

Introduction

Center for Behavioral Health Integration (C4BHI), is a Montpelier Vermont based partnership made up of two clinical psychologists (Jody Kamon, PhD and Win Turner, PhD, LADC) along with associated staff. C4BHI's primary mission is helping communities develop and deliver effective strategies for increasing population wellness. A major focus of our work to date involves coaching human service providers to effectively prevent, identify and intervene with youth/young adults concerning drug and alcohol risks. As our experience below demonstrates, this application to provide motivational interviewing coaching/supervision for the SBIRT Reclaiming Futures initiative is a perfect match for our mission and expertise. C4BHI currently meets all of the contracting requirements and if chosen as the applicant we are ready to begin work on February 1st, 2017.

Essential Prior Experience, Qualifications and Skills:

For the last 17 years, C4BHI psychologist partners and associated staff have coached, supervised and evaluated the adoption of evidence based practices (Motivational Interviewing, Cognitive Behavior Therapy, SBIRT in medical settings, etc.) into community health and human services settings. Our Center's staff are experienced in building positive collaborations with community agencies and organizations to allow the adoption/implementation to proceed in a timely and efficient manner while remaining adherent to intervention techniques and project aims. We pride ourselves in developing training, coaching and supervision using tools and techniques that allow for engaging adoption and competency development. Our team has successfully provided Motivational Interviewing (MI) training and coaching to over 500 providers nationally and is responsible for the supervision of the model entitled Motivational Enhancement Therapy and Cognitive Behavior Therapy for Adolescents (MET/CBT) on the National Registry of Evidence Based Programs and Practices.

Currently, we are involved with several adoption/implementation projects, many of which utilize the SBIRT model and/or Motivational Interviewing, including two statewide SAMHSA SBIRT grants. For Vermont's SBIRT adoption, we oversee project management, training, and evaluation under the Vermont Department of Health. Vermont's SBIRT initiative is in year 4 and has involved over 15 medical sites and one community outreach effort among the refugee and immigrant communities in Chittenden County. For Virginia's SBIRT adoption, we provide training and implementation coaching and consultation as well as evaluation services. In addition, we also have assisted SAMHSA in partnership with JBS International in the development and ongoing training of the Integrated Co-occurring Treatment manual and training curriculum for SBIRT grantees. This manual utilizes MI and CBT as the foundational approaches for all brief treatment activities. Programs currently receiving training, coaching and supervision and certification in the use of MET/CBT by Drs. Kamon and Turner include the Administration of Children's Services for the State of New York (for their residential clinical staff) and the Iowa Department of Public Health (for four of their primary adolescent and young adult substance abuse treatment programs). Lastly, Dr. Turner has provided consultation to the

State of Vermont's Attorney General's Office to develop and help evaluate the effectiveness of an automated screening tool and brief intervention for substance use risk.

On a more intimate scale, both Drs. Kamon and Turner have or have had independent MI training and coaching efforts within state organizations in Vermont. Dr. Kamon currently provides monthly supervision and case consultation on the use of Motivational Interviewing for the Franklin Grand Isle Restorative Justice Center and for the Department of Child Welfare's St. Alban's District Office. Dr. Turner has provided ongoing MI coaching and case consultation for the Lamoille County Court Diversion program. Additionally, Drs. Kamon and Turner have provided and continue to provide training, clinical supervision and consultation in Motivational Interviewing (MI) and the delivery effective COD interventions with many of Vermont's Agency of Human Service Departments (Department for Children and Families, Department of Mental Health, Department of Corrections) and the Vermont Department of Health (VDH).

