A ROADMAP FOR BECOMING CO-OCCURRING COMPETENT

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LEARNING OBJECTIVES

- Recognize the role of the Chronic Disease Model in addressing the treatment of SUD and Co-occurring conditions
- Create a plan for integrating EBP Models into a System of Care focused on LOC needs … supporting Value Based Program development
- Understand the use of transformational change principles in order to accomplish your goals

OUTCOMES

- Develop a path for INTEGRATING Behavioral Health Services – eliminating SILOS in systems of care
- Explore how to engage with a key partner: the Criminal Justice and Civil Court System
- SETTING YOUR SYSTEM UP FOR SUCCESS BY ENGAGING LEADERSHIP TO LINE STAFF IN ADOPTING A NEW WAY OF APPROACHING TREATMENT

CHRONIC DISEASE PERSPECTIVE

MH and SUD are Chronic Diseases of the Brain

- Chronic Disease Model
  - There is no “cure” but there is treatment
  - There is a pattern of relapse, remission, progression and disability
  - Treatment is medically driven and multimodal requiring life style changes
  - Continuous focus on improving EBP
- Family Impact of Chronic Diseases
  - Grieving process
  - Supporting Recovery
  - Life Style impact

BRAIN DISORDER

- Genetic and exposure/experientially driven impairments with permanent changes
  - Limbic system – memory, emotional tone and salience
  - Prefrontal Cortex – faulty input

- MH – Perception, Mood and Cognition

- SUD – Reward System
  - Craving
  - Diminished assessment of consequences
  - Inability to abstain from destructive behavior

"DO YOU REALLY WANT TO KNOW"

- Barriers
  - Preconceptions
  - Silos
  - Too close to home
- What you need to ask … assume the answer is yes
  - Review all substances, quantity and duration
  - Discuss impact on functioning, relationships and admissions
- Data
  - UDS with quantitative measure when appropriate
  - Screening Tools
  - Ongoing monitoring

ASSESSING TREATMENT NEED

- ASAM Criteria
  - Intoxication/withdrawal potential
  - Physical Health
  - Mental Health
  - Readiness to change
  - Risk of Relapse
  - Recovery Environment
- Four Quadrant Models
  - MH and SUD disease burden
  - Motivation – Intrinsic vs. CJ

HIGH MH/LOW SUD: SPMI/Significant MH (including PD); SUD mild: **Need definitive psychiatric treatment including PSR with addiction overlay** **SUD services including outpatient, self help programs, Family/support system engagement, prevention**	**HIGH MH/HIGH SUD: SPMI/significant MH (Including PD); SUD moderate to severe:** **Need definitive psychiatric treatment including PSR with addiction overlay** **Need detoxification and "PAWS" treatment Intensive SUD treatment –Medical Management/ IOP/Residential/Transitional Housing**
LOW MH/LOW SUD: Possible SUD induced symptoms; SUD mild: Supportive psychiatric management SUD services including outpatient, self help programs, Family/support system engagement, prevention	LOW MH/HIGH SUD: Possible SUD induced symptoms; SUD moderate to severe: Supportive psychiatric management Need detoxification and "PAWS" treatment Intensive SUD treatment –Medical Management/ IOP/Residential/Transitional Housing

HIGH MOTIVATION/LOW CJ INVOLVEMENT: **Rapid Access to services including Peer Support/Staff Engagement if there is a delay in admission to LOC need programming** **Prevention services to decrease risk of penetration into the CJ –education and focus on social determinants/social support systems**	**HIGH MOTIVATION/HIGH CJ INVOLVEMENT:** **Rapid Access to services including Peer Support/Staff Engagement if there is a delay in admission to LOC need programming** **Partner with CJ/Court system - CIT, In Custody Services, Reentry Programs, Probation Engagement, Problem Solving Courts, Civil Commitment Options** **Monitor ASP Traits to prevent negative impact on peers**
LOW MOTIVATION/LOW CJ INVOLVEMENT Need Motivational Enhancement/Peer Engagement Prevention services to decrease risk of penetration into the CJ –education and focus on social determinants/social support systems	LOW MOTIVATION/HIGH CJ INVOLVEMENT Need Motivational Enhancement/Peer Engagement Partner with CJ/Court system - CIT, In Custody Services, Reentry Programs, Probation Engagement, Problem Solving Courts, Civil Commitment Options Monitor ASP Traits to prevent negative impact on peers

INITIAL MEDICATION MANAGEMENT

- Rescue Treatment – Narcan
  - Should trigger attempts to engage with treatment
  - Provide to patients leaving detoxification services
- Detoxification
  - Opioids - Uncomfortable
    - Symptomatic
    - Short term substitution
    - Transition to Brain Stabilization
  - Alcohol/Sedative Hypnotics – Life Threatening
    - Substitution - Benzodiazepines
    - Vitamins

