

Case Management Practices for Supporting Substance Use and Mental Health Treatment

Effectively accessing care and leveraging case management services to ensure positive outcomes for patients

Presenter

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Mountain Plains ATTC and MHTTC



Mountain Plains ATTC (HHS Region 8)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
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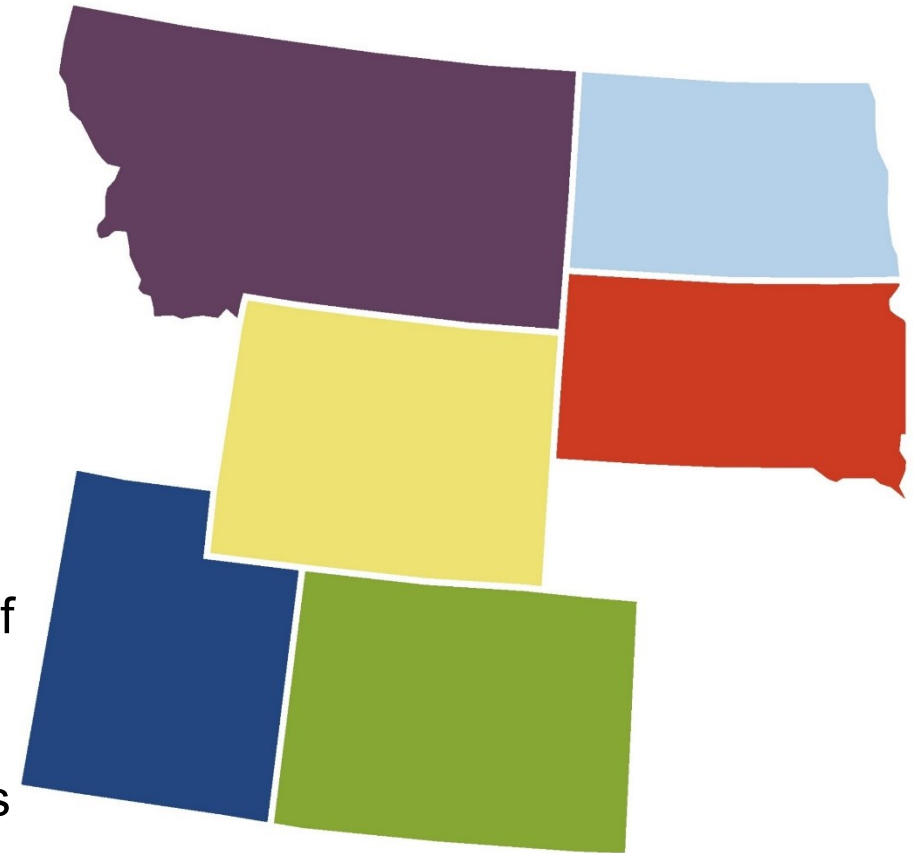
SAMHSA
Substance Abuse and Mental Health
Services Administration

The Mountain Plains Mental Health and Addiction Technology Transfer Centers

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) and Mountain Plains Addiction Technology Transfer Center (Mountain Plains ATTC) provide training and technical assistance to individuals who serve persons with mental health and substance use concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

The Mountain Plains MHTTC and ATTC belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is funded under a cooperative agreement by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The Mountain Plains MHTTC and ATTC are hosted at the University of North Dakota.



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At the time of this presentation, Tom Coderre served as acting SAMHSA Assistant Secretary. The opinions expressed herein are the views of Thomasine Heitkamp and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



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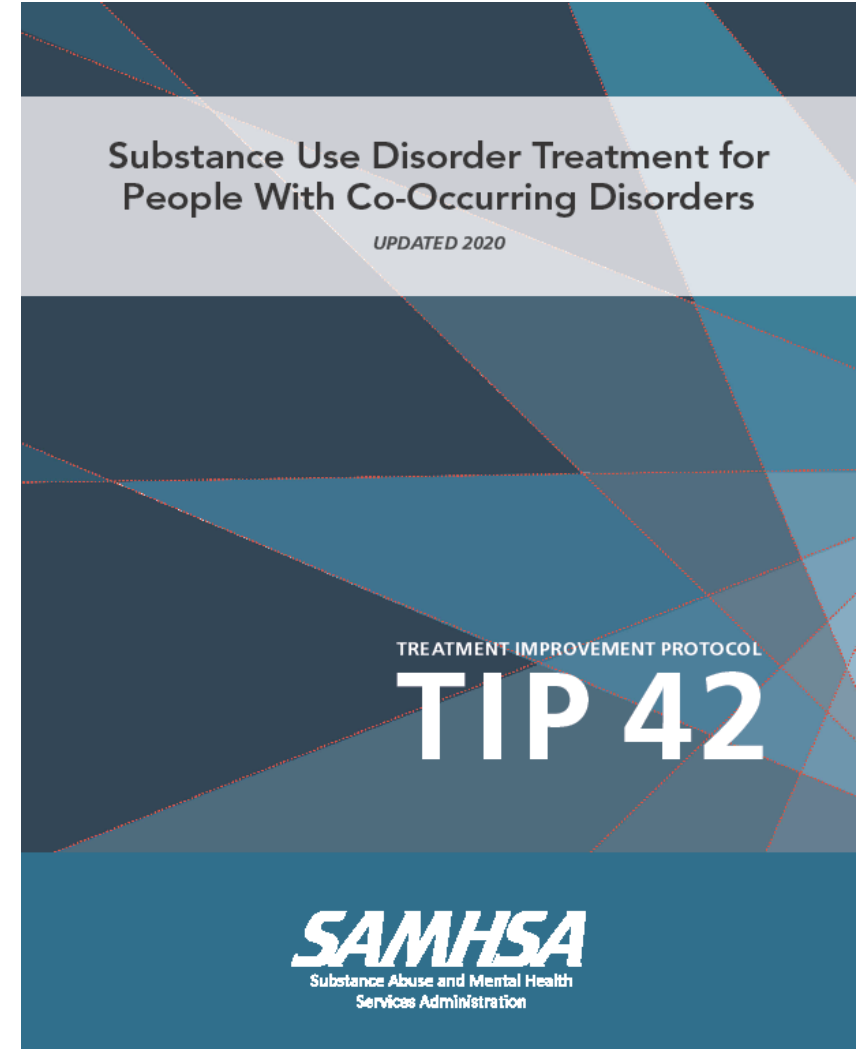
Objectives

