

DBT IOP Stakeholder Meeting: National Certification July 19, 2017 Meeting Notes

Present: David Bradshaw-Healing Connections; Cathy Strub, Laura Zackman, Kristie McDonald, John Hanson-Psych Recovery; Jacqueline Stratten-Southbridge; Mandy Hyland-Highland Meadows; Ryan Thorson, Elizabeth Carlton-Independent Management Services; Kim Ross, Rose Busscher- Life Development Resources; Susan Voss-Advanced Behavioral Health; Sarah Gross-Nystrom; Suzanne Witterholt- Allina; Steven Girardeau, Lane Pederson- Mental Health Systems; Jennifer Goerger-Lighthouse Child and Family Services; Jenny Palen- MN Association of Community Mental Health Programs; Mary Murzyn- Choices; Kirsten Schmidt Shay, Tammy Tucker- Associated Clinic of Psychology; Joan Russo- DBT LBC; Sharon Stein McNamara-DBT Professionals.

Present via WebEx: Chris Kallas, Kerry Sanden, Kathleen Howard, Patty Lauer Roberts, Tabatha Brown, Shafik Kassam, Rose Linquist, Michelle Frauenschuh, Deann, Laura Dusso, Tammy Gradine, Carin, Carolyn Giannone, Jean Heitman, Pat Jones, Neal Moglowsky, Jerry Crimmins, Renee Bush, Julie Blatz, Shannon Kronlund.

Present from Behavioral Health Division: Neerja Singh- Deputy Director, Behavioral Health Division (first half of meeting); Mary Johnson- DBT IOP policy lead; Regina Avevedo- Program Consultant who assisted with taking notes.

Neerja Singh - Shared the following:

- The certification requirement was delayed due to concerns expressed to DHS.
- Stakeholder meetings are to get feedback regarding the many ways to facilitate fidelity of treatment.
- National certification is one way.
- BHD is reviewing the concern expressed by the providers regarding rates for services and will be collaborating with Health Care Administration to address the concerns.

The following is summary of comments from meeting participants

Support of National Certification:

- Important to demonstrate doing the treatment VS saying you can do the treatment.
- Video tapes and proof of case conceptualization essential to show ability to do treatment
- Although not supportive of decision at first- it has sharpened the clinicians, made treatment more excellent, humbled us and improved outcomes for clients. Were very discouraged by this decision to delay requirement.
- Rigor of certification pushes providers to 'do better'.
- Certification makes a better team, clinician. Important to provide cutting edge treatment. 'Hate to throw it out'.
- National cert thought to be gold standard for profession

- DHS has not always had resources that know DBT treatment resulting in questionable ability to certify teams.
- Important to follow hard work that Linehan board did to establish standards of certification.

Concerns regarding National Certification requirement

- Cost of certification- especially for small and rural teams.
- Some rural/small providers do not have enough Medicaid clients to make it worthwhile to go thru certification. Need is there, but numbers too small in some areas to make it financially feasible.
- There is confusion between fidelity and outcomes. Fidelity does not equal outcomes. Would like goal to be good outcomes. There is no data/studies that show fidelity improves outcomes.
- National certification body is 'gatekeeper' for standards. What makes Linehan board 'gold standard'
- Feels like DHS is turning over mentorship/tech assist to national certification body.
- This may be overwhelming and discouraging for new clinicians entering field.
- Margins very tight in this business. Oppose any kind of national board as cost/oversight issue.
- Perception that bar keeps being raised and those setting bar are profiting. Cited 2 clinicians who stopped doing DBT due to 'fatigue' and feeling like they are on 'losing side.'
- Providers feel that they lost the technical assistance and support from DHS over the course of time on this model.

Points of consideration

- There are not research studies showing National Certification improves treatment because national certification is too new.
- Adherence not just issue with DBT.
- Other DHS services for adults do not have 'national certification' because it does not exist. Children's services do have some national certification requirements.

The following children's services do have National Certification requirement in MN:

Child Parent Psychotherapy certified by Child Trauma Research Program

Attachment Biobehavioral Catch-Up certified/trained by University of Delaware

Parent Child Interaction Therapy certified by PCIT International

Trauma Focused Cognitive Behavioral Therapy certified by Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program

Managing and Adapting Practice certified by PracticeWise

- MN ahead of other states in DBT due to support of DHS/certification process
- Common Themes all can agree on are important: Training needed, peer support, consultation, and desire to provide high quality services.
- History to consider: DHS developed state certification in 2007 as there was no clear standard. MN is leader in this type of certification. Medicaid does not recognize DBT as separate therapy, MN does and pays the enhanced rate. This service is for some of the most severely ill in MN.
- Private providers practicing as team do not always feel supported by other teams when there is need to coordinate skills group/communicate about clients.
- Some agencies may require their clinicians to pay for own individual certification. (Teams must have minimum of one individually certified provider to apply for national certification)

- Fidelity to model important: negative effects seen on clients who have previously not been treated to fidelity.
- Cost of Linehan board similar to other national boards. There is scholarship money available from board.
- Need to distinguish between: small team, outstate team, metro teams. Different issues.
- DHS does not currently distribute or seem to utilize MHIS data. (DHS is working on improving this)

Ideas to promote fidelity/training

- Monitor competence using available rating scales
- Mentorship essential – Can DHS pay for/coordinate clinicians to be mentors. Suggest DBT therapy session rate. For teams or clinicians.
- Use technology to mentor/train with other teams
- Teams utilize resources from own organizations such as DBT Coalition group.
- Teams need training on how to use technology
- Peer to Peer evaluations of individual sessions. Criteria needed for evaluator?
- Create a panel to review DBT treatment modalities.
- Use our local experts.
- Create library of web-based training.

Ideas for assure fidelity via certification process

- Have 2 tier certification: MN cert/national cert
- Use MHIS data
- Submit consultation and skills training tapes with recertification applications

Questions:

1. What direction should providers go regarding national certification? *This is up to individual teams. All agree we want best possible treatment for our clients. Each agency is asked to make decision keeping that in mind.*
2. Will the national board certification be required in future? *To be determined.*
3. What will be accepted now? Current DHS process or national certification? *Both will be accepted when new application comes out in September. Teams that have national certification requirement will only have to submit information related to Medicaid requirements; client chart, MHIS outcome measures, supervision plan for practitioners if applicable.*

Any further comments can be sent to dbt.certification@state.mn.us. All comments will be saved for consideration. We are requesting your thoughts and ideas regarding following two aspects:

- Ways to facilitate fidelity of the model.
- What kind of outcomes data will be helpful to you to make informed decisions regarding your program/practice that you would like DHS to provide?

We will accumulate your thoughts and further develop agenda for our next meeting.

Next Steps:

Meeting to be scheduled via VideoNow (links available at county seats throughout the state) in Sept.

Agenda:

- Ideas to assure fidelity: end meeting with minimum of 3 ideas for division consideration?
- Training/mentoring: What DHS can do/What providers can do?
- MHIS : update on how data can summarized currently. What data is most useful to make informed decisions?