outcomes objectively
  - How to access and collaborate with medical professionals
  - Clinical and medicolegal importance of informing clients about medical treatments
- Present medical and other clinical content as part of overall curriculum

Goals for Medical Consultant: Medical Professionals

Develop trainings for medical professionals in Ohio to enhance skills in management of patients with SUDs

- Medical and psychosocial approaches
- Case discussion/learning community
- Flexible format (in-person/virtual)
- Content relevant to BH medical professionals and primary care providers
  - Medical evaluation and treatments
  - Treatment retention
  - Referral
  - Interacting with non-medical treatment professionals
  - Strive for eight hours total duration to fulfill DEA registration requirements
  - Present trainings and adapt based on feedback

Group Discussion for Steering Committee Feedback

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Insights from the Field

Community Survey

SUD-COE Community Survey

Recently, the State of Ohio announced the formation of the Substance Use Disorders Center of Excellence (SUD COE), awarding the project to the Center for Evidence Based Practices at Case Western Reserve University (https://mha.ohio.gov/about-us/media-center/news/pr-05-07-2023). The SUD COE is tasked with cultivating free professional learning opportunities which will address a range of content areas with respect to best practices in the treatment of substance use disorders as offered by organizations within the State of Ohio.

We are looking forward to being as responsive to the needs and requests of the treatment provider community. Because we are early in the process of developing a full menu of learning opportunities, we are hoping to solicit your input in just a few areas that can help shape our support for your work. We hope that you will be able to share your perspective here to inform our preparations and process.

Please provide your feedback no later than Aug 18, 2023

Thanks!

What type of organization do you represent?

- ◯ ADAMHS Board
- ◯ Behavioral health treatment provider
- ◯ Residential services provider
- ◯ Opioid treatment program provider
- ◯ Medical provider
- ◯ Other

Please describe your "Other" type of organization

_____

What is your role in your organization?

- ◯ Executive leadership
- ◯ Supervisory staff
- ◯ Clinical staff
- ◯ Peer supporter
- ◯ Medical staff
- ◯ Other

Please describe your "Other" role in your organization

_____

As you assess the learning needs of your organization with respect to the provision of services for individuals experiencing substance use disorders, what do you consider to be the Top 5 areas for professional development for EACH of these staff group categories? (Please check only five topics for each staff role)

	Clinical Staff	Supervisors/ Administrators	Medical Professionals	Peer Support
Ethics and Boundaries	☐	☐	☐	☐
Values, Attitudes and Beliefs about Recovery	☐	☐	☐	☐
Foundations of Addiction and SUD	☐	☐	☐	☐
Foundations of SUD Supervision & Program Leadership	☐	☐	☐	☐
Contingency Management	☐	☐	☐	☐
Matrix Model	☐	☐	☐	☐
Motivational Enhancement Therapy	☐	☐	☐	☐
Motivational Interviewing (4th Edition)	☐	☐	☐	☐
ASAM in Residential Settings	☐	☐	☐	☐
Cognitive Behavioral Therapy	☐	☐	☐	☐
Stages of Change	☐	☐	☐	☐
Co-Occurring SUD and MH	☐	☐	☐	☐
Cultural Considerations for SUD Service Delivery	☐	☐	☐	☐
Care Coordination, Continuity of Care, and Community Collaboration	☐	☐	☐	☐
Building Community Coalitions for Behavioral Health	☐	☐	☐	☐
Basics of Monitoring EBP fidelity	☐	☐	☐	☐

Please list other priority content / topic areas essential to the learning needs of the workforce within your organization:

_____

What would help your organization participate in training opportunities offered by the SUD COE? (Check all that apply)

- ☐ The development of resource materials to review on our own time
- ☐ Monthly (or quarterly) learning community calls
- ☐ Regional training opportunities
- ☐ Flexible training opportunities
- ☐ In-depth consultation about EBP/ESI/BP for our clinical staff
- ☐ In-depth consultation about EBP/ESI/BP implementation for our leadership team
- ☐ In-depth consultation about EBP/ESI/BP for our medical professionals
- ☐ In-depth consultation about EBP/ESI/BP for our peer support staff
- ☐ In-depth consultation about EBP/ESI/BP for our Quality Improvement staff
- ☐ Program evaluation, model fidelity/adherence and outcomes training
- ☐ Other

Please describe "Other" ways that would help your organization to participate in trainings offered by the SUD COE.

