Addiction Treatment Starts Here: Behavioral Health

Virtual Learning Series
Webinar 2
June 23, 2020
Welcome to our ATSH:PC Virtual Learning Session!

1. **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
   - ✔ **Then**: Once you find your participant ID, press: #number# (e.g., #24321#)
   - ✔ The following message should briefly pop-up: “You are now using your audio for your meeting”

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

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

Recovery

Four Dimensions of the Recovery Process

HEALTH
Overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way

HOME
A stable and safe place to live

COMMUNITY
Relationships and social networks that provide support, friendship, love, and hope

PURPOSE
Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

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

Recovery Culture & Processes

http://www.ihi.org/Topics/WhatMatters
Recovery Team Roles and Workflows

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
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.

Recovery Treatment Planning

Wellbeing Connect Services (One Stop Shop)

- Independent Advocate Services
- Training & Development
- Specialist Advocacy Support
- Support Planning & Brokerage Services
- Children & Family Services
- Hoslistic Assessment

Courtesy of http://www.wellbeingconnectservices.org
Patient Indicators of Recovery

- **Emotional**: Coping effectively with life and creating satisfying relationships
- **Environmental**: Good health by occupying pleasant, stimulating environments that support well-being
- **Intellectual**: Recognizing creative abilities and finding ways to expand knowledge and skills
- **Physical**: Recognizing the need for physical activity, diet, sleep and nutrition
- **Occupational**: Personal satisfaction and enrichment derived from one’s work
- **Financial**: Satisfaction with current and future financial situations
- **Social**: Developing a sense of connection, belonging, and a well-developed support system
- **Spiritual**: Expanding our sense of purpose and meaning in life


Patient Indicators of Recovery

• 40+ Recovery-Specific Measurement Tools Available

• One Example: Recovery Assessment Scale (RAS)
  o Personal confidence and hope
  o Willingness to ask for help
  o Goal and success orientation
  o Reliance on others
  o Not being dominated by substance use or mental health symptoms

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

- Symptom/Pathology
  - Abstinence
  - Acute care models

- Wellness/Recovery
  - Individualized, self-directed
  - Longitudinal, fluidly adjusting to changes

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

Patient presents wanting MAT for opioid and/or alcohol use disorder treatment

Is the individual a new patient to the clinic?

Yes, new patient

Refer to MAT program by contacting any MAT staff

MAT staff will contact patient for an intake appointment within 24 hours

At intake appointment, MAT team will complete assessment by verifying insurance, collecting urine, drawing labs, schedule appointment for MAT physical, and pregnancy tests (for female patients)

After being assessed for level of care, is patient appropriate for MAT program?

Yes

During MAT physical, patient meets with the physicians and their labs will be verified

No, patient needs higher level of care

Patient will be referred to appropriate treatment center/program

Patient will be referred back to MAT to schedule their induction

No, existing patient

Send telephone encounter to any MAT staff
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:**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Prescription</th>
<th>Provider Telephone Appt.</th>
<th>UA appointment</th>
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<tbody>
<tr>
<td>Phase 1</td>
<td>14-day script</td>
<td>Weekly – Every Fri.</td>
<td>Monthly</td>
</tr>
<tr>
<td>Phase 2</td>
<td>14-day script</td>
<td>Bi-weekly – every other Fri.</td>
<td>Monthly</td>
</tr>
<tr>
<td>Phase 3</td>
<td>30-day script</td>
<td>Monthly – Schedule Appt.</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

**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

• Briana will triage your questions and share with the appropriate ATSH coach or team member
Thank you!