This session will:

1. Explore crucial components of system response to serving people with co-occurring substance use and mental health disorders
2. Describe components of access to care including case management
3. Describe a client-centered approach in addressing needs and pitfalls in service delivery systems

COD – Co-occurring substance use disorders (SUD) and mental disorders

- Addiction counselors serve patients/clients with COD as a rule, not an exception.
- The co-existence of SUD and other psychiatric disorders pose treatment challenges.
- People diagnosed with COD present as clinically complicated



<https://atforum.com/documents/OP1-DefinitionsandTerms-8-13-07.pdf>

[file:///C:/Users/thomasine.heitkamp/Downloads/PEP20-02-01-004_Final_508%20\(1\).pdf](file:///C:/Users/thomasine.heitkamp/Downloads/PEP20-02-01-004_Final_508%20(1).pdf)

<https://www.naadac.org/integrating-co-occurring-disorders---an-introduction-to-what-every-addiction-counselor-needs-to-know>

Co-Occurring Disorders (COD)

- 9.5 million people 18 or older had BOTH an SUD and a mental illness
 - Only 12.7% of people with co-occurring serious mental illness and substance use disorders received any treatment for both conditions in 2019.
- COD is to expected in all behavioral health settings (not the exception)
- Present with significant clinical, functional, social, and economic challenges



Moving the Needle

- Over 387,000 Americans died from a drug overdose between October 2019 and September 2020.
 - 29% increase in overdose deaths compared to the previous year) with the largest increase in deaths shown in March and April 2020.
- Emergency department visits for overdoses, mental health conditions, and suicide attempts all increased in 2020.



Vital Statistics Rapid Release

Provisional Drug Overdose Death Counts

Problematic Outcomes

The risk of inpatient psychiatric hospitalization was nearly three times higher for people with co-occurring opioid use disorder than in those with severe mental illness alone.

In a study of Veteran populations, *“Participants with dual diagnosis had more severe symptoms, more indicators of suicidality, poorer quality of life, more hospitalizations, and more arrests than those without dual diagnosis”*.

“As substance use and addiction disorders come to be recognized more as health conditions than criminal behaviors, treatment options have become more accepted and widespread. However, despite evidence of the benefits of treatment, a complete array of evidence-based treatment options for people with severe mental illness and co-occurring substance use disorders is still not available in a majority of communities”.



<https://www.tandfonline.com/doi/full/10.3109/08039488.2015.1059884>

<https://www.tandfonline.com/doi/abs/10.1080/15504263.2013.835162>

https://www.treatmentadvocacycenter.org/storage/documents/TAC_Co-occurring_Evidence_Brief_March_2021_Final.pdf

Additional Indicators of Concern

Tobacco and Alcohol Use:

- People with serious mental illness are more likely to smoke tobacco and misuse alcohol compared to those without mental illness.

Cannabis Use

- Cannabis is one of the most common drugs used by people with serious mental illness. Almost 40% of individuals with serious mental illness used marijuana in 2019, compared to approximately 13% of people without serious mental illness.
- Increased potency of cannabis.

“Alcohol, other illicit substances and, to a certain degree, cannabis should be considered important risk factors for suicide and suicide attempts in people with severe mental illness.”

Why COD?

