Treatment Breakout Session

3-21-2019

AGENDA

- GAIN Implementation Update – Jan Maino
- Gambling Disorder Update/Feedback – Ric Jenness
- FY20 Annual Plan Timeline – Jeanne Diver
- ASAM Re-Enrollment Process & Timeline – Jeanne Diver
- Upcoming Regional Training Opportunities & ROSC Meetings – Rebecca Emmenecker
- Recovery Support Assessment (RSA) – Sandy Gettel
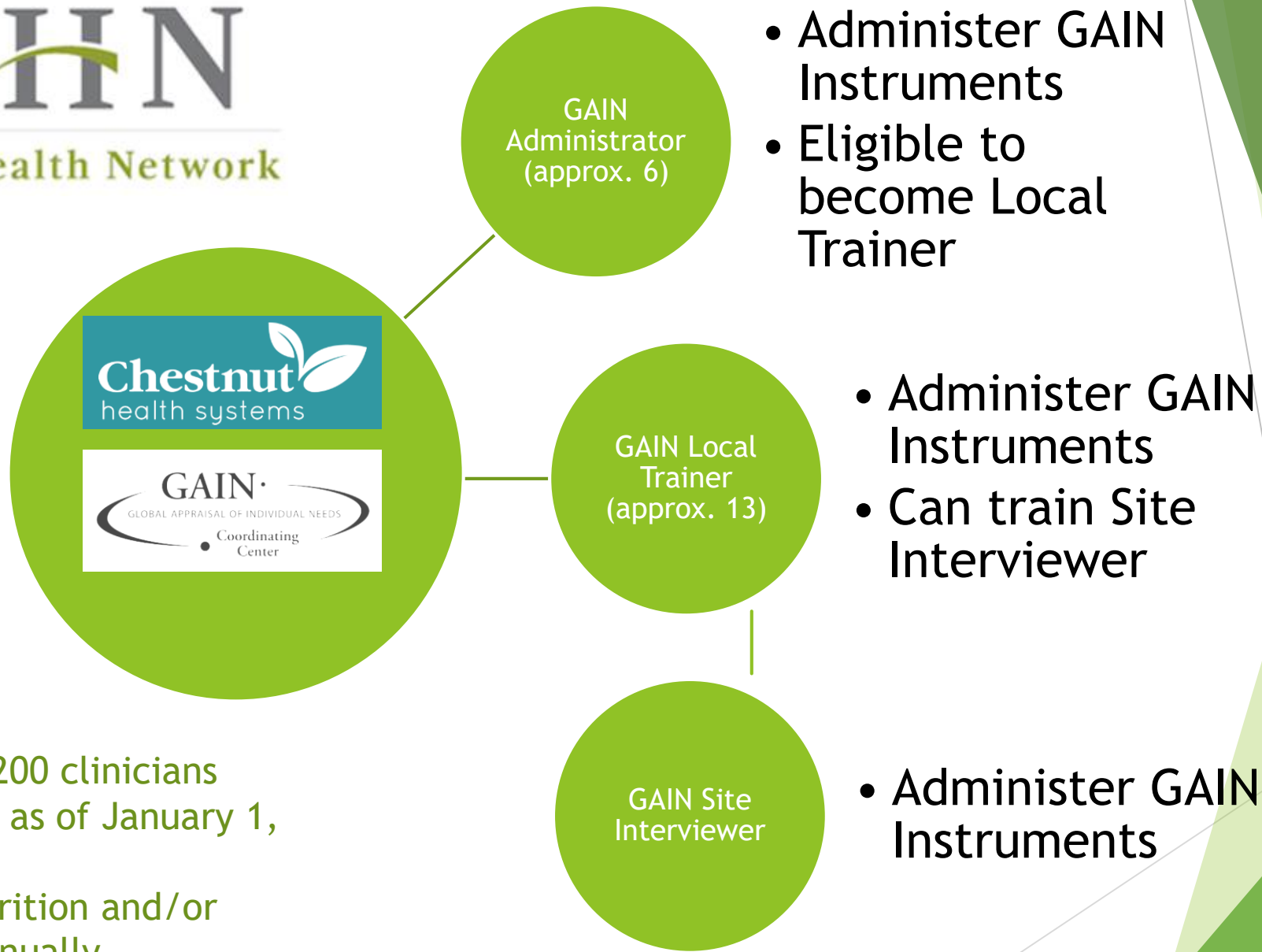- Provider Advisory Committee (PAC) Feedback

GAIN Training

The Who, What, When and How

Who

Each SUD Provider must implement the GAIN I-Core as the sole assessment tool by October 1, 2020. Retiring other tools by September 30, 2020.

