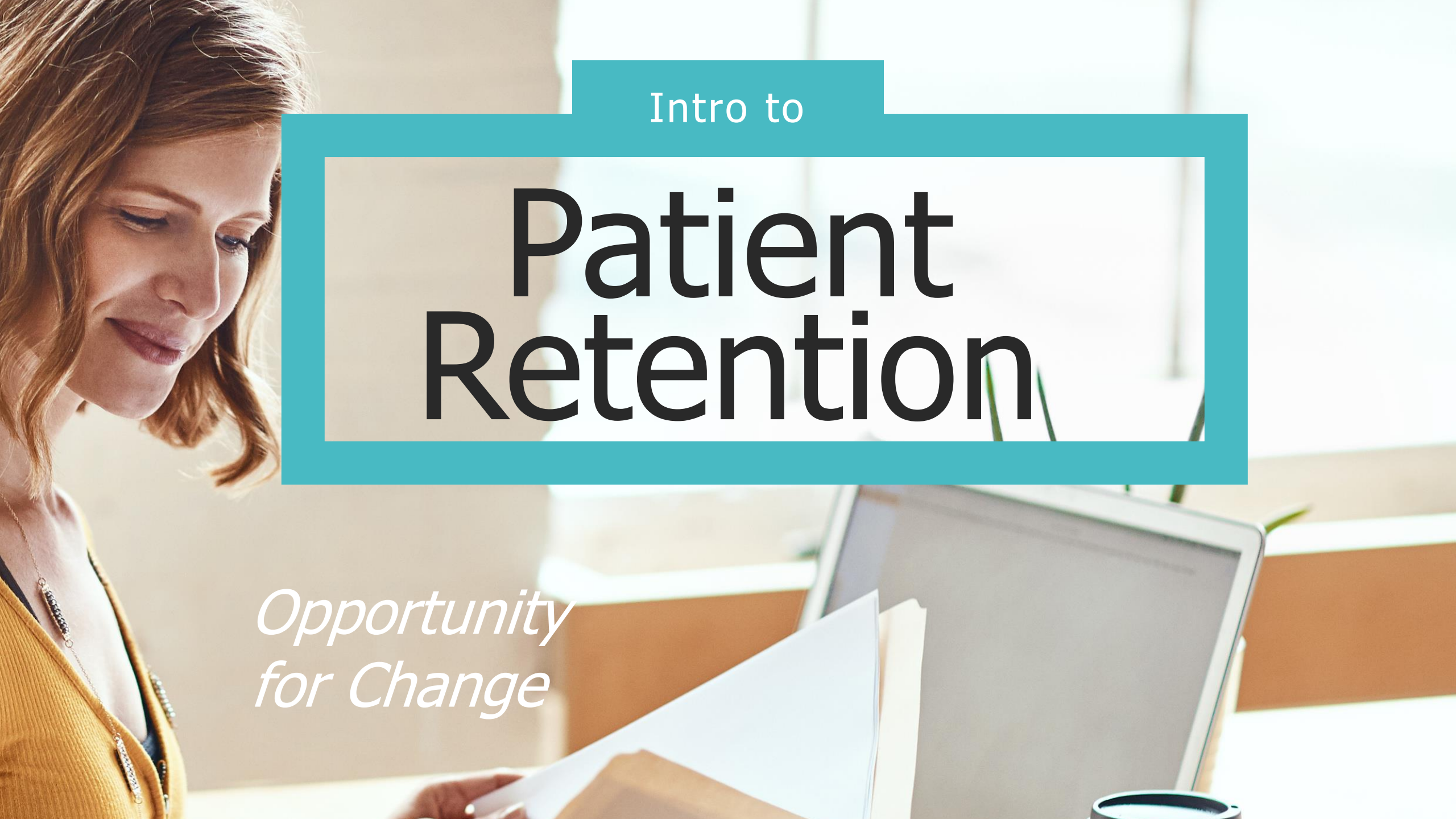


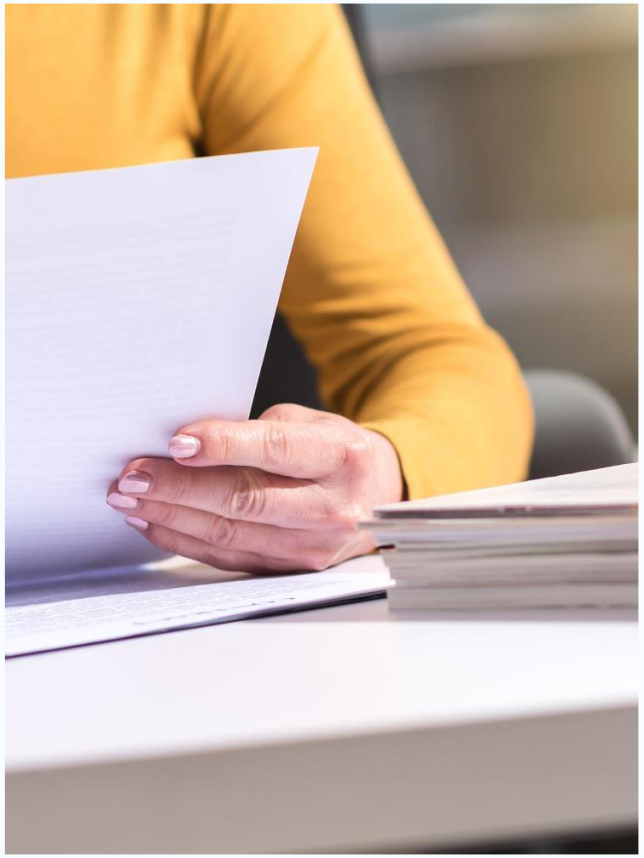
Intro to

Patient Retention

Opportunity for Change

AGENDA

- FGI Introduction
- About the BHCDP
- Provider role and expectations
- Initiation, Engagement, and Retention
- Harm Reduction
- Compassion Fatigue
- Questions
- Resources/ Appendix



OUR SERVICES

SB90/BHCDP

The Fletcher Group is a 501c3 not-for-profit founded in 2017 to help those in society move from the disease of addiction and the devastation of homelessness to lives of hope, dignity, and fulfillment. We research and provide best-practice technical assistance to expand the quality and capacity of recovery supports and the evidence-based services needed for long-term recovery.

PROVIDER LIAISON

Onboard and train providers, manage reimbursements for uninsured/underinsured participants, provider support

DATA COLLECTION

Administer the data collection digital platform and report on outcomes

STATEWIDE ASSESSOR

Responsible for screening all defendants, recommending a level of care and treatment provider

ehenle@fletchergroup.org