Top Training Need in Four Assessments Conducted

- [2018 Mountain Plains ATTC Needs Assessment](#)
- [2019 Training and Technical Assistance Needs: Findings from a Survey of Professional Who Serve Individuals with Mental Illness in Region 8](#)
- [2019 CHC Primary Care Provider' Perceptions, Practices, and Training Needs in Relation to Substance Use Disorders and Medication Assisted Treatment](#)
- [2020 Mental Health Training and Technical Assistance Needs Among Probation and Parole Officers in Region 8](#)

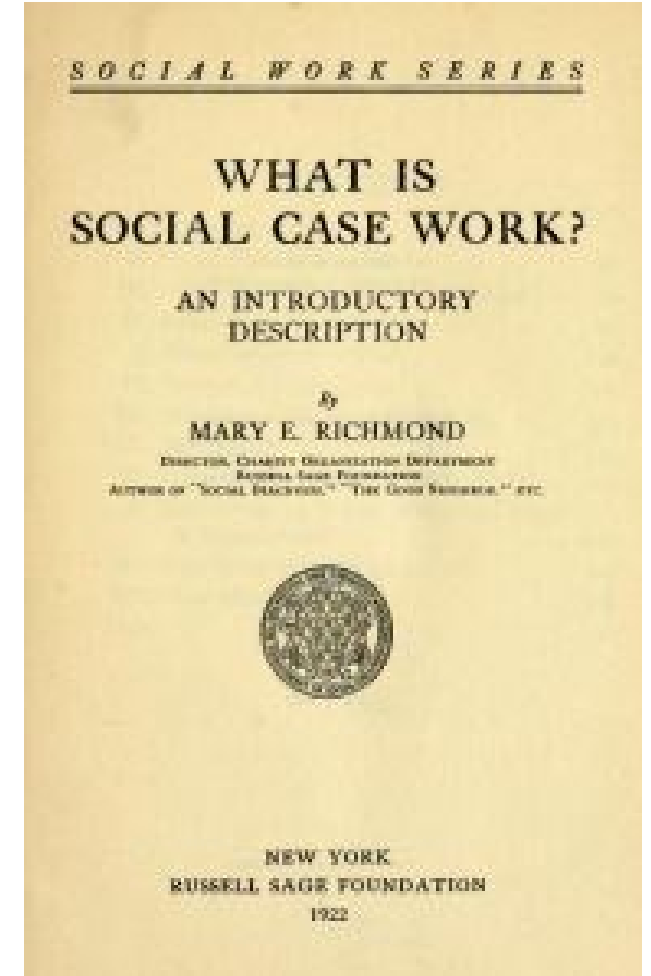
Table 6. Percentage of Respondents Indicating Topics as High Priority or Helpful by

Topics	TOTAL	CO	MT	ND
Mental health and substance abuse (co-occurring disorders)	93%	94%	84%	95%
Permanent supportive housing resources*	88%	92%	76%	91%
Staff retention*	73%	72%	62%	81%
Mental health and intellectual disabilities (co-occurring disorders)*	92%	94%	91%	97%
Understanding the connection between trauma and deviant behavior	88%	85%	90%	90%

Not a New Concept: History of Case Management in Social Casework

Mary Ellen Richmond
wrote *What is Social
Case Work?* (1922)

- Adjustment
between the
individual and the
environment



Definition of Case Management

“Coordinated integrated approach to service delivery, ongoing supportive care and help to access resources for living and functioning in the community”





Imperative due to Negative Outcomes

- Increase in representation in population of people who are homeless
- Unemployed/underemployed
- Increase risk of suicide
- Overrepresented in every part of the criminal justice system
 - 45 percent of individuals in state and local prisons and jails have a mental health problem comorbid with substance use or addiction

Imperative due to Negative Outcomes

- High risk of other co-morbid health conditions including HIV, Hepatitis, and STDs
- Lack of safety
 - victims of violent crimes
- Polysubstance use is common, *“people with a heroin use disorder over 66 percent are dependent on nicotine, nearly 25 percent have an alcohol use disorder, and over 20 percent have a cocaine use disorder”*

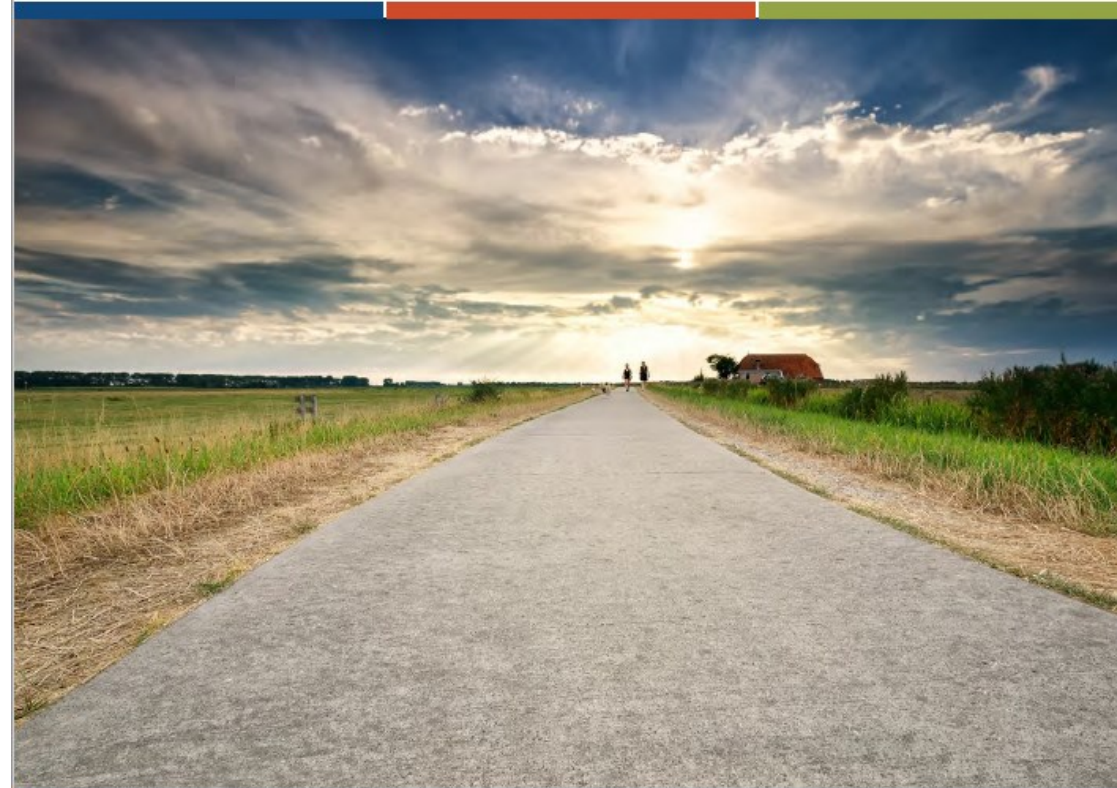
Persons with COD:

- Racial minorities more impacted
- Women are more impacted – Impact of IPV
 - Free Resource: [Women in the Mirror: Addressing Co-Occurring Mental Health Issues and Trauma in Women with Substance Use Disorders](#) HealthKnowledge Course developed by Advocates for Human Potential
- Early exposure to stress (ACEs)
- Experience limitations in access to services - especially in rural area

Rural Intimate Partner Violence Survivors and Substance Use Disorders: Implications for Treatment and Recovery Support Providers

A free product developed by
Mountain Plains ATTC

<https://attcnetwork.org/centers/mountain-plains-attc/product/rural-intimate-partner-violence-survivors-and-substance-use>



RURAL INTIMATE PARTNER VIOLENCE SURVIVORS
AND SUBSTANCE USE DISORDERS: IMPLICATIONS FOR
TREATMENT AND RECOVERY SUPPORT PROVIDERS



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Component of COD program recommended by SAMHSA in TIP 42

- 1. Screening, assessment, and referral for people with CODs**
- 2. Physical and mental health consultation**
[integrated care]
- 3. Prescribing onsite psychiatrist**
[pharmacological treatment]
- 4. Psychoeducational classes**
- 5. Relapse prevention**

Component of COD program recommended by SAMHSA in TIP 42

6. **Case management**

[assertive outreach-access to comprehensive services]

[being a travel guide not a travel agent for those at greatest risk]

7. **COD-specific treatment components**

8. **Continuity of Care Services**

[case manager critical in this role]

9. **Support groups and mutual aid**

[mutual self-help support groups - double trouble in recovery – caution on support for use of medications to support recovery]

Professional Backgrounds of Case Managers

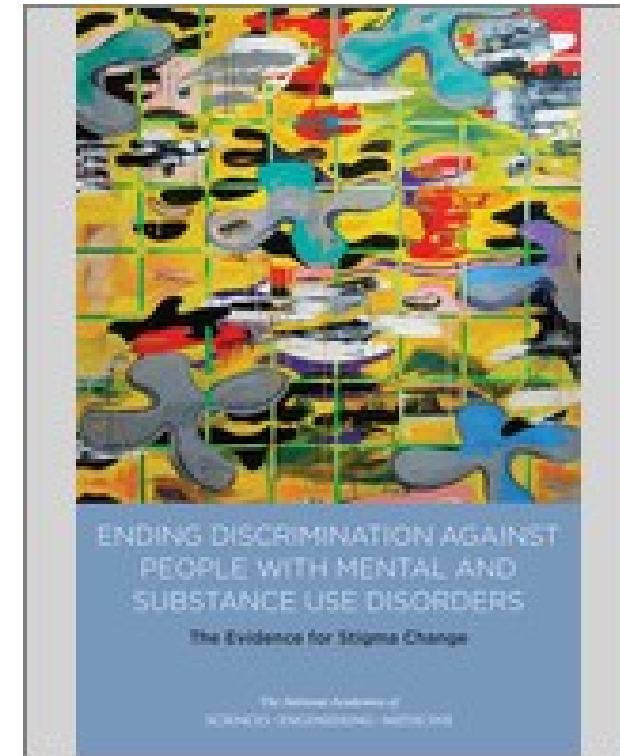
“I think one’s feelings waste themselves in words; they ought all to be distilled into actions which bring results” - Florence Nightingale

- National Association for Social Workers has Standards for Social Work Case Management
- Professions: *it’s about the intervention rather than the profession doing the intervention*
 - Social work
 - Nursing
 - Mental health care



Principles to Support the Role of Case Manager on the Team

- Address Stigma - Your Words and Actions Matter



<https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

<https://www.ncbi.nlm.nih.gov/books/NBK384915/>

<https://attcnetwork.org/centers/mountain-plains-attc/addressing-stigma-and-substance-use-disorders-healthknowledge-course>

Addressing Stigma and Substance Use Disorders

A Free HealthKnowledge Course Developed By
Mountain Plains ATTC

An illustration featuring two stylized human figures. The figure on the left is orange, and the figure on the right is blue. The blue figure is holding a large blue umbrella over both of them. The background is light gray with white diagonal lines representing rain and small white teardrop shapes.