- *Who can administer the GAIN I-Core?*

  - Certified GAIN Administrators, GAIN Local Trainers, and GAIN Site Interviewers.

- What are the minimum credential/educational requirements to be certified?

  - GAIN Administrators and Site Interviewers are individuals identified in the Medicaid Manual as being able to bill for assessment services (i.e. masters level clinicians who can diagnose through the DSM 5 and through their credentialing body – LARA).

MSHN
Mid-State Health Network

Chestnut
health systems

GAIN·
GLOBAL APPRAISAL OF INDIVIDUAL NEEDS
Coordinating
Center

GAIN Administrator (approx. 6)

- Administer GAIN Instruments
- Eligible to become Local Trainer

GAIN Local Trainer (approx. 13)

- Administer GAIN Instruments
- Can train Site Interviewer

GAIN Site Interviewer

- Administer GAIN Instruments

- Approximately 200 clinicians require training as of January 1, 2019
- Planning for attrition and/or growth of 65 annually

What

- Each trainee must complete the online training coursework available through Chestnut Health Systems GAIN Coordinating Center.

  - The online course provides an overview of the GAIN instruments, orientation to administration guidelines, example GAIN administrations, and an overview of the online GAIN ABS system features and clinical reports.

  - Trainees have 1 week to complete the self-paced 7-8-hour online training coursework and pass a quiz with a 90% or better (there are three opportunities to take the quiz), followed by a certification process.

- The Site Interviewer certification process requires the recording of GAIN interviews with clients and submitting them for review, feedback and coaching (up to 3 months). On average fidelity to the model is established after completion of 2-4 interviews.

When

GAIN Site Interviewer training sessions:

- Online Course
    - Scheduled monthly and each cohort starts on the 15th of each month
- In-Person Course
    - Scheduled as needed
- Monthly coaching calls, not required

How

GAIN Site Interviewer Training – Registration Open Now

Individual clinicians can register for one of the monthly sessions. When registering, consideration should be given to the time necessary to complete the certification process; therefore the month/session chosen should support availability.

Week one will include completion of online coursework, about 8 hours total with a short quiz at the end. During weeks two and three the clinician must record a session with a client or mock participant completing the GAIN I-Core and submitting the recording and necessary reports for review and feedback. Once feedback is provided from trainer it may be necessary for subsequent interviews to be recorded and submitted until fidelity to the model is established and the clinician is certified.

Coaching calls will be scheduled at least monthly to support clinicians through the process. Coaching calls are not required but most feel are helpful to the process.

Only masters level clinicians who can diagnose through the DSM 5 and through their credentialing body – LARA are eligible for GAIN Site Interviewer training and certification in Michigan. These training sessions are for clinicians serving MSHN's Region 5 counties only.

To register follow this link: https://www.eventbrite.com/e/gain-site-interviewer-training-online-registration-57047732303

How to get reimbursed

Training

▶ Local Trainers and Site Interviewers

  ▶ Use GAIN Billing Form

  ▶ Local Trainer activities will be reimbursed at $125/hour

  ▶ Site Interviewers will be reimbursed at $75/hour

GAIN I-Core Assessments

▶ Completed GAIN I Core with client in REMI

  ▶ H0001-CC (cc modifier triggers increased rate of $250)

  ▶ Additional appointments code as non-billable progress notes

▶ Incomplete assessment

  ▶ H0002: Screening

How will using the GAIN I-Core help me?

