

Jessie O'Brien, NAADAC: Right. Well, Hello, everybody! Welcome to today's webinar sustainable, integrated care through community partnerships presented by Bonnie Lou Roberts, Samson Technomarium and Emily King. I'm so grateful to have all of you here today. Truly I am, and I love reading all your gratitude statements there. They made me smile so thank you for sharing all those. My name is Jesse O'Brien. I'm the director of Training and Professional development here

at Nadac, the Association for Addiction professionals. I'm going to be your facilitator for this experience today. And with me behind the scenes, is our training programs. Manager Haley, also seen in the chat box there, who will be addressing any issues or questions you may have that are not specifically for our presenters. So you do have a lot of support here today.

Jessie O'Brien, NAADAC: Just a reminder. I know this is old news now, but we are using Zoom Webinar as our platform today. A few key items to pay attention to in your Zoom menu. The chat box which I see most of you have found. The QA.

Jessie O'Brien, NAADAC: is what we use for your questions, so we invite you to ask questions for our presenters or for us if you have them. But please do put them in the QA. Box, because they tend to get lost. As you can see, the chat box gets moving and they disappear. So put your chats in the chat and questions in the QA. And we have enabled also

Jessie O'Brien, NAADAC: closed captioning. We use zoom for closed captioning. So if you want to see the subtitles just click on the little up arrow over live transcript, and show subtitles, and you should be able to see them.

Jessie O'Brien, NAADAC: So one of the questions we get the most is, How do I find the Ce quiz. So I'm gonna kind of take a broader view here and and take you through our Nadac Education Center, where everything that pertains to all of our webinars is located so you can access the Nadac Education Center from the Nadac homepage by hovering over the education tab and selecting the Nadac Education center. We do recommend booking the Nadac Education Center as a bookmark.

Jessie O'Brien, NAADAC: so that you can access it more easily in the future. Once you're there you're in our education Center. This is where everything is hosted. Click on education in the upper left corner, and that will take you to all of our what we call courses, which is a webinar, is its own course. It's all right there at your fingertips. You can go to the search bar and type in maybe a topic you're interested in. Or if there's a specific webinar that you need to get to, just put the name of that webinar into the search box

Jessie O'Brien, NAADAC: and then click and select it. Once you are in the course scroll down, or actually, we've now added a jump to contents button you can click on that. But you're gonna scroll down to find the course contents. Okay, so once you're in the course for each webinar, we have 2 sections in that one is for the live webinar, which is where you are right now.

Jessie O'Brien, NAADAC: And one is for the recorded webinar, which is what people will see once this is posted for the live attendees. If you've gone to the live event, then everything for the live event is in that section, for if you're watching this and you want to watch it on demand, you would go into the recorded section

Jessie O'Brien, NAADAC: once you're in the section, whether it's live or on demand. They look pretty similar. You'll see the live event on the top or the on demand recording on the top, which you will take, and once you've completed that, then you will get access to the Ce. Quiz. So once you decide, you want to take the C quiz and you've completed the webinar. You'll just click on the purchase button there.

Jessie O'Brien, NAADAC: The ce's are free for members. They cost a nominal fee. If you're a non member, it will take you to a shopping cart, and new tab will open, and you're just going to click.

Jessie O'Brien, NAADAC: purchase and the submit button there

Jessie O'Brien, NAADAC: and then go back to the tab that you were just in to access and complete the Ce quiz, which will now be accessible. Once you pass the Ce. Quiz, the system will automatically walk you through the next steps to get to the Survey evaluation and then to your Ce. Certificate.

Jessie O'Brien, NAADAC: Now for those of you who are here in the live events. We do provide you with some shortcuts to the live webinar.

Jessie O'Brien, NAADAC: So in the thank you box where you came in, where you came in today to join this webinar. It will turn into a Thank you message when this is over, and there's a link there to click to access the ce quiz. But we do recommend you kind of get familiar with the overall structure of our webinars and the format and the courses where they live. So you can find the Ce. Quiz if you ever need to, on your own. Okay.

Jessie O'Brien, NAADAC: that was a lot. But now let's meet our presenters. We had a little presenter switch up today. Unfortunately, Amanda Goforth is sick and can't present today. But we have 2 wonderful presenters step in to present and replace along with Samson, so we hope she feels better. First, we have Bonnie Lee Roberts, who is the national clinical trainer for Behavioral Health Group. She oversees clinical training for 118 opioid treatment centers in 22 states.

Her experiences include multimodal moldo counseling and training in residential treatment.

Jessie O'Brien, NAADAC: community-based treatment and private practice, outpatient treatment. While working in a medication assisted treatment facility. She earned her specialist recognition in Matt as well as a master's in higher education.

Jessie O'Brien, NAADAC: She hopes to help move the field further by providing highly effective training to counselors, including all of you that are here.

Jessie O'Brien, NAADAC: Since joining the national clinical leadership team, she's had the privilege of speaking at both the State and national level. To further the discussion on substance, use, disorder, treatment, and professional needs within the field. So welcome, Bonnie Lou. We also have Samson Tech Lemarum, who is the Vice President of Clinical Services for Behavioral Health Group.

Jessie O'Brien, NAADAC: He's an accomplished leader with a history of driving organizational results with learning and development solutions known for implementing initiatives that support organizational priorities and produce measurable outcomes. He's been a leader in the field of addiction treatment for

over 12 years. He was formerly the director of training professional development for Nadac

Jessie O'Brien, NAADAC: and Samson is a certified lead trainer for cognitive behavioral interventions for substance, abuse and the calm restore crisis, prevention and intervention curriculum. He's experienced in treating trauma, related disorders.

