



National American Indian & Alaska Native

ATTC

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



**Native Center for
Behavioral Health**



SAMHSA
Substance Abuse and Mental Health
Services Administration

Referral, Service Coordination, and Documentation

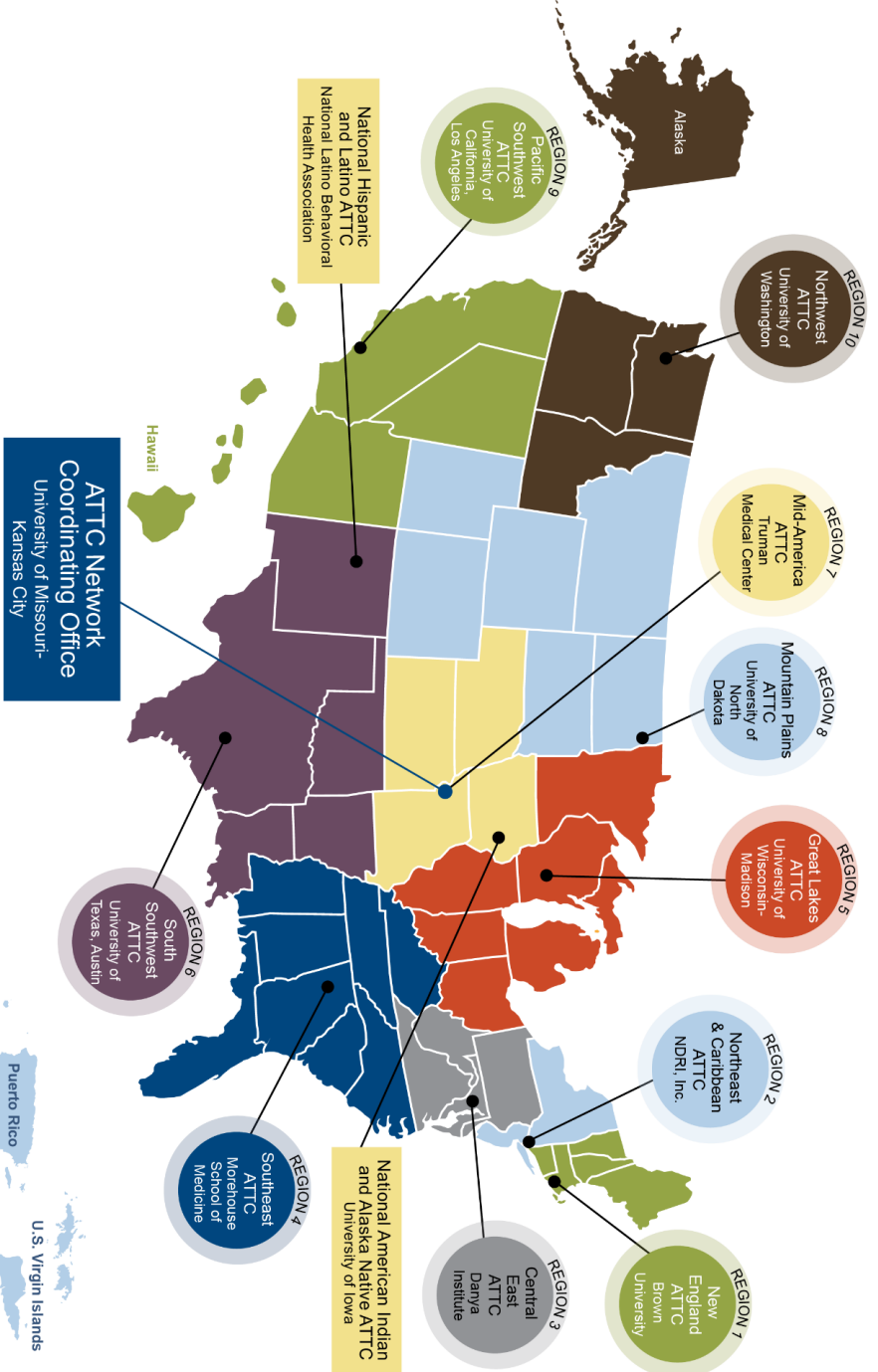
**Avis Garcia, PhD, LAT, LPC, NCC,
Northern Arapaho**