Erin Henle

Admin Liaison

Erin's 20-plus years of administrative experience in all levels of behavioral health is driven by a passion for removing barriers to treatment so that individuals and their families can be valued, treated with compassion, and empowered to achieve their full potential.

BHCDP Goals

The behavioral healthcare landscape is challenging for the person needing help *and* the healthcare professional. BHCDP provides funding and a framework to reduce barriers to treatment and address social determinants of health.

Our goal is to divert Kentuckians with mental health and substance use disorders from the criminal justice system towards stability, independence, and recovery.

Our roadmap of BHCDP principles that you can apply to your work will cover:

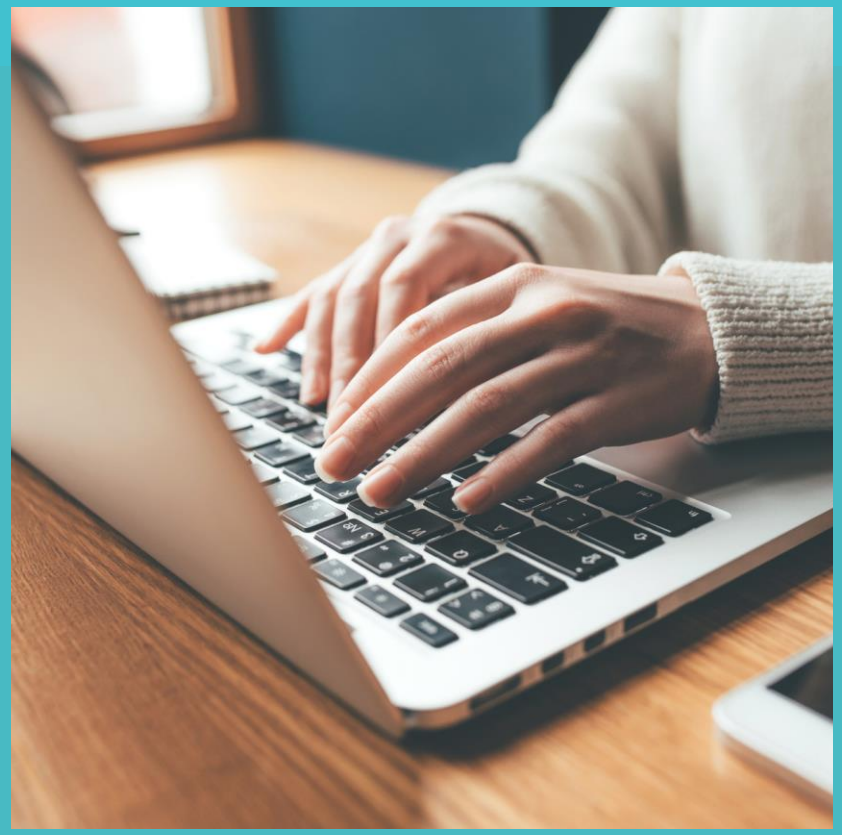
- **Provider Expectations**
- **Best Practices**
- **Resources for the participant and provider**

"Without change there is no innovation, creativity, or incentive for improvement. Those who initiate change will have a better opportunity to manage the change that is inevitable."

