CCBHC-E National Training and Technical Assistance Center

CCBHC Crisis Services Learning Community

Session 7: Fundamentals of CCBHC Crisis Services for People with SUD and COD crises

July 25, 2024

CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

This publication was made possible by Grant No. 1H79SM085856 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions or policies of SAMHSA, or the U.S. Department of Health and Human Services (HHS).

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  - Click on the **Participants** icon at the bottom of the screen
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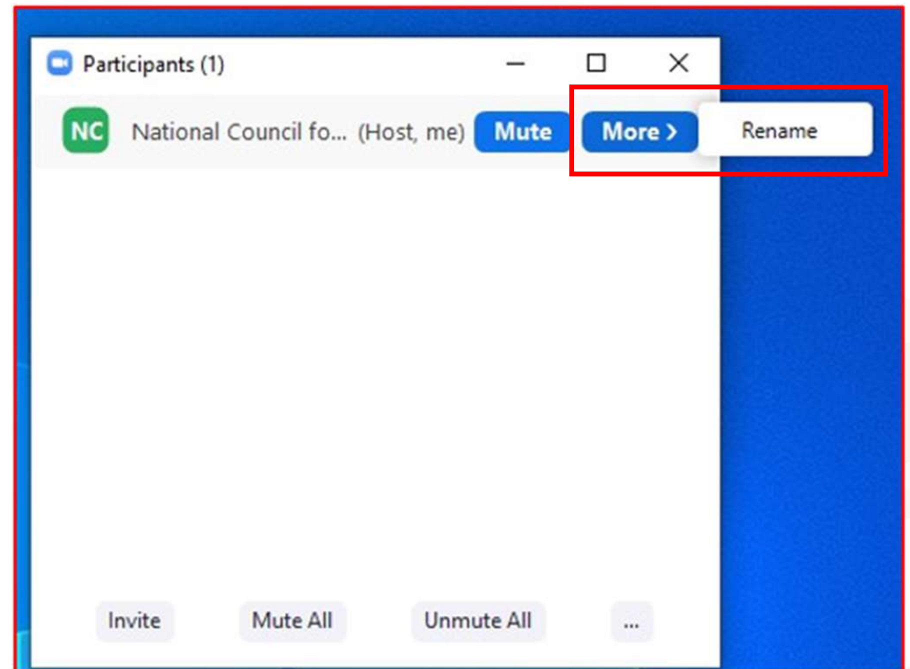

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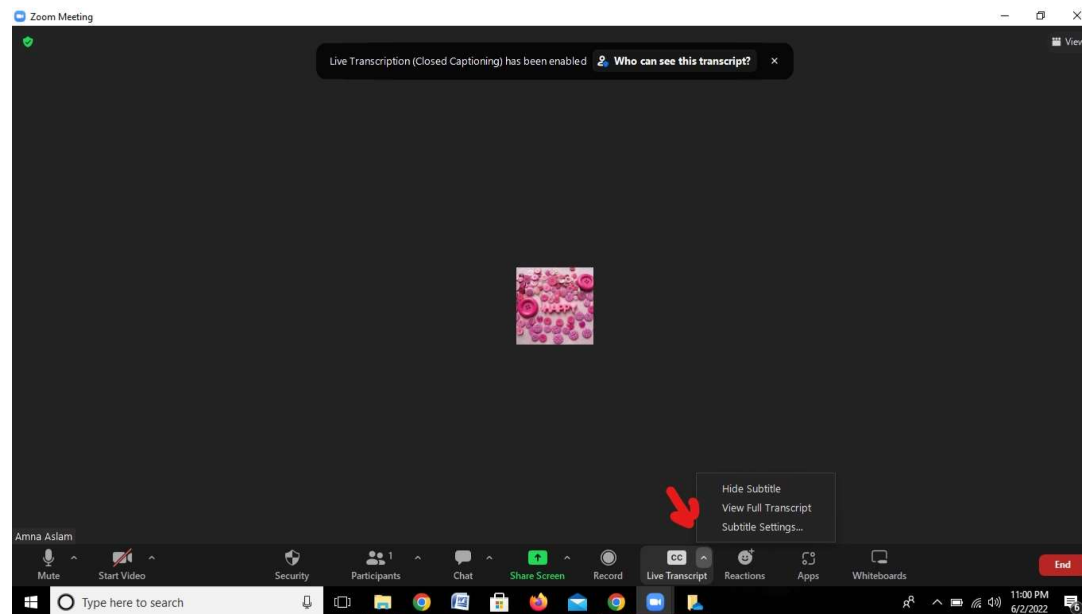