▶ **Individual Clinical Profile (ICP)** Presents client responses in a lab results style, technical & concise. Report also shows clinicians how client responses fall within specific scales. **This report is ASAM and DSM V specific.**

Phillip Clinical   PC

Shows where the score falls in the low/moderate/high severity problem range

ASAM Placement Profile Worksheet

A. Diagnosis

	GAIN Scale	Score	Low	Moderate	High
R	Recency of Use [S2a-r, most recent/highest]	5	0 2|3	5|6	6
B	Substance Issues Index-Lifetime [S9c-u, number of 1+]	13	0 0|1	9|10	16
B	Substance Issues Index-Past Month [S9c-u, number of 3s]	5	0 0|1	9|10	16
B	Substance Dependence Scale: Lifetime [S9n-u, number of 1+]	6	0 2|3	5|6	7
B	Substance Dependence Scale: Past Month [S9n-u, number of 3s]	1	0 2|3	5|6	7
B	Substance Abuse Index-Lifetime (SAIL) [1+ in S9h-m]	3	0 0|1	3|4	4
B	Substance Abuse Index-Past Month (SAIM) [3 in S9h-m]	2	0 0|1	3|4	4
B	Substance Issues Index-Lifetime (SIIL) [1+ in S9c-g]	4	0 0|1	4|5	5
B	Substance Issues Index-Past Month (SIIM) [3 in S9c-g]	2	0 0|1	4|5	5
P	Days of Alcohol or Drug Use Problems Interfering with Responsibilities [S2s3]	3	0 0|1	44|45	90

R = Recency, B = Breadth, P = Prevalence

-: Legitimately Skipped, *: Missing/unable to calculate, DK: Don't know, RF: Refused

Scale name and associated

Scale scores: Either a number, (-) for skipped items, (*) for missing items, DK/RF for

How will using the GAIN I-Core help me?

▶ **The GAIN Recommendation and Referral Summary (GRRS)** A text-based narrative edited in GAIN ABS, to be shared with specialists, clinical staff from other agencies, third-party payers, & lay people. It generates statements based on client responses. Should support clinical judgment, not replace it. This report is ASAM & DSM V Specific.

DSM-5/ICD-10 Diagnosis

Staff Comments	Jamal appeared to be uncomfortable and fidgeted through much of the interview. the interviewer had to clarify inconsistencies and vague responses numerous times. Jamal refused any offer to take a break
	Prompt: Enter additional comments or specify if none.
Current Treatment	None reported
Current Medications	
Current Allergies	Endorsed but not specified in P10av.

Diagnoses

Prompt: Reconcile self-report vs. staff impression on DSM-5/ICD-10 Diagnosis and Other Conditions That May Be a Focus of Clinical Attention.

F12.20 Cannabis Use Disorder, Moderate

F14.20 Stimulant Use Disorder - Cocaine Type, Severe

How will using the GAIN I-Core help me?

▶ **The Personal Feedback Report (PFR)** Useful to remind clients how they responded to key GAIN items, e.g. reasons given for wanting to quit substance abuse, their perceived strengths & supports. This a tool to support motivational interviewing.

Self-reported problems related to substance use

Problems

You indicated that your use of alcohol or other drugs had caused you the following kinds of problems:

You continued to use even though you knew it was keeping you from meeting responsibilities at home, school or work.

Using caused you to have repeated problems with the law.

You kept using even though it was causing social problems, leading to fights, or getting you into trouble with other people.

You had to use more to get the same high (or found the same amount did not get you as high as it used to).

You had withdrawal problems (or used to stop being sick or avoid withdrawal problems).

You used in larger amounts, more often or for longer than you meant to.

You have been unable to cut down or stop using.

You spent a lot of time getting or using alcohol or other drugs (or feeling the effects of alcohol or other drugs - high, sick).

Using caused you to give up, reduce, or have problems at important activities at home, school, work, or social events.

GAIN-I Personalized Feedback Report (GI-PFR)

Opportunity to encourage open dialogue on how substance use functions in client's life.

As you reflect on the consequences of using alcohol or other drugs on your life, what would you add?