~William Pollard

YOUR ROLE

Providers are the center of this pilot program, and serve as a hub for wraparound support for the participants.



CASE MANAGEMENT

DISCHARGE PLANNING

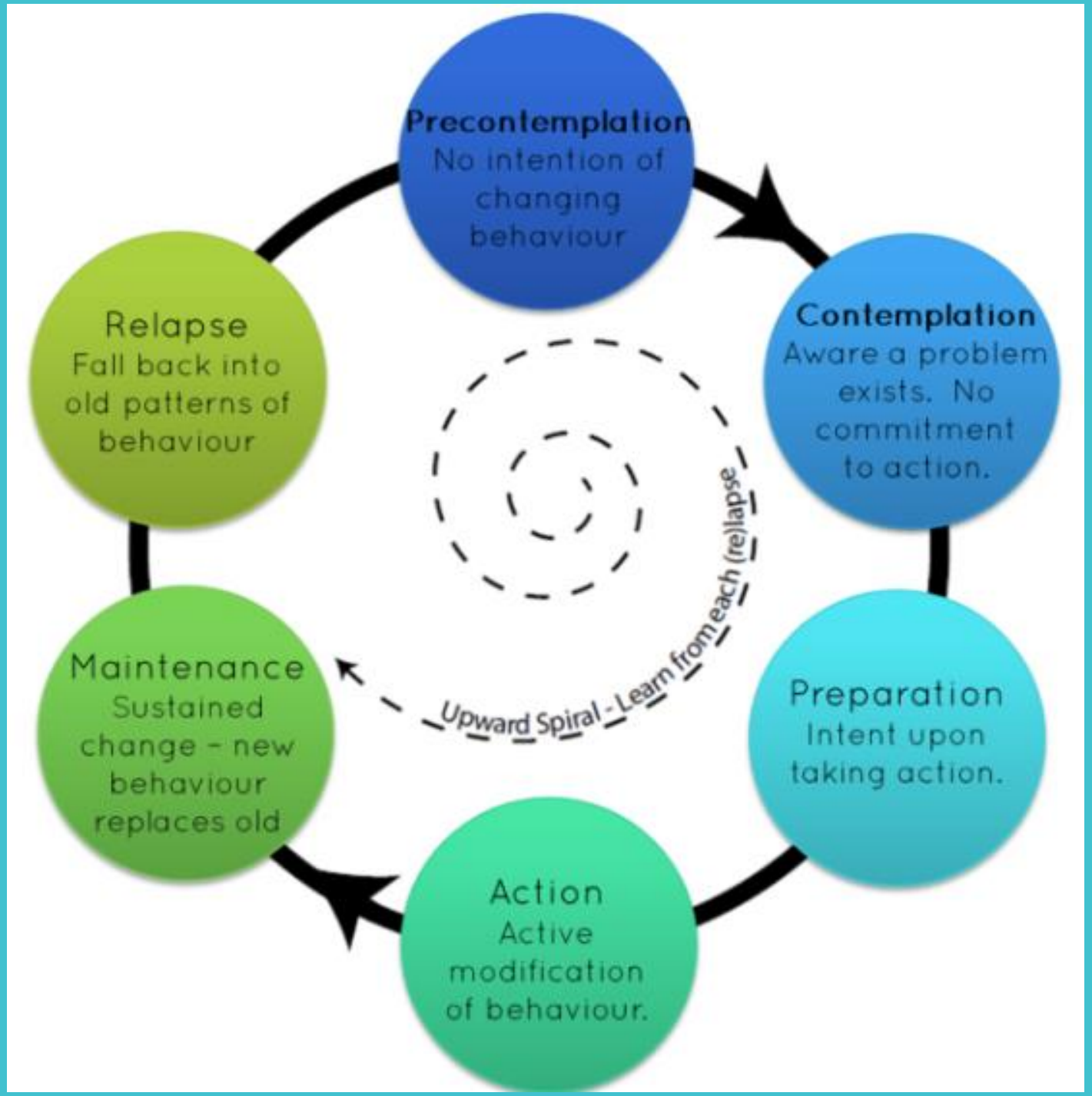
TREATMENT

COMMUNICATION

Understanding the Challenges:

Before delving into the best practices, it's crucial to understand the challenges individuals face.

- Dual-diagnosis complexity affecting treatment planning.
- Ambivalence about change and identifying the motivation for change.
- Social isolation and limited support networks.
- Fear of judgment and discrimination.
- Poverty.



- Resist the righting reflex.
- Meet the client where they are.
- Identify the Stage of Change.

THE 7 STAGES OF RECOVERY

FROM RECOGNITION TO LONG-TERM RECOVERY
(This is not likely a linear path)

Created by The Fletcher Group

RECOGNITION
1ST MONTH

Symptoms become concerning. The individual may complain of physical ailments to others or become involved with law enforcement as a result of substance use.