C4BHI's training and coaching philosophy is one of "skill transfer." We believe that each training or coaching session is an opportunity for the participants to learn a new skill or further develop their use of skills they may have but do not feel as confident or comfortable implementing. Thus, we employ a range of strategies to ensure such skill transfer. The strategies include didactic information. More importantly though, we utilize practice, video demonstration, session observation with feedback, and a self-evaluation process as well. While practice of skills is critical, as Dr. Miller, one of the founders of MI has indicated, it is the feedback that accompanies the practice that is essential for practice change. It is important to note too that we use a parallel MI process in providing feedback to clinicians and case workers. We foster relationships build on trust and rapport, providing strength based feedback while challenging the clinician/case worker to reflect on their own process as well.

In summary, C4BHI is fully capable and committed to becoming the case managers coach for the Reclaiming Futures SBIRT. Our expertise, ability to collaborate, and coaching strategies in developing MI skill competency within the SBIRT framework will allow for an engaging experience with case managers. If chosen as the applicant we look forward to working closely with you, and the Reclaiming Future's SBIRT program's case managers.

Resumes/Biosketches are provided at the end of this document with references.

Proposed Approach:

C4BHI proposes to immediately integrate the Reclaiming Futures (RF) SBIRT specifics into all essential training/coaching components. Over the 17 years of MI training and coaching, we realize a gap often exists between skill recognition and the ability to apply skills in client based interactions. To remedy this, we focus first on the development of MI spirit and baseline MI skills including building rapport from the "get-go" within case manager-client collaborations and delivering brief interventions. Our staff model MI interactions in all coaching discussions demonstrating the parallel process of participation in MI coaching and the delivery of MI interventions with youth clients.

Components of the approach include:

- a) On-site shadowing of current youth and case manager discussions to better understand and monitor existing RF SBIRT approach for SBIRT readiness/competency assessment;
- b) Interactive on-site MI skills coaching leading to more accurate self-assessment of MI competency and coaching feedback on skills development in delivering brief interventions to youth;
- c) Ongoing case consultation to expand the case manager's ability to work in a culturally competent manner with unique populations;
- d) SBIRT self-assessment (rating sheets) using easy to fill out checklists that emphasize and help solidify the critical aspects of the SBIRT delivery model with specific focus on Brief Intervention (including MI) techniques utilized in client sessions and coaching in person and on the telephone; and
- e) Encounters with youth client actors or "YCA's" to creatively apply MI skills within the SBIRT framework and get accurate feedback in "realistic" situations

As part of initial and ongoing assessment of case managers' MI competency within the SBIRT model, C4BHI will shadow or observe a client-case manager brief intervention. Using checklists and an open ended feedback form, we will ask the case manager to rate themselves and we will also rate the case manager. We will then engage with the case manager in a feedback discussion to help develop an individualized coaching program specific to the needs and strength of each case manager. C4BHI proposes to shadow the four case managers at each coaching session over the course of the year to assess their progress in providing skilled MI within the context of delivering SBIRT. The only exceptions are in months 2, 6 and 10 when youth client actors will be used (see below).

Additional coaching sessions will emphasize a combination of case consultation with role-play practice using case information as well as skills practice using youth client actors (YCA's). Case managers will be asked to bring cases at each meeting, presenting that case using a specific MI focused case presentation model. As case managers present the case, we will find the opportunity to role play areas in which the MI could have been deepened or improved upon. We will also look for opportunities to affirm and reflect on strengths in the delivery of the Brief Intervention or use of MI. In addition, on-site interactions with the case managers will periodically be structured as "skills practice" including participant role plays to allow immediate skill transfer and practice with youth client-actors (youth client actors or "YCA's"). Encounters with YCA's allow us to create realistic training encounters and provide immediate coaching and self-assessment of MI delivery. YCA's are trained to provide detailed and strength-based feedback to help case managers develop both their ability and confidence. C4BHI has used a similar model within the larger, statewide Vermont SBIRT and practitioners have found the in vivo practice with feedback to be invaluable. Given the rate of "no shows" among youth clients,

having access to youth client actors will help to further ensure live supervision and the opportunity to provide constructive feedback so case managers can improve their skills. Further, we will be available by phone and email for the cases managers to reach out to either Dr. Kamon or Dr. Turner with questions or concerns.