Jessie O'Brien, NAADAC: using trauma, focused cognitive behavioral therapy and seeking safety sampson previously worked for Phoenix House Foundation as their national director of

Jessie O'Brien, NAADAC: learning and development. So, Samson, if you want to join me up here as well, and finally, we have Emily King.

Jessie O'Brien, NAADAC: Who is a regional business development consultant for Behavioral Health group in Kentucky and Indiana. She coordinates outreach efforts for 6 locations by managing center community partners and assist with engaging communities in these locations and surrounding counties. Emily is a graduate of Kentucky, Wesleyan College, and University of Louisville, and has over 10 years of field experience. Her prior experience includes work and insurance.

Jessie O'Brien, NAADAC: community corrections, sap, curriculum, creation and substance use disorder, counseling, and before starting as regional business development consultant for Bh. G. Emily was a counselor and part time outreach coordinator for Center for behavioral health, and

Jessie O'Brien, NAADAC: Louisville, Kentucky, now owned and operated by. She lives and works of Louisville, but enjoys the travel opportunities that visiting with employees and meeting with community partners, presents. She currently sits as the Greater Louisville Reentry Council, President and Deacon Vice chair at her church. She's a passionate advocate for individuals and families in and seeking recovery, and a strong believer in the value of evidence-based treatment

Jessie O'Brien, NAADAC: medication assisted recovery, harm, reduction and supporting multiple pathways. Wow! That was a lot. Sorry, guys, I'm gonna now hand it over to you so you can. I hope everyone saw my oh, they did. Okay, I'll stop sharing. And you can all take it away.

Samson Teklemariam: Thank you so much, Jesse. Oh, my gosh, that was a lot, but you just did it so well, you know. I'm glad I don't have to introduce myself all right. Well.

Samson Teklemariam: Hi, Nada, I'm super honored to be here. Y'all this is such a blessing to speak about a topic that is so near and dear to our heart. So I thought we would each start by sharing our why before we get into the content. And so I'd love to hear from you guys in the audience, in the chat box. Drop. Why, you registered for this webinar. Why, you attended it. Why, you're watching it as a recording. If you are

Samson Teklemariam: I'd love to know. What. What is it about this topic that you think is so critical about? For this field and for you. And then Emily Bonnie Lou go for it. If you could share your why, and then we'll we'll jump right in.

Boni-Lou Roberts: Thanks, Samson. So for me. My! Why is more of a story. So I have Jamie's story.

Jamie was a client of mine who

Boni-Lou Roberts: came to me after she had been involved with department of family and children services, and she'd gone to the ER after having had an overdose while she was there. She or while we were going through her assessment, she talked about how 2 years ago she'd been in a car wreck. She hadn't been able to to like go substances after that, and it wasn't until she was approached by a case worker in the hospital and said, Hey, this is an option for you. And we had created this partnership with that hospital.

Boni-Lou Roberts: and they were able to get her into the type of treatment that she needed. And it really speaks volumes to getting people the care that they need and so that's why sustainable, integrated care through those community partnerships is so important to me. After she was able to get into treatment. She got a better job. She was very near having her. Her case closed and was getting ready to move into a new home. So it it really shows a big impact that we can have in people's lives.

Emily King: Thank you for sharing that story, Bonnie Lou. My my reason why is very similar to yours. I thoroughly enjoy seeing people being helped. We are all human, and we all have a right to find our happiness in our health and live a safe life.

Emily King: And when we come together as a community, and when we create these sustainable, integrated care partnerships, we really elevate our ability to be a beautiful community that helps support each other and find the resources and services that are needed. And it's just a really neat thing to witness and be a part of and enjoy each other's relationship in the building that happens throughout this process.

Emily King: So thank you for being here today with us to see this through.

Samson Teklemariam: Thanks, Emily Bonnie Lou. Y'all everybody has some awesome why's in the chat box, too. So for me, this topic is of critical importance in this industry, because relationships really are everything. We always say addiction isolates.

Samson Teklemariam: You know. Well, healing is really connection, you know, and connection is a part of that healing. And I think we just need better systems and processes in place to help us connect beyond our disagreements beyond how our organizations may differ. And so so for me, I first got trained in this field under multi systemic family therapy. MST. So I don't know if you ever heard of it, but

Samson Teklemariam: it's it's a counseling style that takes the counselors outside of the walls of the treatment program and into the system of the children and the families they're assigned to. And so they they bring therapy and and into all the different systems and environments in which that person is involved in their school system, the legal justice system, so Mstable, systemic family. Therapy taught me this model.

Samson Teklemariam: but even more so. I was really fortunate to work with a close colleague, a friend of mine named John Gordon, in New York, who won a Nadac award recently. John is an awesome counselor in New York who also is a leader, a trainer. If you're in New York and your Ksat credentialed, there's a hundred percent chance that you've met John, and and it's because he really values relationships and taught me a lot about the importance of

Samson Teklemariam: not just cultivating relationships, but also knowing what to do with those relationships for the care of our patients.

Samson Teklemariam: so I'll stop there. That's that's kind of my why, I could go on and on, but we actually have some content to cover. So so I'll start us off, and then Bonnie and Bonnie Lou and Emily will be chiming in periodically. So here's today's objectives. The main goal for today is that we can all walk away understanding why and how it's so critical to step outside of the walls of our program and into our community.

Samson Teklemariam: Even if your patient is in residential care, their true recovery journey begins when they step back into their recovery environment. That that's how well we can see if they can leverage the system of care that hopefully can wrap around them and all the needs that that help them maintain their recovery goals.

