

# Addiction Treatment Starts Here: Behavioral Health



## Virtual Learning Series

Webinar 2

June 23, 2020

# Welcome to our ATSH:PC Virtual Learning Session!

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If you are connecting to the audio by cellphone or landline (e.g., not your computer), your audio connection and visual connection need to be joined for the breakout. To join them:

- ✓ **First:** Find your participant ID; if you are using your phone for your audio, your **Zoom Meeting Participant ID** should be at the top of your Zoom window
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2

**Please** also rename yourself so we know what organization you’re from. This will help facilitate discussion and follow-up. To rename yourself:

- ✓ **Find the participant list:** Go to the bottom of your Zoom window and click on the word **Participants**
- ✓ **Hover/click:** Once the participant list pops up, hover over your name on the participant list; you may be able to click **rename** or you may have to click the **more** button and then click **rename**
- ✓ **Enter your new name:** Enter your first name and your clinic’s name (e.g., Briana – CCI, or Shelly – ATSH coach)

## Webinar Reminders

1. Everyone is muted.

 \*6 to **unmute**

 \*6 to **re-mute**

2. Use the chat box for questions and to share what you're working on.

3. **This webinar is being recorded in the main room.** The slides and webinar recording will be emailed and posted to the ATSH program page.

# Agenda

- Housekeeping + Introductions
- Integrating Patient-Defined Recovery Goals into MAT Programs
  - Culture and Processes
  - Team Roles and Workflow
  - Treatment Planning
  - Patient Progress
- Closing



Today's learning session focuses on the patient-defined recovery worksheet.

It includes a mix of:

- Expertise and perspective from faculty
- “Team time” sessions (using pre-assigned breakouts)
- Hearing from your peers

Elements of Patient-Defined Recovery		Current State	Future State	Gaps
Clinic Culture + Processes	Clinic level: Elements of our clinic culture that are receptive to patient-defined recovery goals			
	Patient level: How we evoke patient's values and understand each patient's definition for recovery			
	Patient Level: How we gauge patient readiness			
Team Roles and Workflow	Individual team member: How each team member supports patients' individual recovery goals			
	Team-based care: How our team collaborates to support patient recovery goals (e.g., interdisciplinary team meetings)?			

# Introductions



# Integrating Patient-Defined Recovery

## **Brian Hurley, MD, MBA, DFASAM**

- Clinical Director of the CCI ATSH Programs
- Director of Addiction Medicine, Los Angeles County Department of Health Services
- Volunteer Assistant Clinical Professor of Addiction Medicine at the UCLA Department of Family Medicine

## **Brittany (Tenbarger) McCafferty, PhD**

- Behavioral Health Consultant, Cherokee Health Systems

## **Dominique McDowell, BA, RLPS, SUDCCII**

- Director of Addiction and Homeless Services
- Marin City Health and Wellness Center and Bay View Hunters Point Clinic



# Disclosures

- Brian Hurley, M.D., M.B.A., DFASAM has no conflicts of interest to report
- Brittany McCafferty, Ph.D. has no conflicts of interest to report
- Dominique McDowell, BA, RLPS, SUDCCII has no conflicts of interest to report





# Framework for Patient Defined Recovery



# Treatment Goals

- Range of treatment goals

Minimization of  
harms from  
ongoing use



Sustained recovery  
with abstinence from  
all substances

- Treatment Options; Federations of State Medical Boards 2013

- Partial Agonist (Buprenorphine) at the mu-receptor – OBOT/OTP
- Agonist (Methadone) at the mu-receptor - OTP
- Antagonists (Naltrexone) at the mu-receptor
- Counseling and/or peer support without MAT
- Referral to short or long term residential treatment

Source: [PCSS Waiver Training Slide Deck](#)

