Sustainable Integrated Care Through Community Partnerships

Presented by:
Boni-Lou Roberts, MSHE, MATS, CADC II;
Samson Teklemariam, LPC, CPTM; and Emily King

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Director of Training & Professional Development

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Presented by: Boni-Lou Roberts, MSHE, MATS, CADC II, Emily King, and Samson Teklemariam, LPC, CPTM

Using Zoom Webinar (Live participants only)

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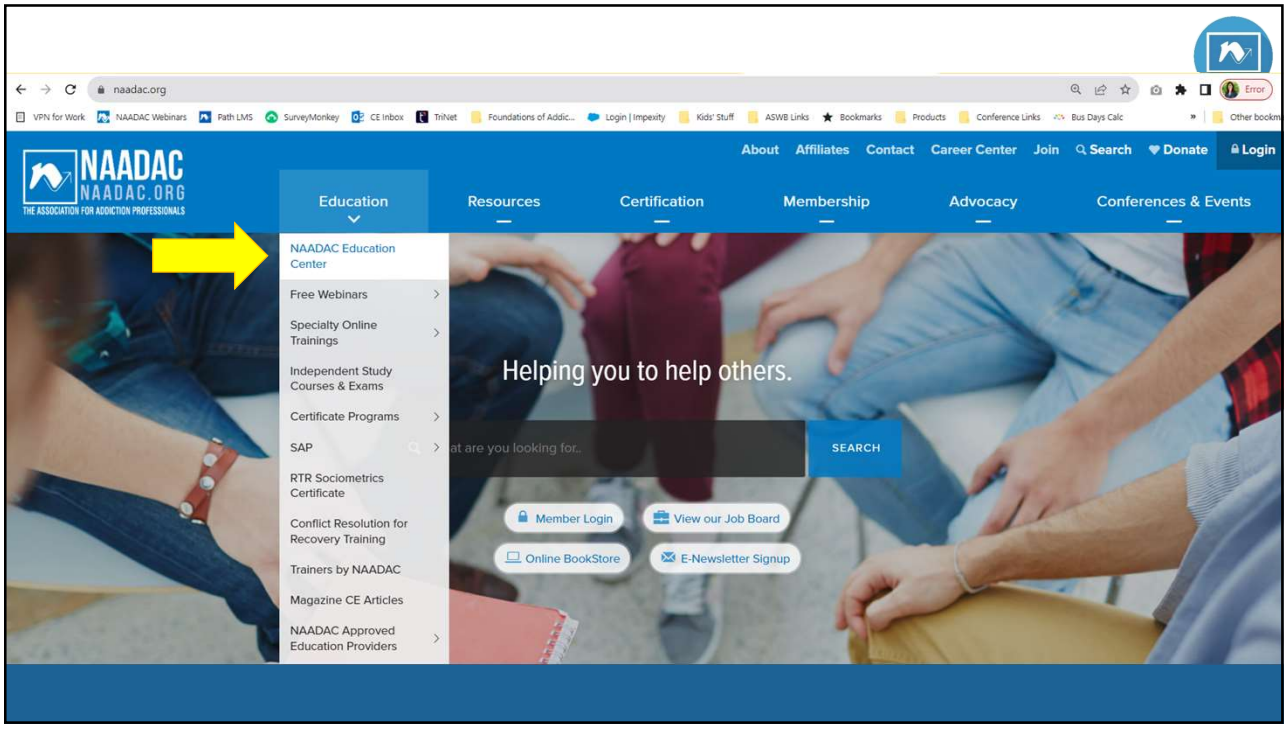

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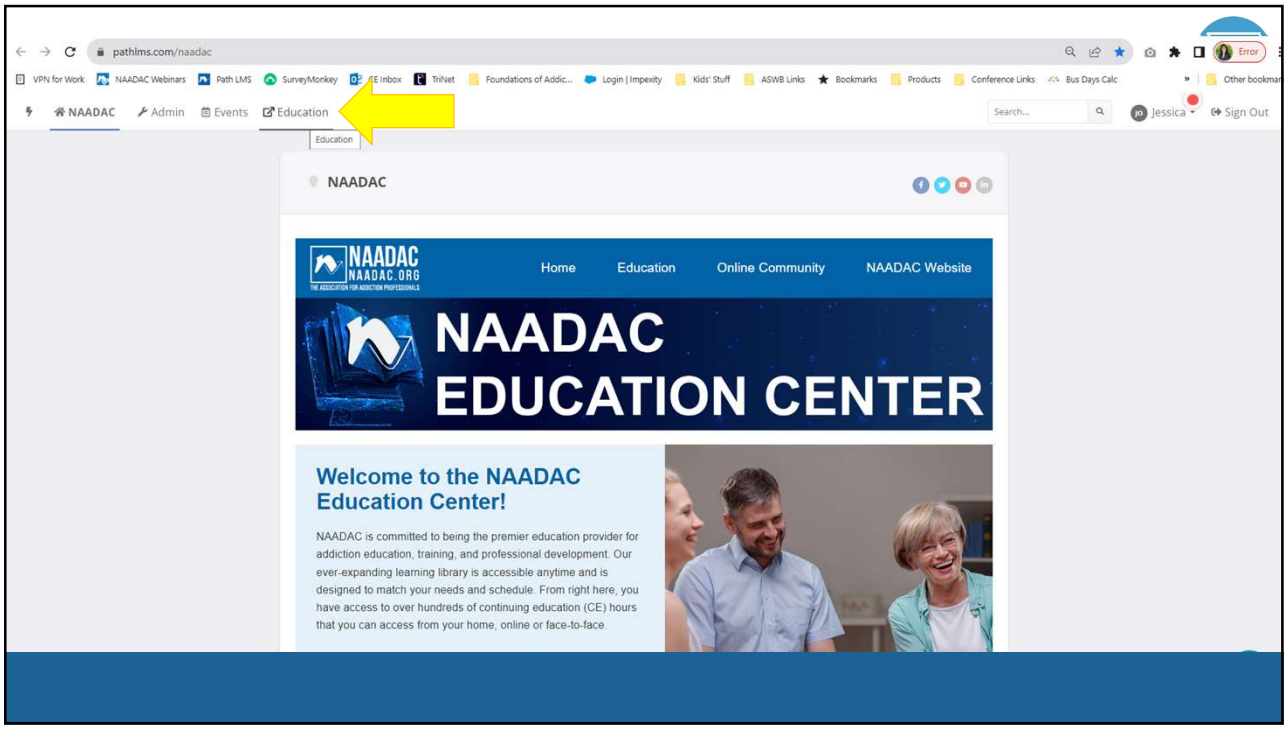
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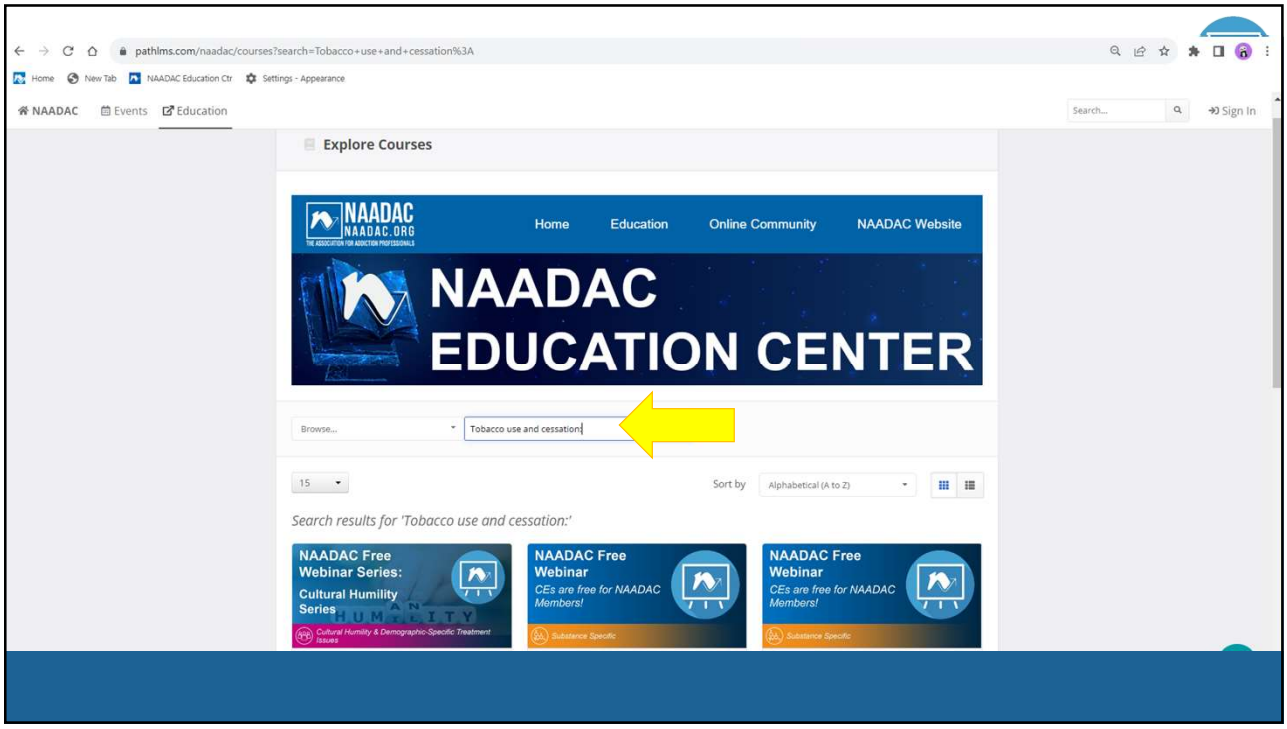
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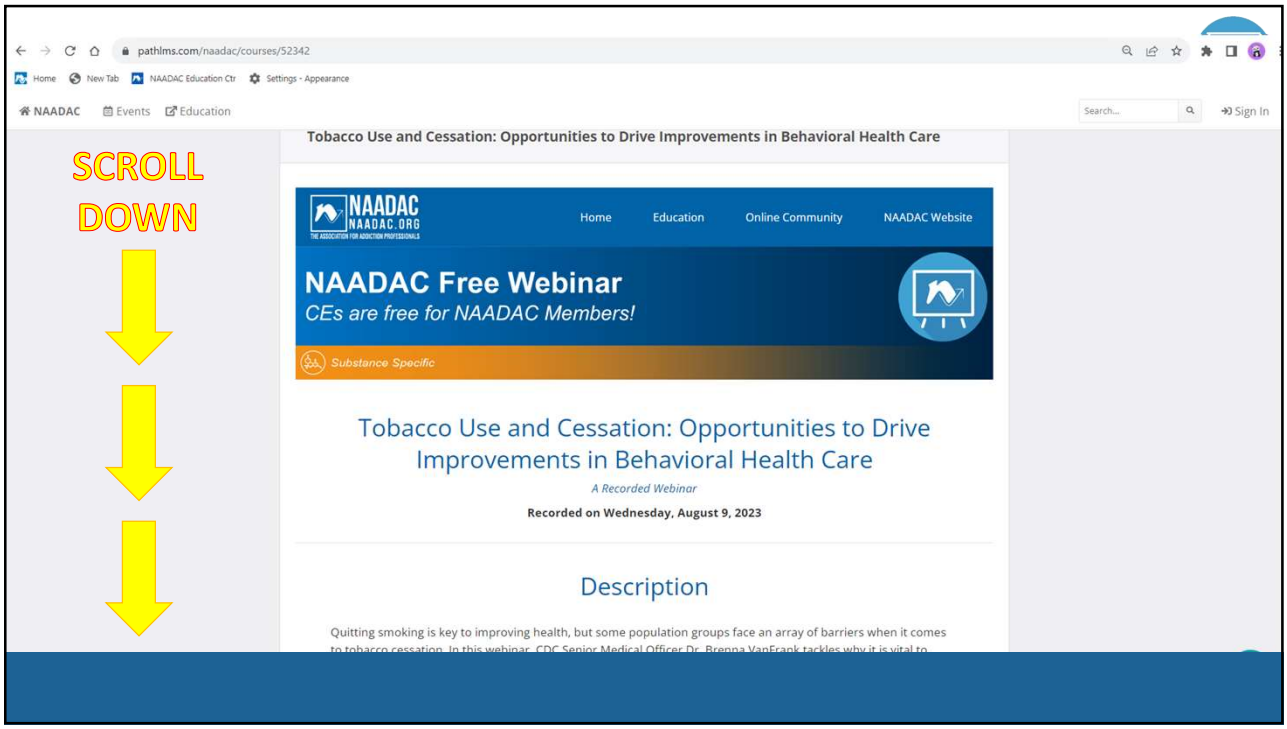
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A Recorded Webinar
Recorded on Wednesday, August 9, 2023
Description
Quitting smoking is key to improving health, but some population groups face an array of barriers when it comes