C4BHI expertise in coaching and evaluation will help track readiness, initial baseline MI competency and skill development over time. Outputs from the coaching evaluation will be used to inform case managers on their own progress individually, and in aggregate format help to inform the RF MI coaching project as a whole. We plan to report at each quarterly workgroup on the coaching progress and outcomes allowing for continuous quality improvement in the RF coaching and supervision effort.

Dr. Kamon and Dr. Turner will share in performing this scope of work with their respective level of efforts to be determined in collaboration with the RF SBIRT team if awarded the project. Immediately below is a table that summarizes the different elements of the proposed approach.

Activity	Month											
	1	2	3	4	5	6	7	8	9	10	11	12
Initial Planning Session	1											
Team Workgroup meetings		1			1			1			1	
Coaching sessions (2 meetings per month per site)	4	4	4	4	4	4	4	4	4	4	4	4
Activities within coaching sessions:												
Observation of case managers conducting SBIRT Brief Intervention	X		X	X	X		X	X	X		X	X
Case Consultation with role play practice	X	X	X	X	X	X	X	X	X	X	X	X
Practice with feedback using Youth Client Actors		X				X				X		

Proposed Efforts	Hours	Rate	Total
Initial planning session(s)	4	\$100	\$400
Three quarterly meetings, 2 hours each	6	\$100	\$600
CQI evaluation and related reporting*	12	\$100	\$1,200
Bi-monthly site meetings (2 meetings per month, 2 hours per meeting over 12 months at 2 sites)	96	\$100	\$9,600
On-demand phone and email consultation time (4 hours per month)	48	\$100	\$4,800
Travel time to and from meetings (52 meetings including 1 planning session, 3 quarterly meetings, 48 coaching sessions)	104	\$50	\$5,200
Utilization of YCAs**	18	\$50	\$900

Mileage (@.54 or allowed rate; dependent on distance to and from locations so may vary)			\$1,000
Subtotal			\$23,700
Indirect Rate (10%)			\$2,370
Total:			\$26,070

*Includes administering, scoring, summarizing feedback assessments both individually for case managers as well as for summary reporting to the Attorney General's office.

**18 hours includes initial orientation, direct time with staff and travel time to two sites.

C4BHI has an office located in Montpelier, VT and keeps regular business hours Monday through Friday from 9am to 5pm. In addition, Drs. Kamon and Turner utilize cell phones and are accessible Monday through Friday from 8:30am to 5pm, returning calls and emails typically within 1 business day.

Of note, C4BHI has 2 current contracts with different departments within the Agency of Human Services. We are able to meet the minimum State of Vermont insurance and other contracting requirements (e.g. different liability and workers compensation coverages, etc.).

References:

Mrs. Gibson has contracted with us over the past 4 years to provide training and coaching in Motivational Interviewing:

Alix Gibson, LICSW
 District Director
 Department for Children and Families
 Family Services Division
 27 Federal Street - Suite 300
 St Albans, VT 05478
 802-524-7944
Alix.gibson@vermont.gov

Mrs. Morris-Groves has contracted with us to provide training and coaching.

Maria L. Morris-Groves MEd. CASAC
 Adolescent, Women and Children Services
 Clinical Services Unit
 Division of Treatment and Practice
 Innovation
 New York State Office of Alcoholism and
 Substance Abuse Services

[518-485-2123](tel:518-485-2123)
mariamorris@oasas.ny.gov

Mrs. Cimaglio is the principal investigator for Vermont’s SBIRT grant.

Barbara Cimaglio
 Deputy Commissioner
 Alcohol and Drug Abuse Programs
 Vermont Department of Health
 802-951-1258
Barbara.Cimaglio@vermont.gov

Mrs. Weiner could provide a practitioner perspective as we trained and certified her in the use of MET/CBT.