# Recovery

- Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

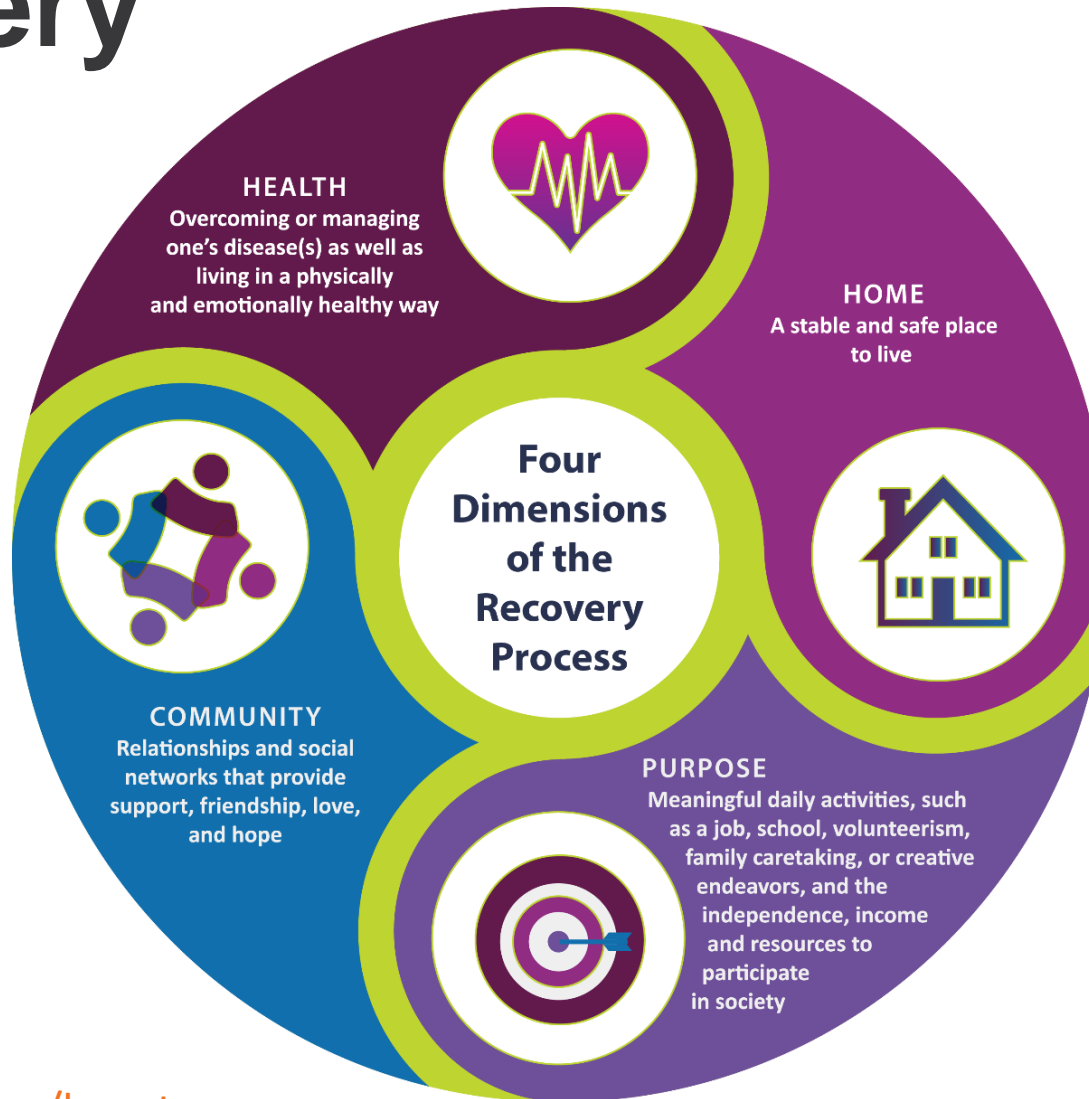
# Remission

- Early: 3 months when DSM-5 SUD symptoms stop being present.
- Full: 12 months when DSM-5 SUD symptoms stop being present.

<http://www.samhsa.gov/brss-tacs> and <http://www.psychiatry.org/psychiatrists/practice/dsm>