ATTTC

Addiction Technology Transfer Center Network
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U.S.-based ATTTC Network



Essential Substance Abuse Skills webinar series

This webinar is provided by the National American Indian & Alaska Native ATTTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Webinar follow-up

- CEUs are available upon request. We are currently waiving any fees for CEUs during quarantine.
 - This session has been approved for 1.5 CEU's by:
 - NAADAC: The National American Indian & Alaska Native MHTTC is a NAADAC (The Association for Addiction Professionals) certified educational provider, and this webinar has been pre-approved for 1.5 CEU.
 - Participants are responsible for submitting state specific requests under the guidelines of their individual state.
- Presentation handouts:
 - A handout of this slideshow presentation will also be available by download

Webinar follow-up

Evaluation: SAMHSA's GPPRA

This webinar is provided by the National American Indian & Alaska Native MHTTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Participation in our evaluation lets SAMHSA know:

- How many people attended our webinar
- How satisfied you are with our webinar
- How useful our webinars are to you

You will find a link to the GPPRA survey in the chat box. If you are not able to complete the GPPRA directly following the webinar, we will send an email to you with the survey link. Please take a few minutes to give us your feedback on this webinar. You can skip any questions that you do not want to answer, and your participation in this survey is voluntary. Through the use of a coding system, your responses will be kept confidential and it will not be possible to link your responses to you.

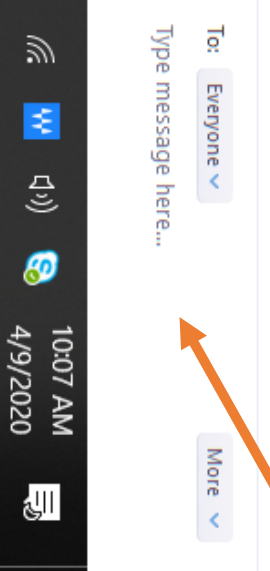
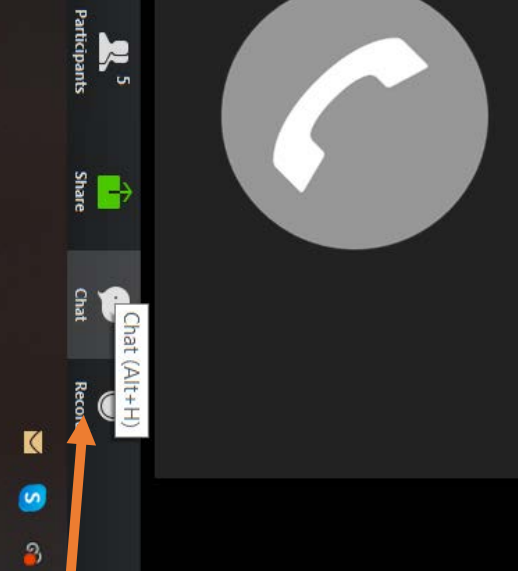
We appreciate your response and look forward to hearing from you.



Zoom Overview

Participant overview:

- You will need to click on the “Chat” icon to open up the chat on the right side of the screen.
- To ask questions or share comments, please type them into the chat pod and hit “Enter.”



Today's Speaker

Avis Garcia, PhD, L.P.C. L.A.T. (Northern Arapaho) is an enrolled member of the Northern Arapaho Nation and affiliated with the Eastern Shoshone Tribe of Wyoming. She earned a doctorate in counselor education and supervision at the University of Wyoming, and is also a Licensed Professional Counselor, and Licensed Addictions Therapist. For nineteen years she has been a mental health provider in the treatment of Native American youth and families. She is also an advocate of education in Indian Country, a resource provider for promoting cultural enhancement of evidence-based practices and practice-based evidence of treatment approaches for Native American children and their families exposed to trauma. Avis Garcia has more than nineteen years of experience and is knowledgeable about the concerns of implementation and adaptation of evidenced-based practices being introduced into Indian country. Avis is currently employed as an executive director of a nonprofit substance abuse treatment center in Cheyenne, Wyoming.