INTERMEDIATE AND LONGTERM MEDICAL MANAGEMENT

- Post Acute Withdrawal – short term symptom management
  - Trazodone/Doxepin, Gabapentin, Hydroxyzine
- Brain Stabilization – based on ability to remain abstinent from other substances
  - Methadone
  - Bupenorphine – OBOT Clinics
- Psychotropic Medication
  - Avoid Quetiapine, Bupropion, Anticholinergics and Benzodiazepines
- Receptor Blockade
  - Alcohol and Opiates
  - Oral or LTI Naltrexone

DATA DRIVEN DECISION MAKING

- Screening
  - ASSIST/AUDIT/ CAGE/PHQ 9
  - BAM – Brief Addiction Monitor
    - Pattern of Use
    - Risk Factors
    - Protective Factors
- UDS - frequent and unannounced
- Monitoring – are your services making a difference
  - Craving Tools
  - ORAS – CJ Tool
  - DLA 20

STAFF SKILL SET – IT'S A PARTNERSHIP

- Respectful Engagement – can they asks the questions without judging
- Tolerance for patient "failure" and "dishonesty"
- "Investigative Reporter"
  - Healthy skepticism
  - Identify Discrepancies
  - Research – PDMP, Arrest History
- Set positive – and firm – boundaries
- Self Awareness
  - Humility – expert but not the driver of recovery
  - Dissonance and countertransference

PROGRAM STRUCTURE

- EBP Models are plentiful – implementation with fidelity is the problem
  - Training and education
  - Monitor implementation especially as staff turns over
- Clear and consistent structure, expectations and consequences combat the specific brain deficits of Co-occurring conditions
  - Doing the right thing even when it is met with anger and denial
  - Your expertise is what you bring to the partnership
- Continuity and warm handoffs are essential for success within your system and your community
  - Establish partnerships and learning opportunities
  - Build in clear crosswalks as individuals progresses through treatment

WHERE DO YOU BEGIN

- Collective Impact Model – Structured Community Collaboration
- Involves commitment and engagement
- Five Essential Premises
  - Common Agenda
  - Shared Measurement
  - Mutually Reinforcing Activities
  - Continuous Communication
  - Backbone Support
- What local committees or forums would allow you to enter into a collaborative effort with stakeholders? Who can take the lead?

CREATING A PARTNERSHIP WITH THE CJ/COURT SYSTEM

- Find common ground and areas of mutual interest
  - Episodic Treatment Systems
  - Goal is to implement Value Based Care
  - Successful Transition between systems/levels of care is critical
- Establish committees and work on joint projects
  - MHSATF
  - Reentry committee
  - Problem solving courts and outpatient commitment laws
  - CIT Training
- Consultant and Service provider – become boundary spanners!

STRATEGIC MAPPING

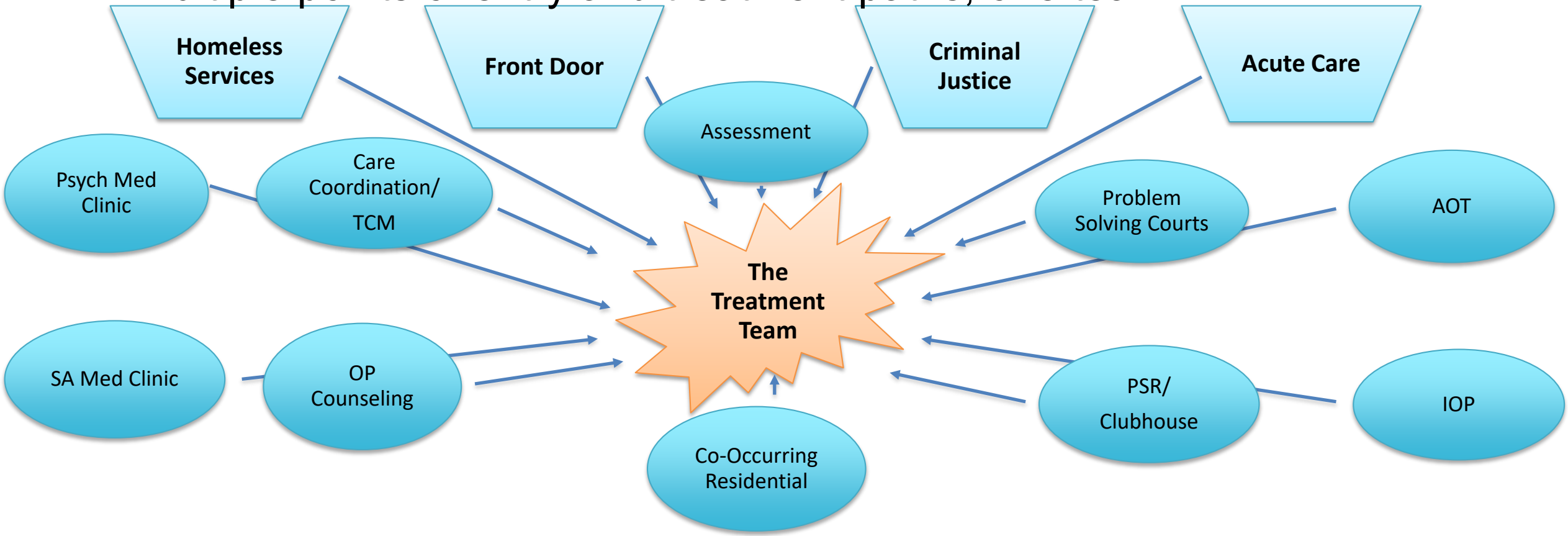
- Sequential Intercept Model – GAINS Center Model to prevent further penetration into the CJ System
  - Local Law Enforcement
  - Initial Court Hearing
  - Jails/Courts
  - Reentry
  - Community Corrections
- Service Gap Analysis (as opposed to financial GAP Analysis)
  - Intra-agency
  - Community
  - Stakeholders

