New Jersey Evidence-Based Practice Initiative

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Initiative Manager

sponsored by
The NJ Department of Human Services, Division of Mental Health and Addiction Services, Substance Abuse and Mental Health Services Administration (SAMHSA)
State Opioid Response Grant
NJ DMHAS EBPI Team

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NJ EBPI Goals

• To implement Evidence-Based Care at chosen agencies through:
  • Improvement in clinical staff’s knowledge, competency, and use of Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT)
  • Implementation and integration of MI and CBT into agencies’ infrastructure
NJ EBPI Background

- The EBPI is funded through the federal State Opioid Response (SOR) grant
  - SOR 1.0 – 2019 and 2020
  - SOR 2.0 – 2020 and 2022

- JBS International was chosen as the Technical Assistance (TA) vendor through a Request for Proposals (RFP) process, and participating agencies are chosen through a Request for Letters of Interest (RLI) process.

- DMHAS extended the award again with SOR 2.0
JBS International
Company Overview

"Create sustainable change— in Health Care, Social Services, and Education—that improves people’s lives.”

Creating sustainable improvements in health and social services.
JBS International

- Overall responsibility:
  - Project Management
  - Executive Team Consultation
  - Staff Training
  - Staff Coaching and Credentialing
  - Supervisor Train-the-Trainer
  - Sustainability Planning
  - Evaluation
PARTICIPATING AGENCIES-
YEAR 1

Four agencies with a total of seven sites completed the program in 2020
PARTICIPATING AGENCIES - YEAR 2

Six agencies with a total of 22 sites are currently completing the program.
Project Overview

Executive Consultation
- Site Visit
- Weekly Consultation on “Big 6” Core Elements
- Sustainability Planning

Clinical Training
- Training
- Coaching
- Fidelity Monitoring
- Supervisor Training and Coaching
- Train-the-Trainer

Non-Clinical Training
- Training on MI
The “Big 6”

- Employee Recruitment and Orientation
- Supervision
- Workforce Development
- Policies & Procedures
- Workflow
- Admissions and Termination
A Great Ride!

- Kick-off meeting
- Virtual Site Visits
- Virtual Coaching Sessions
- Virtual Trainings with clinical staff
- Trainings with other agency staff
- Executive TA Sessions
- Clinical Knowledge Assessment
- Readiness Assessment
- Planning
Evaluation and Results—Year 1

- Hours of Virtual Calls: 244
- Executive TA Sessions: 64
- Virtual Training Sessions: 44
- Virtual Coaching Sessions: 50
- Audio Files Submitted and Reviewed: 263
Evaluation and Results-Year 1

Executive and Supervisory Staff: 34
Clinical Staff: 72
Non-Clinical Staff: 107
Champions/Train the Trainer: 12
Total*: 197

*Unduplicated
Executive Leadership Results – Year 1

• Executive Consultation helped maintain project focus.
  ▪ Weekly meetings were a source of support and encouragement, and provided critical guidance related to policy and procedure development.

• Executive Consultation improved agency ability to implement and sustain EBPs.
  ▪ Site executive leadership felt confident in their abilities to contribute to implementation efforts.
Big Six Results—Year 1

All agencies addressed each of the “Big 6” areas.

**Employee Recruitment and Orientation**
More clear messaging during recruitment, modifications to interview format, additions to orientation training and onboarding

**Supervision**
More strengths-based approach, move from administrative to clinical supervision

**Workforce Development**
Increased workforce skills, TOT to ensure MI and CBT continues

**Workflow**
Adaptations to EHRs to include MI and CBT

**Admission and Termination Procedures**
Revamped admission package/paperwork, changes to the screening and assessment process to reduce barriers

**Policies and Procedures**
New policies and procedures in multiple areas to ensure that the EBPs stick
Clinician Results – Year 1

• Trainings worked!
  ▪ Participants demonstrated statistically significant improvements on their overall knowledge of MI and CBT, and meaningful growth in their practical understanding of these EBPs.
  ▪ 87% of participants on average rated MI and CBT as effective in helping their clients achieve their treatment goals.

• Coaching sessions worked!
  ▪ The likelihood of obtaining Certificates of Proficiency in both MI and CBT increased as the number of coaching sessions increased.
What did the agencies tell us?