_____

_____

Contact:
Jan Maino, GAIN Implementation Coordinator
Jannifer.maino@midstatehealthnetwork.org
517-253-7673 ext. 315

Need assistance? Have a question?

Gambling Disorder

Ric Jenness, MSHN Grant Coordinator

Gambling Disorder Update/Feedback

- FY19 Goal for Gambling Disorder Grant funding is to measure gambling prevalence in Region 5.

- Collaboration with community partners and SUD providers to gather data about attitudes toward gambling by children and adults.

- Utilizing GD screening & assessments for Treatment & Prevention:

  - Treatment = 3 question screen called the NODS-CLiP, & 9 question NODS-SA for adults

  - Prevention = 3 question called the NL-CLiP for adolescents

  - The results of all these tools are shared on a monthly basis with Wayne State University which compiles and analyzes the cumulative data.

- The goal of gathering and sharing all of this information is the identification of a demographic group that will be the subject of gambling disorder interventions starting in FY 2020.

FY 20 Annual Plan Process

Jeanne Diver, Treatment Specialist

FY20 Annual Plan Process

- Treatment Specialists will be contacting providers to schedule FY20 Annual Plan Meetings
  - Provider option of in-person or teleconference.

- **May 1, 2019 – June 30, 2019**
  - FY20 Annual Plan documents will be completed with provider at meeting by Treatment Specialist
  - Cost reimbursed providers will still need to provide annual budgets on DCH 0835 & 0836 forms for FY20
  - FY20 Annual Plan Forms
    - New Provider
    - Current Provider
    - Cost Reimbursed Provider
    - Recovery Provider

ASAM Re-Enrollment Process & Timeline

Jeanne Diver, Treatment Specialist

ASAM Re-Enrollment Process & Timeline

▶ Process outline being provided in Constant Contact

▶ Two-year Re-Enrollment Process per MDHHS requirements

▶ Providers will need to complete a re-enrollment application for each level of care their agency provides

▶ All applications for re-enrollment will be due on or before 4-5-19 by emailing to TXreports@midstatehealthnetwork.org

▶ Treatment Specialists will be reviewing applications and working with providers for any items in need of clarification and then submitting to MDHHS.

▶ MDHHS Appeal Process

Regional Training Opportunities & ROSC

Rebecca Emmenecker, Treatment Specialist

Upcoming Regional Training Opportunities

Training	Date(s)	City	Location
Acupuncture Detoxification Specialist Training	March 25-26, 2019	Jackson	Commonwealth Commerce Center
ASAM Skill Building	March 26-27, 2019	Ionia	The Right Door
Trauma Informed Care in Treatment	April 10, 2019	Okemos	Best Western
Co-Occurring Disorders in Treatment	April 11, 2019	Bay City	Doubletree

Upcoming Regional Training Opportunities

Training	Date(s)	City	Location
Trauma Informed Care - Treatment	April 15, 2019	Mt. Pleasant	Comfort Inn & Suites
Trauma Informed Care - Systems of Care	April 15, 2019	Lansing	LCC West
Co-Occurring Disorders in Treatment	April 19, 2019	Mt. Pleasant	Comfort Inn & Suites

Regional ROSC Meetings Scheduled

- East ROSC- 3/20 from 1-3 pm in Bay City
- West ROSC- 4/4 from 1-3 pm in Stanton
- South ROSC- 4/18 from 10-noon in Jackson

Recovery Self Assessment-R(RSA-R)

Sandy Gettel, Quality Manager

Recovery Self Assessment-Revised (RSA-R)

▶ The Recovery Self Assessment –Revised is a validated tool required by MDHHS designed to gauge the degree to which CMHSP and SUD Providers implement recovery oriented practices.

▶ It is a self reflective tool designed to identify strengths and target areas of improvement as agencies and systems strive to off recovery oriented care.

▶ All participant providers of the PIHP who oversee programs serving adults who experience a mental illness and/or a substance use disorder

▶ There are three versions designed specifically for different populations.

