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To: Area Administrators / Human Service Area Coordinators
Bureau Directors / Section Chiefs
County Departments of Community Programs Directors
County Departments of Developmental Disabilities Service Directors
County Departments of Human Services Directors County Departments of Social Services
Directors County Mental Health Coordinators
Tribal Chairpersons / Human Services Facilitators

From: Patrick K. Cork, Administrator
Division of Mental Health and Substance Abuse Services

Motivational Interviewing in Comprehensive Community Services - Training and Implementation Project

Action Memo Summary

This Motivational Interviewing-Training and Implementation Project (MI-TIP) offers organizations delivering Comprehensive Community Services (CCS) an opportunity to increase program capacity to address consumer Substance Use (SU). The goal of MI-TIP is for participating staff to systematically address consumer SU through the use of evidence-based assessment and intervention practices. Qualifying organizations will receive training in Motivational Interviewing (MI) as the evidence-based intervention. Training will involve a robust learning process across six (6) months including implementation planning, independent self-study, workshops, peer learning with fidelity reviews, and trainer technical assistance. There is no cost for this training. Funding for MI-TIP comes from the federal Substance Abuse Block Grant and each staff participant who successfully completes all requirements of MI-TIP will receive a stipend.

Background

In CCS, addressing consumer SU (alcohol, illicit drugs) through assessment ([DHS 36.16\(4\)\(k\)](#)) and appropriate treatment ([DHS 36.17\(4\)](#)) is both a requirement and an important factor in service outcomes. Consumer SU reflects a continuum of severity: at one end, consumers may show low risk or risky use (subclinical); at the other end, consumers may show problem or dependent use (clinical). Many standardized instruments exist to quickly and accurately assess a consumer's location on the SU continuum. In this project, the [AUDIT](#) (Alcohol Use Disorder Identification Test), the [DAST-10](#) (Drug Abuse Screening Test-10 Item Version), and [TLFB](#) (Time Line Follow Back, 30-day calendar) instruments will be combined into a single brief assessment. The selection of these instruments is based on the following rationale: 1) each is well-established over two decades, 2) has strong psychometric properties of validity and reliability with diverse populations, 3) is easy to administer, interpret, and score, and 4) each is in the public domain and has no administrative costs. Results of this brief SU assessment will indicate need for subsequent brief intervention or referral to treatment. MI will be used as the foundational evidence-based practice (EBP) to address consumer SU. It is envisioned that, for

those who show risky SU or mild-to-moderate problem SU, MI will be used by the Service Facilitator ([DHS 36.03\(26\)](#)) as a brief intervention. For those who show problem or dependent SU, MI will be used by the Service Facilitator to initiate a referral for a comprehensive assessment and intake into specialist treatment conducted by the Substance Abuse Professional ([DHS 36.03\(30\)](#)). To examine effectiveness of brief intervention or treatment, staff will re-administer the brief assessment at regular intervals (e.g., every 30 days) to track consumer SU involvement and change. The MI-TIP training will assist both non-specialist (e.g., the Service Facilitator) and specialist (e.g., the Substance Abuse Professional) staff to implement MI with fidelity in the context of SU assessment, intervention, referral, and treatment.

Why Motivational Interviewing?

There are several reasons why MI is a good choice of EBP to address consumer SU in CCS. First, MI is a well-established and effective approach to address consumer SU which is listed in SAMHA's [National Registry of Evidenced-based Programs and Practices](#). Moreover, due to its efficiency as a brief intervention, MI is likely more cost-effective compared to other viable EBPs. Second, MI fits with the person-centered and strengths-based values which underscore CCS. Third, MI is flexible and can be delivered as a stand-alone brief intervention to address risky (subclinical) consumer SU, or as a precursor to specialist treatment for consumers who may have a Substance Use Disorder. Fourth, with the proper training, MI training research shows that non-specialists can promote SU change as effectively as treatment specialists, thus MI has potential to greatly expand the organization's capacity to address consumer SU. Moreover, MI has been shown to be effective in addressing a wide range of mental and behavioral health problems, thus contributing to an organization's capacity to address problems which typically co-occur with SU. To meet the growing popularity and demand for MI training in Wisconsin, the Department of Health Services (DHS), Bureau of Prevention Treatment and Recovery (BPTR) created the MI-TIP in 2012. Since then, over 400 staff and dozens of provider organizations have completed training. Participant evaluations have consistently shown MI-TIP to be a feasible and highly rewarding experience.

Who should participate?

MI-TIP is for the multidisciplinary team of CCS. Both specialists (e.g., Substance Abuse Professionals, Mental Health Professionals, or Service Providers) and non-specialists (e.g., Service Facilitators, Peer Specialists) should be considered for participation. Training will provide state-of-the-art clinical tools and increase staff skills for integrating evidence-based SU assessment, intervention, and referral best practices into routine services.

What are the requirements of MI-TIP?

The MI-TIP draws upon training best practices and implementation science to comprise the following six (6) required components:

- 1) **Independent self-study.** Prior to the initial workshop, staff participants will complete selected readings and written exercises from Rosengren's (2009) *Building Motivational Interviewing Skills: A Practitioner Workbook*. Workbooks will be provided at no cost. This pre-training assignment will take approximately 5 hours and must be completed for staff to participate in the initial workshop.
- 2) **Initial 3-day workshop.** Training will be intensive, experiential, and skills-focused. Content will cover an overview of consumer SU; administration, scoring, and interpretation of brief assessment instruments; and MI core skills, strategies and processes for addressing consumer SU will be based on the newly revised *Motivational Interviewing* book (Miller & Rollnick, 2013). Staff will review their organization's Initial Implementation Plan (see below) and peer learning

groups will be created.

