Changing the World :
Inspiring Hope, Health & Recovery
for People with Co-occurring Conditions

*Integrating systems and services at every level
to be about the goals and needs of
the people with SUD conditions
and co-occurring health, MH, and other complex needs*

Christie Cline, MD, MBA - ccline@ziapartners.com, www.ziapartners.com
Kenneth Minkoff, MD - kminkov@aol.com

1

The Complexity Challenge

- Individuals with substance use challenges commonly have complex multiple issues

- They are likely to have poor outcomes in multiple domains. Including health, mental health, housing, and criminal justice.
    - Most likely to cost a lot of money, to be in trouble in other systems, to be homeless oe in jail.
    - Most tragically, they are most likely to die.
    - Yet are often experienced as misfits rather than as priorities to serve.

- Is your system or organization designed to welcome people with substance use challenges and other needs as a priority for care?

ZIA
PARTNERS

The Hope Challenge

- In order for our system to inspire people and families with serious SUD challenges, MH challenges, and other co-occurring issues, we need to be in the hope business.

- Hope: Every person, including those with the greatest challenges, is inspired when they meet us with hope for achieving a happy, hopeful, productive, and meaningful life.

ZIA
PARTNERS

Is your system/organization designed to inspire hope for people with complex needs?

Principle-driven
Adult and Child Systems of Care

ALL services are:

- Hopeful

- Person- or family-centered

- Empowering and strength-based

- Designed to help people achieve their most important and meaningful goals

ZIA
PARTNERS

Integrated Systems of Care

- Substance use challenges co-occurring with other health, MH, and human service challenges ("complexity") is an expectation, not an exception.

- With scarce resources, integrated systems and services is the most efficient and effective approach.

- **ALL services are designed to welcome, engage, and provide integrated services to individuals and families with SUD and multiple issues (MH, health, trauma, housing, legal, parenting, etc.)**

ZIA
PARTNERS

What is a System?

Sets of nesting Russian dolls
that are not quite so nesting:

Systems

within systems

sitting next to other systems

within systems.

Transformation

- Involves EVERY system, subsystem, and sub-sub-system in a common process to achieve a common vision, with EVERY dollar spent and EVERY policy, procedure and practice.

- In a government agency, that means the agency as a whole, every sub-section in the agency, and every funded service provider is working toward a common vision.

- In a service provider agency, that means the agency as a whole, every program in the agency, and every person delivering care is working toward a common vision.

ZIA
PARTNERS

Comprehensive, Continuous Integrated System of Care CCISC

- All programs in the system are **integrated**: welcoming, hopeful, strength-based (recovery-oriented), trauma-informed, and SUD complexity-capable.

- All persons can provide **integrated help:** welcoming, hopeful, strength-based, trauma-informed, and SUD-competent.

- 12-Step Program of Recovery for <u>Systems</u>

ZIA
PARTNERS

Person-centered, Resiliency/Recovery-oriented
Cooccurring/Complexity Capability

Each program (MH, health, etc.) organizes itself,

within its mission and resources,

to routinely deliver integrated, matched,

hopeful, strength-based,

best-practice interventions for multiple issues

to individuals with co-occurring substance use

challenges and other complex needs.

ZIA
PARTNERS

Complexity Capability Tools

- CCISC System of Care Tools: SOCAT™, COMPASS-EXEC™

- Program Self-assessment Tools: COMPASS-EZ™, COMPASS-ID™, COMPASS-PH/BH™, COMPASS-Prevention™

- 12 steps for programs developing Co-occurring or Complexity Capability

ZIA
PARTNERS

Person-centered, Resiliency/Recovery-oriented
Complexity Competency

Each person providing care is helped to develop core competency, within their job and level of training, licensure or certification, to become an inspiring and helpful partner with the people and families with substance use and other complex needs that are likely to already be in their caseloads.

ZIA
PARTNERS

Complexity Competency Tools

- CCISC Clinician Self-assessment Tool: CODECAT-EZ™

- 12 Steps for Staff Developing Co-occurring or Complexity Competency

ZIA
PARTNERS

Is this your vision?

If so, how do you get there?

How do we get there clinically?

Use research-based principles of successful intervention that can be applied to any population in any program by any person delivering care.

ZIA
PARTNERS

How do we get there organizationally?