INITIATION
1ST MONTH

Alcohol or substance use is identified as a problem requiring detoxification through a medical or social recovery model complemented by possible medication-assisted recovery.

ENGAGEMENT
2 TO 3 MONTHS

The individual acknowledges the need to address addiction through an acute intervention. The detox process continues, and a recovery plan is defined.

RETENTION
3 TO 6 MONTHS

Early recovery and rehabilitation proceeds with ongoing interventions that may include medications, clinical services, and social recovery support.

STABILIZATION
7 TO 36 MONTHS

The recovery pathway and risks for return to use are clearly identified with the individual pro-actively managing recovery, finding housing and employment, and developing social connections..

SUSTAIN
36 MONTHS TO 5 YEARS

The individual continues along the recovery pathway with ongoing services and supports clearly defined.

LONG-TERM RECOVERY
5 YEARS PLUS

Recovery continues with purpose and meaning sustained by recovery capital, including employment, housing, social relationships, and leisure and recreational pursuits.

What does initiation look like?

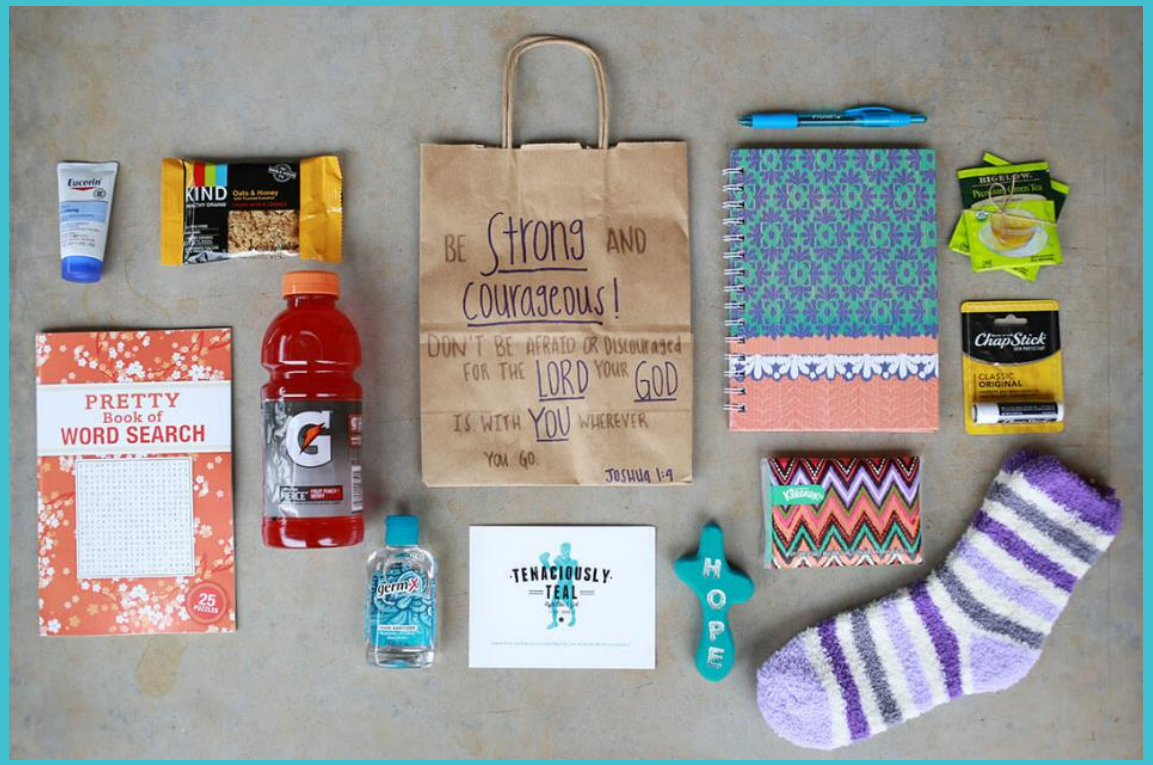
Working knowledge of the BHCDP goals and structure is vital

- Providers contact participants and schedule the initial intake appointment within 72 hours of the referral.
- Transportation assistance provided:
  - Medicaid Transportation
  - A.O.C. Case Navigators
  - Recovery Community Organizations (RCO's)
- Orientation, Smooth Admission Process, Obtaining ROI's
- Notify the A.O.C. if treatment is initiated or not initiated.
- Perform a biopsychosocial and personalized treatment plan.
- Create a welcoming and supportive environment.
- Utilize Peer Support Specialists.

Best Practices for Participant Engagement

- **Building Trust:** Establish a therapeutic alliance through active listening, empathy, and non-judgmental attitudes.
- **Cultivating Rapport:** Understand cultural backgrounds and individual preferences to create a safe and inclusive environment.
- **Person-Centered Approach:** Tailor treatment plans to each client's unique needs, values, and goals.
- **Strengths-Based Perspective:** Focus on clients' strengths to empower them and increase self-efficacy.
- **Motivational Interviewing:** Use MI techniques to evoke intrinsic motivation and enhance readiness for change.
- **Clear Communication:** Utilize clear and jargon-free language to ensure mutual understanding.
- **Continuous Assessment:** Regularly assess progress and adapt interventions accordingly.