_____

Does your organization have a preferred training format?

- ◯ Virtual training options
- ◯ Regional In-person training options
- ◯ Hybrid training options
- ◯ No preferred format

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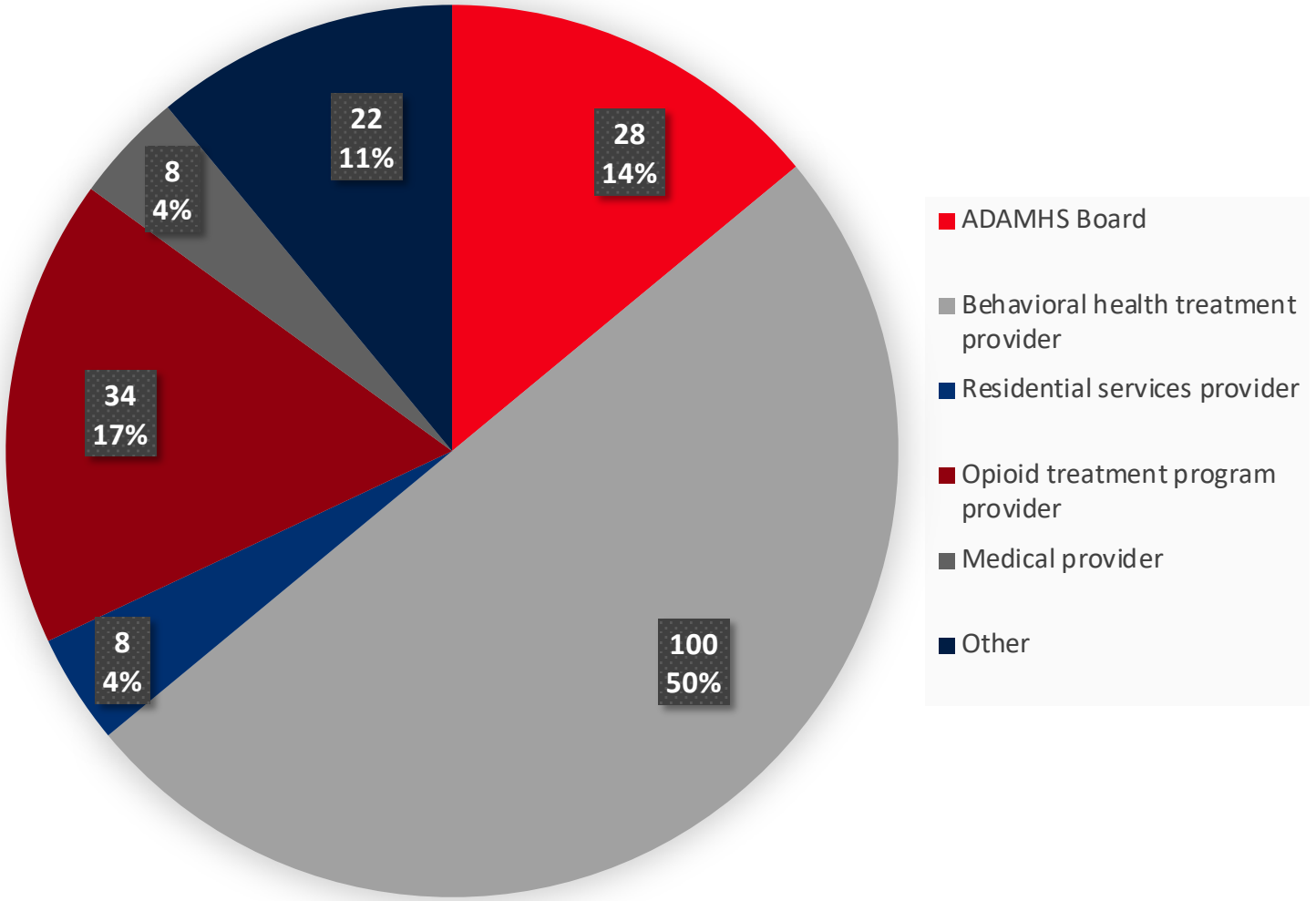
Community Survey: Organization Represented (n=200)