# Recovery



<http://www.samhsa.gov/brss-tacs>

# Guiding Principles



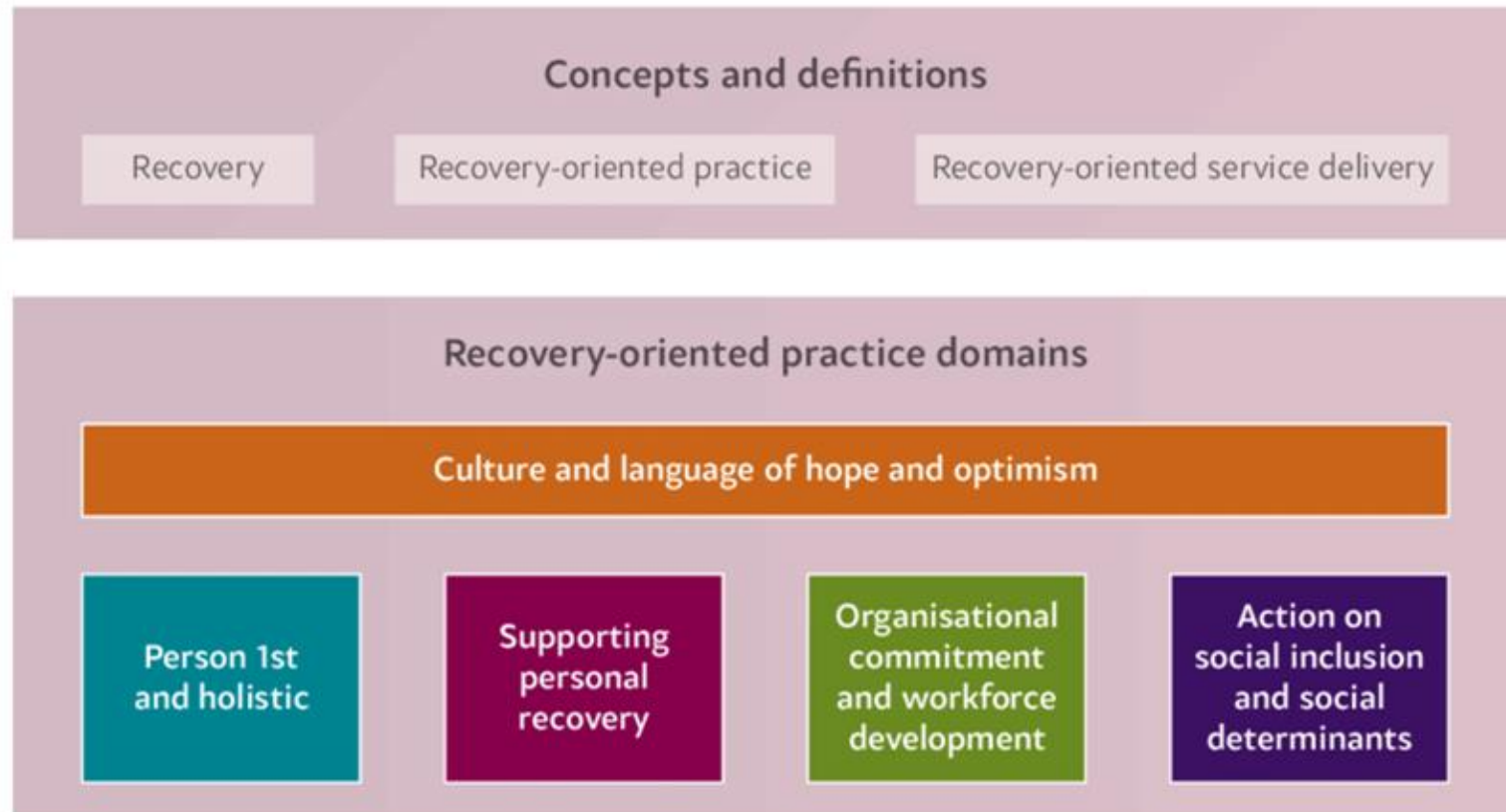
<http://www.samhsa.gov/brss-tacs>

# Operationalizing Recovery

- Culture & Processes
- Team Roles & Workflows
- Treatment Planning
- Patient Progress Indicators



# Recovery Culture & Processes



Jacob, K. S. (2016). Insight in psychosis: An indicator of severity of psychosis, an explanatory model of illness, and a coping strategy. *Indian journal of psychological medicine*, 38(3), 194. <http://pubmed.ncbi.nlm.nih.gov/27335513>