Goals and Objectives

Referral Process

Service Coordination

Documentation

Community Case Management: The Strengths Perspective

Research

A Recovery Oriented Response

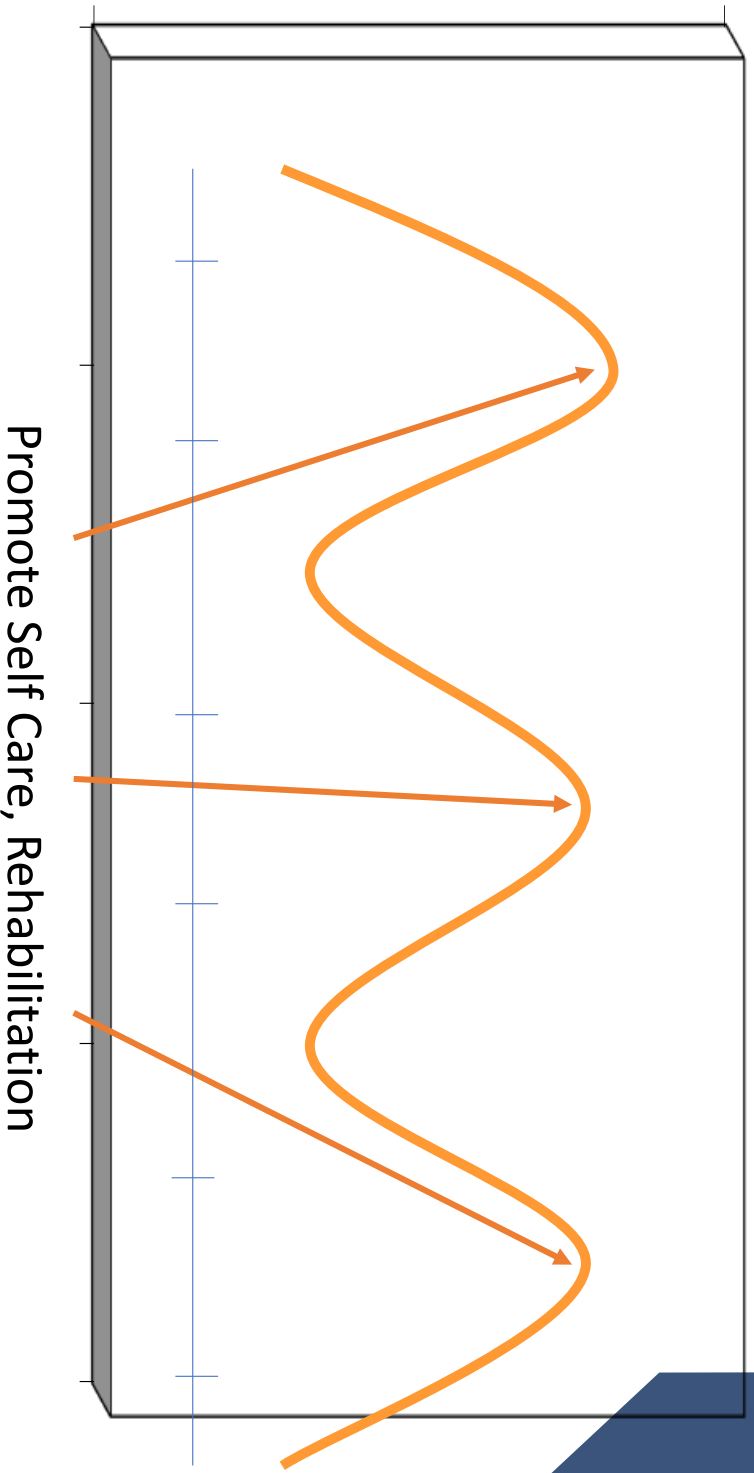
Continuous treatment response

Severe

100