Our leadership team is working more effectively and efficiently together and we are engaging with each other more often as a result of the EBPI.

We have revamped our supervision to incorporate Motivational Interviewing and Cognitive Behavioral Therapy. This has helped clinicians to stay on track, and not lose focus on the latest crisis. For our agency, it was helpful that we were able to make these clinical changes agency-wide.

The clients are already benefiting from Motivational Interviewing, and the intentional transfer of skills from the therapists who completed the training. I can see the benefits in the counselors’ notes and their work. Now they are being purposeful and intentional in their clinical work and their documentation.

As a result of the EBPI now we have clinicians who can train new staff and get them up to speed if they do not have experience in Motivational Interviewing and Cognitive Behavioral Therapy.
What did the agencies tell us?

I appreciated that the project was very systemic. I liked that we did this in a very methodical way and it was good to look at the whole big picture.

As a result of the EBPI we are working together better as an agency, our sites and programs are more aligned.

The weekly executive team meetings were great—as we were dealing with all these crises it was a good opportunity to take a deep breath, step back, and think about the mission and where we want to move forward. And to not forget the importance of focusing on EBPs and improving procedures and protocols to better service clients, in the long run, not just the immediate crisis we were dealing with.
Challenges - Year 1

- No site visits
- Minimal face-to-face
- Timeline
- Varying levels of initial knowledge of MI and CBT
EBPI—YEAR 2
PARTICIPATING AGENCIES - YEAR 2

Six agencies with a total of 22 sites are currently completing the program
NJEBPI Integrated Readiness Survey

• Integrated Readiness Survey is an online survey designed to obtain data on the following for each participating agency:
  ▪ Current services and use of best practices/EBPs
  ▪ Agency “readiness” to implement MI and CBT
  ▪ Current implementation of best practices and EBPs (including MI and CBT) across Big 6 areas:
    — Policies and practices
    — Recruitment, hiring, and onboarding
    — Training
    — Clinical supervision
    — Clinical workflow
    — Admission and termination criteria for clients managing SUD
Integration of Evidence Based Practices into an Agency (Rubric)

- A mechanism that is broken into each of the Big 6 areas that will help us understand:
  - Where you currently are
  - Where you want to be
  - What steps need to be taken to help you get there
Clinical Staff Training

• MI Training:
  ▪ 4 Online Courses (approximately 45 minutes each)
  ▪ 3 MI Training Sessions (3 hours each)
  ▪ 2 Coaching Sessions (1.5 hours each)
  ▪ Fidelity Monitoring by National Trainers—2 recorded sessions

• CBT Training:
  ▪ 2 Online Courses (approximately 45 minutes each)
  ▪ 3 CBT Training Sessions (3 hours each)
  ▪ 2 Coaching Sessions (1.5 hours each)
  ▪ Fidelity Monitoring by National Trainers—2 recorded sessions
Supervisor Training

- 3 Sessions specific to supervisors who have participated in Clinical Staff Training
  - Review of clinical supervision model
  - Training on Fidelity Monitoring
Non-Clinical Staff Training

• One time training for non-clinical staff that would benefit from exposure to MI concepts:
  - Case Managers
  - Peer Specialists
  - Front Desk Staff
  - Van Drivers
  - Cafeteria Staff
  - Medical Staff (Psychiatrists, Nurse Practitioners)
Coaching and Fidelity Monitoring

• Coaching sessions are designed to prepare you for fidelity monitoring

• Each coaching session will:
  ▪ Introduce participants to the Session Rating Form
  ▪ Provide a live demonstration of the session that participants will be delivering
  ▪ Provide time for participants to practice skills and receive feedback in a small group
  ▪ Ask participants to go work on the skills outside of the session
  ▪ Ask participants to turn in a recorded session
Certificate of Proficiency

• Receive a “sufficiently” or higher score on at least 80% of the competencies on two MI sessions and two CBT sessions. Trainers or certified supervisors will review session tapes and complete Session Rating forms to determine the score for the session.
Assess provider growth in EBPI participants’ MI and CBT competencies as a result of the EBPI and identify predictors of change.

Assess the impact of executive leadership participation on integrating the EBPI into the organizational culture.

Measure clients' perception of therapy as it relates to practices associated with MI and CBT, clients' working alliance with their counselor, and overall satisfaction with therapy.
Questions & Discussion