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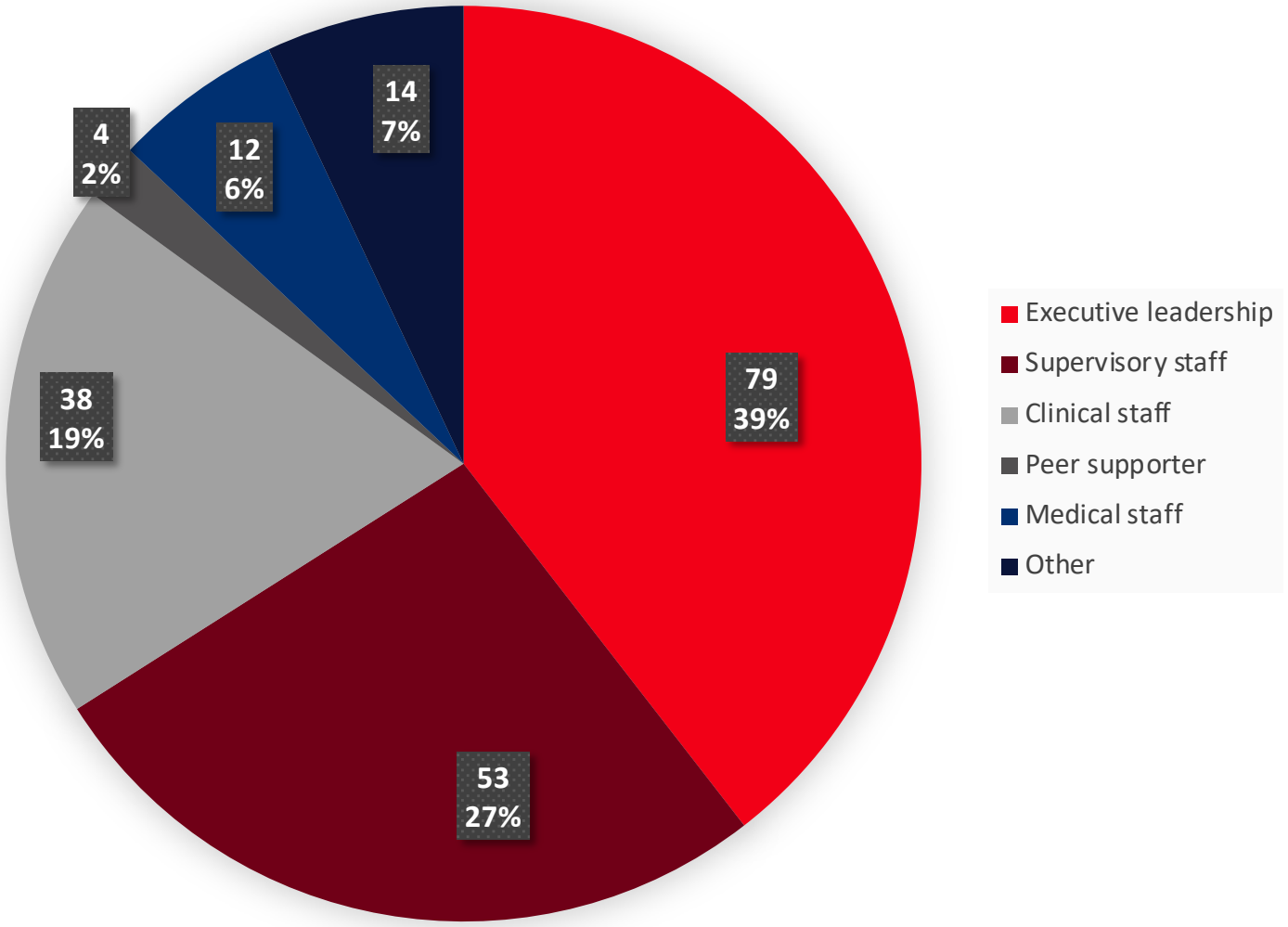
Community Survey: Organizational Roles Represented (n=200)