Kate Weiner, LISW, CADC
 Prairie Ridge
 Lead Clinician
[641-243-7238](tel:641-243-7238)
kweiner@prairieridge.net

WIN C. TURNER, PH.D. LADC

35 Liberty St.
 Montpelier, VT 05602
wincturner@gmail.com
 802 233 6660 (c)
 802 223 8626 (h)

Education

Ph.D. 1997, New School for Social Research, Clinical Psychology, Albany
 Medical Center, Stratton VA Hospital – Internship
 M.A. 1994, New School for Social Research
 B.A. 1983, Colorado College

Licenses VT, Ph.D. Clinical Psychologist (current)
 VT, Alcohol and Drug Counselor (current)

Certifications National Trainer & Clinical Supervisor: Motivational Enhancement
 Therapy/Cognitive Behavioral Therapy, SBIRT, Integrated Change
 Therapy: Assessment instruments including –GAIN, ORAS, MAYSI,

Professional Experience:***Project Director, Vermont SBIRT – Vermont Department of Health (2013-Present)***

Oversee a 5 year, 10 million dollar SBIRT grant delivering integrated behavioral health services to 80,000 patients throughout Vermont across 15 medical settings. Responsible for coordinating grant deliverables including: dissemination, training, evaluation, health information technology, sustainability.

Partner, Center for Behavioral Health Integration LLC. (July 2008 – Present)

Consultation services throughout North America to assist in the development, training, evaluation, supervision and implementation of evidence based treatment interventions. Ongoing projects include: SBIRT US dissemination & MET/CBT clinical trainer/supervisor. Currently, along with JBS Int. (CSAT's TA contractor) - a main focus is to help communities across the country adopt SBIRT as a systematic approach to integrating behavioral health into medical settings. Lead co-author on two SAMHSA publications Brief Integrated Treatment Manual for SBIRT (ICT) & a new Guide for Risky Marijuana Use (under review).

Clinical Supervisor - (1999 – 2015).

NYCACS, Iowa Department of Health, *OASAS, Vera Institute, Vermont State* Court Diversion and Restorative Programs, Montpelier Parks Program, Northlands Job Corp Center, University of Vermont-Wellness Center: Private Practice, Montpelier, VT Provide (and provided) clinical supervision, program development & treatment for mental health/substance abuse clients in rural community settings. Receive referrals through court diversion, local schools, department of human services, vocational rehabilitation, and university wellness centers. Responsible for delivery and /or supervision of all aspects of evidence based co-occurring treatment – screening, assessment, treatment matching, and follow-up, as well as training staff on research based co-occurring treatment protocols.

Faculty, National Drug Court Institute (September 2010 – September 2012)

Primary trainer and supervisor of MET CBT interventions for drug court programs across the US. Supervising consultant to therapists, probation officers, & court staff implementing evidence based practices within juvenile justice settings.

Program Director, Dartmouth Hitchcock Medical Center (DHMC), Addiction Treatment Program (June 2005 –July 2008)

Created and delivered interventions through DHMC Department of Psychiatry. Developed and directed all aspects of the new academic hospital based intensive outpatient program. Responsible for designing and implementing evidence based interventions, staff supervision, patient care and program evaluation.

Addiction Treatment Consultant, Center for Substance Abuse Treatment (CSAT), and the New England Institute of Addiction Studies (1999– current)

Consultant responsible for training, developing, implementing, and assisting human service providers deliver evidence-based systems of care throughout the United States. National trainer & clinical supervisor for CSAT’s multi-state community implementation of MET – CBT. Author of the Vermont Department of Health: Division of Alcohol and Drug Abuse Program’s Youth Treatment Guidelines now utilized by many state systems. Conduct site visits, write summary reports, and develop recommendations leading to more effective treatment services for youth and families.