Samson Teklemariam: So that's what we're really gonna focus on today. I am gonna shift now and turn this over to Bonnie and then you'll hear from me a little bit later to talk about the really fun stuff, joint commission, and carf for those of you who came here for that.

Samson Teklemariam: Alright, bye.

Boni-Lou Roberts: Hi! So I thought that first we could get a quick profile on the community that we work with the most being substance use disorder, professionals. So we know that substance use disorder is chronic and ongoing brain disease, and it affects much more than people realize. It's it's unbiased. It moves through generations, and those with substance use disorder do tend to have a profile.

Boni-Lou Roberts: They tend to fall into lower socio and economic statuses. They have higher unemployment rates.

Boni-Lou Roberts: they experience poor family support and higher peer pressure, and finally, they tend to have a history of experiencing abuse and neglect. Often it's the cycle which came first, the condition or the substance use disorder.

Boni-Lou Roberts: Another major concern is co-occurrence. So if you'll move us to the next slide.

Boni-Lou Roberts: When when I talk about co-occurrence I work primarily with those with opiate use disorders. So I'm looking specifically in this particular niche population, and we can really see from there, where that co-occurrence is highly prevalent. It tends to be the rule, and not the exception. We see that 2 thirds of that population are uninsured, 77% are using more than one substance.

64% have a co-occurring mental illness, and of those with those co-occurring mental illness. 27% can be considered serious.

Boni-Lou Roberts: So the truth is, when we talk about substance use. And in particular, the opioid epidemic, we're talking about more than just the substance use. We're in the battle for lives. Ultimately we need this, all hands on deck approach to to caring for people.

Boni-Lou Roberts: So on our next slide.

Boni-Lou Roberts: We're going to talk about comorbidity. So, as we demonstrated on the previous slide, comorbidity is prevalent and has a major impact on treatment engagement with patients.

Boni-Lou Roberts: Substance, use, and mental illness are often common risk factors for each other, and they often lead to that cycle question which came first. Mental illness or substance use. Ultimately, when we look at treatment, we need to look at both. And then some.

Boni-Lou Roberts: We need to look at the whole person. What are they experiencing from peers, from family? What is their home environment like, or dare I ask, do they have a home environment? What are their knowledge and skills with basic self care.

Boni-Lou Roberts: And then we have to ask.

Boni-Lou Roberts: do they know how to get help? Do they know where to go for treatment? And in many cases we may even want to ask, do they know anything about medication, assisted treatment, and and their options within that

Boni-Lou Roberts: patients with comorbid disorders often have poor adherence to treatment, recommendations, or engagement in treatment. So we also have to strive to find creative ways, to keep our patients involved and keep in connection with them and help them along the way.

Boni-Lou Roberts: When we look at the whole person, we realize that we need more more than just

Boni-Lou Roberts: counselors and providers. We need the community support to help people in multiple different ways from just getting into treatment to success and their decision to make a change.

Boni-Lou Roberts: So, Samson, let's let you get the good stuff going.

Samson Teklemariam: Thanks so much, Pauling Lou. You know I want to kind of lay the groundwork with a few key terms and definitions. So first.

Samson Teklemariam: when you hear the term Mdt. Multidisciplinary team, this really emerged in oncology in the mid 1980 s. This is when the addition of of chemotherapy to radiotherapy and surgery was proven to drastically improve treatment outcomes and survival rates.

Samson Teklemariam: In. In fact, the original definition which we have here. It really was the original intention of the phrase multidisciplinary team. It was to bring together a group of healthcare professionals from different fields in order to determine a patient's treatment plan. So even in in in the mid 1980 s. There was an acknowledgement that even in the in the most refined specialty field with very high level of training and credentials.

Samson Teklemariam: When dealing with a chronic disease or a complex chronic disease. It it takes more than us now now the term integrated treatment or integrated care. This started becoming more and more of a norm within the last 20 years or so

Samson Teklemariam: it was originally realized as the focus of treatment on 2 or more conditions, because treating 2 or more conditions with integrated treatment has always been found to show the the best outcomes right? The most superior outcomes.

Samson Teklemariam: Compared to those who are receiving treatment with just one of the 2 co-occurring conditions, or even those who are receiving treatment that is, separate treatment plans rather than it being integrated or combined together. Now, now, integrated healthcare delivery at at this point is really a policy goal for healthcare systems. We've grown a lot and and something we all constantly strive for, we review. And we we structure.

Samson Teklemariam: But there's no real consensus on how to measure the concept of integrated care. And that can make it difficult to monitor progress and success. Now, as a baseline, we can look at 2 primary accrediting organizations. Carf

Samson Teklemariam: in joint commission. Most likely a large majority of you here are under one of these 2 accrediting bodies. So

Samson Teklemariam: first, what does Carf have to say? So Carf essentially talks about integrated care in the language of comprehensive care, management, and and and this is care, coordination, or or case management, as some people call it, it's used to identify gaps in treatment. Document the interventions or referrals properly and properly, can mean in adherence with your State, in adherence with your primary payer in adherence with your accrediting body.

Samson Teklemariam: Now, Carf does make mention in several sections that, integrated or comprehensive care is about treating 2 or more chronic conditions simultaneously.

Samson Teklemariam: But but there's also a realization that in many situations it may not be occurring in the same environment or in the same program.