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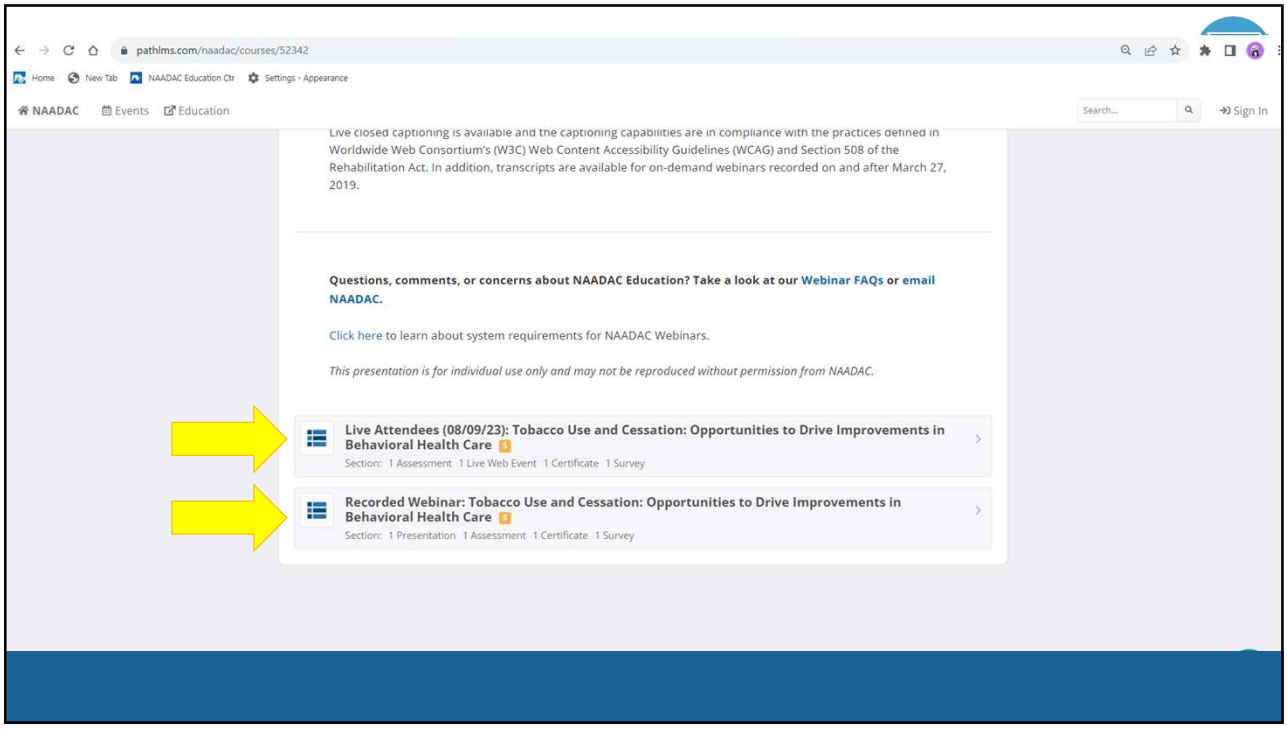
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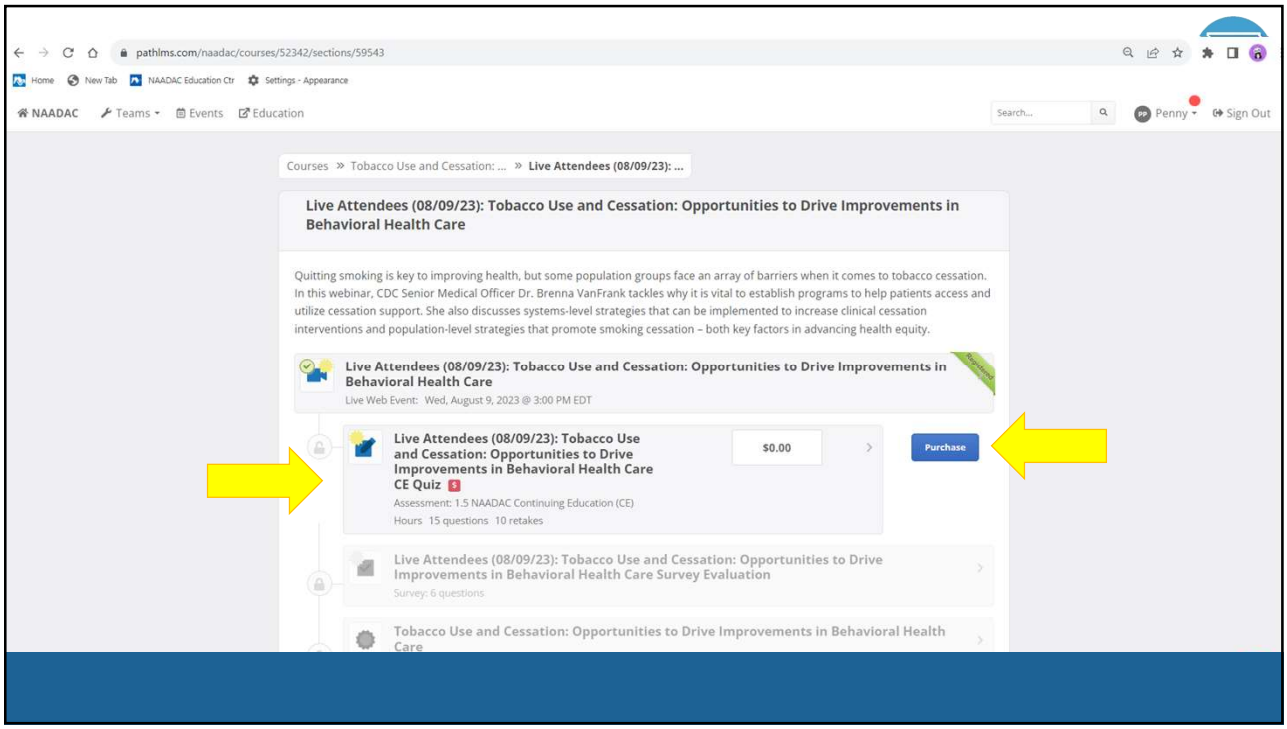
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Survey: 6 questions
Tobacco Use and Cessation: Opportunities to Drive Improvements in Behavioral Health Care