Senior Advisor, Youth and Family Substance Abuse/Mental Health, American Institutes for Research (2003 – 2004) - ongoing consultation

Provided (still provide ongoing consultation) technical assistance to system of care communities involving services to families, children, adolescents and young adults with or at risk of emotional, behavioral, substance or academic problems. Applied expertise in substance abuse/mental health program development, implementation, and evaluation including: giving technical assistance on dual diagnosis; building consensus for change; designing effective demonstration projects; planning and conducting data analyses; preparing technical reports, scholarly articles, and other documents; and presenting research results to sponsoring agencies, professionals, and other consumers.

Bibliography

- Turner, Gallucci, & Ellenberg. (2013). Screening Brief Intervention and Treatment (SBIRT) Brief Treatment Manual: Integrated Change Therapy sponsored by CSAT/SAMHSA).
- Turner, W. & Muck, R. et al. Co-occurring Disorders in the Adolescent Mental Health and Substance Abuse Treatment Systems. *Journal of Psychoactive Drugs*, 36 (4): 455-462.
- Turner, W. Adolescent substance abuse treatment in the United States. *Evaluation and Program Planning*, 27: 115-117.
- Turner, W. (2003). Guidelines for the Development of Vermont’s Adolescent Treatment System. *Vermont Department of Health, Alcohol and Drug Abuse Programs*, 1-36.
- Turner, W. & Porter, G., (AIR publication). Taking charge: A family guide to selecting effective treatment. *SAMHSA*, 1-20.
- Meuser, K., Drake, R., McGovern, M. & Turner, W. (2006) Comorbid Substance Abuse and Psychiatric Disorders. In: Miller, W. R. ed. *Combating the Troublesome Use of Substances: CACTUS*.
- Turner, Horowitz, Elkin & Kamon. (2012). MET/CBT Training Videos for Addiction Counselors – sponsored by CSAT/SAMHSA

BIOGRAPHICAL SKETCH

NAME Kamon, Jody	POSITION TITLE Psychologist, Center for Behavioral Health Integration, LLC		
EDUCATION/TRAINING			
INSTITUTION AND LOCATION	DEGREE	YEAR(s)	FIELD OF STUDY
University of Michigan, Ann Arbor, MI	B.A.	1992-1995	Psychology, Communications
University of Vermont, Burlington, VT	Ph.D.	1997-2003	Clinical Psychology
University of Vermont, Burlington, VT	Post Doc	2003-2005	Behavioral Pharmacology

Positions:

2012-2014	Clinical Psychologist, Spectrum Youth & Family Services
2010-2014	Assistant Clinical Professor, Department of Psychiatry, University of Vermont
2009-2014	Evaluator; Vermont Child Health Improvement Program, Department of Pediatrics, University of Vermont
2008-present	Co-owner; Center for Behavioral Health Integration, LLC providing consultation, training, and evaluation for behavioral healthcare
2005-2009	Consultant to State of Vermont's Division of Alcohol and Drug Abuse Programs for CSAT-funded SAC initiative (T1-05-006) through the New England Institute of Addiction Studies
2003-2005	Postdoctoral Fellow; Department of Psychiatry, University of Vermont
2002-2003	American Psychological Association Approved Predoctoral internship in Clinical Psychology, Institute for Juvenile Research, University of Illinois, Chicago, IL

Professional Licenses and Memberships:

2007-present	Licensed Clinical Psychologist-Doctorate, Vermont
1997-present	Member, American Psychological Association

Selected publications and presentations (in chronological order).