Samson Teklemariam: Just to pull out a few kind of language points here from the Carf standard. So carf, Standard Section 3, d. It's it's the integrated Behavioral Health and Primary care program section it. It's identified a level of medical supervision and are supported by any door is a good door philosophy. That's a kind of quote taking out of that section under 3D.

Samson Teklemariam: now, those programs allow for choice and and are very capable of assessing a a lot of different medical and behavioral needs of people served in integrated mayor manner. But but when a referral is necessary, that referral is documented from assessment to treatment. So if it's a referral to get assessed somewhere where there is a higher credential or a more appropriate credential that is documented as long as as well as the follow up, I mean.

Samson Teklemariam: essentially the most important concern of all accredited sud treatment programs and providers is that patients get care

not not so much that patients get care with me.

Samson Teklemariam: but that they get care from who, where we could deal with that later right, but but

get them into treatment.

Samson Teklemariam: Now, now, Joint Commission gets a lot more specific as organizations are assessed on information sharing system capabilities that includes technology. It includes policy and procedures being in place for HIPAA and 42 CFR. Having compliant business associate agreements and actualizing these procedures on the field.

Samson Teklemariam: Hopefully evidenced by some type of survey, and usually they survey. A random set of case records now essentially with joint commission. We know that if it's assessed.

Samson Teklemariam: it must be addressed.

Samson Teklemariam: If you're under joint commission. You've heard that quote many times from a surveyor or a trainer, or a coach on being approved or accredited. Now, what that means is, if a patient mentions a co-occurring condition, if they mention a prevalence of symptoms, and even if it's a set of symptoms that maybe we don't treat in our program. The moment that patient mentions it, we also have to document the problems or the set of symptoms they shared. What our recommendation is, whether we're going to

Samson Teklemariam: conduct an assessment here if we're gonna refer an assessment out of the program for someone with higher credentials or different credentials. Or if we're gonna provide treatment to document it, properly, provide a referral and document, how we track their response to that referral, which is something we almost always forget.

Samson Teklemariam: But usually with our patients, we we don't do the best job of following up, especially when we're drowning right in cases. And we have a 60 to one ratio in our program or a 70 to one ratio in our program. It's hard to keep track when so many of them have referrals. But it's so important to follow up with that patient and make sure that they either, you know, carried through with that referral. Or we're documenting what their reaction

is to that referral and what their intention is was something that we've identified as an additional need.

Samson Teklemariam: So the key takeaway here on the topic of integrated care, multidisciplinary teams is that for integrated care to truly be sustainable, we all have to acknowledge that the patient needs more than us.

Samson Teklemariam: In fact, I'll go as far as to say that they deserve more than us. As a counselor. I used to always tell my patients. I don't even want you to remember me.

I don't want you to champion me, or think of your success because you worked with me. I would rather you champion and value your treatment.

Samson Teklemariam: value your recovery. Commit to a lifelong process of expanding your perspective of help, so that when you need it, help will be there, and you'll be open to it. But that also means that we have to be open to building new relationships and partnerships with treatment agencies that we may not have normally worked with. Remember, they deserve more than us. So



Samson Teklemariam: the call here is to unsilo the addiction profession. I know. I just made up a word. You know I do that sometimes. But it's okay, I mean, can you do it with me right like, can you rip the walls down of our treatment programs in just UN silo. I mean, if we admit it, I think historically, we've been pretty siloed in our efforts of caring for a patient

Samson Teklemariam: addiction. Treatment was a very isolated experience for for a lot of reasons, especially when we were new to hipaa privacy protection in 42 Cfr. There was a lot of fear of wanting to protect the patient, protect the privacy, maybe. Even. Dare I say, protect our business? Oh, yeah, I've heard it. I've heard people say, talk about their census

Samson Teklemariam: you know, not following through with the referral because of numbers. But but we're talking about lives right? We have so many more coalitions and grassroots groups than we even know what to do with.

Samson Teklemariam: There's help everywhere, and even on a larger scale. Now it's becoming more and more the norm that national treatment agencies, including ours behavioral health group, were discovering the value of collaboration and connection.

Samson Teklemariam: We don't need to worry as much about competition as we do about the overall safety of the population we serve. So that's why I've got this little image here community is strength and community partnerships truly improve care.

Samson Teklemariam: So, digging a little deeper to me, that's why there's so much mention of community partnerships, both in Carf and Joint commission standards just not to give us more work. Even though sometimes it feels like that. But when it comes to community partnerships are 2 primary accrediting bodies, Carf and the Joint Commission. They really have a lot to say. Now remember accreditation standards. They're not just about giving you

Samson Teklemariam: guidance or regulations or rules. It's about giving you kind of a minimum baseline of performance expectations to even enter into this field to even do this work right? So this just about scratches the surface on best practices. The hope is that organizations meet this baseline of expectations to be accredited to do this work, and goes beyond these elements of performance, which is Ep under joint commission.

Samson Teklemariam: So starting with Carf, Carf actually has 3 different standards discussing the organization's relationship with external stakeholders is what it's sometimes referred to or community partners, and even goes far enough

Samson Teklemariam: to require that the program builds and implements a community relations plan, a plan. Now, Joint Commission has an entire chapter on operational leadership. That's what Ld means. Leadership.

Samson Teklemariam: Now, now, this specific one that we're showing you. LDO, 40305, actually has 16 different elements of performance. So for the sake of this presentation, I'm not gonna nerd out too far. I only highlighted 4 here. But but actually we sent to Nadac in the educational resources or resources tab as a part of this presentation, a handout that shows you all 16 elements of performance.

Samson Teklemariam: Under this this standard. So in EP. 5, we're actually required to take the initiative to solicit input from the community regularly and use their input to determine the program's impact in the community.