# Recovery Culture & Processes

**WHAT MATTERS TO YOU?**



<http://www.ihi.org/Topics/WhatMatters>

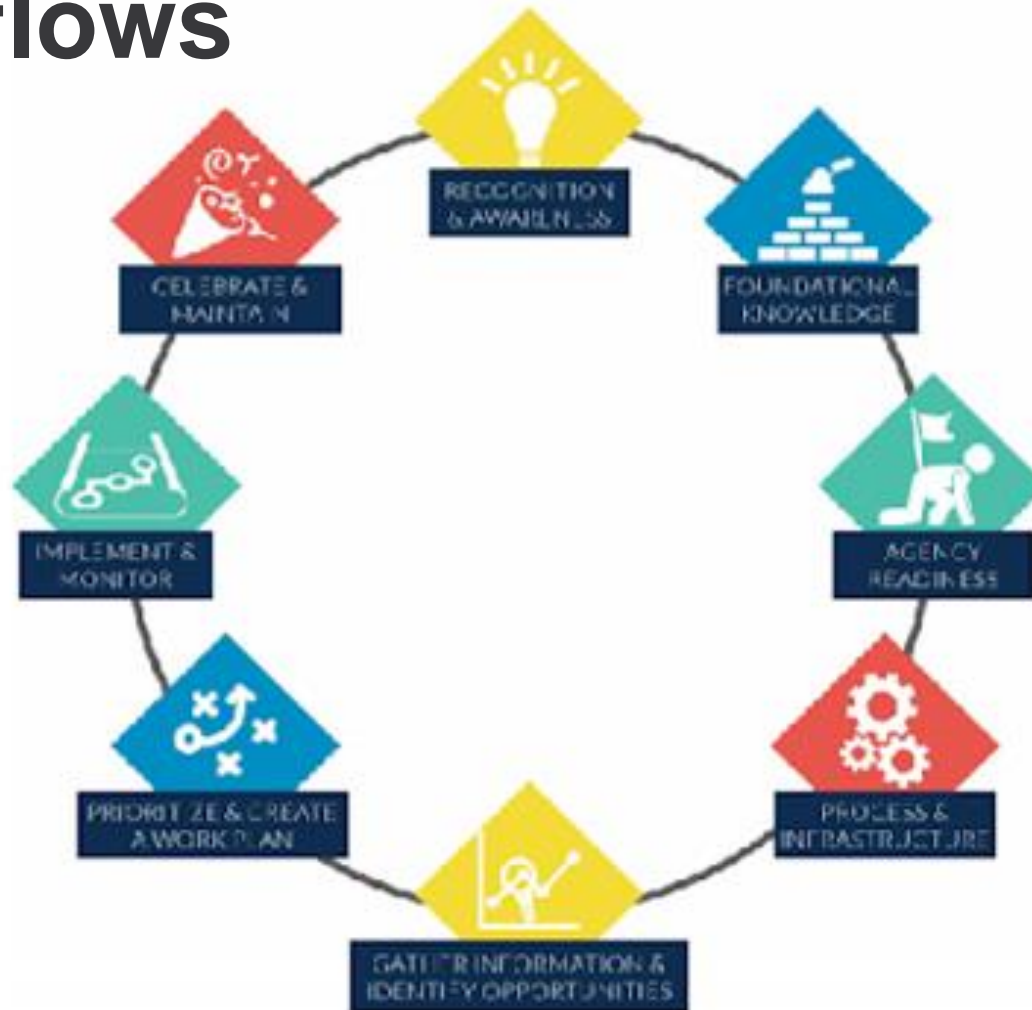


# Recovery Team Roles and Workflows



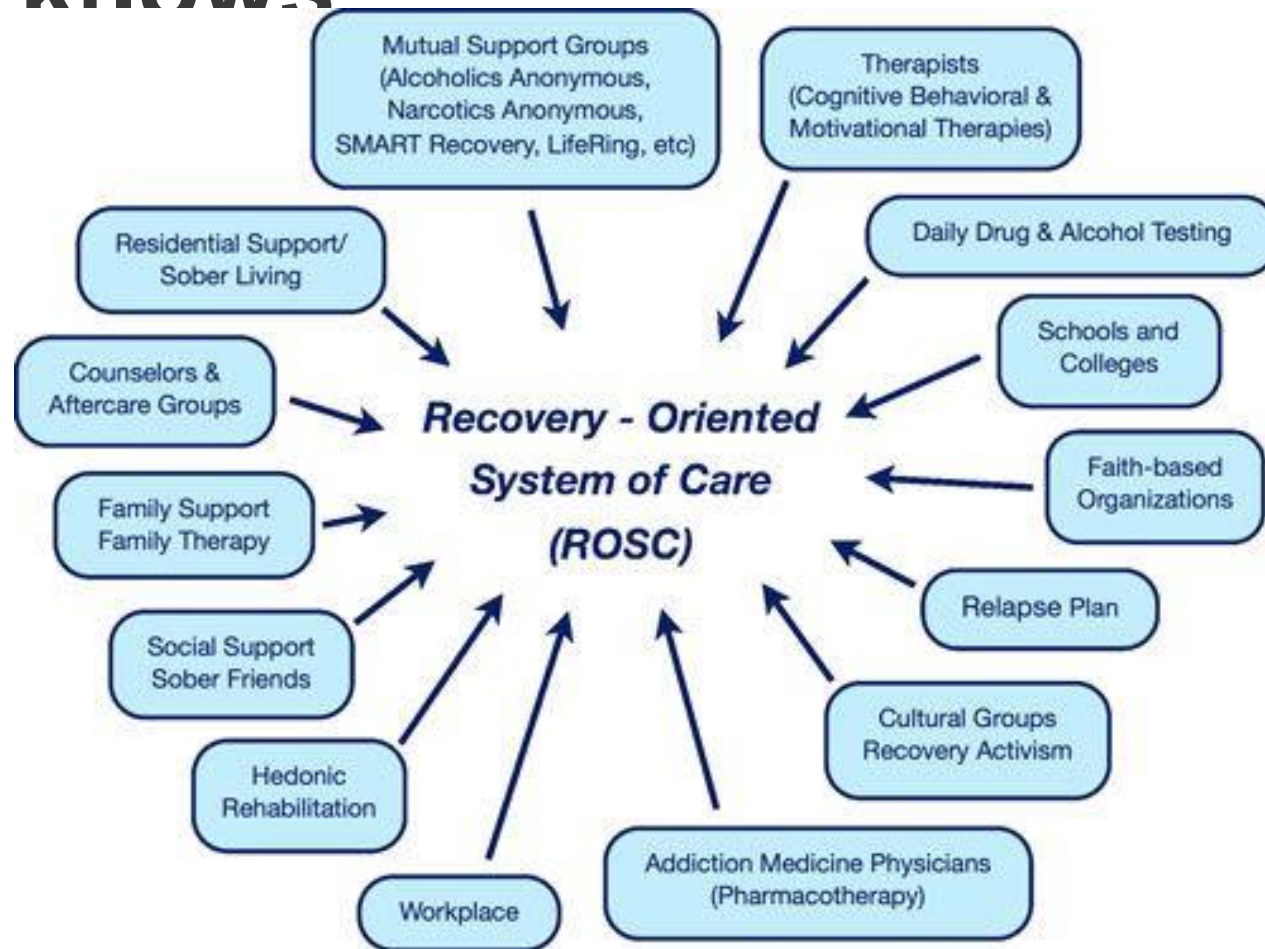
Jacob, K. S. (2016). Insight in psychosis: An indicator of severity of psychosis, an explanatory model of illness, and a coping strategy. *Indian journal of psychological medicine*, 38(3), 194. <http://pubmed.ncbi.nlm.nih.gov/27335513>

