FAVOR GREENVILLE | Assertive Community Engagement | A.C.E.

www.favorgreenville.org

RICHARD JONES - EXECUTIVE DIRECTOR |
MA, MBA, LCAS, CCS, CEAP CAI, SAP

AND

TRICIA LAWDAHL - DIRECTOR OF HEALTH AND WELLNESS INITIATIVES |
NCPRSS, NBC-HWC, BSN

The Problem-Wrong Target

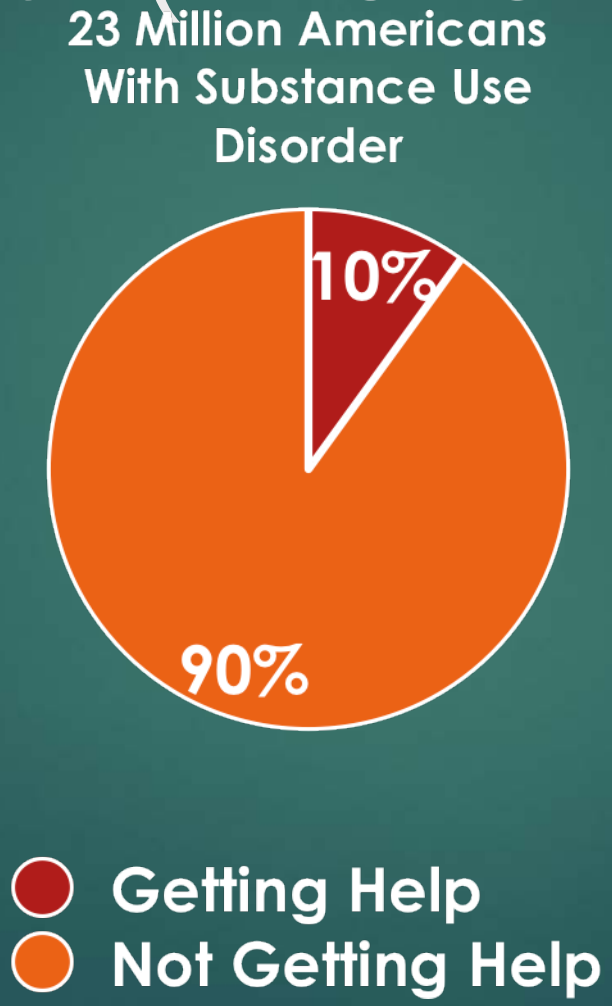
- While we debate best practices
  - 12-step facilitation, CBT, Peer Recovery, M.A.T., inpatient, outpatient etc…
- 90% of people with SUD go untreated/receive no help.
- Of the untouched 90% only about 2% report that this is due to “lack of access”.

The other 98% report:

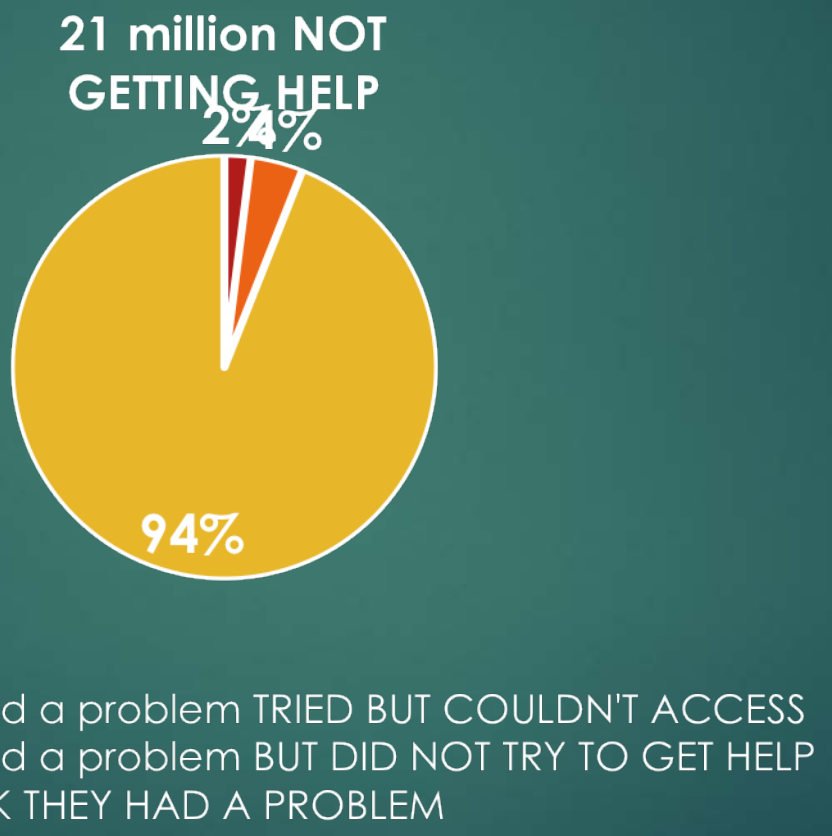
- I don’t think I need it… (94%)
- I need it but not going to seek it (4%)

- The real issue is lack of engagement. Not lack of access.