Addressing Stigma and Substance Use Disorders

Expanding Awareness and Skills Development in Responding to the Stigma of Substance Use Disorders: Improving Treatment Outcomes

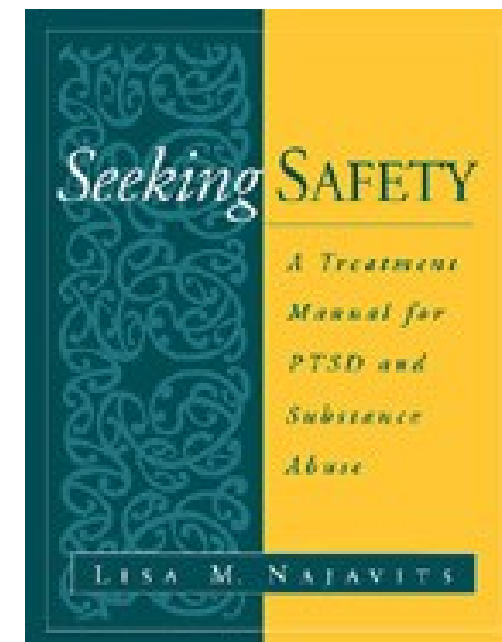
An online course developed by Mountain Plains ATTC
Available now at HealthKnowledge.org

Use Strong Engagement Skills- Relationships are Critical to Success

- Use and practice skills of empathy and respect
 - believe in recovery
- Develop an authentic healing relationships
- Acknowledge inner-strengths and resilience
- Recognize consumers' contribution to community

Adopt Evidence-based Practices

- Assertive Community Treatment (ACT) – Dartmouth
- Integrated Dual Disorder Treatment (IDDT)
- Screenings – Depends on costs, skills of professional, relevance to prevalent disorder, psychometric qualities, and ability to interpret.
- Integrated Care
- Trauma Informed Care – Seeking Safety
- Understand stages of Change/Stages Awareness of EB Treatment (e.g., CBT, Assertiveness Training, DBT, MI)



<https://www.centerforebp.case.edu/resources/tools/act-dacts>

<https://www.centerforebp.case.edu/practices/sami/iddt>

https://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf

https://www.nasmhpd.org/sites/default/files/TAC_Paper_8_508C_5.pdf

<https://www.treatment-innovations.org/seeking-safety.html>

Policies to Support Effective Treatment – Case Manager as Advocate

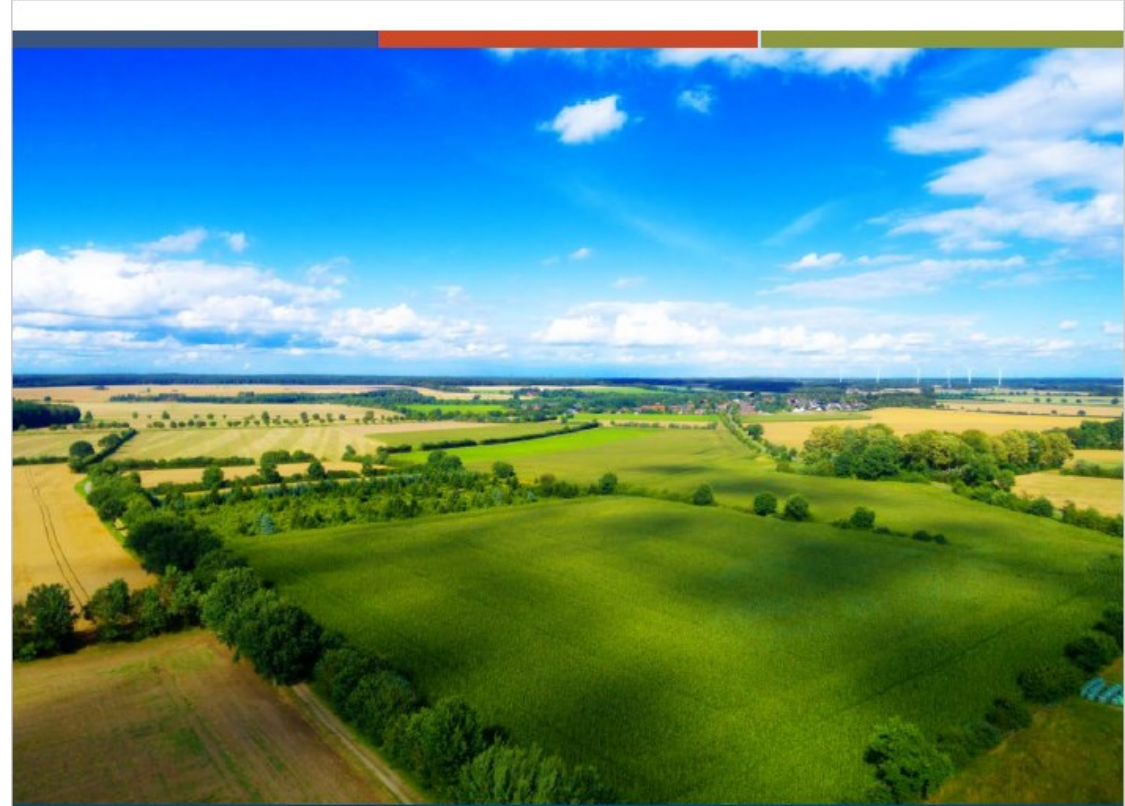
- Ensure *No Wrong Door* Policy – Accessibility from Multiple Points
- Support program funding instead of system funding
- System change to address wait lists
- System recognition that **NO** *one size fits all*

