

Substance Use Disorders, System of Care and Partnerships (201)

Agenda

- Refresher from 101
- System of Care-Deeper Dive and Challenges and Opportunities for Partnerships
- Medications in Shelter Environments
- How to Support a Recovery Environment
- Promising Partnerships

3

Take a Moment

How does your work intersect with the substance use disorder treatment and recovery systems? How have those intersections made your work easier? More challenging?

4

Refresher SUD 101

- A. Genetics

Estimates of 40-60% of the risk of alcohol dependence is genetic... estimates vary by other drug types

- B. Reward pathways of the brain

Substances cause releases in Dopamine.. which is a pleasure neurotransmitter

- C. Conditioning... cues and associations

Doing it Feels Good

Doing it Makes a Bad Feeling Stop

The Interplay of Nature and Nurture Inform our Risks and Resiliency Throughout the Lifespan

Maladaptive pattern of drug use for >12 months;

Depending on the number of diagnostic criteria met:

2-3 = “Mild”, 4-5 = “Moderate”, ≥ 6 = “Severe”

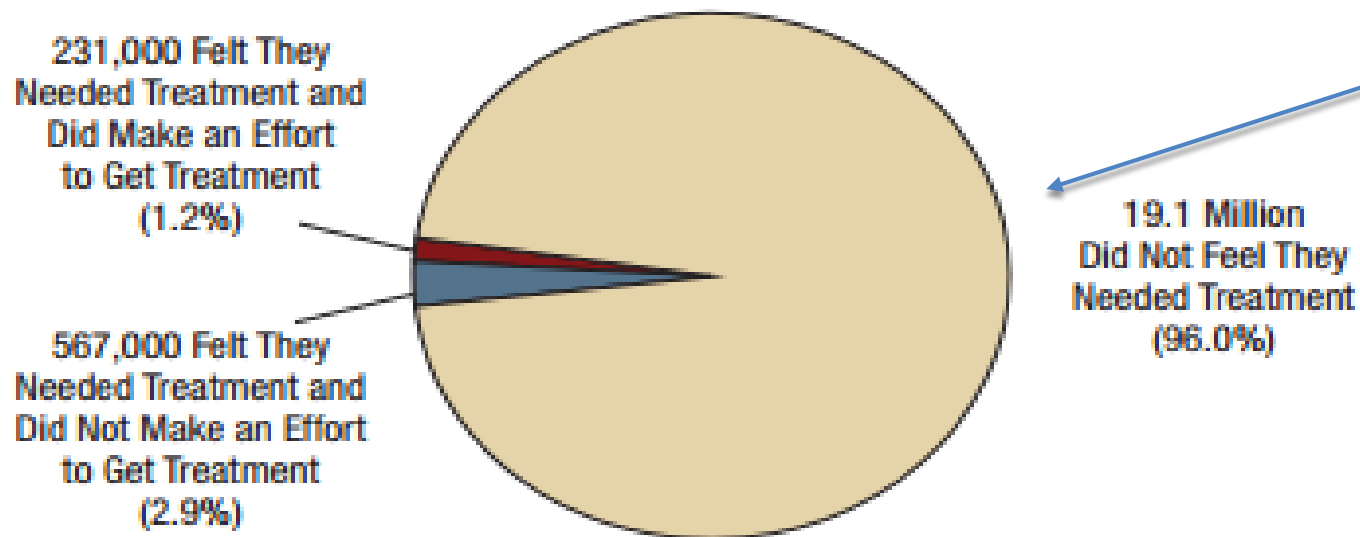
- ❑ Physiological dependence is neither necessary nor sufficient to diagnosis an “addiction” (moderate to severe use disorder)
- ❑ Drug use starts out because it is pleasurable and/or helps avoid pain
- ❑ Drug use pursued in such a way that negative consequences follow
- ❑ Drug use persists in the face of negative consequences and the desire to quit (i.e. after it no longer “makes sense”)

Mental health problems and substance use disorders sometimes occur together. This is because:

- ❑ Drugs can cause people to experience symptoms of a mental health problem
- ❑ Some people with a mental health problem may misuse substances in response to their mental health symptoms
- ❑ Mental and substance use disorders share some underlying causes, including changes in brain composition, genetic vulnerabilities, and early exposure to stress or trauma (ACEs)