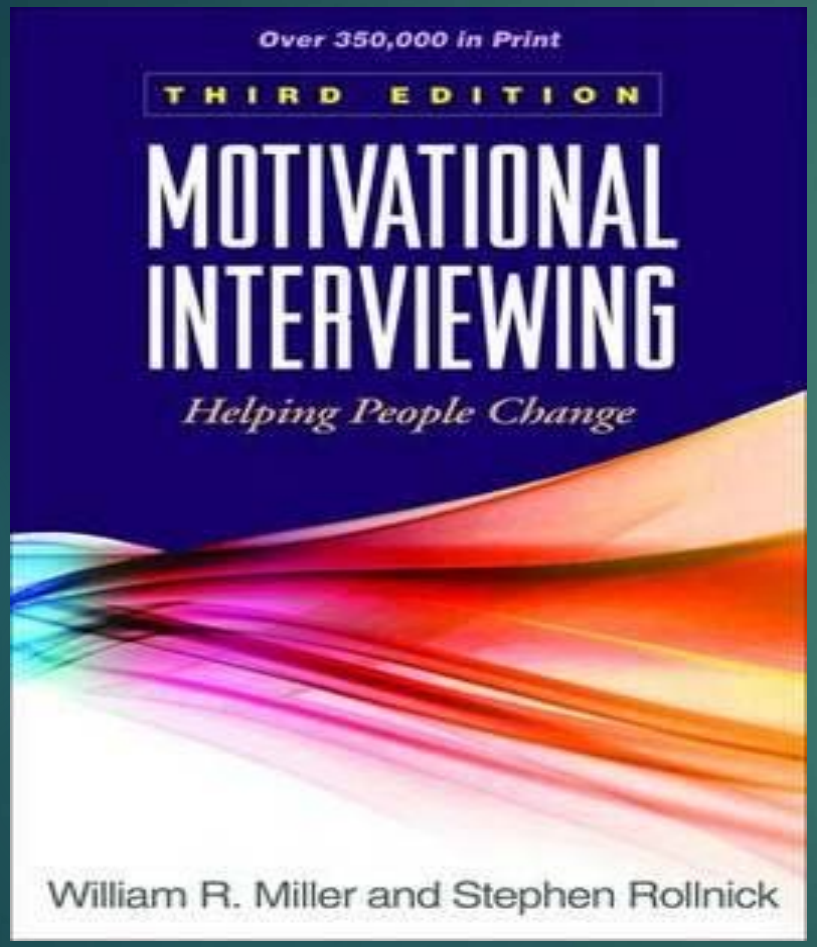
National Household Survey on Drug Use and Health (NHSDUH, 2016)



NHSDUH, 2016


21 million NOT GETTING HELP
2%
4%
94%
Knew they had a problem TRIED BUT COULDN'T ACCESS
Knew they had a problem BUT DID NOT TRY TO GET HELP
DID NOT THINK THEY HAD A PROBLEM

Classic “denial” Doesn’t Exist



- “Resistance and motivation occur in an interpersonal context. This is now well demonstrated by research, and easy to observe in ordinary practice…Denial in addiction treatment is often not so much a client problem as a counselor skill issue”. (WRM, 3rd edition)

Instinctually we know this:

- The treatment superstar…
- The embarrassed relapse…
- The stigmatized and intimidated…
- The system overwhelm…
- The family barriers…
- The transportation barriers…
- The circumstantial barriers…

Treatment as Usual (TAU)

- Common Story/Example
- Rehab
  - Discharge—Intensive Outpatient/Outpatient
    - 12-Step meetings
      - Client Disengages (simply stops going to meetings and/or Outpatient Appointments)
        - TAU “waits”…

Benchmarking—looking outside the “field” to find places where similar problems were solved:

Mid 1990's & Mental Health Services

- 3 Events combined to lead to creation of "new" paradigm in mental health.