Policies to Support Effective Treatment – Case Manager as Advocate

- Remember the importance of serving people with the greatest severity
 - High substance use severity and high mental health disorders severity require greater intervention
- Address implementation of evidence-based treatment options for people with severe mental illness and co-occurring substance use disorders in a majority of communities
- Serve people in the context of their environment

Depression, Alcohol and Farm Stress: Addressing Co-Occurring Disorders in Rural America

A free product developed by
Mountain Plains ATTC
And
Mountain Plains MHTTC



Depression, Alcohol and Farm Stress:
Addressing Co-Occurring Disorders in
Rural America



Acknowledge and Address Workforce Shortage Issues

Rural Implications

- Limitations of access to workforce resulting in especially rural areas having lack of access, availability, and acceptability in care
- Recruitment, hiring, and retention is more difficult
- States have different educational, licensing requirements and these requirements differ across the mental health and substance use systems

NASMHPD

**National Association of State Mental Health Program
Directors**
66 Canal Center Plaza, Suite 302
Alexandria, Virginia 22314

Assessment #3

**Developing a Behavioral Health
Workforce Equipped to Serve
Individuals with Co-Occurring
Mental Health and Substance Use
Disorders**

August 2019

Alexandria, Virginia

Third in a Series of Ten Briefs Addressing—Beyond the Borders:
International and National Practices to Enhance Mental Health Care

This work was developed under Task 2.2 of NASMHPD's Technical Assistance Coalition contract/task order, HHSS283201200021/HHSS28342003T and funded by the Center for Mental Health Services/Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services through the National Association of State Mental Health Program Directors.

Case Manager Models - Seeing the Forest for the Trees

Models

- Broker/generalists
- Strengths perspective
- Assertive Community Treatment
- Clinical/Rehabilitation

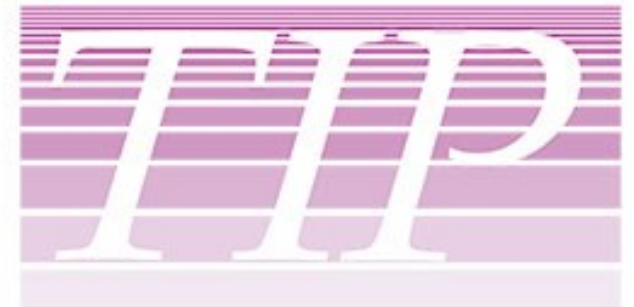
Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Comprehensive Case Management for Substance Abuse Treatment

Treatment Improvement Protocol (TIP) Series

27



Case Manager Roles and Function

- Client engagement
- Promote optimal client safety
- Flexibility in service location
- Provide supportive services including access to:
 - Transportation
 - Child Care
 - Vocational Supports
 - Address Life Supports
 - Financial Well-Being
 - Ensure Reimbursement
- Ability to obtain and maintain safe housing
 - Permanent supportive housing appears to be an effective way to end homelessness for people with complex behavioral health issues

Case Manager Roles and Function

- Skills in accessing health and human services agencies
 - Referral to Resources
 - Warm Hand Off
- Function as a Single Point of Contact
 - Boundary Spanning
 - Real World Engagement
- Outreach that targets people in greatest need
- Improve family functioning
- Support access to:
 - Smoking cessation programs
 - Medication-Assisted Treatment (MAT)
 - Inpatient and outpatient services for serious mental illness/substance use disorders

Case Management Standards

A model of practice that underscores need for understanding:

- Social Policy Implications
- Human Behavior in the Social Environment
- Practice skills (empathy and engagement)
- Outcome measures – Research
- Experience

Rationale for Case Managers: Improves Outcomes

- Overall functioning and treatment adherence improved
- Promotes participation and retention in services
- Address stigma and discrimination, social isolation, increase confidence, assist in addressing complex health and behavioral health needs, supported resilience, respond to emergencies
- Improves compliance
- Improves communications
- Decrease costs (less ER and hospital visits)
- Responds holistically