# Recovery Team Roles and Workflows



<http://www.nastad.org/trauma-informed-approaches>

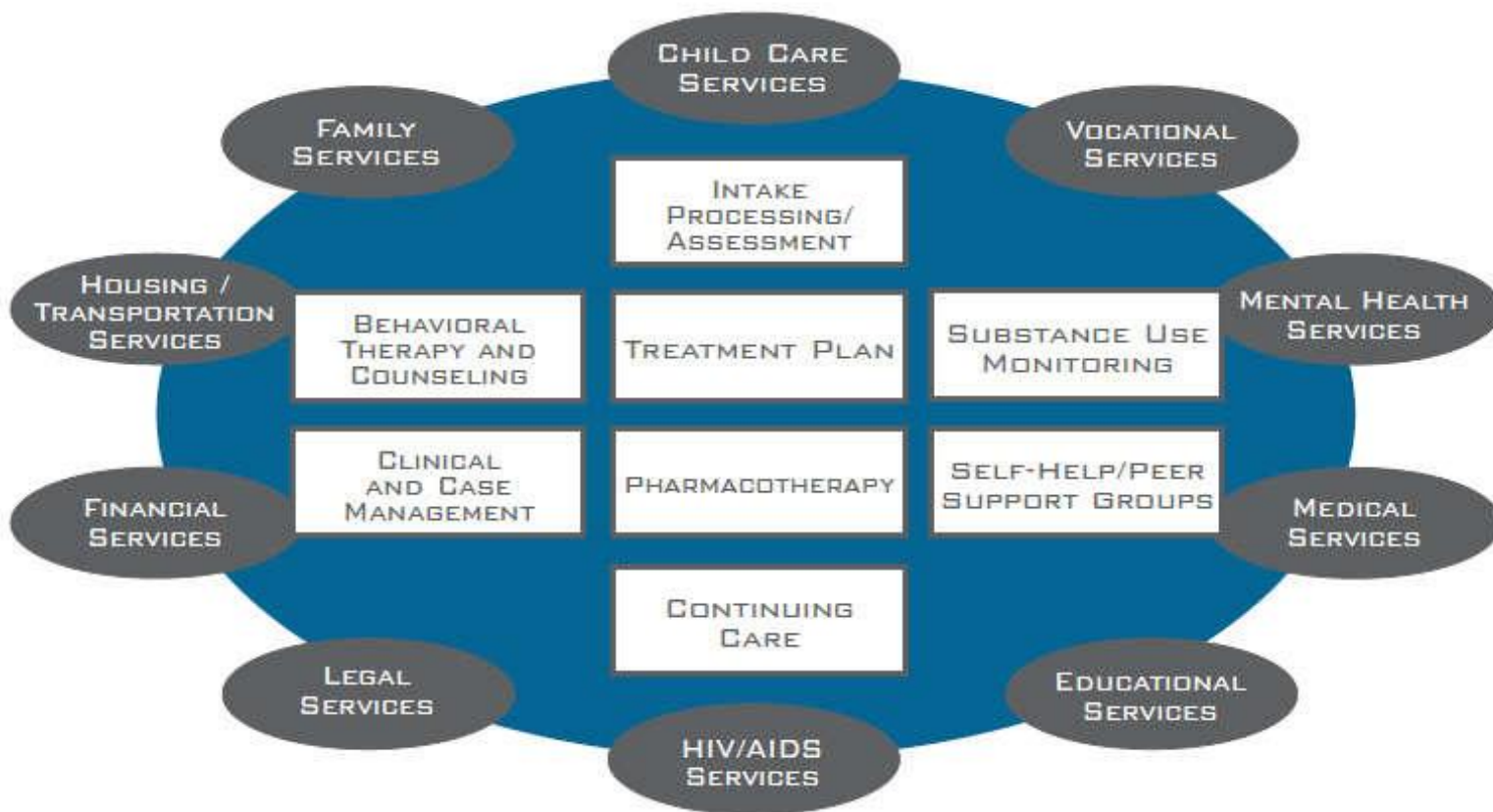
# Recovery Team Roles and Workflows



<http://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

# Recovery Treatment Planning

*Components of Comprehensive Drug Abuse Treatment*



*The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.*

NIDA. (2018, January 17). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Retrieved from <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition> on 2019, April 7