1. De-Institutionalization Movement—close all state hospitals.
2. Medicaid Losing Significant Money (Inpatient stays ~ $1,000 per day)
3. Managed Care Organization/Re-Alignment (late 1990's)

Assertive Community Engagement

AN EVIDENCE-BASED PRACTICE

Assertive Community Engagement has different names

- ACT
- Assertive Outreach
- Mobile Treatment Teams
- Continuous Treatment Teams

ACT/ACE practice principles

- Primary goal is recovery through community treatment and habilitation

ACE practice principles

- ACE is for participants with the most challenging and persistent problems
- Programs that adhere most closely to the ACE model are more likely to get the best outcomes

Help is provided where it is needed

- Rather than working with people in an office or hospital, ACE Recovery Coaches work with participants in their homes, neighborhoods, and other places where their problems and stresses arise and where they need support and skills

Help is provided where it is needed

- Rather than seeing participants only a few times a month, ACE team members with different types of expertise contact consumers as often as necessary
- OC Help and support are available 24 hours a day, 7 days a week, 365 days a year, if needed (with boundaries)

No time limit on services

- ACE has no preset limit on how long participants receive services. We do try to empower them to become more independent and self-sufficient. Over time, team members may have less contact with participants, but still remain available for support if it's needed
- Participants are never discharged from ACE programs because they are "noncompliant"

PROCESS

- We will NOT do “cold calls”. Introduction via referring source. Initial contact and introduction via phone.

- Referral
  - Engage client and family (family is often involved)
    - Inform client we are involved (“you will be hearing from FAVOR/ACE overview”)
      - Activate case (immediate text | followed by phone call | followed by face to face)
      - Weekly team meeting/supervision reviewing each case (open/close/crisis/referral)
      - Status: Active | Ambivalent | Inactive | Unreachable | Off Grid “gone dark” | Closed successful

Frequency of Contact

- Standard Minimum Contact Per Week =
  - 1x-3x per week outreach (any type of contact: face to face | (“e-contact”) per individual
  - 1x per week family (if indicated; often referred to Family RC)
  - Average ~ 15”- 2 hours per case per week
    - Mostly text | phone |social media | email
    - face to face @ meetings |office | home | other locations in community
  - Individualized situations may dictate other plan: for example we could reach out more or less if the circumstances indicate. More frequent. Up to daily in certain circumstances. Consistency pays off.
  - Face to face contact has increased with OC hospital duties. More time consuming.

FAVOR ACE Team

- **Numbers - 16 Coaches**
  - 11 CPSS Staff - Including 1 Supervisor and 1 Director
  - 2 CPSS Volunteers
  - 3 Volunteer Medical Student Recovery Coaches
  - Caseload -(2-35) Active Participants per Recovery Coach

- **Hospitals EDs - 6 +1 Clinic**
  - St. Francis Eastside and Downtown
  - Prisma Health- Hillcrest, Greer and Baptist Easley
  - AnMed Health
  - Oconee Magdalene Clinic (Part of Center for Family Medicine - Oconee)

FAVOR ACE Team

- **Clinical Involvement -**
  - IACT - Inpatient Addiction Consult Team - SBIRT approach for IV Opioid and Stimulant Use disorder inpatients (DAODAS Grant)
  - OVERCOME Research Pilot Study - OUD treatment including CBT, MAT and RC

ACE Criteria

Resistant to SUD help/traditional services, Frequent Re-occurrences/Readmissions to the Hospital

Low Recovery Capital with profound deep-level issues other than SUD:

1. Homelessness
2. Mental Health Needs
3. Complex Medical Issues
4. No Family/ Friend Support
5. Transportation Issues (to necessary recovery-related appts. like ADSAP, Mental Health/Medical Appts., MAT, etc.)
6. No Insurance, Difficulty with Placement
7. Recurrent Financial Issues
8. Needs Disability Benefits
9. Legal Issues

None of these alone would qualify for ACE, but 2-3 or more in combo w/ SUD could tip the scales into more time-intensive coaching needs, at least initially. The screening is subjective and will be assessed by Joey Klotz or Tricia Lawdahl on a case-by-case basis. Subject to change as needed.

A note about family involvement

- Family recovery is a core value for the core FAVOR program.

- Some ACE coaches are also certified as family recovery coaches via FAVOR Greenville NAADAC approved recovery coach academy.

Questions/Thoughts

1.0 CEU is awarded for this activity approved and accepted by NAADAC

Visit Our Website

https://medicine.musc.edu/departments/psychiatry/divisions-and-programs/programs/echo

Module III Special Topics of Interest July 2021 – September 2021		
Date	**Topic**	**Presenter**
08/24	Comorbid Mood Disorders	Bryan Tolliver, MD
09/14	Suicide Prevention	Jennifer Wray, PhD & Anthony J. Hedges
09/28	Hot topic	TBD

To Request a Copy of today's Didactic Video Presentation

Contact

Rachel Grater, Program Coordinator
grater@musc.edu