Culture of Compassion



Patient Retention

- **Individualized Care:** Utilize a team approach to treatment plans and include the patient in decision-making.
- **Supportive Environment:** Foster a welcoming and non-threatening setting for clients to feel comfortable.
- **Flexible Scheduling:** Accommodate individual needs by offering convenient appointment times and telehealth options.
- **Responsive Staff:** Follow up with participants if they are not adherent; there may be circumstances outside of a patient's control, and they need linkage to community resources.
- **Family Involvement:** Engage and educate family members to promote a supportive network.
- **Addressing Return to Use:** Prepare clients for potential setbacks and emphasize the importance of resilience. Have a return to use plan prepared.
- **Positive Reinforcement:** Recognize and celebrate progress and milestones to boost motivation.

Other Strategies that support retention and successful outcomes

- Regular communication with the A.O.C. Case Navigator on your participants' progress
- Case Management
- Social Support
- Medically Assisted Recovery (MAR) is the gold standard for treatment of Opioid Use Disorder
- Utilize the Recovery Capital Scale, PHQ9 & GAD7 in DDOR to determine strengths and progress.
- Strong Aftercare/Discharge Planning
- Contingency Management
- Motivational Interviewing / Patient Retention Forms
- Checking patient contact information at regular intervals
- Ongoing patient feedback

SAMSHA Definition of Recovery

The Four Major Dimensions of Recovery

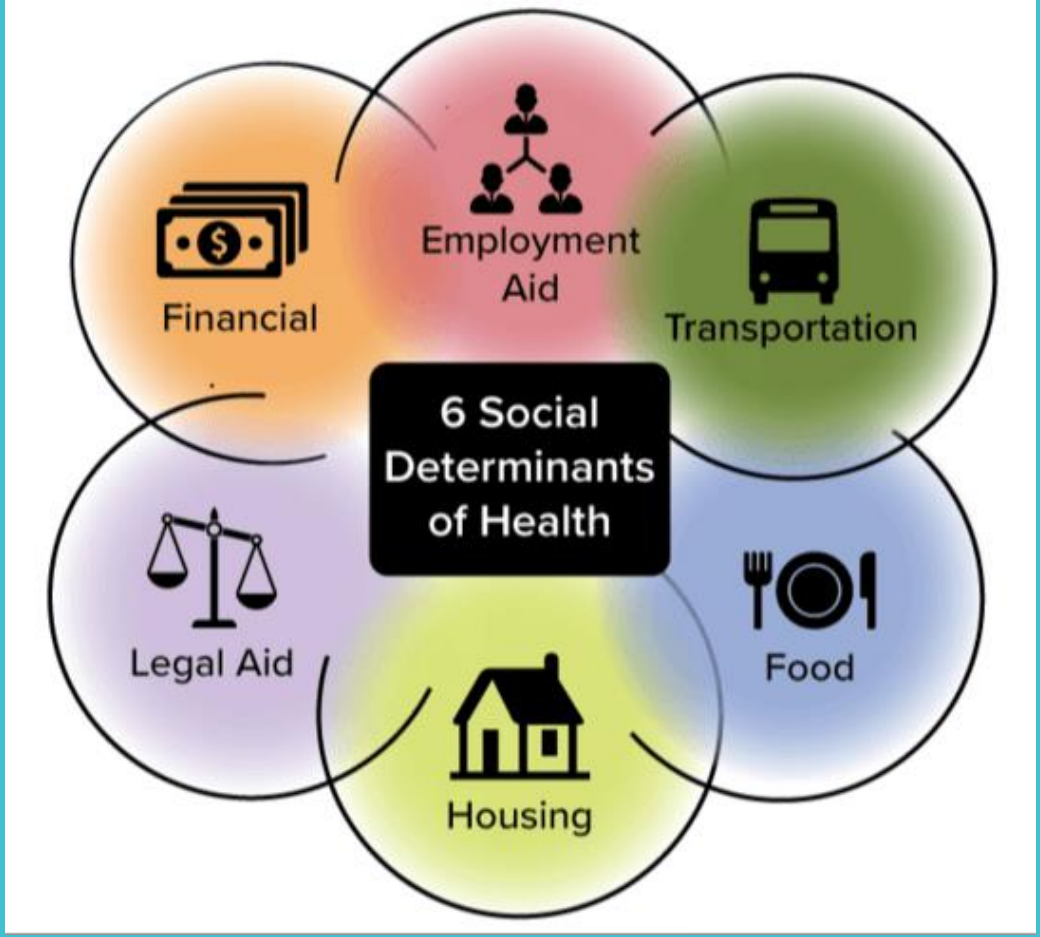
1. **Health**
   Overcoming or managing one's disease(s) or symptoms, and making informed, healthy choices that support physical and emotional well-being

2. **Home**
   Having a stable and safe place to live

3. **Purpose**
   Conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society

4. **Community**
   Having relationships and social networks that provide support, friendship, love, and hope

Case Management:
The treatment provider is the hub



Phone Access

Medical Referrals

Health Insurance

*Providers are statutorily required to provide case management services.