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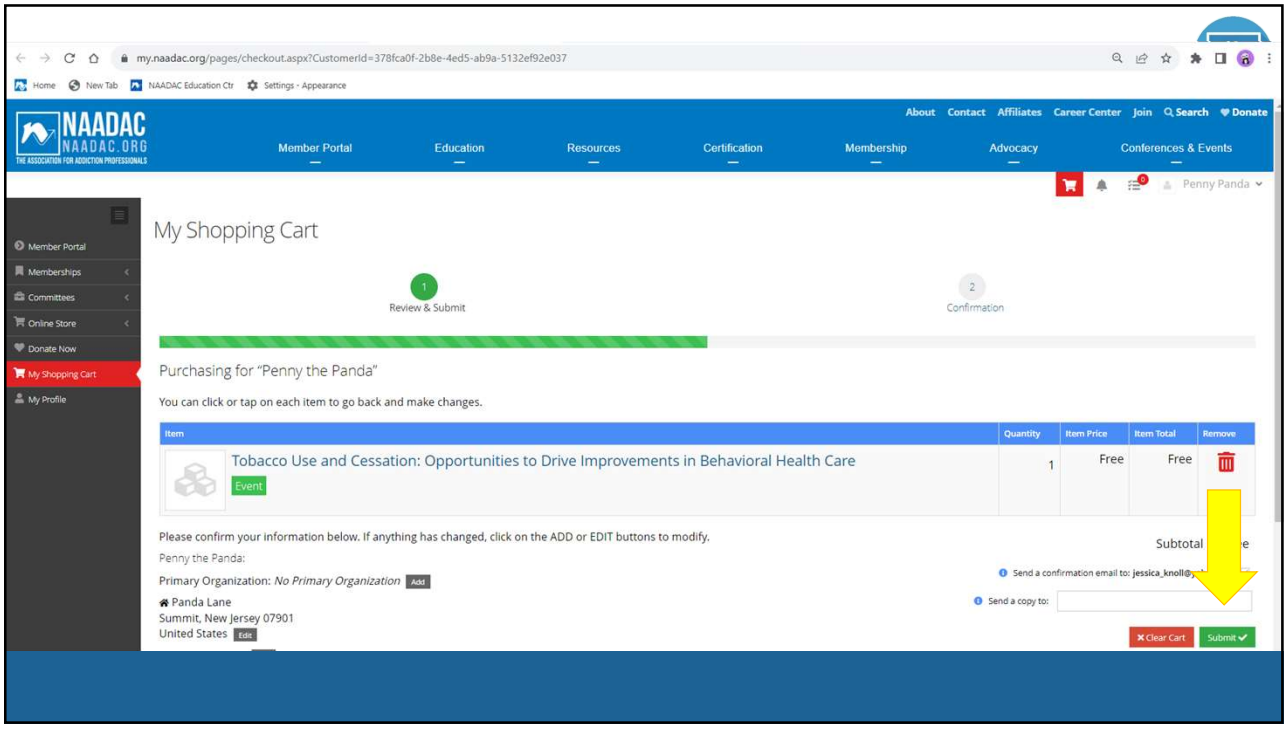
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2 Confirmation
Purchasing for "Penny the Panda"
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Please confirm your information below. If anything has changed, click on the ADD or EDIT buttons to modify.
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Primary Organization: No Primary Organization
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Send a confirmation email to: jessica_knoll@
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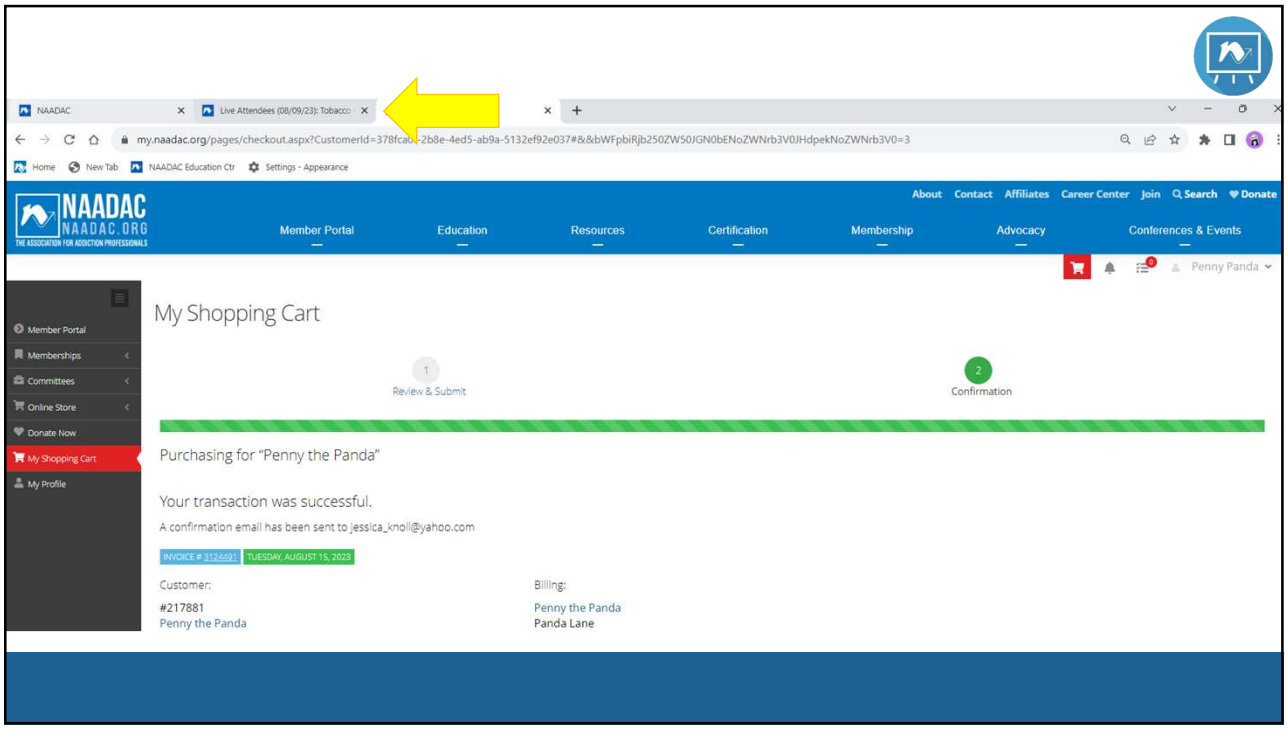
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Review & Submit
2
Confirmation
Purchasing for "Penny the Panda"
Your transaction was successful.
A confirmation email has been sent to jessica_knoll@yahoo.com
INVOICE # 3124691
TUESDAY, AUGUST 15, 2023
Customer:
#217881
Penny the Panda
Billing:
Penny the Panda
Panda Lane