All participant providers of the PIHP who oversee programs serving adults who experience a mental illness and/or a substance use disorder will have the opportunity to complete the assessment

▪ Recovery Self Assessment Revised-RSA-R Administrators Version -Chief Executive Officers, and Administrators. Excludes-Administrators who provide direct services to persons in recovery. The population includes all participant providers of the PIHP.

▪ Recovery Self Assessment Revised-RSA-R Providers Version -All staff who provide direct services to individuals who are adults and experience a mental illness and/or substance use disorder.

▪ Recovery Self Assessment Revised-RSA-R Persons in Recovery Version- Adults who experience a mental illness and/or a substance use disorder and have received a service during the implementation period.

Six Domains

Invite Subcategory

- 1: Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in programs.

- 2: This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).

Choice Subcategory

- 4:   Program participants can change their clinician or case manager if they wish.

- 5:   Program participants can easily access their treatment records if they wish.

- 6:   Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.

- 10:   Staff listen to and respect the decisions that program participants make about their treatment and care.

- 27:   Progress made towards an individual's own personal goals is tracked regularly

Involvement Subcategory

- 22: Staff actively help people find ways to give back to their community (i.e., volunteering, community services, and neighborhood watch/cleanup).

- 23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.

- 24. People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.

- 25. People in recovery are encouraged to attend agency advisory boards and management meetings.

- 29. Persons in recovery are involved with facilitating staff trainings and education at this program.

- 33. This agency provides formal opportunities for people in recovery, family members, service providers, and administrators to learn about recovery.

- 34. This agency provides structured educational activities to the community about mental illness and addictions.

Life Subcategory

- 3. Staff encourage program participants to have hope and high expectations for their recovery.

- 7. Staff believe in the ability of program participants to recover.

- 8. Staff believe that program participants have the ability to manage their own symptoms.

- 9. Staff believe that program participants can make their own life choices regarding things such as where to live, when to work, whom to be friends with, etc.

- 12. Staff encourage program participants to take risks and try new things.

- 16. Staff help program participants to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies).

- 17. Staff routinely assist program participants with getting jobs.

- 18. Staff actively help program participants to get involved in non-mental health related activities, such as church groups, adult education, sports, or hobbies.

- 28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.

- 31. Staff are knowledgeable about special interest groups and activities in the community.

- 32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.

Individually Tailored Services Subcategory

- 11. Staff regularly ask program participants about their interests and the things they would like to do in the community.

- 13. This program offers specific services that fit each participant's unique culture and life experiences.

- 19. Staff work hard to help program participants to include people who are important to them in their recovery/treatment planning (such as family, friends, clergy, or an employer).

- 30. Staff at this program regularly attend trainings on cultural competency.

Diversity Subcategory

- 14. Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.

- 15. Staff offer participants opportunities to discuss their sexual needs and interests when they wish.

- 20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.

- 21. Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.

- 26. Staff talk with program participants about what it takes to complete or exit the program.

- 35. This agency provides a variety of treatment options for program participants (e.g., individual, group, peer support, medical, community – based, employment, skill building, employment, etc.).

- 36. Groups, meetings, and other activities are scheduled in the evenings or on weekends so as not to conflict with other recovery-oriented activities such as employment or school.

When and how will the RSA-R be administered?

▶ Administrative Version Dates <u>05/01/2019 through 05/31/2019</u> (paired with the Annual Plan)

▶ Providers Version Dates <u>05/01/2019 through 05/31/2019</u> (paired with the Annual Plan)

▶ Persons in Recovery Version (Discussion point)

- Offered to those seen between <u>05/01/2019 through 05/31/2019</u>

- Offered to all as they receive services. Aggregated data submitted to MSHN <u>5-31-2019</u>

A link will be provided allowing completion of the assessment through Survey Monkey. Accommodations can be made for paper upon request.

When will I see the results?

A summary analysis will be distributed by the end of July. This will be used to identify growth areas and develop action steps to improve our recovery environment.

Thank you!

Sandy Gettel MSHN Quality Manager

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Provider Advisory Committee (PAC) & Provider Network Feedback

Facilitated by Provider Advisory Committee Members