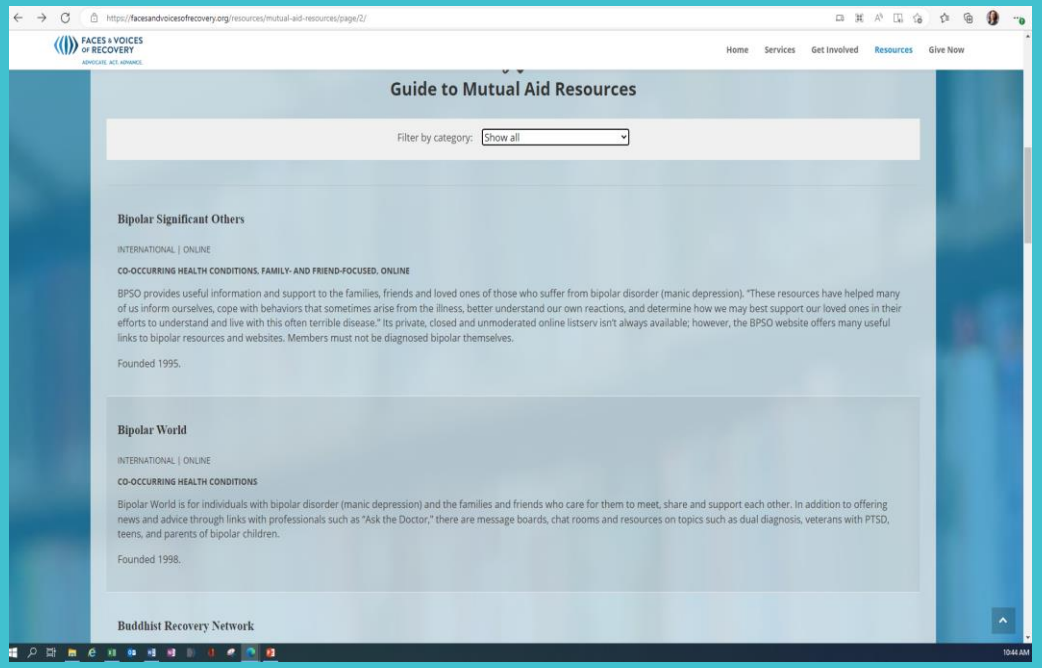
The opposite of addiction is not sobriety…it is connection to others.

- Johann Hari

Social Support

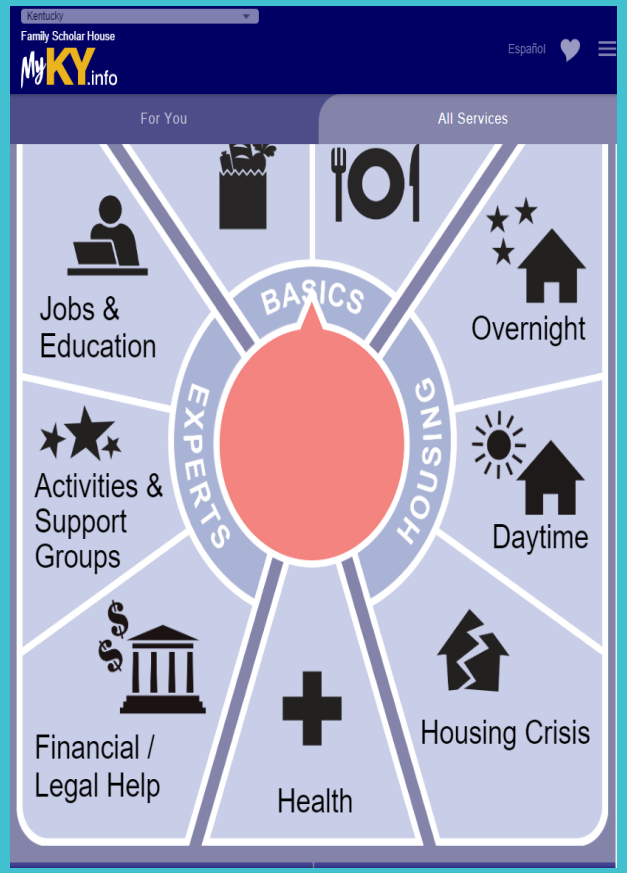
For people already in treatment, if they add A.A. to it, their outcomes are superior than those who just get treatment without A.A..