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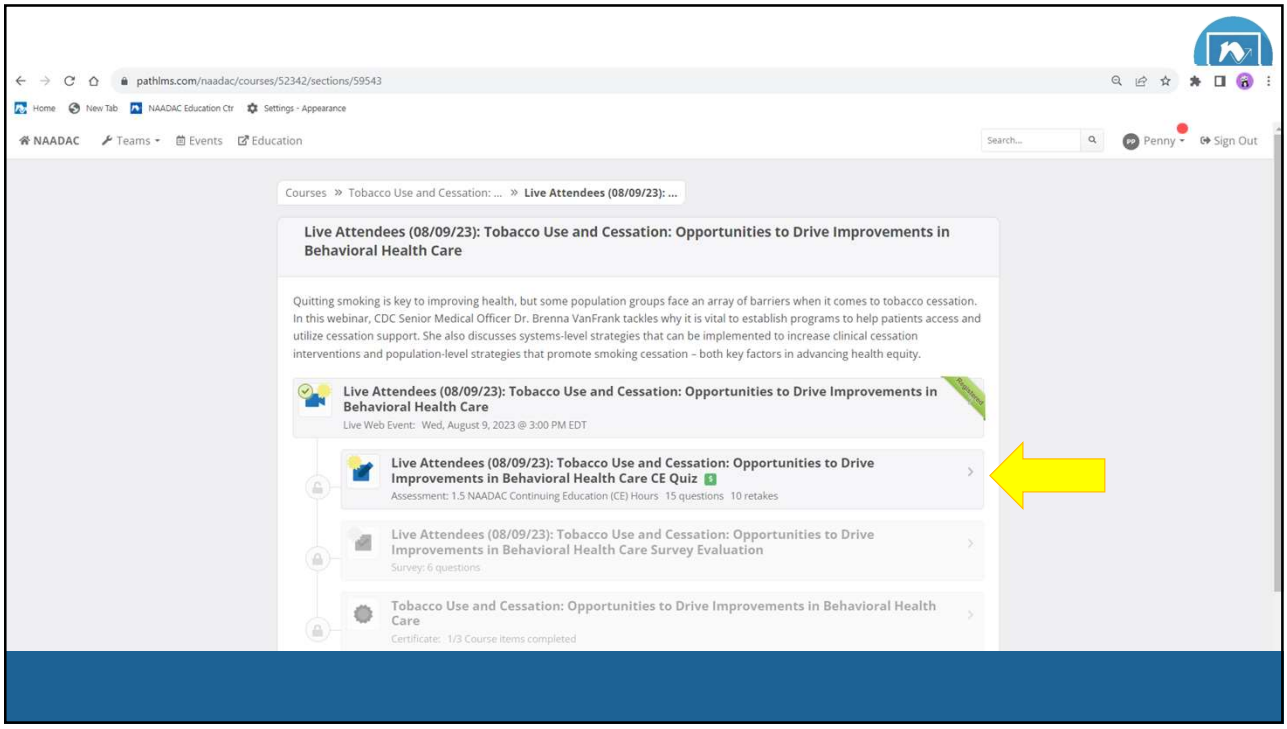
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Survey: 6 questions
Tobacco Use and Cessation: Opportunities to Drive Improvements in Behavioral Health Care
Certificate: 1/3 Course items completed

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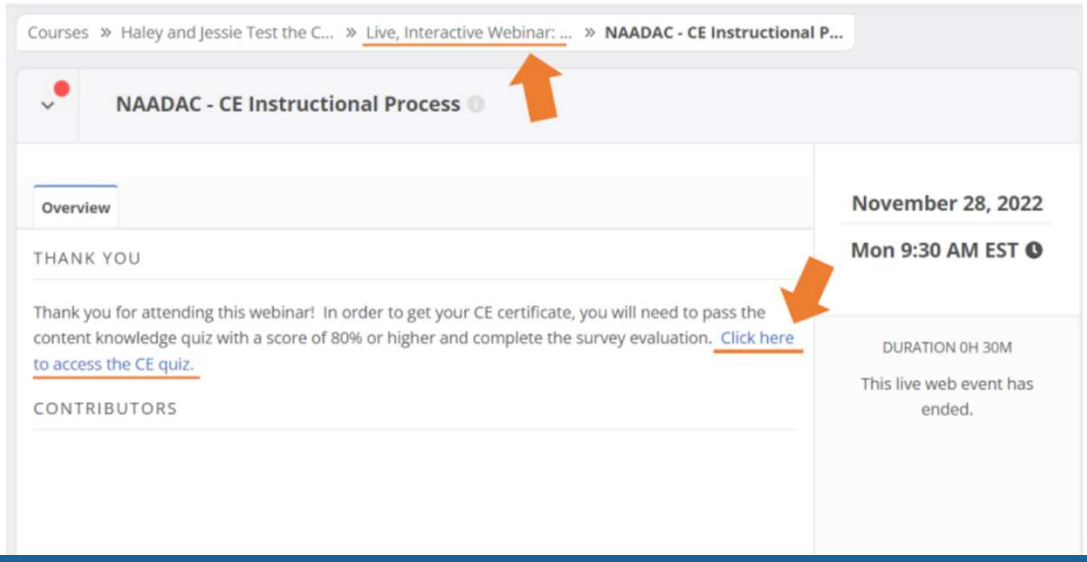
Accessing the CE Quiz



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Boni-Lou Roberts, MSHE, MATS, CADC II

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Webinar Presenter:

Samson Teklemariam, LPC, CPTM

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Webinar Presenter:

Emily King

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Learning objectives

01. Participants will be able to describe the implementation of integrated care systems by addiction professionals.

02. Participants will be able to identify three barriers to potential implementation and relationship building.

03. Participants will be able to summarize valuable community partnerships to explore in order to provide holistic care.

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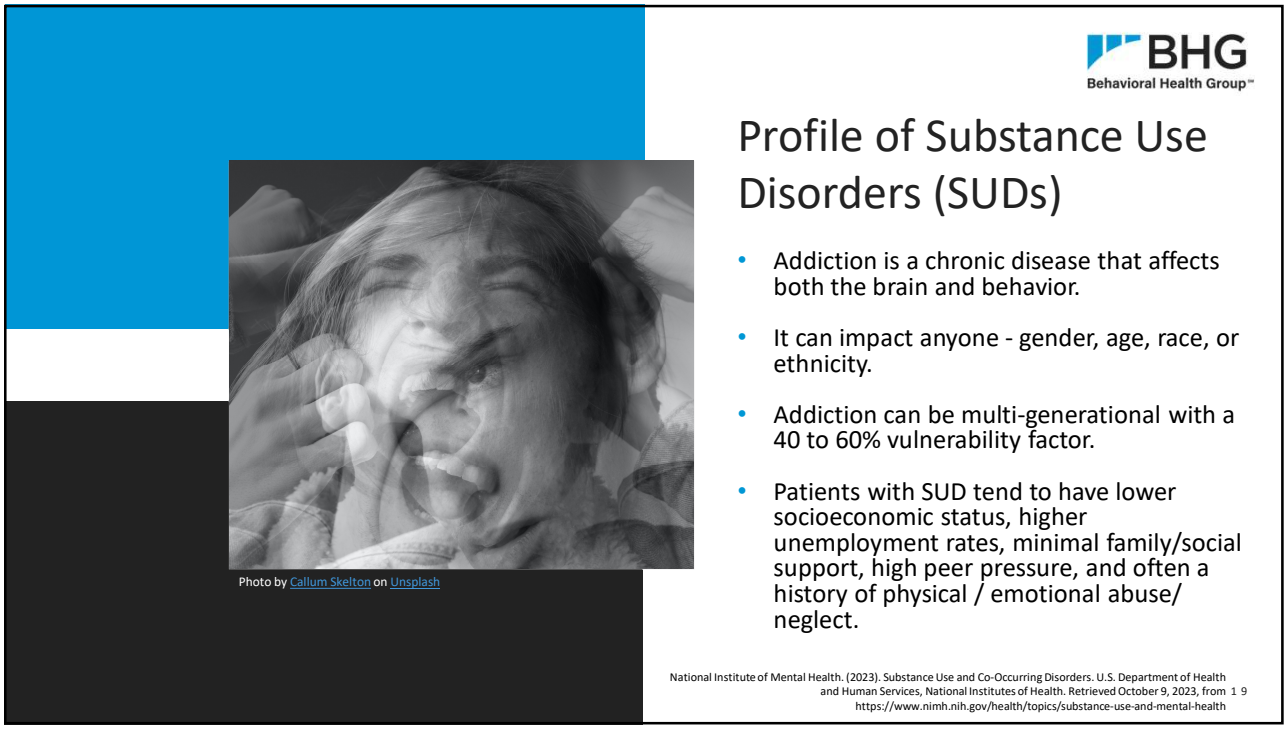
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Profile of Substance Use Disorders (SUDs)
• Addiction is a chronic disease that affects both the brain and behavior.
• It can impact anyone - gender, age, race, or ethnicity.
• Addiction can be multi-generational with a 40 to 60% vulnerability factor.
• Patients with SUD tend to have lower socioeconomic status, higher unemployment rates, minimal family/social support, high peer pressure, and often a history of physical / emotional abuse/ neglect.
Photo by Callum Skelton on Unsplash
National Institute of Mental Health. (2023). Substance Use and Co-Occurring Disorders. U.S. Department of Health and Human Services, National Institutes of Health. Retrieved October 9, 2023, from https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health
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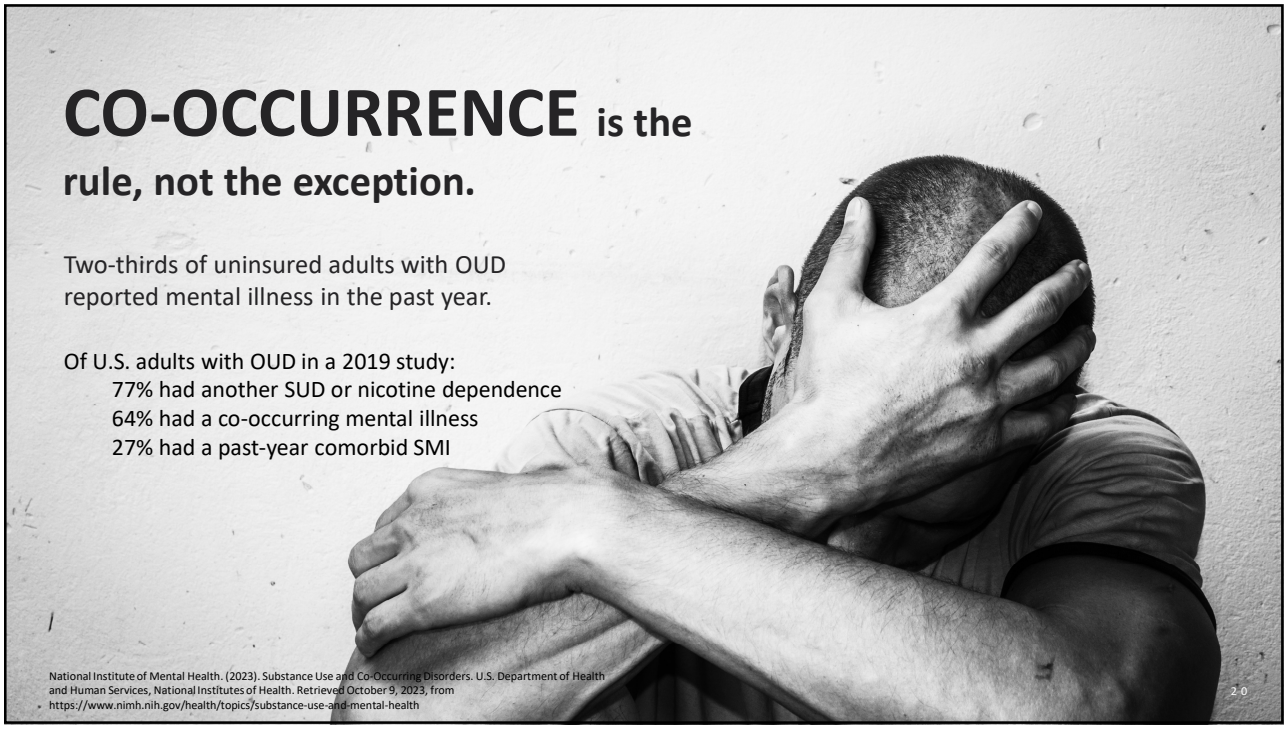
CO-OCCURRENCE is the rule, not the exception.
Two-thirds of uninsured adults with OUD reported mental illness in the past year.
Of U.S. adults with OUD in a 2019 study:
77% had another SUD or nicotine dependence
64% had a co-occurring mental illness
27% had a past-year comorbid SMI
National Institute of Mental Health. (2023). Substance Use and Co-Occurring Disorders. U.S. Department of Health and Human Services, National Institutes of Health. Retrieved October 9, 2023, from https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health
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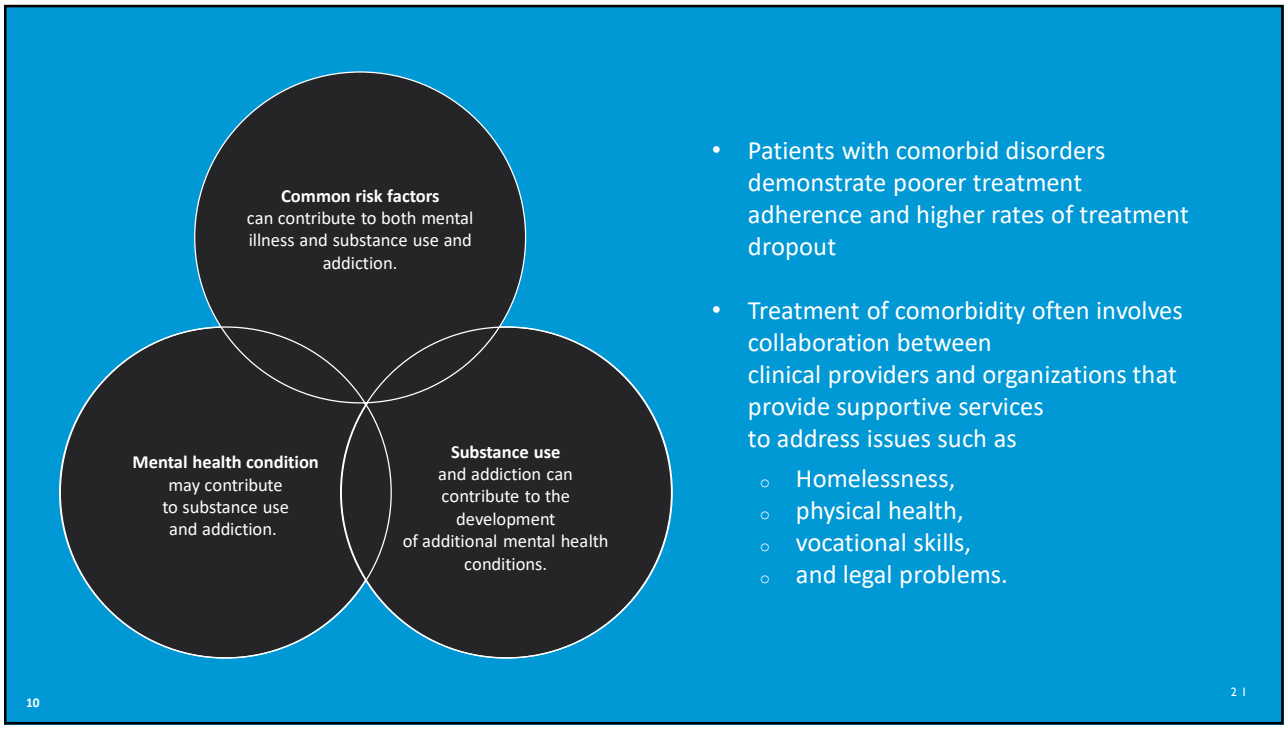
Common risk factors
can contribute to both mental illness and substance use and addiction.
Mental health condition
may contribute to substance use and addiction.
Substance use
and addiction can contribute to the development of additional mental health conditions.
Patients with comorbid disorders demonstrate poorer treatment adherence and higher rates of treatment dropout
Treatment of comorbidity often involves collaboration between clinical providers and organizations that provide supportive services to address issues such as
Homelessness,
physical health,
vocational skills,
and legal problems.
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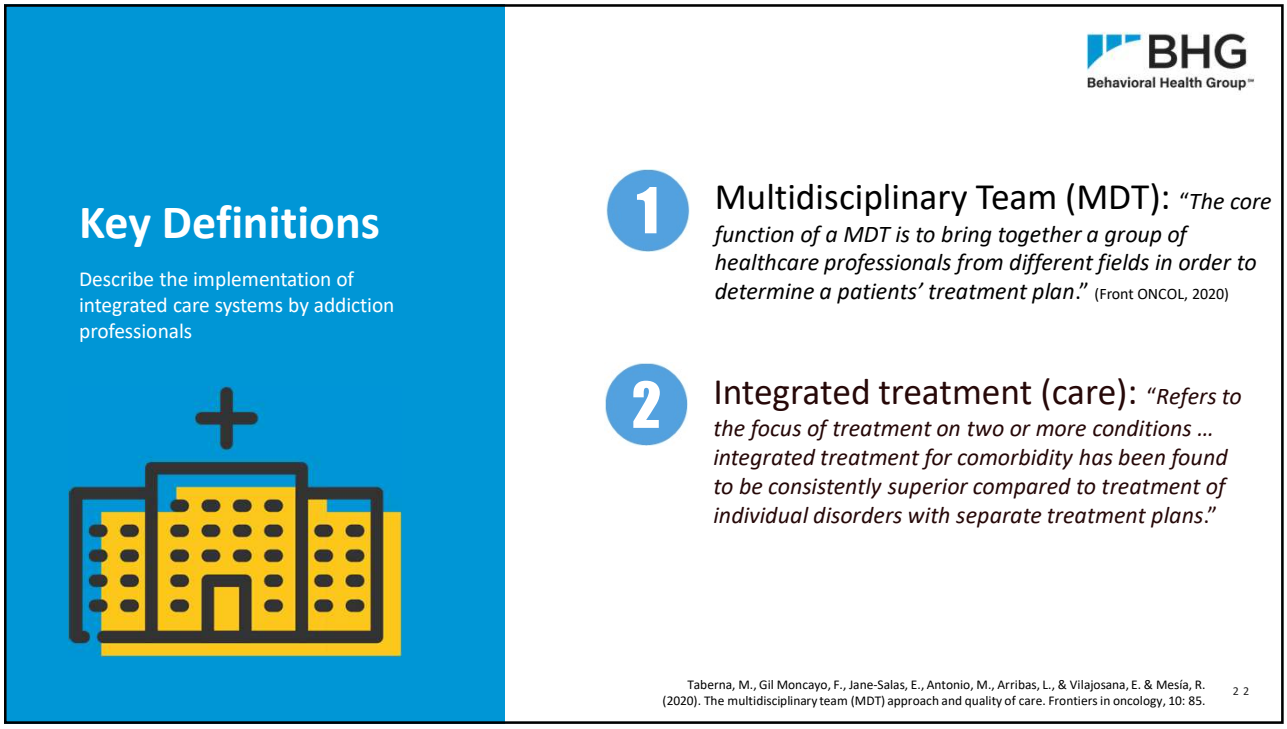
Key Definitions
Describe the implementation of integrated care systems by addiction professionals
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Multidisciplinary Team (MDT): "The core function of a MDT is to bring together a group of healthcare professionals from different fields in order to determine a patients' treatment plan." (Front ONCOL, 2020)
2
Integrated treatment (care): "Refers to the focus of treatment on two or more conditions … integrated treatment for comorbidity has been found to be consistently superior compared to treatment of individual disorders with separate treatment plans."
Taberna, M., Gil Moncayo, F., Jane-Salas, E., Antonio, M., Arribas, L., & Vilajosana, E. & Mesía, R. (2020). The multidisciplinary team (MDT) approach and quality of care. Frontiers in oncology, 10: 85.
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KEY DEFINITIONS: INTEGRATED CARE