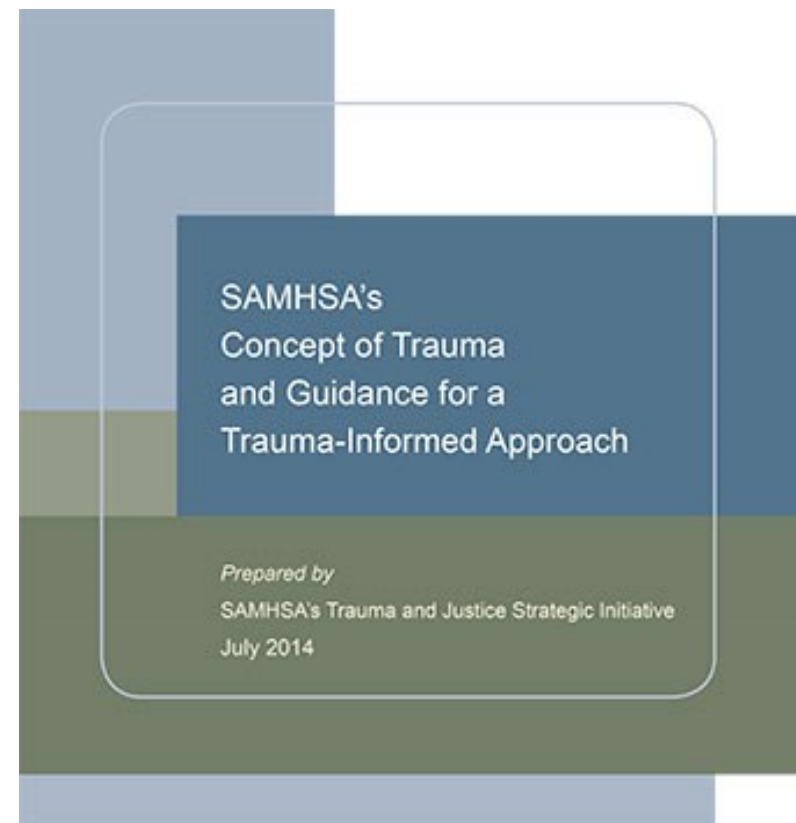
Penzenstadler, L. Machado, A. and Khazaal, Y. (2020)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5176181/>

https://cdn.ymaws.com/www.naswtx.org/resource/resmgr/GovtTPACE/Case_Management_White_Paper.pdf

Respond with Caution and Humility

- Person-centered
 - Recognize how our personal perspectives influences our work
- Trauma-informed
- Culturally responsive
 1. valuing diversity
 2. include in assessment
 3. incorporating cultural knowledge
 4. adapting practices to address diversity
- Comprehensive response



Components of Case Management Process

Primary steps in the case management process include:

1. Client identification and selection:

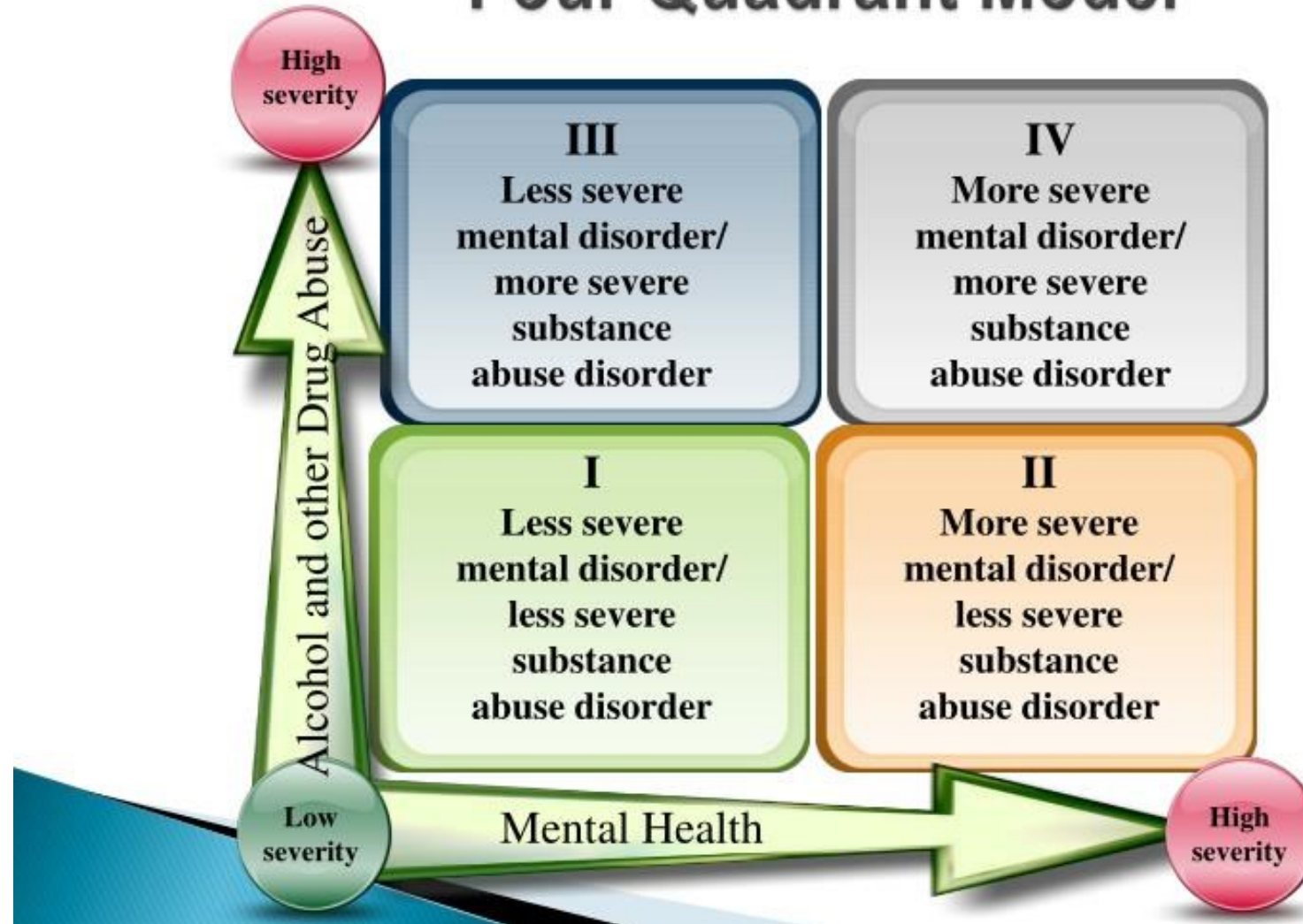
- Focuses on identifying clients who would benefit from case management services.