--Keith Humphreys, Stanford University, co-author of the 2020 Cochrane Review



Accessing Community Resources

- Shelters – Day & Overnight
- Transitional Housing
- Recovery Housing
- Food Pantry / Soup Kitchen
- Mutual Aid Societies - 12 Step Groups, Smart Recovery, Sober Curious
- Peer Support Specialist Services
- Primary Care
- Dentist
- Employment Agencies – Second Chance



Employment is Critical to Recovery

- Purpose
- Structure/Accountability
- Quality of Life
- Improved Self-Esteem & Life Skills

What can I do?

- Complete the statutorily required referral to the KY Office of Adult Education (KYAE)
- Email the referral form to: tonika.east@ky.gov
- Work with KYAE to arrange an initial screening for employment and education services

Aftercare/ Discharge Planning

- Recovery Coaching
- Relapse Prevention
- Goals for sobriety, like finding employment or educational opportunities
- Continued therapy, including peer support and individual therapy
- Self-help and mutual aid societies
- Spiritual Support

Unplanned Discharges

Inform the A.O.C. Case Navigator immediately, and complete a discharge notification in DDOR within 24 hours of discharge.

Discharge Reasons:

What is the participant's **current program status?**

Current Patient/Client
Successful Program Completion
Left AMA (Participant-driven chose not to complete tx)
Administrative (facility-driven due to nonadherence, etc.)
Incarcerated due to offense committed while in treatment
Incarcerated due to offense committed while in treatment due to old warrant or prior charges
Transferred to another facility for health reasons
Death
Other

Expectations for Unplanned Discharges

Transitional Care: Facilitate the transition to alternative treatment agencies, different levels of care, or housing.

Medication Management: Ensure the client has access to necessary medications and prescriptions.

Family and Support Networks: Inform and involve family members or support networks, if appropriate, to aid in the decision-making process, utilize emergency contacts, and AMA plan.*

Transportation: Assist the participant in getting to the next location.

Regular Check-Ins: Schedule follow-up phone calls to attempt to re-engage if the participant refuses further treatment.

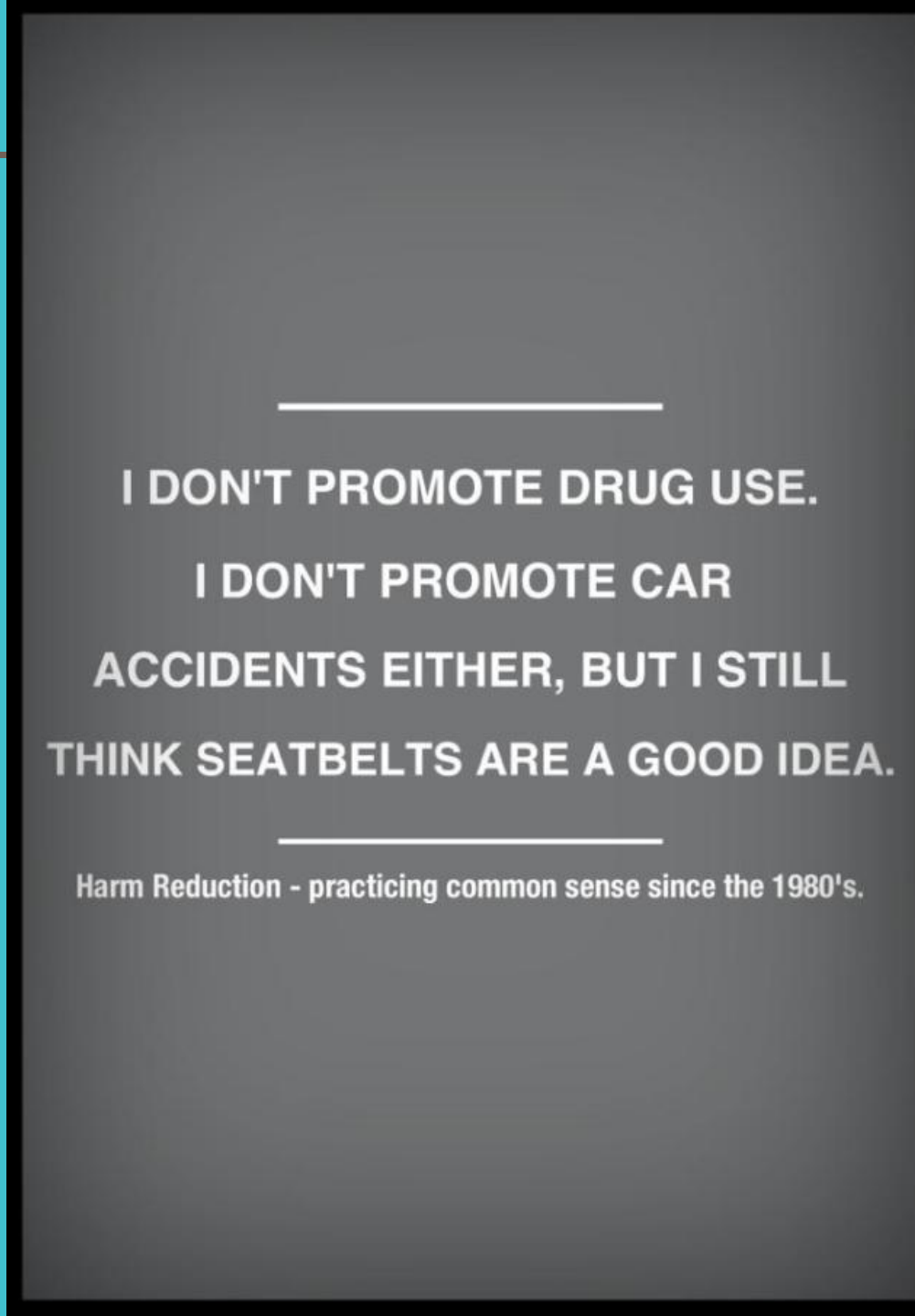
Unhoused Participants: Secure a safe place to stay and provide a warm hand off to agencies providing transitional housing and shelter.