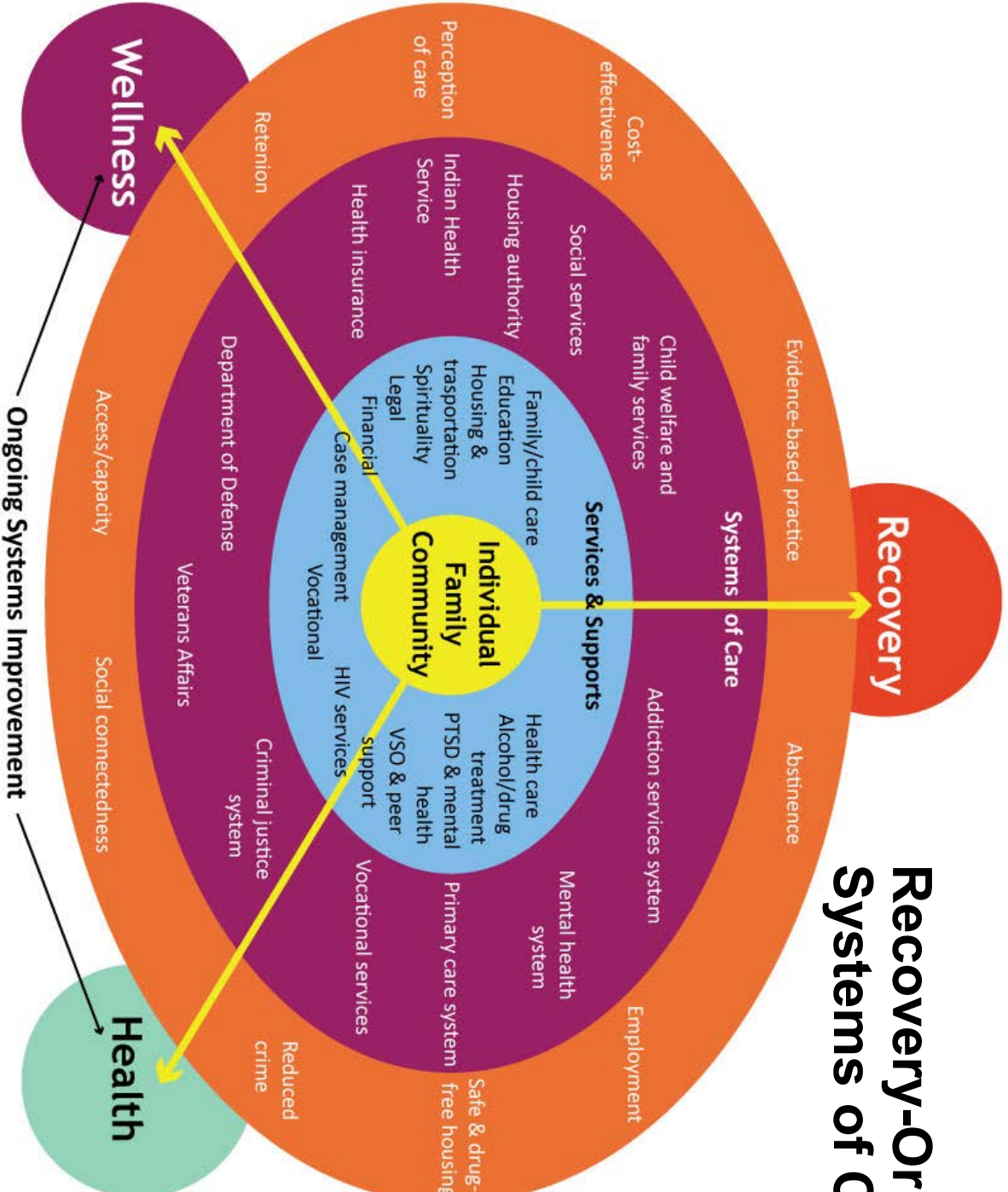
Remission

0



Resource: Tom Kirk, PhD

Recovery-Oriented Systems of Care (ROSC)



- ROSC offer a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual's needs and chosen pathways to recovery.

Referral Is ...