- 3) **Bi-weekly conference call for technical assistance.** Upon completion of the initial workshop, staff will immediately begin integrating SU assessment and intervention into CCS. All new consumers entering CCS will receive the brief SU assessment. Additionally, current consumers will receive the brief SU assessment during service plan review. The bi-weekly conference call (i.e., twice monthly) will be facilitated by the trainer to identify successes, barriers, and strategies to promote implementation.
- 4) **Monthly peer learning group.** Following the initial workshop, participating staff will join a peer learning group that will meet monthly (in person or via phone conference) for 1-hour. The purpose of this group is to focus on continued skill acquisition and learning MI. On a rotating basis, each staff participant will present an audio recorded sample of MI practice obtained with written permission from a consumer. Peer review of fidelity will commence, including supportive feedback. Through this process, each staff participant will develop an individualized learning plan with supervisor input with the goal of achieving fidelity of practice. Digital audio recorders will be provided to each group at no cost.
- 5) **Data collection and submission.** Participating organizations will collect and submit data using a spreadsheet provided by the DHS trainer. The spreadsheet will be submitted monthly to DHS with data related to the following domains:
 - a. Weekly staff [self-assessment of MI](#)
 - b. Weekly consumer [evaluation of MI](#)
 - c. Monthly results of peer reviews (number in attendance, results of staff fidelity reviews)
 - d. Results of consumer initial brief assessments (SU symptoms and frequency)
 - e. Number of referrals to SUD treatment (number of referrals, number of entry)
 - f. Rate of service engagement into SUD treatment (as defined by two episodes of service within the first 30 days of entry)
 - g. Results of consumer follow-up brief assessments (SU symptoms, frequency)
- 6) **Follow up 2-day workshop.** Approximately six (6) months following the initial workshop, this final workshop will bring staff and their supervisors together to discuss continued integration of MI into CCS, to continue practicing and building skills, and to finalize the organization's implementation plan.

To successfully complete MI-TIP, participating staff must complete all six (6) required components. This process will occur during a six (6) month period involving approximately 50 hours of each participant's time.

What are the expected benefits of completing the MI-TIP?

- Organizations will increase capacity to effectively and efficiently address consumer SU through the implementation of well-established and evidence-based brief assessment instruments, and intervention and referral best practices.
- Consumers who receive MI will report high levels of satisfaction with services.
- Comparison of consumer baseline and follow-up SU assessment measures will show positive behavior changes.
- Selected training hours will count toward CCS orientation/training requirements ([DHS 36.12](#)).
- Organizations will receive a \$500 stipend for each staff participant who successfully completes all required components of MI-TIP. The stipend is intended to defray some costs incurred during training (e.g., staff time, transportation, lodging).

Request for Action

A Request for Action (RFA) is invited from CCS regions that are either approved by the Division of Mental Health and Substance Abuse Services or are certified by the Division of Quality Assurance. A successful RFA will be submitted by the regional CCS Director and with thorough and detailed responses to the following:

- 1) What are the reasons for your region's interest in participating in MI-TIP? How will staff participation in MI-TIP advance your CCS program goals and priorities? Specifically, what is the rationale for addressing consumer substance use?
- 2) Staff selection:
 - a) For each prospective staff participant, please include the following information:
 - i) name and contact information (email address, phone number)
 - ii) role in CCS services (e.g., Service Facilitator, Peer Specialist, Service Provider) and rationale for involvement in MI-TIP
 - iii) county of employment
 - iv) supervisor name and contact information
 - b) It is ideal that staff selection account for all counties within a CCS region. If the selected staff identified above do not represent all counties within the region – that is, some county staff are excluded from MI-TIP participation – what is the rationale for this decision?
 - c) MI-TIP will involve a process of staff behavior change from practice-as-usual to evidence-based practice. Describe staff participants' readiness and willingness to engage in their own behavior change in order to achieve the goals of MI-TIP?
- 3) Initial Implementation Plan:
 - a) In this project, the [AUDIT](#) (Alcohol Use Disorder Identification Test), the [DAST-10](#) (Drug Abuse Screening Test-10 Item Version), and [TLFB](#) (Time Line Follow Back, 30-day calendar) instruments will be combined into a single brief SU assessment. Participating staff will be trained to administer, score, and interpret these instruments. Is your organization ready to replace the current SU assessment with these new instruments? How will this be accomplished and what is the timeline for completing the replacement? Please explain.
 - b) A requirement of training is that each staff participant will audio record one (1) sample of MI practice for peer review during the six (6) month training period. Obtaining this practice sample will require written consumer consent. Does your organization have in place the appropriate policy, procedure, and consent form to ensure success with this requirement? Please explain.
 - c) Are staff fully aware of the requirements to successfully complete MI-TIP? Are staff willing and able to participate in all six (6) required components?
 - d) What are the administrative/supervisory supports and resources that the organization will provide to support staff completion of MI-TIP?
- 4) Statement of intention to sustain delivery of MI beyond formal training and the likely benefits that will occur as a result of sustainability.

Action Summary

This Motivational Interviewing-Training and Implementation Project offers CCS regions an opportunity to increase program capacity to effectively address consumer substance use. There is no cost for this training. Staff participants who successfully complete all requirements will receive a \$500 stipend. There are limited slots available. A successful RFA will be submitted by the regional CCS Director and will thoroughly respond to the above questions. The RFA is due **Monday, August 31 by 5:00 pm**. Please submit RFA via electronic email attachment, facsimile, or postal mail to the contact person listed below.

Regional Office Contact:

Area Administrators

Central Office Contact:

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