What does CARF say?

- Comprehensive care management and care coordination
- Identification of gaps in treatment
- 3.D. Integrated Behavioral Health/Primary Care (IBHPC) "***Any door is a good door***" philosophy

What does Joint Commission say?

- Includes information sharing, transition of care, hand-offs, documentation of assessed needs referred
- *If it is assessed, it must be addressed*

Strandberg-Larsen, M., & Krasnik, A. (2009). Measurement of integrated healthcare delivery: a systematic review of methods and future research directions. International journal of integrated care, 9. [2] [3]

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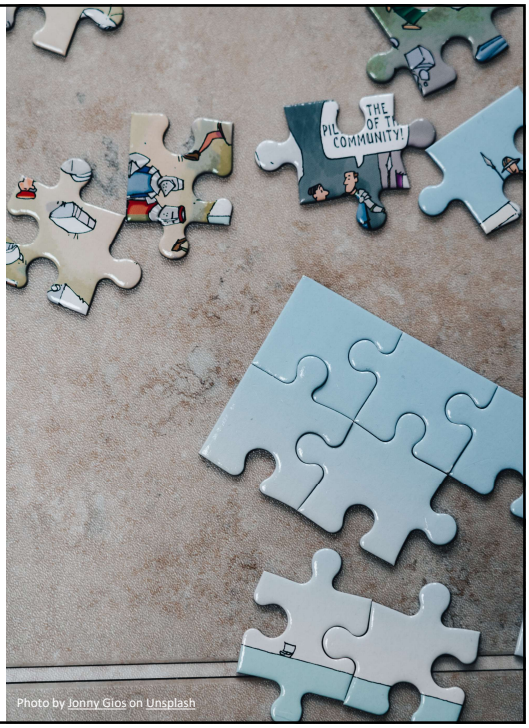
Integrated Care + Multidisciplinary Teams = MORE THAN US



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Community Partnerships

CARF

- **1.C.1.b.** *"The ongoing strategic planning of the organization considers expectations of other stakeholders…**i.** the organization's relationships with external stakeholders"*
- **1.D.1.b.3.** *"The organization demonstrates that it obtains input on an ongoing basis from other stakeholders"*
- **2.A.37.** ***"**The program implements a community relations plan that includes"*:
  - Community education on SUDs
  - Identification of staff member(s) to serve in community relations activities
  - Written procedures to address and resolve community relations problems

JOINT COMMISSION

- **LD.04.03.05** *"Services are defined through the collaboration of the organization's leaders with leaders of the various communities served by the organization and other external organizations."*
  - **EP.4**: *"The program selects its location based on community need and impact."*
  - **EP.5**: *"The program solicits input from the community and uses both solicited and unsolicited input from the community to determine the program's impact in the neighborhood."*
  - **EP.6**: *"The program obtains input from patients related to identified community concerns and considers both patient and community input when developing or revising its policies and procedures."*
  - **EP.8**: *"The program establishes a liaison with community leaders in order to foster good relations."*

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POLLING QUESTIONS:

DO YOUR TEAM MEMBERS KNOW HOW TO DESCRIBE YOUR SERVICES TO PATIENTS AND GUESTS?

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A. Yes, and with confidence!

B. Sort of, we have identified team members for this

C. Some do, some don't

D. No, not really

DOES YOUR ORGANIZATION TRACK, MONITOR, AND MEASURE COMMUNITY OUTREACH?

A. Yes, we do all three!

B. Yes, but we only track OR monitor, with no measures

C. Not at all

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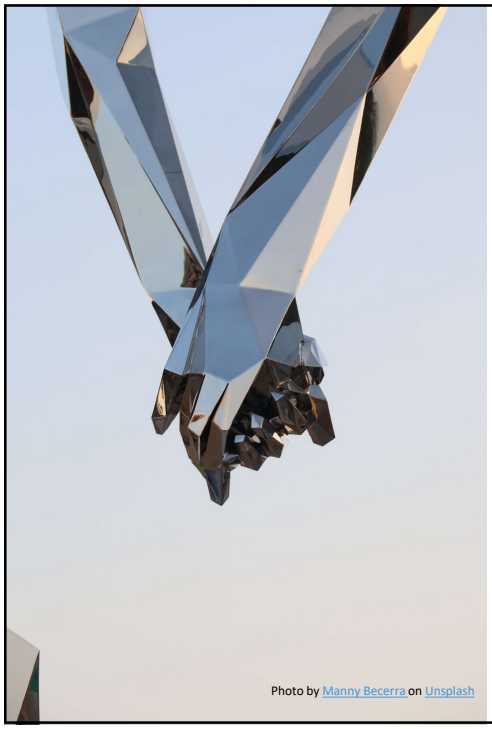

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Core Principles of Community Engagement

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"Our most enduring finding is that communities are never perfect, but they count. They and their citizenry are key to improving everything from education and economic development to health care and race relations."

- David Matthews, President and CEO of the Kettering Foundation

"Core Principles for Public Engagement." *National Coalition for Dialogue and Deliberation (NCDD), International Association for Public Participation (IAP2), and the Co-Intelligence Institute*, 2009.
Matthews, David. "Connections 2008: Focus on Communities." *Kettering Foundation*, 2008.

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7 Core Principles of Community Engagement

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1. **Careful planning and Preparation**. Through adequate and inclusive planning, ensure that the design, organization, and convening of the process serve both a clearly defined purpose and the needs of the participants.
2. **Inclusion and Demographic Diversity**. Equitably incorporate diverse people, voices, ideas, and information to lay the groundwork for quality outcomes and democratic legitimacy.
3. **Collaboration and Shared Purpose**. Support and encourage participants, government and community institutions, and others to work together to advance the common good.
4. **Openness and Learning**. Help all involved listen to each other, explore new ideas unconstrained by predetermined outcomes, learn and apply information in ways that generate new options, and rigorously evaluate community engagement activities for effectiveness.
5. **Transparency and Trust**. Be clear and open about the process, and provide a public record of the organizers, sponsors, outcomes, and range of views and ideas expressed.
6. **Impact and Action**. Ensure each participatory effort has real potential to make a difference, and that participants are aware of that potential.
7. **Sustained Engagement and Participatory Culture**. Promote a culture of participation with programs and institutions that support ongoing quality community engagement.

"Core Principles for Public Engagement." *National Coalition for Dialogue and Deliberation (NCDD), International Association for Public Participation (IAP2), and the Co-Intelligence Institute*, 2009.
Matthews, David. "Connections 2008: Focus on Communities." *Kettering Foundation*, 2008.

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BRIEF SELF-ASSESSMENT
YOUR TEAM AND YOUR COMMUNITY

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1. Can your team describe treatment services to patients?
2. Do you have a visible list of community partners that have levels of care or services that you do not provide?
3. Does your team see themselves as brand ambassadors for your program and the addiction profession?
4. Have you assessed community needs and your local neighborhood's perspective of your treatment program?