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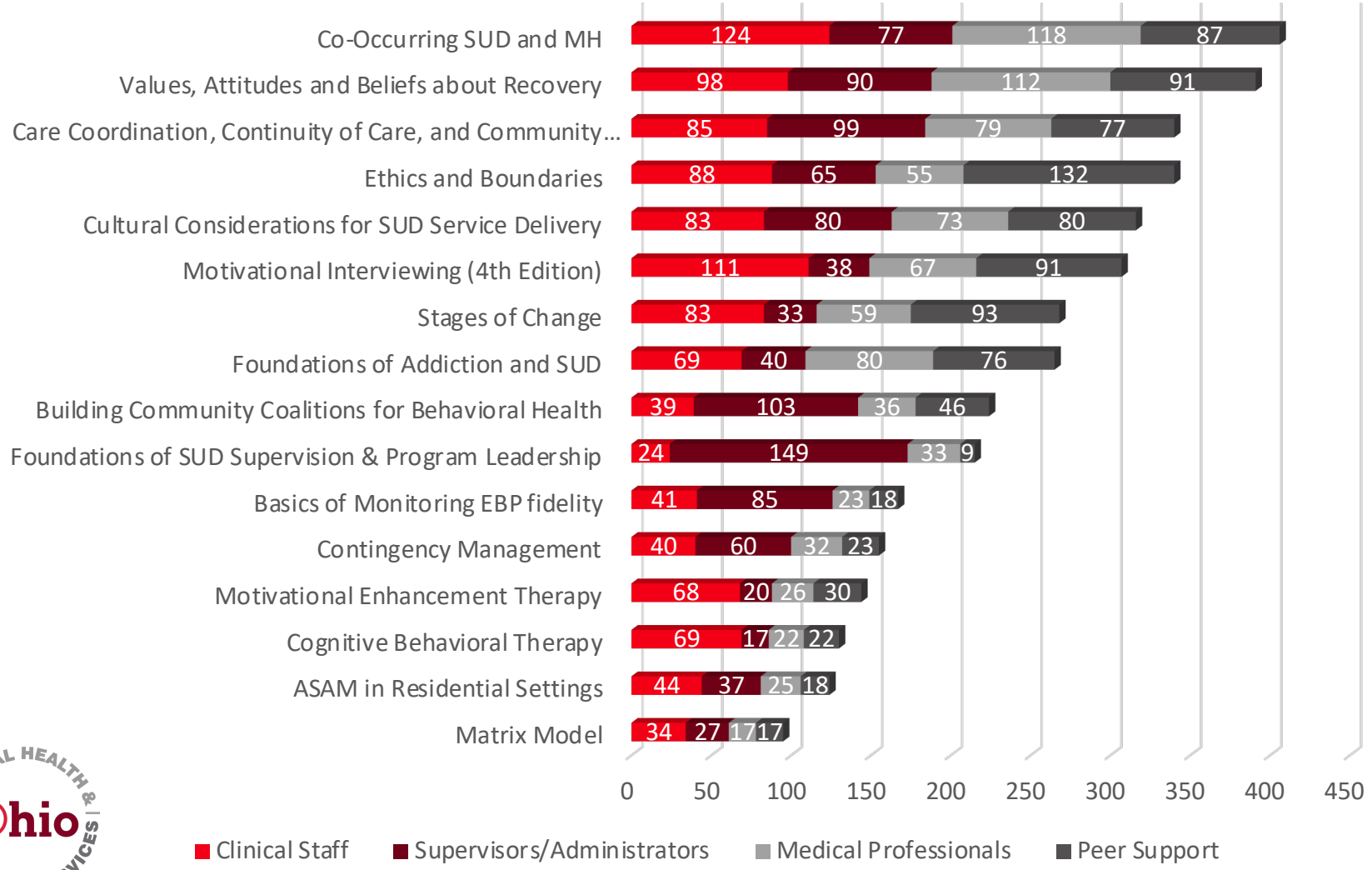
Community Survey: Top Five Topics by Role