1. The process of facilitating the patient's utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.



Referral (continued)

- Establish and maintain relations with:
 - Civic groups
 - Agencies
 - Spiritual community
 - Tribal leaders
 - Other professionals
 - Governmental entities
 - The community-at-large




Referral (continued)

- 2. Continuously assess and evaluate referral resources to determine their appropriateness.
- Establishing and nurturing collaborative relationships with key contacts in community service organizations
- Interpreting and using evaluation and patient feedback data
- Giving feedback to community resources regarding their service delivery



Referral (continued)

3. Differentiate between situations in which it is most appropriate for the patient to self-refer to a resource and instances requiring counselor referral.
- Interpreting assessment and treatment planning materials
 - Assessing the patient's readiness; being where the patient is, "roll with resistance" versus forcing change
 - Educating the patient regarding appropriate referral processes
- 

Referral (continued)

4. Arrange referrals to other professionals, agencies, community programs or other appropriate resources
5. Explain in clear and specific language the necessity for and process of referral.
 - (Helps to ensure patient follow through)





Referral (continued)

6. Exchange relevant information with the agency or professional to whom the referral is being made
7. Evaluate the outcome of the referral



Referral (continued)

- 8. Follow up! It is your responsibility to contact the agency post-referral**
- 9. Check with patient, see if they were able to engage in services following the referral.**



Service Coordination

“Since the beginning, Native People lived a life of being in harmony with all that surrounds us. It is a belief that all humankind are related to each other...we believe we are related to all other living species: the winged ones, the four-legged, the plant life, and the elements of life, air, fire, water. The sun, moon, stars are there to guide us...”

-Dennis J. Banks, Ojibwe and founder of American Indian Movement

Service Coordination Is...

- The administrative, clinical, and evaluative activities that bring the patient, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan which has been developed in collaboration with, and guided by, the patient.





Service Coordination

- Includes:
 - Case Management
 - Patient Advocacy
- Establishes:
 - A framework of action for the patient to achieve specified goals



Service Coordination (continued)

- Involves:
 - Collaboration with the patient and significant others; family “Tiospaye”
 - Coordination of treatment and referral services
 - Liaison activities with community resources
 - Liaison activities with managed care systems
 - Ongoing evaluation of treatment progress
 - Ongoing evaluation of patient needs





Service Coordination Includes Implementing the Treatment Plan

- Initiate collaboration with referral source
- Obtain, review and interpret all relevant screening, assessment, and initial treatment-planning information
- Confirm the patient's eligibility for admission and continued readiness for treatment and change
- Complete necessary administrative procedures for admission to treatment



Implementing the Treatment Plan (continued)

Establish accurate treatment and recovery expectations with the patient and involved significant others



Implementing the Treatment Plan (continued)

Coordinate all treatment activities with services provided to the patient by other resources

1. Develop and maintain a community referral list
2. Develop multi-disciplinary collaborations within the community accessible as needed
3. Deliver case presentations
4. Use appropriate technology to collect and interpret patient treatment information for diverse sources




Implementing the Treatment Plan (cont.)


5. Demonstrate accurate, clear and concise verbal and written communication
6. Participate in interdisciplinary team building
7. Participate in negotiation, advocacy, conflict-resolution, problem solving and mediation
8. Assist patient in developing and maintaining contact: face-to-face, telephone, electronic
9. Document