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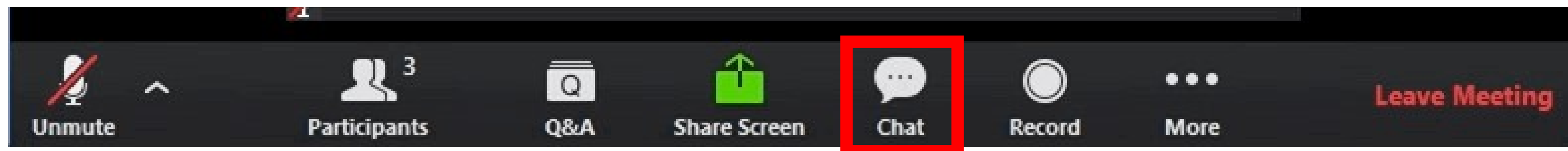
How to Ask a Question



Please share questions throughout today's session using the **Chat Feature** on your Zoom toolbar. **We'll answer as many questions as we can throughout today's session.**

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KC0

Today's Guest Presenter

Rebecca Goodman, LCSW (she/her)
Urgent Care Director

ACCESS:
SUPPORTS FOR LIVING

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Slide 7

KC0 Rebecca to drop headshot and position title here
Kathryn Catamura, 2024-07-16T17:13:23.288

KC0

Today's Agenda

1. Welcoming Integrated CCBHC Crisis Services for People with Substance Use Issues
2. CCBHC Spotlight on Integrated MH/SUD Crisis Services
3. Lessons Learned: How did we integrate SUD into CCBHC crisis services in OK
4. Discussion and next Steps

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Slide 8

KC0 Ken to add

Kathryn Catamura, 2024-07-16T17:13:36.023

Polling Question

KC0

- When our urgent care and mobile crisis services are asked to see someone who is actively using substances and may appear "high", what do we do?
  a. We welcome them and begin the assessment immediately.
  b. We recommend medical clearance before seeing them.
  c. We welcome them but usually wait till they are sober before beginning the assessment
  d. In urgent care, we welcome people using.. For mobile, we prefer law enforcement presence because of the risk of violence.

- Which of the following do we provide through our crisis services? Check all that apply
  a. Naloxone
  b. Fentanlyl and/or Xylazine test strips
  c. Immediate access to buprenorphine
  d. Referral to buprenorphine initiation within 48 hours.

- What percentage of our crisis staff (including peers or recovery coaches) are comfortable welcoming and assessing an individual who presents in crisis with active substance use?
  a. Under 25%
  b. 25-50%
  c. 51-75
  d. 75-100%

Slide 9

KC0 Ken to add

Kathryn Catamura, 2024-07-16T17:13:55.805

Welcoming Integrated CCBHC Crisis Services for People with Substance Use Issues

CCBHC Crisis Requirements: Six Essential Elements

- Crisis System Needs Assessment
- Crisis System Collaboration and Partnership Development
- Crisis Services Implementation –
  - Someone to Call: Emergency Crisis Intervention: Call Centers, Triage, Care Traffic Control, and Quality Coordination
  - Someone to Respond (Mobile Crisis)
  - Safe Place to Be (Walk-in Urgent Care and Crisis Stabilization)
- Crisis Services Best Practice Implementation

The Complexity Challenge

- Individuals in MH crisis are often using substances; Individuals in SU crisis commonly have co-occurring MH issues, including trauma.
- Individuals with co-occurring MH and SU issues are likely to have poor outcomes in multiple domains, including self-harm.
  - Most likely to cost a lot of money, to be in trouble in other systems, to be homeless or in jail.
  - Most tragically, they are most likely to die.
  - Yet are often experienced as misfits rather than as priorities to serve.
- Is your CCBHC's crisis service designed to welcome people with substance use challenges, with MH and other needs, as a priority for care?