Harm Reduction

Harm reduction services save lives by being available and accessible while emphasizing the need for humility and compassion toward people who use drugs.

As an approach, harm reduction emphasizes kindness and autonomy in engaging people who use drugs.

Harm reduction increases the number of opportunities that peers and/or service providers have with people who use drugs.



Implementing Harm Reduction

- **Non-Judgmental Approach:** Show understanding and compassion, regardless of a client's substance use status. Use non-stigmatizing language.
- **Education and Awareness:** Provide accurate information about safer substance use practices.
- **Policies that are not punitive:** Review zero-tolerance policies that punish patients for exhibiting symptoms of their behavioral health disorders.
- **Naloxone Distribution:** Train clients and their support networks in administering naloxone to prevent opioid overdoses.
- **Peer Support:** Involve people with lived experience in the design, implementation, and evaluation of program.
- **Reduce Barriers:** Help clients continue to engage in treatment.

Language of Recovery

Current Terminology	Alternative Terminology
Treatment is the goal; Treatment is the only way into Recovery	Treatment is an opportunity for initiation into recovery (one of multiple pathways into recovery)
Untreated Addict/Alcoholic	Individual not yet in Recovery
Substance Abuse	Substance Use Disorder/Addiction/ Substance Misuse
Drug of Choice / Abuse	Drug of Use
Denial	Ambivalence
Relapse Prevention	Recovery Management
Pathology Based Assessment	Strength / Asset Based Assessment
Focus is on total abstinence from all illicit and non-prescribed substances the CLINICIAN identifies	Focus on the drug CLIENT feels is creating the problems
A Drug is a Drug is a Drug	Each illicit substance has unique interactions with the brain; medication if available is appropriate.
Relapse	Recurrence/Return to Use
Relapse is part of Recovery	Recurrence/Return to Use may occur as part of the disease
	Drug Free / Free from illicit and non-prescribed

Summary

- **Individualized Care:** Meet the patient where they are with a responsive team, and include the patient in the decision-making.
- **Peer Support:** Include peer support specialists to offer unique insights and assist with non-medical aspects of recovery.
- **Case Management:** Offer support navigating the healthcare system and accessing community resources. Coordinate mental health, medical and non-medical treatments to provide holistic support

Compassion Fatigue

WE KNOW THE EXPECTATIONS AND STANDARDS ARE HIGH FOR THIS PROGRAM AND OUR PARTICIPANTS

Rely on your team of support: The Fletcher Group, Administrative of the Courts, and the Department of Behavioral Health.

Fletcher Group BHCDP Program Director
Erin Henle – ehenle@fletchergroup.org

Department for Behavioral Health, Developmental and Intellectual Disabilities
Behavioral Health Conditional Dismissal Program Administrator
McKenna.Revel@ky.gov

Administrative Office of the Courts
BHCDP Statewide Operations Supervisor – Stephanie Reio stephaniereio@kycourts.net

KY Office of Adult Education
Director, Lifelong Learning Branch –
Dr. Tonika East
tonika.east@ky.gov

In the last year I've overcome a lot of obstacles. This time last year I was at the point of just checking out of life. I was broke down, couldn't work. I felt like I was never going to amount to anything. If you would have told me that a year later I would have my GED, and a job offer with this program I would have never believed it.

-BHCDP Participant, May 2023

Thank You!

QUESTIONS?

Appendix

FindHelpNowKY.org

FindRecoveryHousingNowKY.org

ARCO Members on the Map - Faces & Voices of Recovery (facesandvoicesofrecovery.org)

Recovery-Oriented-Language-Guide-3rd-edition.pdf (mhcc.org.au)

Alcoholics Anonymous and other 12-step programs for alcohol use disorder - Kelly, JF - 2020 | Cochrane Library

Patient Retention Form Samples are available upon request

Contingency Management Webinar
https://www.youtube.com/watch?reload=9&v=FxlShuw4UVo