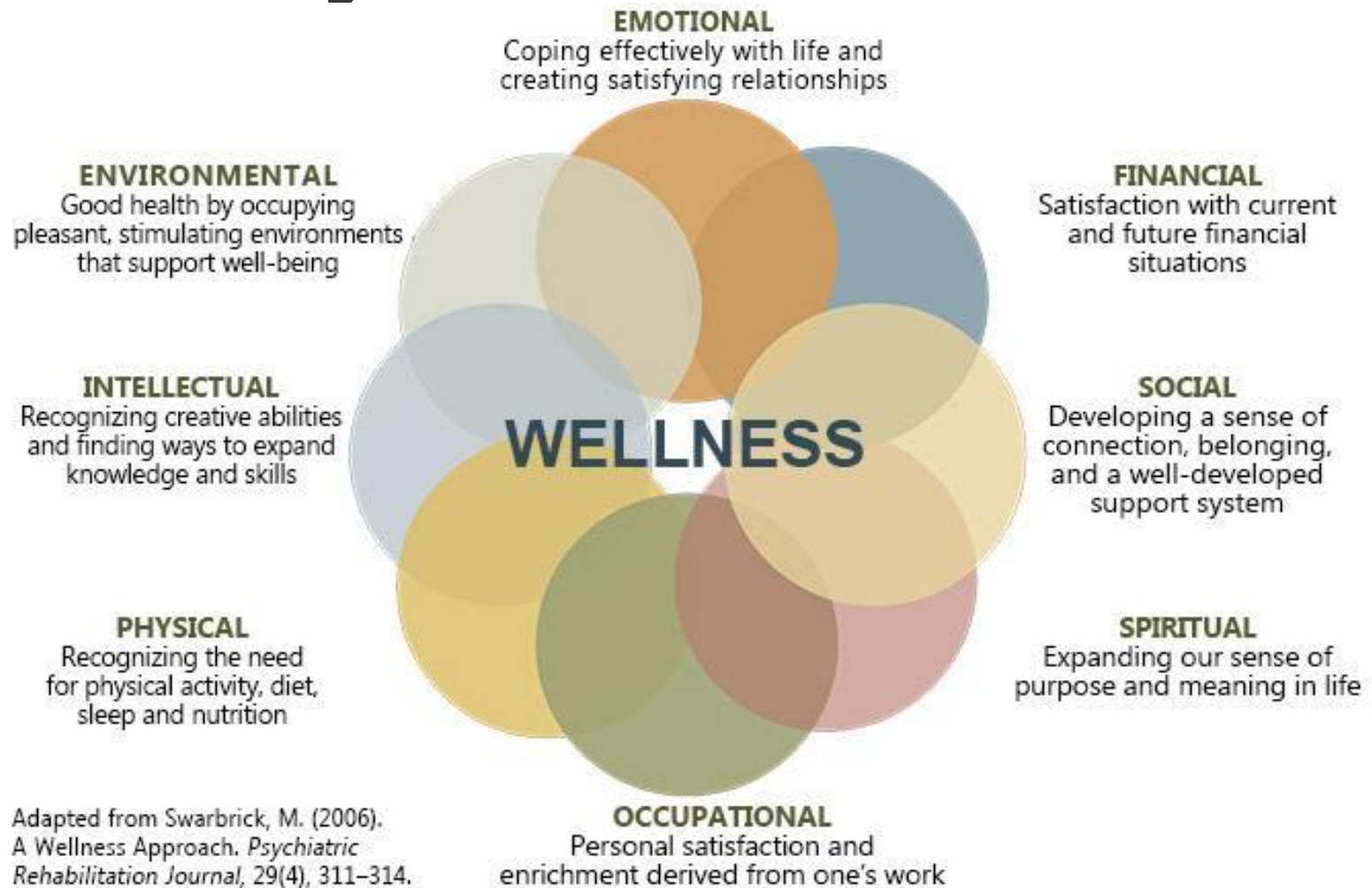
# Recovery Treatment Planning



Courtesy of <http://www.wellbeingconnectservices.org>



# Patient Indicators of Recovery



Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal*, 29(4), 311.

<http://pubmed.ncbi.nlm.nih.gov/16689042>

# Patient Indicators of Recovery

- 40+ Recovery-Specific Measurement Tools Available
  - <http://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Measuring-Recovery-A-Toolkit-for-Mental-Health-Providers-in-New-York-City.pdf>
- One Example: Recovery Assessment Scale (RAS)
  - Personal confidence and hope
  - Willingness to ask for help
  - Goal and success orientation
  - Reliance on others
  - Not being dominated by substance use or mental health symptoms

Salzer, M. S., & Brusilovskiy, E. (2014). Advancing recovery science: Reliability and validity properties of the Recovery Assessment Scale. *Psychiatric Services*, 65(4), 442-453. <http://pubmed.ncbi.nlm.nih.gov/24487405>