The Hope Challenge

- In order for our system to inspire people and families with co-occurring MH/SU conditions and other complex needs, 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.

Is your CCBHC designed to inspire hope for people with complex needs?

Integrated Crisis Systems of Care

- Co-occurring MH/SU (“complexity”) is an expectation, not an exception.
- ALL crisis services are designed to welcome, engage, and provide integrated services to individuals and families with SU and/or MH and other issues (health, trauma, housing, etc.)

Comprehensive, Continuous Integrated System of Care CCISC

- All programs are "co-occurring programs": welcoming, hopeful, strength-based (recovery-oriented), trauma-informed, and co-occurring or complexity-capable. (e.g., ASAM 4th Edition, 2023 for SUD, LOCUS 20 for MH)
- All persons can provide "co-occurring help": welcoming, hopeful, strength-based,
  trauma-informed & co-occurring-competent.

Person-centered, Recovery-oriented Co-occurring 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 they are likely to be serving

How do we get there clinically?

6 research-based principles of successful intervention that can be applied to any population in any program by any person delivering care, including crisis services.

Resources:

Minkoff K. Substance Use Disorders in Crisis Settings: Engagement, Assessment, and Intervention Approaches. Psychiatric Times, January 2019.

Roadmap to the Ideal Crisis System: www.crisisroadmap.com – Sections on best practices for serving individuals with SUD and/or co-occurring SU/MH crises.

Principles Made Simple (and adapted for crisis)

Principle #1

Co-occurring (active SU and/or MH) is an expectation in crisis

- Welcome people with complexity (e.g., active substance users) as priority customers.
- Remove access barriers that make it hard to be welcomed (e.g., medical clearance rules; alcohol level/intoxication rules)
- "See" all the complex issues: integrated screening and documentation.

Principle #2

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

- Integrated teamwork with all clients
- Hopeful vision for a happy, meaningful life.
- Work with all the issues step by step over time to achieve success. Progress, not perfection. Help the person in crisis find their best next step.
- Build on strengths for each issue used during most recent baseline period of success.

Principle #3

All people in crisis with SU and/or MH issues are not the same.

- Distinguish substance use, substance misuse, mild/moderate SUD, and severe SUD.
- Distinguish painful feelings, mild/moderate MI, serious and disabling MI
- Distinguish acute vs. persistent issues and conditions
- Different programs have different jobs.
- All programs partner to help each other with their jobs, and clients. Crisis programs support SUD and MH partners
- 4-Quadrant model (HI/HI, HI/LO, LO/HI, LO/LO) for MH/SA, MH-SA/PH may help with service mapping and matching.

Principle #4

All co-occurring conditions (MH and/or SUD) are primary.

Be prepared to respond to the focus of the crisis, and other conditions as appropriate to the person.

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 <u>any</u> setting: e.g., naltrexone for AUD, buprenorphine for OUD. Helpful tools for those with SUD to help the brain be less out of control. Also provide naloxone (Narcan) and fentanyl strips.

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.

Principle #5

Parallel process of stage-matched progress for multiple conditions

- Progress involves:
  - Addressing each condition over time.
  - Moving through stages of change for *each* condition.
- Integrated (crisis) services involve stage-matched interventions for *each* condition.
- In an SU related crisis, the outcome may or MAY NOT be connection to SUD treatment, depending on the person's stage of change for SUD

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Principle #5

Six Stages of Change

Issue specific, NOT person specific

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

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Principle #5 (continued)

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.

Principle #5 (continued)

- 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.

Principle #5 (continued)

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.

Principle #6

Adequately supported, adequately rewarded, skill-based learning for each condition.