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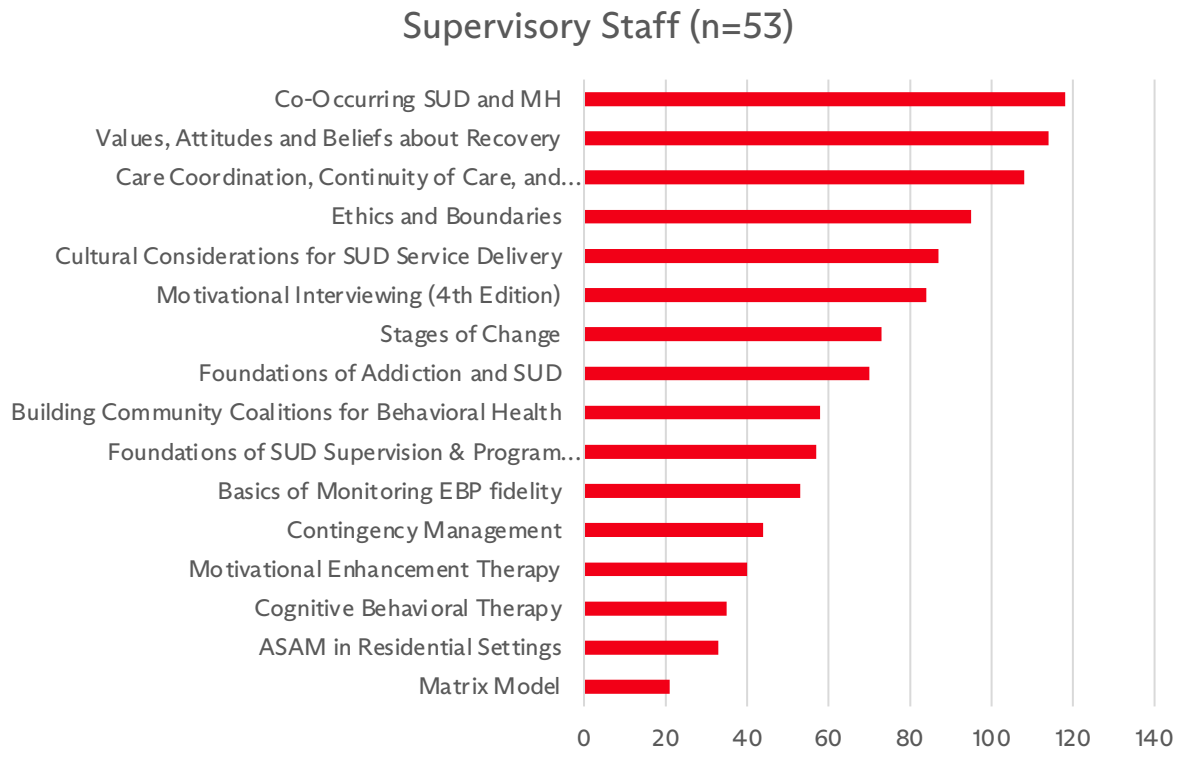
Community Survey: Top Five Topics Needed by Respondents