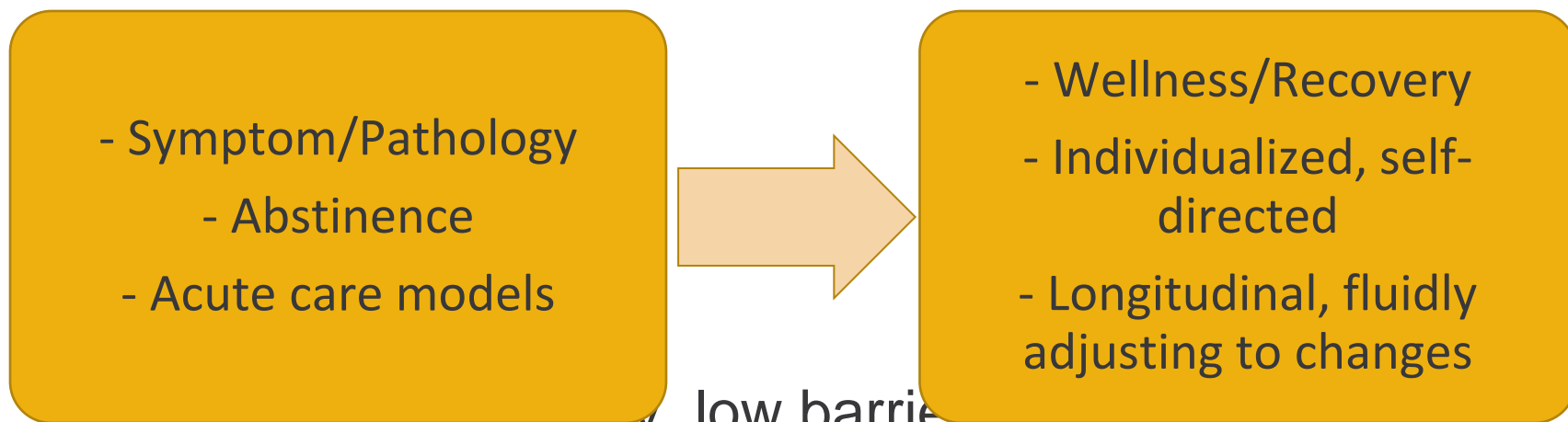
# **Cherokee Health: Clinic Culture + Processes**





# Clinic Culture at Cherokee Health

- Narrow definitions of success – abstinence, negative UDS, rapid progress, full sustained remission
- Organizational paradigm shifts



Providing high quality, low barrier, convenient whole person care



# Creating Recovery Culture and Process

- Do we allow for flexibility across different individuals/goals?
- Are our services designed to be flexible over time in response to dynamic needs?
- Do we intentionally support honesty in recovery?
- Are we assessing AND treating factors that precipitated/ exacerbated use?
- Are we providing education and skill building in areas that support recovery?



# Clinic Processes at Cherokee Health

- Establish systematized process to elicit patient-defined recovery and build a treatment plan
- Patient progress indicators
- Establish team roles and team workflow
  - Creating access at point identified as having need
  - Pathways to immediate access to stage-matched care
  - Designing flexibility in schedules
  - Interdisciplinary team huddles/curbside consults
- All team members can share function of tailoring plan
- Ongoing iterative treatment planning