Samson Teklemariam: You know, at at the end of the day, each one of these elements of performance is pointing us to kind of tear down those walls. Right? They're they're they're encouraging us and pushing us to foster good, consistent, and sustainable. relationships with with our partners, our treatment partners, our treatment providers with all different systems that our patients will touch with at some point or another. Now remember.

Samson Teklemariam: the reason this is here again is not for busy work. I think it's because we are treating a very complex chronic disease that often requires a variety of episodes of care in the person's life, and our patients need and deserve more than just us.

Samson Teklemariam: So I want to hear from y'all. Okay.

Samson Teklemariam: to realize those standards, those elements of performance. I think we need to do a little quick self-assessment. So I'm curious if you could answer these 2 questions. I'm going to let Nadac facilitate this poll for us.

Jessie O'Brien, NAADAC: Alright. So the first question is, do your team members know how to describe your services to patients and guests.

Jessie O'Brien, NAADAC: Yes, with confidence. Sort of we have identified team members for this. Some do, some don't.

Jessie O'Brien, NAADAC: No, not really

Jessie O'Brien, NAADAC: question 2. Does your organization track monitor and measure community outreach? Yes, we do, all 3, yes, but we only track or monitor with no measures.

Jessie O'Brien, NAADAC: not at all. Go ahead and put your shirt responses into the pole. I'll give a few more seconds before I end the poll, and then show the results.

Jessie O'Brien, NAADAC: all right. Shared the results.

Samson Teklemariam: Wow, thank you so much, Jesse. Oh, my, gosh, y'all 57%. Yes, with confidence. And I appreciate the the the 1819%. No, not really. And some do, some don't so does your organization track and monitor measure community outreach? 44% says, yes, we do, all 3, almost half. That's great. 32. Yes, but we only track or monitor with no measures and 24% not at all.

Samson Teklemariam: So there's a reason why I ask these. We'll come back to them later. Very, very interesting. About these. Thanks for participating in our poll and for chatting with us here in the chat box, too. Y'all

Samson Teklemariam: now. Okay. So we started this section by talking about the what the standards

right? I wanna go a little bit deeper into the how you you can't partner with someone you don't really engage in right? So so let's start here the the Penn State College of Agricultural Sciences. It's the the Department of Agriculture, Economic Sociology, and Education, in Penn State. They they have

dedicated about 20 years of research and literature reviews to build something called the 7 core principles of community engagement.

Samson Teklemariam: So internationally, these 7 core principles, they really help different businesses and organizations that interact with the community. Reflect on on common beliefs and understandings of those working in the field of the community engagement, part of community outreach.

Samson Teklemariam: So so when discussing community partnerships, we have to really start in the area of engagement. That means, how do we engage our community?

Samson Teklemariam: How does our team engage our community members. What's the overall potential for improving community engagement? Maybe even having a baseline and then having some trackable measurable goals that you're aiming for. There's there's an acknowledgement here from the President, CEO of Kettering a foundation to help to fund some of this work and research that that communities. Of course, they're never perfect.

Samson Teklemariam: but they count so much in the work we're doing, and very often they can make or break our ability to serve our local community, the key to improving everything from education to economic development, healthcare, race relations. It all rests solely on the shoulders of community.

So we have to ask ourselves, how are we doing in this area?

Samson Teklemariam: How are we doing when it comes to community engagement? Does our community even know we're here? Do they know what we do, how to access us? Do they know what sets us apart from other treatment? Providers in the area? Do we, as a team, have a consistent answer to questions people ask about our agency and our treatment approach.

Samson Teklemariam: Do we know how to communicate this properly to our community members? Do we have enough events and engagement or touch points with the community members to connect them to care. You know, we keep talking about access to care, and we keep talking about disparities, but I think the biggest disparity is clear and consistent messaging to our treatment providers and to our community members, so that people actually know what kind of help is available. So here are those 7 core principles. I'm not gonna

Samson Teklemariam: spend a lot of time on these cause. I would prefer for you just to download it as as a resource and use it flexit to your organization. I really think that in in corporate America there's a lot of research. There's a lot of models that can very much benefit us, cause it. It creates organizational structure, something that we often lack in our field. We are normally a group of very passionate and caring individuals.

Samson Teklemariam: and and we all are good at building relationships. We don't

Samson Teklemariam: always know what to do with them? Right? That's kind of the challenge and especially when it comes to helping our patients, we may not know how to build referral partnership agreements

Samson Teklemariam: how how to build consistent, you know, referral referrals within our space, so that patients are getting all kinds of care that they need to sustain recovery. So here are the 7 core principles of community engagement. Number one. Careful planning and preparation. Number 2, inclusion and demographic diversity. Number 3, collaboration and shared purpose. You know, essentially that one is is, we have to get past our own stigma in the field.

Samson Teklemariam: We've gotta get past our own frustrations with potential community partners with local treatment organizations who who don't get what we do or don't do things the way we do them. We have to get past our disagreements

Samson Teklemariam: quite honestly, that that addiction is a disease that doesn't care about our disagreements. They don't care about our different perspectives on recovery, about what treatment model works. Addiction. Requires community and connection.

Samson Teklemariam: we, we, we really have to focus on the needs of our community, the needs of our patients, and they need us

Samson Teklemariam: to collaborate. So the goal there with Number 3 is to be dedicated to finding a shared purpose, openness and learning, transparency and trust, impact and action. That's 4, 5, and 6, the last one number 7, sustained engagement and participatory culture. Essentially, all of us can promote a culture of participation with both inside our program and outside of our program by engaging with the community and programs around us.