2. Assessment and problem/opportunity identification:

- Begins after the completion of the case selection and is ongoing.
- Understand the client – (determine if they are a citizen, the languages they speak, educational level achieved, are they active in the community, what are their social outlets or hobbies, identify family relationships, determine if there is a spiritual affiliation, etc.)
- Use of assessment tools support this work and many exist.

The Four Quadrant Model of Assessment

Four Quadrant Model



Components of Case Management Process Continued

3. Development of the case management plan:

- Establishes goals of the intervention and prioritizes the client's needs, examine the the type of services and resources that are available [do not set up for failure] many include a commitment of transportation.

4. Implementation and coordination of care activities:

- Puts the case management plan into action.

Components of Case Management Process Continued

5. Evaluation of the case management plan and follow-up:

- Involves the evaluation of the client's status and goals and the associated outcomes.

6. Termination of the case management process:

- Brings closure to the care and/or episode of illness.

Multidisciplinary Teams as Central: Requires inter-professional competency

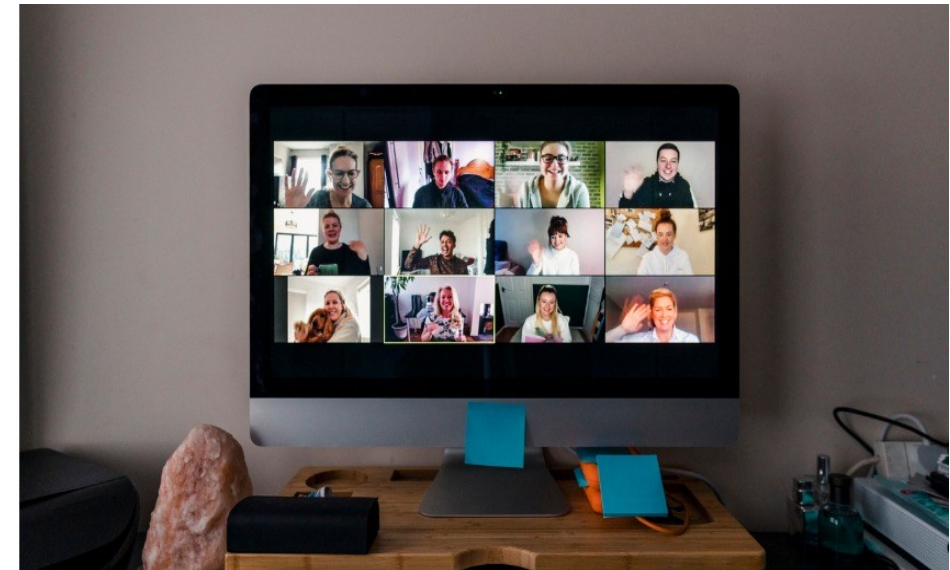
- Vision
- Confidence
- Communication skills
- Fairness
- Ability to think strategically
- Navigate difficult conversations
- Politically astute
- Conflict resolution
- Manage crisis

Ingredients to Strong Meetings

- The team has appropriate expertise to accomplish its work.
- Shared purpose of meeting and pre-circulate agenda.
- Correct size for function.
- The right people need to be present – leadership is clear
 - The people present have capacity to follow-through and speak for their work on behalf of their agency.
 - The client present and input from the clients is in the plan
 - Capacity to problem solve in addressing hurdles

Meetings Continued

- Share purpose, function, and group norms.
 - Don't let incessant complainers take over
 - Consensus driven decision-making
- Use effective management systems
- Leverage technology, data, and human intervention effectively





Thank you so much for Joining!

Questions?

Comments?

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