- Crisis planning can often focus on small steps of skill training for SU or MH.
- Small steps of practical learning – practice, rehearsal, role play, repetition
- Self-management skills and "asking for help" skills
- Medication skills and psychosocial skills
- Rounds of applause for each small step of progress

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ADDRESSING

SUD/COD

IN CRISIS A SETTING

Rebecca Goodman, LCSW (she/her)
Urgent Care Director

ACCESS:
SUPPORTS FOR LIVING

OUR CRISIS SERVICES

Mobile Menth Health

Urgent Care

ACCESS: SUPPORTS FOR LIVING

INTEGRATION OF SUD INTO CRISIS SERVICES:

- Treating the person as a whole
- Creating a culture of “helping the person in front of us”
- Harm Reduction
- If not here, then where?
- Youth screenings

CRISIS SCENARIO

What would you do?

QUESTIONS?

CONTACT ME:

Rebecca Goodman, LCSW (she/her)
Urgent Care Director

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Lessons learned in the integration of substance use services into a crisis system of care

NASMHPD

Key take aways

Assessment, Care, and Treatment (and barriers to all three)

Medical screening requirements

Arbitrary policies

Failure to understand added risk

Failure to focus on client goals

Re-assessment at varying points may be needed

Common Challenges

- Which came first, the acute symptoms or the substance?
- Hint: It may not matter during a crisis
- Scenario #1
- Scenario #2

Ways to change the cultural norms

1. Regular meetings to discuss expectations and specific scenarios
2. Means to measure, review, and hold everyone accountable
3. Training
4. Positive reinforcement
5. Repeat

Closing: Sharing and Preparing

- Brave Volunteers: We need 2-3 volunteers to lead off the discussion next time
- Next Session: August 22, 2024: 3pm ET
- Topic: CCBHCs and the Implementation of Pre-Crisis and Post-Crisis Services
- PREP:
  - Pre-crisis: In your CCBHC, what do you do to make it easy for any person struggling (adult, child, MH, SUD) to get urgent help for their issue as quickly as possible so they don't get worse?
  - Post-crisis: Following a crisis episode (e.g. ED visit, mobile crisis, hospitalization), people are often still unstable. What is your approach to providing intensive short term crisis f/u for any age or issue, including for people who may not be able even to keep an appointment?

All slides and recordings will be posted to our learning community website within 48 hours

Slide 39

KC0 Ken to add

Kathryn Catamura, 2024-05-28T19:24:36.875

CCBHC-Expansion Grantee National Training and Technical Assistance Center

We offer CCBHC grantees…

Virtual Learning Communities, Webinars and Office Hours

Regular monthly offerings that are determined based on grantees expressed needs.

Opportunities for Collaboration with Other Grantees

Monthly Peer Cohort Calls for CCBHC Program Directors, Executives, Evaluators and Medical Directors.

Direct Consultation

Request individual support through our website requesting system and receive 1:1 consultation.

On-demand Resource Library

Includes toolkits, guidance documents, and on-demand learning modules.

Access our website to register for upcoming events, submit a consultation request or scan our on-demand resource library: ***https://www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/***

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Working to ensure that mental wellbeing is a reality for everyone.

Our Vision & Values

HILL DAY at Home

OCTOBER 18, 2023

Register Now!

Event

Hill Day at Home 2023

Oct 18, 1:00 pm – 4:00 pm

Register now for our Virtual Policy Institute, where we'll contact our elected officials and urge them to pass meaningful legislation supporting expanded access to mental health and substance use care.

Read more → PUBLIC POLICY

Blog

Shaped by a Moment: My Journey to Mental Health First Aid

Sep 20, 2023

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Blog

Keeping Youth Mental Wellbeing in Mind (Part 2)

Sep 15, 2023

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Recovery Month: Let's Hear it for Peers

Sep 12, 2023

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National Recovery Month 2023

Sep 1, 2023

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How You Can Get Involved

Questions or Looking for Support?

Visit our website and complete the CCBHC-E NTTAC Request Form

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