Samson Teklemariam: Here are 4 really simple questions. If you're wondering, how do I start? You know, to me the best way is to start with a self-assessment. You ask yourself, you know, do my team members know how to describe services to my patients? Most don't. By the way.

Samson Teklemariam: do we have a consistent kind of opportunity to role play and to do exercises in our programs so that we don't have 10 different team members describing our services in 10 completely different ways. So building consistency and alignment, it also allows us to build value in how we connect with our community. Every single staff person matters. Right?

Samson Teklemariam: So I'm gonna shift this and and share a couple of models with you, with Bonnie Lou. So, Bonnie Lou, I'll turn this over to you.

Boni-Lou Roberts: Thanks, Jameson. So

Boni-Lou Roberts: I really wanted to share this particular study, because it really demonstrated one that importance of

Boni-Lou Roberts: tracking and monitoring and kind of evaluating what your partnerships are, and they also brought to light a couple of different types of partnerships that were found to be effective in this

area. So I'd like to take a minute and really drive down into understanding how integrated care through community partnerships work in action.

Boni-Lou Roberts: So in this study, they wanted to see the prevalence and type of community interventions that exist within the State of Massachusetts.

The focus here was on reaching out to individuals who recently experienced a non-fatal overdose and their social networks.

Boni-Lou Roberts: They started with a survey of local police fire and Ems providers to see what their engagement was with the community interventions

Boni-Lou Roberts: of the 351 surveys that were sent out. A 110 of them were returned, and were willing to complete an interview for details about the community intervention that they offered.

So for Mica and the team here, with the study, were able to identify 4 major categories of community interventions with the police fire and Ems teams. The first one that they found was a multidisciplinary team visit.

Boni-Lou Roberts: So in this particular type of visit, a public safety representative and a public health representative would travel together to the residents of the recent overdose survivor or the site of an overdose shortly following the event and and try to make connections and offer harm, reduction, education, and assess readiness for treatment of the individuals that were there.

Boni-Lou Roberts: The next one that they found was a police visit with a referral. So in this particular one, the police visiting the survivors or recent.

Boni-Lou Roberts: the police, would go and visit the the survivors or go to that recent site of overdose and provide information on local support groups and the schedules for those and different treatment options that may be there. If a survivor was there or expressed to them that they were ready for a referral they would make that referral, and the counselor would follow up soon after.

Boni-Lou Roberts: The next one was a clinician outreach. So with the clinician outreach, the the clinician receives the contact information on the survivor or their personal network. And they conduct a phone based outreach to begin making those connections with appropriate services for the individual.

Boni-Lou Roberts: And then the last one was looking at location based outreach. This encouraged survivors and their family to visit a community based location to access information resources and services. So this could be found anywhere. The the location could be anywhere like a local community center where there's a recovery community organization that's set up and connected in that area.

Boni-Lou Roberts: So it was a really cool study. They were able to identify.

Boni-Lou Roberts: you know a couple of things that were working pretty effectively. Sometimes the police visits were not as effective until they realized, and you had that consistent messaging from the same officers multiple times that not here to come, and, you know, draw you in or arrest you, or get you

involved with the criminal justice system.

Boni-Lou Roberts: I'm here to see. How can we help? How can we get you some help? And and how can we connect you with resources that you may need. So it's really interesting outcomes with that.

Boni-Lou Roberts: So looking at I feel, yeah, looking at our key takeaways. There are a couple of points that we can keep in mind from this. We want to focus on building partnerships as a standard of care and not an addition to care, working with other resources to develop strategies that'll work to get people in where they need to be.

Boni-Lou Roberts: We also want to make sure that we start measuring our engagement. We want to focus on knowing the community and the partners that we serve alongside. And finally, we want to make sure that we have a consistent message and identity that we present to the communities and the partners that that we're working with. I've often heard of the 3 min elevator pitch.

Boni-Lou Roberts: This is where you can explain who you are, what you offer, and how you can meet a need in 3 min. In a quick conversation with an individual. So to really help get that through and and practicing that 3 min elevator pitch is is key as part of our building. So the stronger bonds that we can create the better will be able to help keep people alive.

Boni-Lou Roberts: So we've talked a little bit about integrated care. Why, it's important, and and how to measure what's important to measure. So let's take a minute and and pull it over to Emily. Start a well, have a quick poll and say,

Boni-Lou Roberts: how can we build partnerships? So what is one collaboration that you wish you had and are struggling to get?

Boni-Lou Roberts: Now let's

Boni-Lou Roberts: need that control our poll here.

Jessie O'Brien, NAADAC: It's launched. You can go ahead and put your answers in

Jessie O'Brien, NAADAC: right. I'm gonna give it about 5 more seconds. Everybody make your selections.

Jessie O'Brien, NAADAC: and then I will end the poll. Share the results. Now.

Boni-Lou Roberts: Alright, Emily and I will let you take it from there.

Emily King: Alright. So, Poll. Question 2. What is a collaboration that you wish you had that you are struggling to get. It looks like the highest vote we had was for local levels of care that you don't have in your program.

Emily King: Second would have been a diverse pay or source, which is always a concern for individuals that might struggle with that payment, primary care, and then criminal justice. It's good to see, then, that

not a whole lot of people have have had criminal justice concerns. So

Emily King: that's good.

Emily King: Thank you for introducing some of those barriers. So sometimes, when we are trying to build this standard of care, there are going to be some barriers that we see along the way. For some of us, we're located in more rural areas for others. We are in metropolitan areas. So, depending on your geographical location. You may have a lot of resources, or you may not, and that could be a big barrier.