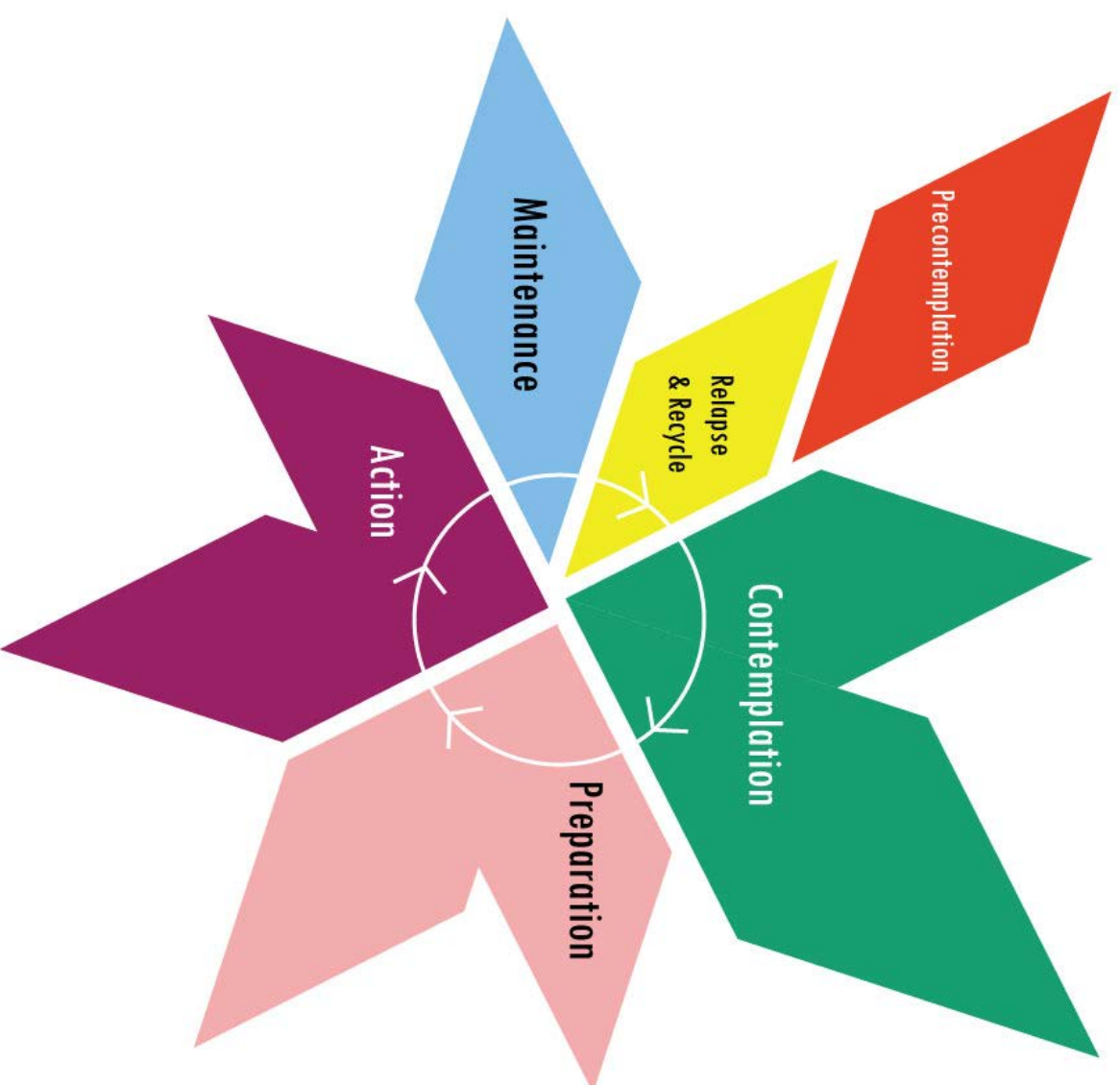


Service Coordination Includes Consulting

1. Summarize patient's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress
 2. Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders
 3. Contribute as part of a multidisciplinary treatment team
 4. Apply confidentiality regulations appropriately
- 

Service Coordination Includes Continuing Assessment and Treatment Planning

- Maintain ongoing contact with patient and involved significant others.
 - Understand and recognize stages of change and other signs of treatment progress.
 - Make appropriate changes to the treatment plan to ensure progress toward treatment goals.
 - Describe and document treatment process, progress and outcome.
- 



Continuing Assessment and Treatment Planning (continued)

- Use accepted treatment outcome measures
- Continuing care, relapse prevention and discharge planning with the patient and involved significant other
- Documentation service coordination activities throughout the continuum of care
- Apply placement, continued stay and discharge criteria for each modality on the continuum of care



Documentation

- So many colors from which to choose



Documentation

- “If it isn’t documented, it didn’t happen.”
- - Sohail Sangi






Documentation

The recording of the

- Screening and intake process
- Assessment
- Treatment plan
- Clinical reports
- Clinical progress notes
- Discharge summaries
- Other patient-related data



Documentation (continued)

1. Demonstrate knowledge of accepted principles of patient record management
 - Compose timely, clear and concise records that comply with regulations
 - Document information in an objective manner
- 

Documentation (continued)

2. Protect patient rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of patient information with third parties.

- Apply federal, state and agency regulations regarding patient confidentiality
- Request, prepare and complete release of information, when appropriate





Documentation (continued)

3. Prepare accurate and concise screening, intake and assessment report.

- Psychoactive substance use and abuse history
- Physical health
- Psychological information
- Social information
- History of criminality
- Gender identity
- Cultural orientation
- Other



Documentation (continued)

4. Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.