- Customer-oriented CQI: Recovery process for systems
- Horizontal and vertical quality improvement partnership
- 12 Step "Program of Recovery" for each system and service partner to make progress within existing resources.
- Empowered boundary-spanning Change Agents
- Progress in small measurable steps over time
- Anchoring value-driven change into the bureaucracy – policies, procedures, and practice supports
- **Serenity Prayer of System Change**

ZIA
PARTNERS

Principles Made Simple

Complexity is an expectation.

- Welcome people with complexity (e.g., active substance users) as priority customers.

- Remove access barriers that make it hard to be welcomed.

- "See" all the complex issues: integrated screening and documentation.

ZIA
PARTNERS

Principle #2

Service partnerships are empathic, hopeful, integrated, and strength-based.

- Integrated teamwork with shared values

- Hopeful vision for a happy life.

- Integrated relationships reduce harm and cost.

- Work with <u>all</u> the issues step by step over time to achieve success. Progress, not perfection

- Build on strengths used during periods of success.

ZIA
PARTNERS

All people with complex issues are not the same.

- Distinguish substance use, substance misuse, mild/moderate SUD, and severe SUD (just as for health and mental health conditions.

- Different programs have different jobs.

- All programs partner to help each other with their jobs, and their populations.

- 4-Quadrant model (HI/HI, HI/LO, LO/HI, LO/LO) for MH/SA, MH-SA/PH may help with service mapping and matching.

ZIA
PARTNERS

For people with complexity, all the co-occurring conditions are primary.

Integrated multiple primary condition-specific best practice interventions are needed, including - for illnesses - both medication (MAT) and psychosocial interventions.

Medications for addictions are now a standard of care that can be delivered in any setting: e.g., naltrexone for AUD, buprenorphine for OUD, NAC for cannabis, varenicline for tobacco. Helpful tools for those with SUD to help the brain be less out of control

NB: Conditions may include not only illnesses but psychosocial issues such as cultural/linguistic/immigration barriers, homelessness/housing, disability, justice involvement, educational needs, domestic violence, parenting challenges, cognitive/learning challenges, relationship issues, and so on.

ZIA
PARTNERS

Principle #5
Parallel process of stage-matched progress for multiple conditions

- Recovery/resiliency/self-determination of the *person* with one or more conditions.

- Progress involves:
  - Addressing each condition over time.
  - Moving through stages of change for *each* condition.

- **Integrated services involve stage-matched interventions for *each* condition**.

ZIA
PARTNERS

Six Stages of Change

Issue specific, NOT person specific

- **Precontemplation**
- **Contemplation**
- **Preparation**
- **Early Action**
- **Late Action**
- **Maintenance**

Stages of Change

Issue-specific, not person-specific:

- **Pre-contemplation:** You may think this is an issue, but I don't—and even if I do, I don't want to deal with it, so don't bug me.

- **Contemplation:** I'm willing to think with you and consider if I want to change, but have no interest in changing, at least not now.

ZIA
PARTNERS

Stages of Change

- **Preparation:** I'm ready to start changing but I haven't started, and I need some help to know how to begin.

- **Early Action:** I've begun to make some changes, and need some help to continue, but I'm not committed to maintenance or to following all your recommendations.

ZIA
PARTNERS

Stages of Change

- **Late Action:** I'm working toward maintenance, but I haven't gotten there, and I need some help to get there.

- **Maintenance:** I'm stable and trying to stay that way as life continues to throw challenges in my path.

ZIA
PARTNERS

Principle #6
Adequately supported, adequately rewarded, **skill-based learning** for each condition.

- Small steps of practical learning

- Self-management skills and "asking for help" skills

- Rounds of applause for each small step of progress

ZIA
PARTNERS

Summary

Welcoming, empathic, hopeful, continuous, integrated recovery and support partnerships

- Addressing multiple primary issues

- Providing adequately supported, adequately rewarded, strength-based, skill-based, stage-matched, community-based learning for each issue

- Moving toward goal of a happy, meaningful life

ZIA
PARTNERS

What have we covered so far?