Emily King: Stigma is a barrier that many folks still deal with, and as we are coming along, and as we are providing education, some of those barriers are being broken down, but in the day and age that we live in. There's constant misinformation out there. So you really have to make sure that you're staying up to date on your most recent education. I noticed that that was a pretty common response in the chat.

Emily King: Folks are here today because you want to do that. You want to continue furthering your education and your understanding of what opportunities are available

Emily King: for some of us. Those barriers are a capacity. That might come in the form of staff turnover. I also noticed in the chat box. There are a lot of individuals that are represented here today with private practices. So when you are a an organization of one. Your barrier might be your capacity, your bandwidth, that you have to be able to put forward.

Emily King: Sampson, if you don't mind to go to the next slide, please.

Emily King: Thank you.

Emily King: So in order to try to address some of these barriers, we can create strategies within your organization. Even if you are an organization of one, and Bonnie Lou and Samson both discuss the importance of knowing the message, knowing that your team is all on the same page, and that you all are offering the same information

Emily King: and providing that information readily of it readily, as when you are asked. Being prepared for some stigma and some pushback.

Emily King: Sometimes you might have a service that is newer or hasn't been offered in your area before, and so you have to be prepared in your for lack of a better term, your argument for your point. Knowing what your limitations are, but also taking pride in what you do, and being able to share that with other people.

Emily King: a big piece of that is, knowing your community, knowing the people that are in your community and who you're working with.

Emily King: how they operate, how they think. I know that that seems like a lot. But as you get out there and you talk to people, you will continue to grow your network, and you will grow that understanding while people are beginning to understand and know who you are.

Emily King: Don't be afraid to ask questions. If there's something that you don't know or if there is a point or a topic that you would like to make sure that you know more about reach out to that person, reach out to that organization. Just simply say, I don't know anything about you, and I'd like to learn more, and it can be as simple as that. Don't be afraid to ask those questions.

Emily King: but if you're going to ask the questions, you also need to be willing to listen. So when folks are saying what their needs are, when we're identifying these barriers in these gaps, knowing what your abilities are, and what your limitations consist of, so that you can work together

Emily King: again. Knowing your information is extremely important, being prepared with your information and having that information available, and with you, whether that be in a marketing material, a brochure, a business card having something, so that if you can not only discuss your information, but then also provide materials that reflect that information for people to refer back to later

Emily King: and then consistent communication and follow up

Emily King: strategies for addressing barriers can often be simplified through communication. Picking up the phone, sending an email, stopping by an organization having that communication in that connection can really help to start to break down some of those barriers that we might see

Emily King: Something else we wanna consider is our language and how we are saying what we're saying, knowing and utilizing the appropriate language. We work in an ever evolving and changing landscape. And so we have to just try to stay on top of things as much as possible.

Emily King: Samson, next slide, please. Thank you.

Emily King: Community events. Recovery rally is a really big one. In the month of September most

Emily King: locations, states around the States around the Us are going to have some form of a rally event that's happening in your area. You can Google rally events in your area. I would suggest having conversations with the recovery community partners in your area. Perhaps you have a par office people advocating recovery. Perhaps you have a local

Emily King: targeted Alliance group that meets to talk about mental health and recovery options. In August you kick off with the overdose prevention and awareness day, fentanyl prevention awareness day. And then we can roll those things straight on through October.

Emily King: Partnering in these community events can look like a lot of different things. You could potentially partner with other coalitions, you could join opportunities such as good will. Goodwill offers a lot of community events. Reentry councils will often offer a lot of community events.

Emily King: Local health departments might have resource fares. If your Health department doesn't have a resource fare, perhaps you could recommend one, and then you will be able to create a committee to help see that through involving your systems of care

Emily King: being involved with national organizations, and having some of those events in your back



pocket might be helpful as well.

Emily King: When you are working with your community of partners, and when you're working community events. Or if you find a community event that you're interested in, send an email and ask if they have a tabling option, so that perhaps you could go and table at that community event and get your name and your information out there.

Emily King: I'd like for everybody to kind of consider a community partner that you might be able to reach out to later this week.

Emily King: Might that be a hospital or a local library? Maybe a local initiative or Cabinet for health and family services. There are a lot of community events that happen that sometimes we don't know about.

Emily King: and the best way to find these is going to be on your social media accounts. So if you have a LinkedIn profile, if you have Instagram or Facebook, you can go on and search your local community organizations and ha! Sign up for reminders so that you'll know about those events when they happen.

Emily King: Samson, next slide, please.

Emily King: Thank you. Special events. Could include open houses at businesses. I would encourage you to reach out to your local chamber. Perhaps your city has a chamber, or your State has a chamber that you could be a part of.

Emily King: Sometimes these will have fees associated, but the return on investment can be really great.

Emily King: and you can also participate in open houses, oftentimes without having a Chamber membership, they will have them listed on their website. Again, the community events are an excellent option.

Emily King: and as far as patient appreciation events that is done in house, what can you do within your own centre for your patience?

Emily King: Having these moments to celebrate and share in their successes and in their struggles. It can be really neat to see people open up when you provide them with a safe space to do that. So, having an event at your center or at your organization or location, might be as simple as offering coffee and cookies one day, or passing out little bags of candy

Emily King: or having pens available and you know, and maybe a cute little saying with it

Emily King: these patient appreciation, events can be as big or as small as you need it to be to fit your budget and your style for your location. Drug corps graduations are another really great way to participate in a community event and celebrate folks for their excellent successes.