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WHAT ARE COMMUNITY INTERVENTIONS

Massachusetts Study

- Prevalence and type
- 21% of the 110 respondents implemented community collaboratives
- Identified 4 different types

Types

- Multi-Disciplinary Team Visit
- *Police visit with Referral*
- *Clinician Outreach*
- *Location-Based Outreach*

Formica, S. W., Apsler, R., Wilkins, L., Ruiz, S., Reilly, B., & Walley, A. Y. (2018). Post opioid overdose outreach by public health and public safety agencies: Exploration of emerging programs in Massachusetts. *International Journal of Drug Policy*, *54*, 43-50.

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Key Takeaways

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1. Building community partnerships is a standard of care in addiction treatment.
2. You will measure what's important to you – start measuring your community engagement.
3. Consistent messaging from your team can translate to a clearer identity in your community.

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POLLING QUESTION:

WHAT IS A COLLABORATION THAT YOU WISH YOU HAD THAT YOU ARE STRUGGLING TO GET?

A. Primary Care

B. Local levels of care that I don't have in my program

C. Criminal Justice

D. Diverse Payor Sources (i.e. state-funding, grants, etc.)

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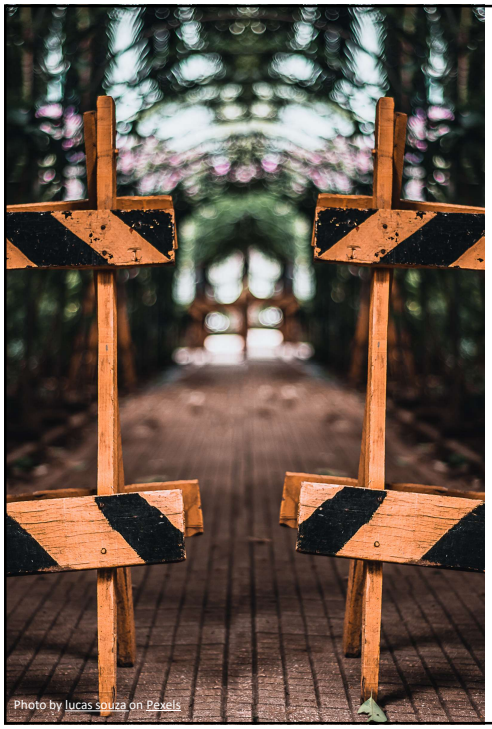

Barriers to Relationship Building

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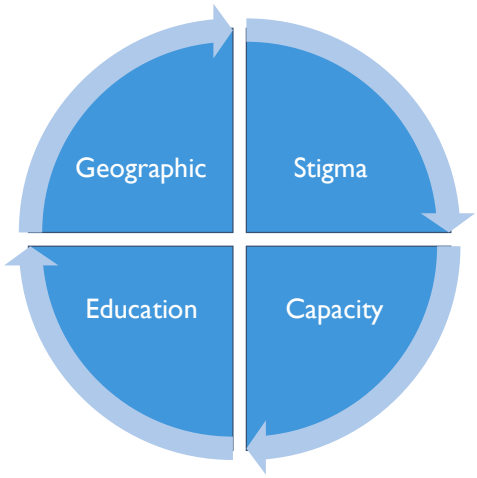

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Strategies to Address Barriers

1. Know your message.
2. Be prepared for stigma and pushback.
3. Know your communities.
4. Ask Questions and Listen to what is needed
5. Know your information
6. Consistent communication and follow-up

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Community Events

Recovery Rally

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Special Events

1. Open Houses at Businesses
2. Community Events
3. Recovery Month Events
4. Patient Appreciation Events
5. Drug Court Graduations

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Ribbon Cuttings

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1. Connecting with the Chamber of Commerce
2. Connecting with businesses, not-profit organizations, criminal justice, hospitals to build partnership.
3. Connecting with individuals within the community.

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Types of Connections

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CONNECTIONS FOR RESOURCE

- Agencies that assist with housing.
- Agencies that assist with employment.
- Agencies that assist with rebuilding.

CONNECTIONS FOR SERVICES

- Judicial System (Drug Courts, Community Corrections, Probation & Parole)
- Hospitals & Doctor Offices
- NAMI (National Alliance on Mental Health)
- Chamber of Commerce
- Department of Human Resources

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How to Make and Maintain Contacts

- In person
- E-mail follow up
- Contact consistency (Check-in)
- Changes since last check in

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HOW TO MONITOR CONTACT

- SYSTEM CHECK
- MEETINGS FOR REVIEWS WITH TEAMS
- POWERAPPS AND POWERBI
- CADENCE CALENDAR

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CONNECTION WITH PEERS

Chicago Study

- 3308 participants
- 82% eligible and appropriate for MAT
- 59% willing to meet and discuss MAT
- 92%scheduled an intake appointment and 82% actually attended.
- 71% (498) who made that intake were still in treatment after 30 days.

Scott, C. K., Dennis, M. L., Grella, C. E., Kurz, R., Sumpter, J., Nicholson, L., & Funk, R. R. (2020). A community outreach intervention to link individuals with opioid use disorders to medication-assisted treatment. Journal of Substance Abuse Treatment, 108, 75-81.

4 3

Peers make a difference

PEER SERVICES INCLUDE:

- Facilitating recovery education groups
- Peer led support groups
- Peer mentoring
- Using life experiences to assist consumers in understanding their diagnosis
- Crisis support
- Relapse prevention planning
- Reconnecting to family and community
- Basic living skills
- Building self-esteem and confidence
- Recreation and social opportunities
- Self-help and self-advocacy skills
- Crisis resolution, problem solving, and goal setting skills
- Screening/intake
- Assistance in acquiring resources

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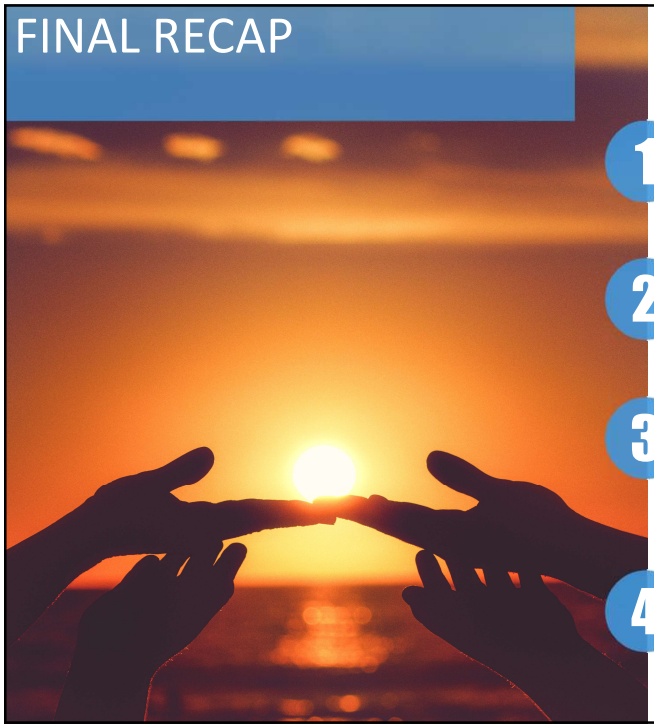
FINAL RECAP



BHG Behavioral Health Group™

1. Intergrated care from a team of multiple providers
2. Create surround support systems within the community
3. Break down barriers and keep an any door is a good door posture
4. Make consistent contact and receive feedback

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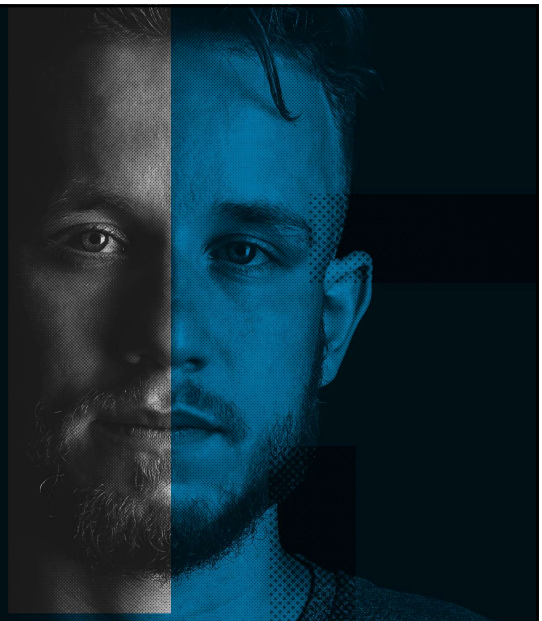
ADDITIONAL RESOURCES

Putting best practices into practice. BHG's Integrated Dynamic Care Model (IDCM)

Download our White Paper to learn more.