Not all those who need treatment will seek treatment

Figure 21. Perceived Need for Substance Use Treatment among People Aged 12 or Older Who Needed Substance Use Treatment But Did Not Receive Substance Use Treatment in the Past Year: 2014



19.9 Million People Needing But Not Receiving Treatment for Substance Use

**96% of People
Feel They
DON'T Need
Treatment**



Services and Supports in Vermont

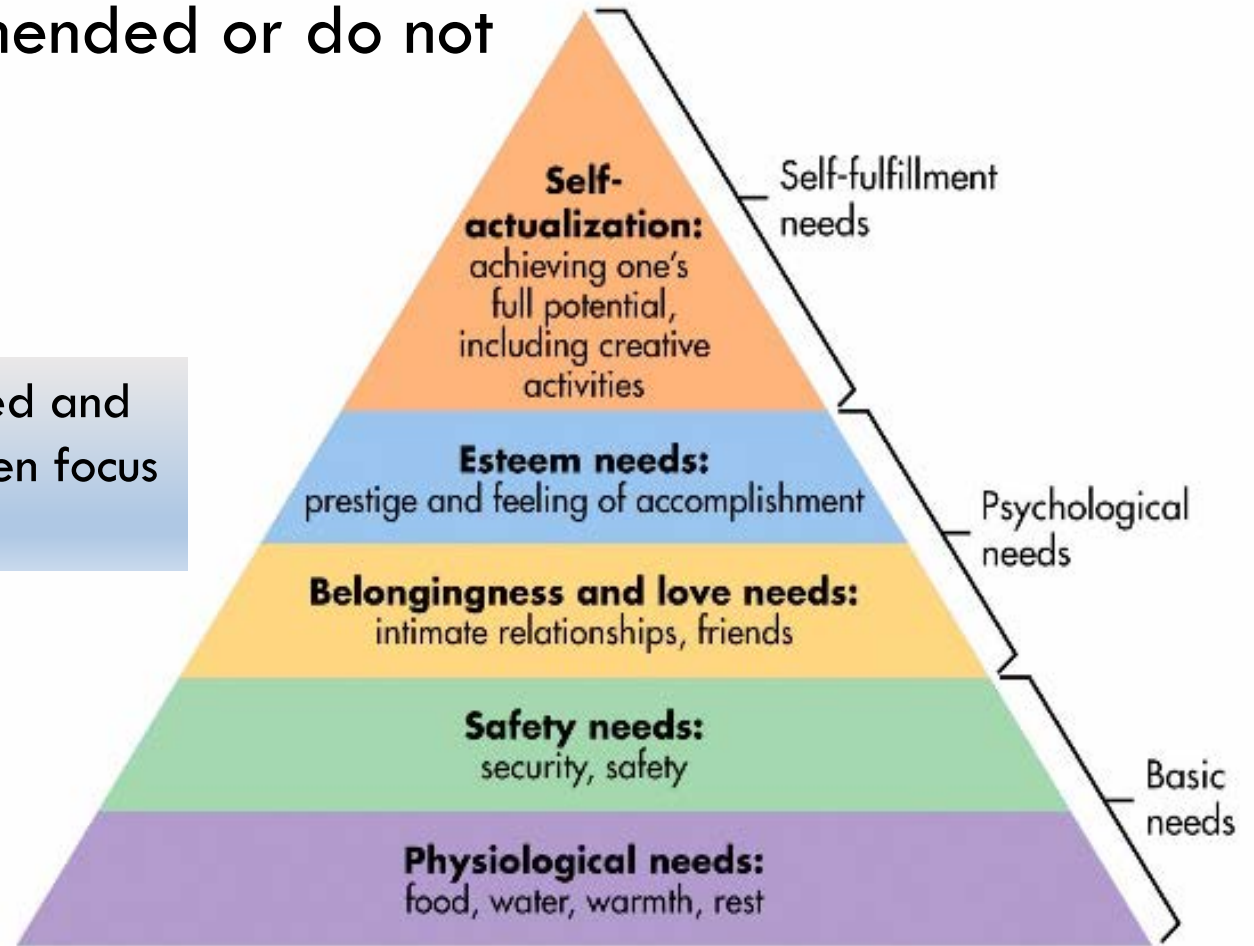
- Individual Therapy
- Group Therapy
- Family Therapy

-these can be offered alone or in combination.