- Stanger, C., Kamon, J., Dumenci, L., Higgins, S., Bickel, W., Grabowski, J., et al. (2002). Predictors of internalizing and externalizing problems among children of cocaine and opiate dependent parents. *Drug and Alcohol Dependence*, 66, 199-212.
- Stanger, C., Dumenci, L., Kamon, J., & Burstein, M. (2004). Parenting and children's externalizing problems in substance abusing families. *Journal of Clinical Child and Adolescent Psychology*, 33(3), 590-600.
- Vandrey, R., Budney, A. J., Kamon, J. L., & Stanger, C. (2005). Cannabis withdrawal in adolescent treatment seekers. *Drug and Alcohol Dependence*, 78(2), 205-210.
- Kamon, J., Budney, A., & Stanger, C. (2005). A Contingency management intervention for adolescent marijuana abuse and conduct problems. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(6), 513-522.
- Kamon, J., Budney, A., Dennis, M., & Funk, R. (2005, June). *Prevalence and correlates of withdrawal in adolescents presenting for substance-abuse treatment*. Paper presented at the annual meeting of the College on Problems of Drug Dependence, Orlando, FL.

- Kamon, J. (2005, August). *Development, evaluation, and dissemination of family-based treatments for adolescent substance abuse*. Symposium presented at the annual meeting of the American Psychological Association, Washington, D.C.
- Kamon, J., Budney, A., & Stanger, C. (2005, August). *Efficacy of a contingency-management intervention for adolescent marijuana abuse*. Paper presented at the annual meeting of the American Psychological Association, Washington, D.C.
- Kamon, J., Tolan, P., & Gorman-Smith, D. (2005). Interventions for adolescent psychopathology: Linking treatment and prevention. D. A. Wolfe & E. J. Mash (Eds.), *Behavioral and Emotional Disorders in Adolescents: Nature, Assessment and Treatment*. New York: Guilford Press.
- Burstein, M., Stanger, C., Kamon, J., & Dumenci, L. (2006). Parent psychopathology, parenting, and child internalizing problems among substance-abusing families. *Psychology of Addictive Behaviors*, 20(2), 97-106.
- Kamon, J., Stanger, C., Budney, A., & Dumenci, L. (2006). Relations between parent and adolescent problems among adolescents presenting for family-based marijuana abuse treatment. *Drug and Alcohol Dependence*, 85, 244-254.
- Bronstein, P., Fox, B. J., Kamon, J. K., & Knolls, M. L. (2007). Parenting and gender as predictors of moral courage in late adolescence: A longitudinal study. *Sex Roles*, 56(9-10), 661-674.
- Solomon, L. J., Hughes, J. R., Livingston, A., Naud, S., Callas, P. W., Peters, E. N., Kamon, J., & Etter, J. (2009). Cognitive barriers to calling a smoking quit line. *Nicotine and Tobacco Research*.
- Stanger, C., Budney, A. J., Kamon, J. L., & Thostensen, J. (2009). A randomized trial of contingency management for adolescent marijuana abuse and dependence. *Drug and Alcohol Dependence* 105, 240-247.
- Ulaszek, W.R., Lin, H., Frisman, L.K., Sampl, S., Godley, S.H., Steinberg-Gallucci, K.L., Kamon, J., & O'Hagan-Lynch, M. (2012). Development and initial validation of a client-rated MET-CBT adherence measure. *Substance abuse: Research and treatment*, 6: 85-94.
- Avila, M.M., Beatson, J.E., & Kamon, J.L. (in press) Addressing health disparities through cultural and linguistic competency trainings.
- Rettew, D.C., Greenblatt, J., Kamon, J., Neal, D., Harder, V., Wasserman, R., Berry, P., MacLean, C.D., Hogue, N., & McMains, W. (2015). Antipsychotic medication prescribing in children enrolled in Medicaid. *Pediatrics*, 135(4), 658-665.
- Avila, M.M., Beatson, J.E., & Kamon, J.L. (in press) Addressing health disparities through cultural and linguistic competency trainings.

Teaching, training, and supervision:

- 2005-present Motivational Interviewing
 Motivational Enhancement Therapy/Cognitive Behavioral Therapy for the Cannabis User
 Cognitive Behavior Therapy for Co-Occurring Disorders
 Evidence Based Practice
 Family Engagement/Behavioral Parent Training