https://www.naadac.org/integrated-dynamic-care-model-webinar



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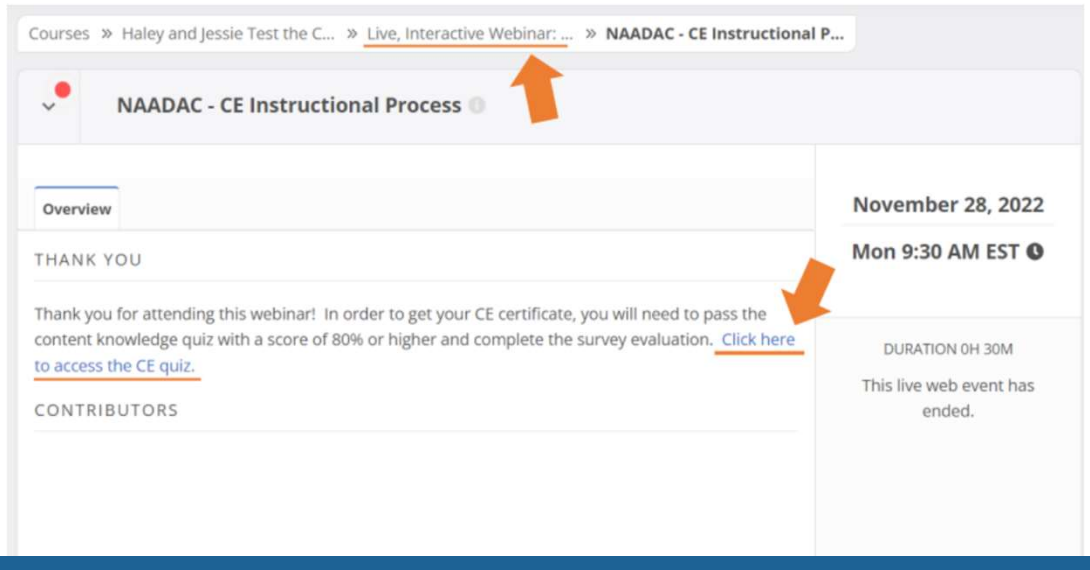
Accessing the CE Quiz



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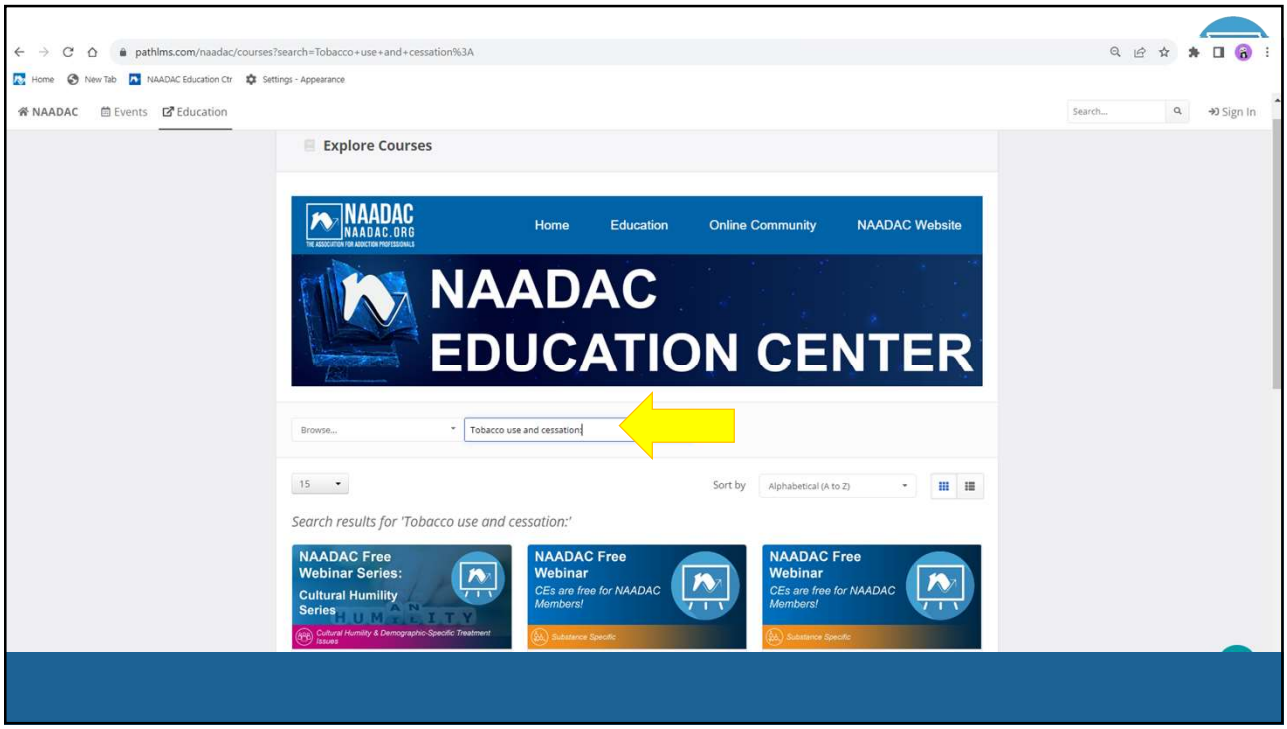

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UPCOMING WEBINARS

November 17th, 2023
Broadening Your Scope of Care - A Focus on Prevention Series, Part 2: Cannabis Policy and Prevention in the Era of Commercial Cannabis
By: Scott M. Gagnon, MPP, PS-C

December 1st, 2023
Broadening Your Scope of Care - A Focus on Prevention Series, Part 3: Improving Substance Misuse Prevention Outcomes through Data-Informed Decision Making
By: Alyssa O'Hair, MPH, MA, CPS

November 30th, 2023
Peer Recovery Support Series, Part 10: The ABCs of Problem Solving for Peer Specialists
By: Eboni Jewel Sears, CADC-I, CPRSS

December 6th, 2023
The Art of Pushing and Pulling Through the Stages of Change
By: Ryan N. Wells Sr., MSCJ, MDiv, CADC II, SAP

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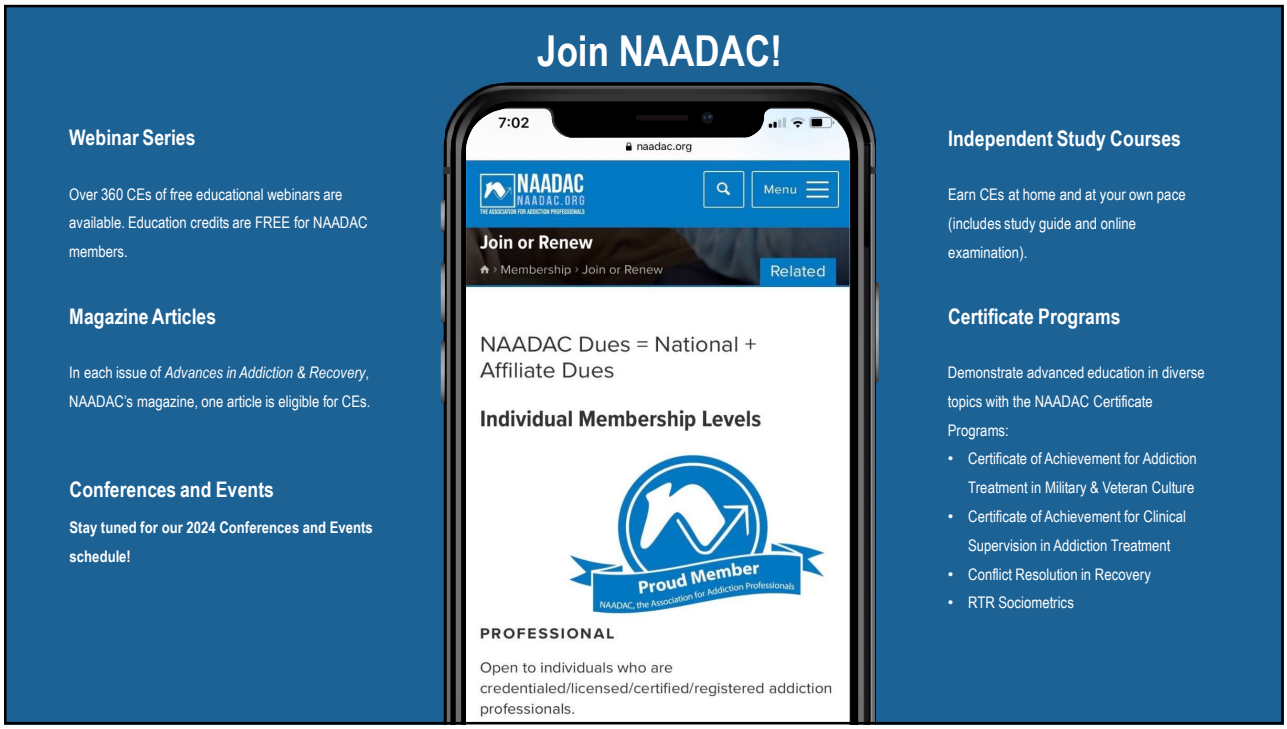
Presented by: Boni-Lou Roberts, MSHE, MATS, CADC II, Emily King, and Samson Teklemariam, LPC, CPTM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