Emily King: These opportunities can be available to you

Emily King: as well as reaching out to your local specialty courts and your local drug court affiliates to

see what the rules and regulations are, but in my experience they tend to be pretty open, and they tend to appreciate people from the community wanting to come in to support those individuals.

Emily King: Samson, next slide, please.

Emily King: Cuttings, ribbon cuttings are a huge thing for Chambers as somebody that has been to a few ribbon cutting ceremonies, I would recommend that you arrive.

Emily King: I would recommend that you attend with every intent to

Emily King: network and interact.

Emily King: And so when you're connecting with these individuals that are at these ribbon cuttings, you may and you may encounter several more people than what you would originally have anticipated

Emily King: next slide. Thank you. Thank you.

Emily King: So the different types of connections can be kind of broken down into 2 subsections, your connections for resources and your connections for services. So resources might be something that's a little bit larger, like an agency that assists with housing or employment, or rebuilding lives efforts, those can be a little more broad scope, whereas your connection for services are going to be a little more specific.

Emily King: So for folks that were interested in maintaining better relationships and connections with primary care facilities, then you would want to make sure that you're reaching out to those primary care, opportunities and options within your area.

Emily King: There are also other connections for services, some that are listed here on this slide that once you get your in your slide deck and in your materials, I would recommend to look into these local options.

Emily King: Samson. Thank you

Emily King: how to make and maintain your contacts. So in person is always great. We are social people, and the best way to be a social person is to go in person. This could be scheduled or not, depending on your opportunity that presents itself.

Emily King: But if you do go and visit, you should always make sure that you're following up with an email, whether or not you were actually in touch with somebody or not. If you arrive in person, and the person you wanted to talk to is not available, ask for their contact information and follow up with an email

Emily King: maintaining consistent check ins can be very important, and updating folks on any changes that are happening within your facility. If you're having staffing concerns. If you have a new, direct person to call, if you have a new program, making sure that you are updating those people that you are making those connections with

Emily King: and keeping a community resource binder. It could be as simple as printing out pamphlets and putting them into a 3 ring binder, or something as complicated as utilizing your own system for your service to keep to keep track of referrals through that system.

Emily King: Samson next slide.

Emily King: Thank you. And then how to monitor that contact. So earlier, we had asked about the metrics that people were using and something that you can do internally without even trying to collect a whole bunch of data is just having the system checks within your own facility with your own teams, making sure that everybody is on the right page, that you have the appropriate people doing the appropriate jobs, evaluating your processes.

Emily King: meeting with those teams on a regular basis to have your check ins. It's not about micromanaging, but it is about accountability and making sure everybody is playing the role that they need to play in order to make sure that we're contacting and making the most community referrals, connections, partnerships that we can possibly do, power apps and power bi can be excellent resources for maintaining your key performance indicators

Emily King: and then having that cadence calendar, meaning that you are doing things on, repeat that you are meeting with people on a regular basis, and that you are having regular discussions, that cadence will really help create a rhythm that allows your training and education to go beyond your team and into the entire community. Thank you.

Boni-Lou Roberts: So I wanted to still the share one quick time from Emily, and just go over the Chicago study. So the Chicago study that is mentioned here is talking about connection with peers, and it really speaks to the impact that peers can have on our community partnerships. And on walking our patients from just their first interaction with a point of care into their their treatment process. And

the biggest takeaway from here is that when a peer was involved we were able to increase the engagement of the patient over time, and there are a lot of different ways that peers can be involved, whether it's meeting at the community resource or it's being in the treatment center and helping walk them through the assessment process

Boni-Lou Roberts: so definitely encourage using peers and and and showing the value, recognizing the value that they have in in building our community partnerships.

Samson Teklemariam: Thank you so much, Bonnie Lou. Y'all check out these research studies. The citations are at the bottom of the slide and on the references slide. But but essentially just a quick wrap up as we hand this back to Nadac. Sorry we're a little bit behind on time. Keep making that consistent effort to engage with your community and build those partnerships. Thank you so much, Nadac, for the time. I know we don't have time for questions, but we're really honored to be here and appreciate the opportunity.

Jessie O'Brien, NAADAC: All right. Thank you.

Jessie O'Brien, NAADAC: You 3. That was wonderful. I really appreciate it, Samson. Bonnie Lou!

Emily, I appreciate it. I'm sorry we didn't have time for questions. I see your questions there. We will email it to our presenters. And hopefully, they can just give us some some answers that we can then post on the website. Just a reminder that after this live event ends, you can navigate to the Ce. Quiz by clicking on the link in the thank you. Box. It says, click here to act ce quiz. If you have any issues, you can always email us@ceatnadac.org

Jessie O'Brien, NAADAC: I'm gonna just skip because I know we have little time here but our next webinar is scheduled for this Friday. It's part 2 of our focus on prevention, cannabis, policy and prevention, and in the era of commercial cannabis. So hopefully, you can join us for that coming up reminder. If you're not a member of Nadac already to consider joining there's many benefits. And you can just go to our website to learn more about that

Jessie O'Brien, NAADAC: otherwise, thank you all so much for being here with us. Thank you again to our presenters. We love you. That was fabulous. So much good information, and I know they did give us some additional resources that are available as well. And Samsung's typing and answer

Jessie O'Brien, NAADAC: on our in our learning management system in our Education Center. So you can find those there. Okay, well, thank you. Everyone. I hope you have a good rest of your week. Happy Wednesday. Thank you again for being here with us. Take good care.