- Residential Treatment
- Hospital Care
- Sober Transitional Housing
- Public Inebriate Programs
- Recovery Supports
- Medication assisted Treatment (maT)
- Syringe Service Programs
- Naloxone

Individuals can be perceived as resistant when they do not “comply” with treatment as recommended or do not progress in recovery as expected.

However, basic needs must first be addressed and met in order for individuals to be able to then focus on higher level needs.



Medications in Shelter Environments

What are the concerns about managing meds in a shelter?

“Raise” your hand to share

What are best practices?

- Have a Policy in Place!
 - Policies and procedures should address at a minimum: safe storage, requirements for packaging, disposal, staff responsibilities and limits of responsibility, administration, record-keeping, care coordination (with medical provider) requirements

Does someone have a policy that is working well and can be shared?

Does someone have a policy not working well-what are the challenges?

There are model policies available-these could be frameworks to start from.

- National Center on DV, Trauma & MH is one example

15

How to Support a Recovery Environment

What is being offered in your facilities?

What are challenges to being a Recovery Environment?

Dimensions of Recovery

- ❑ **Health**—overcoming or managing one’s disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being
- ❑ **Home**—having a stable and safe place to live
- ❑ **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
- ❑ **Community**—having relationships and social networks that provide support, friendship, love, and hope

Partner with local Recovery Centers

- ❑ Offer recovery groups in shelter?
- ❑ Advertise RC offerings

Substance-Free Facilities

- ❑ Policies and Procedures for the Inevitable-addressing both the individual who is impaired and the milieu
- ❑ Partner with your treatment providers in the area

Medication management policy

System of Care-Deeper Dive Challenges and Opportunities for Partnerships

Take a Moment

Identify the 1 or 2 biggest challenges you have partnering with the SUD treatment & recovery system

Type the challenges into the text box to share with the group

- Information Sharing
- Access to Care-the “hows” and availability
- Transportation
- What else was identified?

System of Care-Deeper Dive

Challenges and Opportunities for Partnerships

Challenges:

- Information Sharing
- Transportation
- Access to Care-the “hows” and availability

Opportunities:

- ❖ Building on common goals
- ❖ Leveraging existing community resources and partnerships
- ❖ Technical Assistance (from “the State” and from each other)

Challenges:

➤ Information Sharing

42 CFR Part 2 information lock-down

HIPPA

Knowing what Questions to Ask

➤ Transportation

Know the Medicaid benefit so you can support your residents.

The manual and required forms are available online: <http://dvha.vermont.gov/providers/transportation>

DVHA is working with ADAP to develop a webinar on the benefit.

The Challenges

Challenges:

- Access to Care-the “hows” and availability

Availability-what is in my area, what are options if my area doesn't have a PP nearby

How- Clinical Assessment determines the appropriate level, location, and modality of care. ASAM Criteria is the standard for patient placement used by Preferred Providers in VT

6 Dimensions

- ❑ Acute Intoxication or Withdrawal Potential
 - ❑ Biomedical Concerns
 - ❑ Emotional/Behavioral/Cognitive Conditions and Complications
 - ❑ Readiness for Change
 - ❑ Relapse/Continued Use/Continued Problem Potential
 - ❑ Recovery or Living Environment
- MAT is available at all the Levels of Care

...and 4 Severity Ratings on each Dimension lead to a recommended location for care to be provided....

- Hospital
- Residential
- Intensive Outpatient
- Outpatient

Opportunities:

- ❖ Building on common goals
- ❖ Technical Assistance (from “the State” and from each other)
- ❖ Leveraging existing community resources and partnerships

Lee Trapeni, Groundworks Collaborative

Renee Weeks, Upper Valley Haven

Kate Schirmer-Smith, John Graham Housing & Services

- Key Partners
- Keys to Success
- Results/Successes
- Challenges

Questions?