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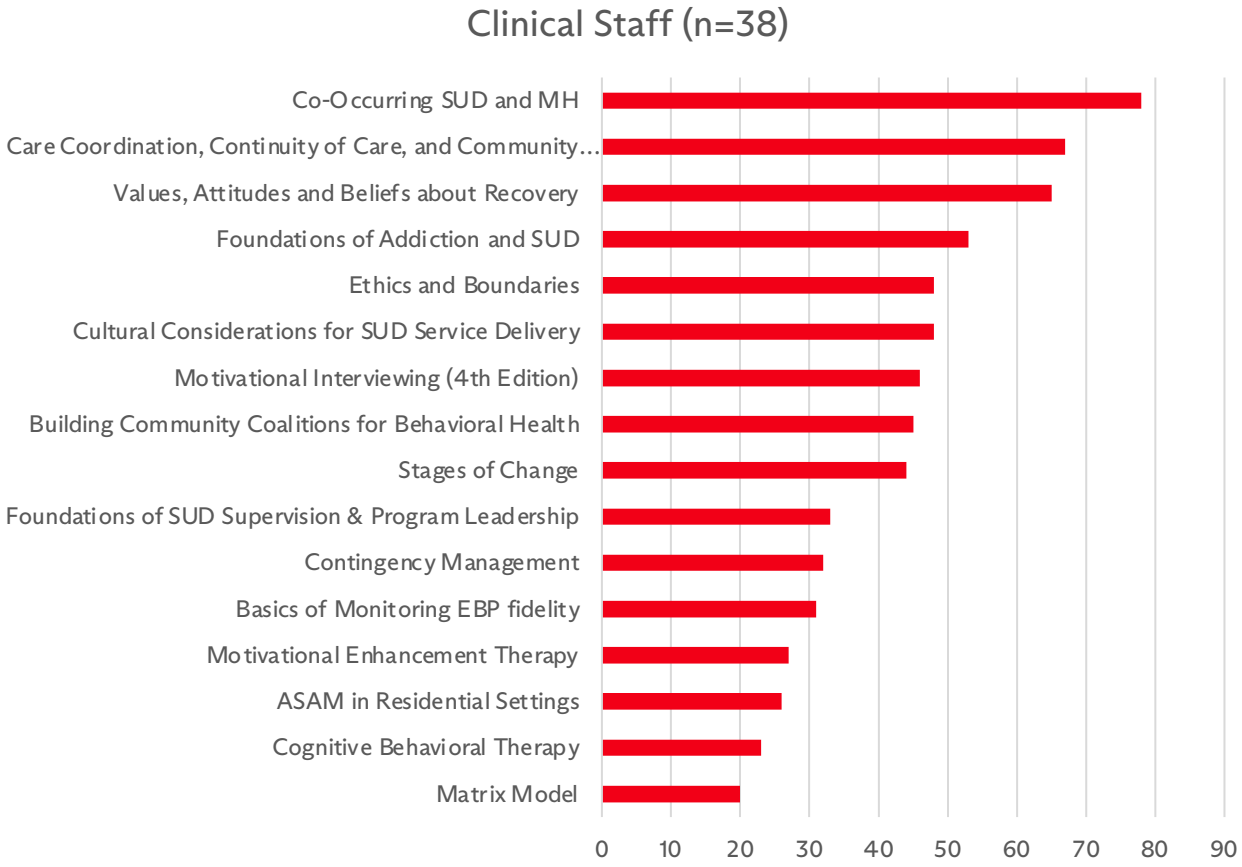