- Informed consent
- Document in a timely, clear and concise manner
- Recognize the importance of recording treatment and continuing care plans






Documentation (continued)

5. Record progress of patient in relation to treatment goals and objectives
 - Use appropriate clinical terminology
 - Review and update records
 - Prepare clear and legible documents
 - Document changes in the treatment plan




Documentation (continued)

6. Prepare accurate and concise discharge summaries.

- Patient profile and demographics
 - Presenting symptoms
 - Diagnoses
 - Selected interventions
 - Critical incidents
 - Progress toward treatment goals
 - Outcome
 - Aftercare plan
 - Prognosis
 - Recommendations
- 

Documentation (continued)

7. Document treatment outcome using accepted methods and instruments.

- Gather and record outcome data
 - Incorporate outcome measures during the treatment process
 - Recognize that treatment and evaluation should occur simultaneously
 - Appreciate the importance of using data to improve clinical practice
- 

Community Case Management


Strengths Perspective





Strengths Perspective to Case Management: Siegal et al., 1995


- Seeks to encourage patients to become more deeply involved in their own treatment
- Simultaneously assists patients in learning how to acquire and retain resources that will support their recovery
- Peterson D., Skinstad A.H., Trobliger R. (2004). *Counseling Theories and Techniques for Rehabilitation Health Professionals: Substance Abuse Counseling*. Springer: New York.



Strengths Perspective to Case Management (continued)

- Five principles whereby the case manager –
 - Facilitates the patient's identification of his or her strengths, abilities and assets
 - Assists the patient in focusing goals, identifying alternatives and locating resources by encouraging the patient to identify his or her own needs

Peterson D., Skinstad A.H., Trobliger R. (2004). *Counseling Theories and Techniques for Rehabilitation Health Professionals: Substance Abuse Counseling*. Springer: New York.



Strengths Perspective to Case Management (continued)

- Serves as a primary advocate for the patient, and coordinates all relevant services
- Encourages positive and proactive identification of resources in the patient's environment, including community agencies and social supports (e.g., friends, families and neighbors)
- Works with patient in the community to maximize the fidelity of the provider's perceptions and the patient's experiences

Peterson D., Skinstad A.H., Trobliger R. (2004). *Counseling Theories and Techniques for Rehabilitation Health Professionals: Substance Abuse Counseling*. Springer: New York.

Research





Case Management Research

- Comparing research results across case management-oriented programs is difficult because of the way the case management concept is defined
- More study is needed regarding the degree to which the type of program influences retention

Peterson D., Skinstad A.H., Trobliger R. (2004).
Counseling Theories and Techniques for
Rehabilitation Health Professionals: Substance
Abuse Counseling. Springer: New York.

Research Site Information

1. Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov
2. National Institute on Drug Abuse (NIDA): www.nida.nih.gov
3. Prairielands Addiction Technology Transfer Center (PATTTC): www.patttc.org
4. National Institute on Alcohol Abuse and Alcoholism (NIAAA): www.niaaa.nih.gov
5. National Office for the Addiction Technology Transfer Centers (NATTTC): www.natttc.org
6. Iowa Substance Abuse Information Center (ISAIC): www.drugfreeinfo.org
7. American Counseling Association (ACA): www.counseling.org
8. American Psychological Association (APA): www.apa.org
9. The Association for Medical Education and Research in Substance Abuse (AMERSA): www.amersa.org
10. The College on Problems of Drug Dependence (CPDD): www.cpdd.vcu.edu
11. National Council on Problem Gambling: www.ncpgambling.org

Presentation Summary

1. Referral
 2. Service Coordination Documentation
 3. Documentation
 4. The Community Case Management Model:
Strengths Perspective
 5. Research
- 



Questions and Discussion

- Please type your questions or comments for the presenter in the Q&A pod at this time...