- Every program is a co-occurring program, within the scope of its license, staffing, and funding, and within its mission and resources

- Every person providing care is co-occurring competent, with or without license, inside their job and level of training

- Provide service according to the principles/interventions

- Avoid the Training Trap – Use policies, procedures, paperwork and supervision as practice supports and continuous learning interventions

- Reduce Referrals: Warm Hold-On before Warm Hand-off

- Use 12 Steps of Change for Systems, Agencies, Programs, Staff

- Remember the Serenity Prayer of Change

ZIA
PARTNERS

What does a co-occurring capable program do?

- Consider the following situation:

    Tiffany is a 45 year old woman with a long history of trauma, living with her 3 children and an alcoholic boyfriend, who suffers from major depression, PTSD with anxiety, and alcohol use disorder, also mis-using opioids which she receives for chronic pain

ZIA
PARTNERS

What does a co-occurring SUD capable primary care clinic do?

Tiffany is followed in primary care for chronic pain, and occasionally reports that she runs out of her pain medication too soon. She seems stressed on her visits, and a few times has been noted to have alcohol on her breath. **WHAT DOES THE PROGRAM DO?**

- **Welcoming her complexity: You are in the right place. No referral to SUD**

- **Screening and Identification (SBIRT) for AUD, Opioid Risk, Trauma, Depression. Screening is compassionate and trauma-informed**

- **Engagement in an integrated relationship. Emphasize hope and strength**

- **Integrated assessment and small steps of interventions for all disorders and issues, including chronic pain. How do we work as partners to improve both your pain and your stress, so you can have a more successful life?**

- **Non-addictive medications for AUD, anxiety, and depression may be considered.**

- **BH consultation: Stage matched interventions and outcomes for MH, AUD, pain/opioids, family issues. Specific skill building for areas of action**

ZIA
PARTNERS

What does a cod capable adult MH program do?

Tiffany is seen in crisis after an overdose. After a night in the crisis bed, she is no longer suicidal, and is sent home. She accepts referral to a MH program, but is in precontemplation/contemplation regarding her AUD and opioid misuse. She is sent to a COD capable MH program, and is offered therapy, meds, and case management. **WHAT DOES THE PROGRAM DO?**

- **Welcoming her complexity: You are in the right place. No referral to SUD**

- **Screening and Identification**

- **Engagement in an integrated relationship**

- **Emphasizes hope and strength**

- **Integrated assessment and interventions for all disorders and issues**

- **Stage matched interventions and outcomes for MH, AUD, pain/opioids, family issues. Specific skill building for areas of action**

ZIA
PARTNERS

What does a cod capable SUD program do?

- Tiffany presents with her boyfriend to the crisis setting. She is intoxicated and her boyfriend says she needs help for her drinking. "She's worse than I am". She agrees to get help. She says she's depressed about life but "I don't want any damn pills from any damn shrinks." She is referred to a cod capable SUD program. **WHAT DOES THE PROGRAM DO?**

- **Welcoming her complexity. You are in the right place. No referral to MH.**

- **Screening and identification of MH/trauma/health issues**

- **Engagement in an integrated relationship with counselors and peers**

- **Emphasizes hope and strength**

- **Integrated assessment and interventions for all issues and disorders**

- **Stage matched interventions in 1-1 and group: Motivational work re psychiatry. Skills training re monitoring and managing mood and trauma issues. Skills training re SUD, relapse triggers, and family issues (boy friend, parenting)**

ZIA PARTNERS

What does a cod capable child MH program do?

Tiffany's 13 y.o son gets in trouble in school for fighting and cutting classes. He is caught smoking marijuana. He shares that his mother is "messed up", but doesn't want her to know. He is required to get help to stay in school. Tiffany is worried about him and agrees. The family is referred to a cod capable child MH program. **WHAT DOES THE PROGRAM DO?**

- **Welcoming complexity IN FAMILY: You are in the right place. No referral to SUD**

- **Screening and Identification of issues and stage of change in child and family.**

- **Engagement of family in an integrated relationship with team**

- **Emphasizes hope and strength, of all family members, especially mom**

- **Integrated assessment and interventions for all issues, and family members**

- **Stage matched interventions and outcomes for son's MH/AUD/school/parents. Similar for helping Tiffany to feel safe enough to open up and take small steps.**

ZIA
PARTNERS

What will be your next small step of success as a system, agency or program?

And let's give each other
a round of applause!!!

OZIA
PARTNERS

Thank You