ONE SYSTEMS JOURNEY

- Seminole System of Care – a founding partner of Aspire Health Partners – and SCSO forged a partnership after a significant local tragedy
- Foundational Building Blocks
  - Public Safety and MHSATF
  - CIT Training
  - Co-occurring Competence
- CQI Process – building a continuum
  - Outpatient Commitment
  - Problem solving courts
- The Opiate Taskforce and beyond

THE SEMINOLE SYSTEM FLOW

- Multiple points of entry and treatment paths, one team



THE SEMINOLE EXAMPLE: TEAM COMPETENCE

- Ensuring a Co-Occurring Competent treatment team
  - One leader, equal voices among team members
    - No single guru mentality
  - Empowering members as “experts” in their areas
    - Recognize value in varying program perspectives
  - Encouraging cross communication
    - Successful teams cross credential barriers
  - Maintaining “wrap-around” care
    - Truly a team approach to client care minimizes chances of someone slipping through the cracks

THE SEMINOLE EXAMPLE: CQI IN ACTION

- How CQI has shaped the Seminole System
  - ADC: Internal/external reviews, DATA, ongoing education and commitment to change
    - Past enhancements: Patch, TIC (EMDR)
    - In process: Expanded testing hours, groups, NARCAN for families
  - CJ Partnership: Identified access barriers lead to SPA, homeless outreach partnership, provider symposiums
  - Opioid Council: Peer enhancement, sequential mapping for identifying service gaps

THE SEMINOLE EXAMPLE: VALUE BASED CARE

- Co-Occurring Competence delivers VBC!
  - Track your data so your funders know it too!
- ADC Outcomes:
  - National Institute of Justice 2005 report on recidivism indicates:
    - 67.8% re-arrest rate 3 years out of prison
    - 56.7% of this group re-arrested <1 year out
    - 76.9% of drug offenders were re-arrested at any point
    - https://www.nij.gov/topics/corrections/recidivism/pages/welcome.aspx
  - Seminole County ADC results (per 12/28/2018 report by Brooke Research & Consulting, LLC):
    - 242 enrolled from October 2015 – June 2018
    - 109 (45%) successful graduates, 62 still active (26%)
    - Year 1 Cohort Recidivism (after year 2): 25 (10%!) *not specific to program status

THE SEMINOLE EXAMPLE: VBC

- Case Example: AOT Treatment Path (Severe SUD + Severe SPMI)
  - Pre-AOT services
    - 10+ CSU admissions in 3 years
    - Minimal engagement in Psych Med Clinic, no other engagement
    - High risk for CJ involvement, low motivation
  - During AOT services
    - Psych Med Clinic
    - PSR (w/ Co-Occurring group overlay)
    - Short-term residential w/ TCM
    - 3 Acute Care admissions
  - Post-AOT services
    - 0 Acute Care admissions
    - Ongoing engagement w/ Psych Med Clinic
    - Guest speaker at PSR

TAKE AWAYS

- Brainstorm your vision internally and with community partners
  - Create Collaborative Work Groups to achieve specific goals
  - Plan implementation based on current strengths and financial resources
  - Establish timelines you can – AND WILL - keep
  - Create pilot projects for proof of concept
- Measure your successful outcomes
  - Person Centered Functionality, HEDIS Measures and Screening/Monitoring Tools
  - Transform successful pilots into cost saving, Value Based Services
  - Use data to support funding and grant requests.

FINAL THOUGHTS

CRISIS CREATES the OPPORTUNITY for
TRANFORMATIVE CHANGE
in your
SYSTEM OF CARE

TALK is CHEAP … ACTION PLANS with TIME FRAMES are a
COMMITMENT to CHANGE

QUESTIONS?