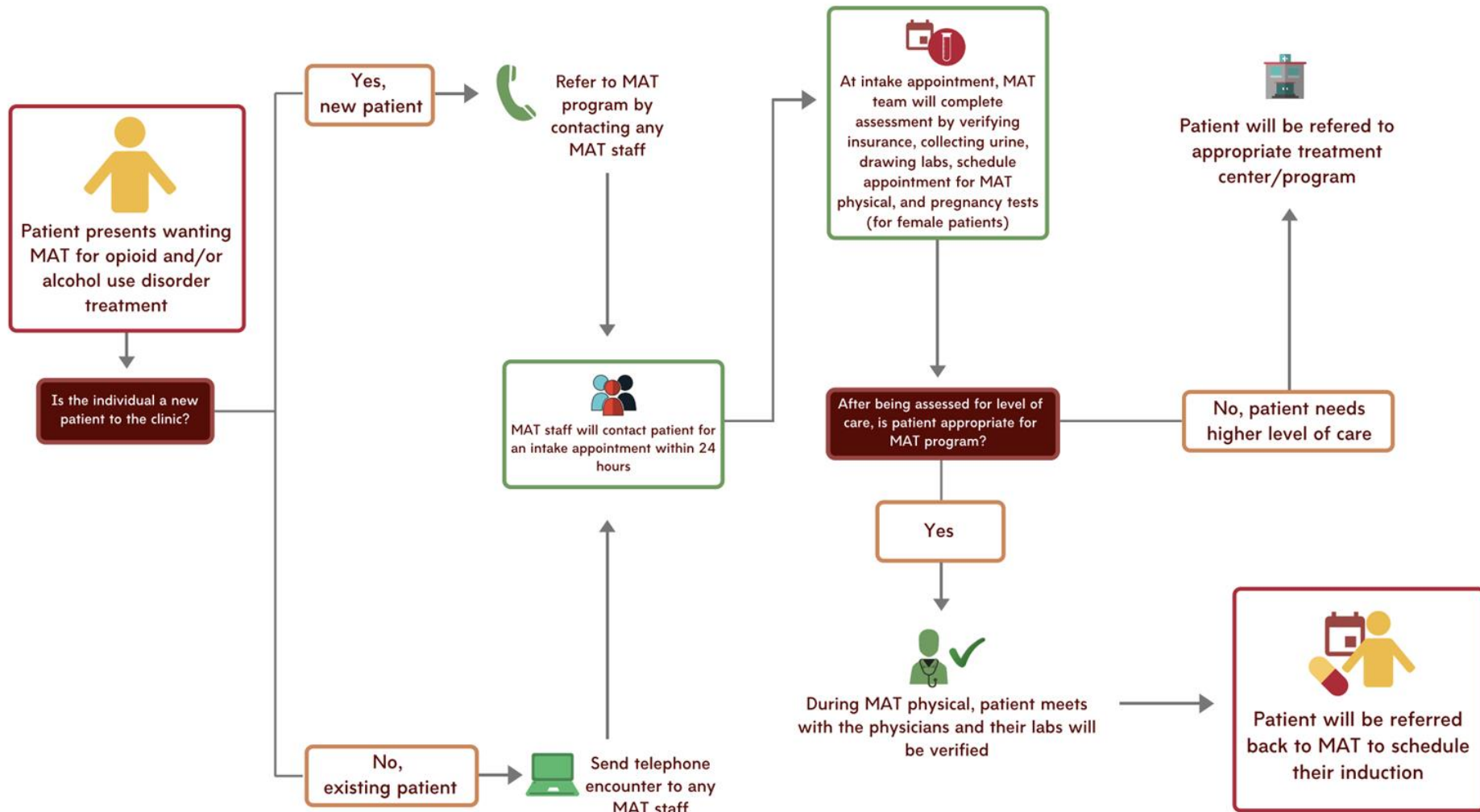
# Marin City: Team Roles + Workflow



# Medication Assisted Treatment Program Intake Workflow

Date: Dec. 30, 2019

Author(s): Dominique McDowell, Golda Palencia, Josette Rojo



# Marin City COVID-19 Protocol

**\*PLEASE READ ME\***

## Medication Assisted Treatment Program: COVID-19 Protocol

**\*PROTOCOL IS DUE TO CHANGE, PLEASE ANSWER YOUR PHONE AND KEEP IN CONTACT WITH US\***

*The safety and health of our clients is our TOP priority. Our goal is to practice social distancing and limit person-to-person contact. Below, you will see the new structure of MAT*

### CLINIC RULES/PROTOCOLS:

- If you do not live together, you must remain **6 feet away from each other**
- If you are feeling any flu-like symptoms please STAY AT HOME or seek medical advice right away
  - Contact MAT staff and let them know ASAP
- Refer to the back of the page for more education/resources about COVID-19

### FRIDAY GROUPS:

	Prescription	Provider Telephone Appt.	UA appointment
Phase 1	14-day script	Weekly – Every Fri.	Monthly
Phase 2	14-day script	Bi-weekly – every other Fri.	Monthly
Phase 3	30-day script	Monthly – Schedule Appt.	Monthly

### PHASE 1

1. Patients will receive 14-day script
2. Colin will call you **weekly** for a phone/video chat appointment
3. Patients are assigned time slots to complete Urine Analysis ONLY and will come in MONTHLY

### PHASE 2

1. Patients will receive 14-day script
2. Colin will call you **bi-weekly** for a phone/video chat appointment
3. Patients are assigned time slots to complete Urine Analysis ONLY and will come in MONTHLY

### PHASE 3 \*about the same protocol\*

1. Patients will receive 30-day script
2. Colin will call you **monthly** for a phone/video chat appointment
3. Patients are assigned time slots to complete Urine Analysis ONLY and will come in MONTHLY

### WEEKLY FOLLOW-UPS:

1. MAT staff will continue to call you every week to check up on you
  - a. **Please answer our call and/or text back!!**
2. Please call back MAT staff or text Golda to if you have any question, concerns or changes to be made for your time slot

Your assigned time slot to UA: \_\_\_\_\_. Will not change until further notice

**\*if anything changes please contact us ASAP, 415.339.8813 ext. 130 or 415.578.8389**

# Team Time



# Team Time

## Breakouts (20 min):

- You and your MAT clinic team have been pre-assigned to the same breakout room together
- You'll have 20 minutes to work with your team on the **Current State** column of the worksheet. Get as far as you can during the breakout. If you have ideas for the future state, feel free to add those to the next column over.



## Reconvene + Discuss (15 min):

- Your breakout room will automatically close in 20 minutes and you'll be sent back to the main room
- We want to hear more about what you discussed! **Please assign someone from your team to lead the discussion when we come back from the breakout.**





# We want to hear from you!

- What elements of your clinic culture are receptive to patient-defined goals?
- How do you evoke patient values and gauge patient readiness?
- How do team members support patients' individual recovery goals – individually and through cross-team collaboration?
- How do you – or how might you – assess and reassess patient goals and progress?



# Next Steps for Teams

- **July 9:** Learning session
- **July 15:** NICHQ data (portal opens on July 1)
- **August 31:** Progress report and capability assessment (IMAT)



# Poll

1. On a scale of 1-5, please select the number that best represents your overall experience with today's session.



- 5 - Excellent
- 4 - Very Good
- 3 - Good
- 2 - Fair
- 1 - Poor

2. Please select the number that best represents your response to the statement:  
**Today's session was a valuable use of my time**



- 5 - Strongly Agree
- 4 - Agree
- 3 - Neutral
- 2 - Disagree
- 1 - Strongly Disagree



# Questions

- Email: Briana Harris-Mills  
[briana@careinnovations.org](mailto:briana@careinnovations.org)
- Briana will triage your questions and share with the appropriate ATSH coach or team member





Thank you!