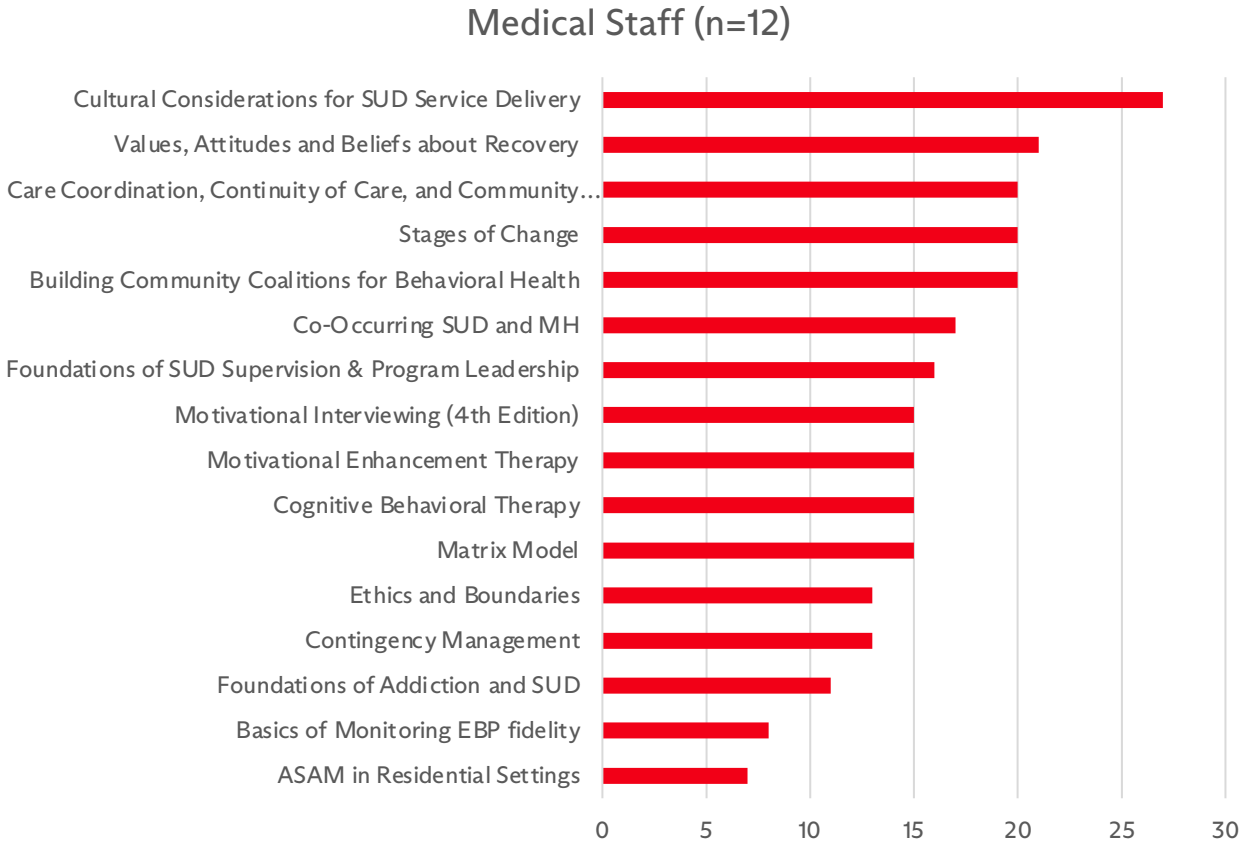

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Community Survey: Take aways

The top five training topics needed

1) Co-Occurring SUD and MH

2) Values, Attitudes and Beliefs about Recovery

3) Care Coordination, Continuity of Care and Community Collaboration

4) Ethics and Boundaries

5) Cultural Considerations for SUD Service Delivery

Although the order changed slightly, this was true for both executive leadership and supervisors, and clinical staff identifying Foundations of Addiction and SUD in the top five, with Cultural Considerations moving to the sixth place.

Medical providers identified Stages of Change and Building Community Coalitions in their top five, moving Ethics and Boundaries and Co-occurring SUD and MH further down their list

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Discussion

Feedback on the Survey Responses

Discussion

Takeaways and Action Steps

Connect with Us!

Ric Kruszynski (SUD COE Director)

Richard.Kruszynski@case.edu

Rick Massatti (SUD COE Project Lead for OhioMHAS)

Richard.Massatti@mha.ohio.gov