Referral, Service Coordination, and Documentation

National American Indian & Alaska Native
ATTC
Addiction Technology Transfer Center Network
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IOWA

SAMHSA
Substance Abuse and Mental Health
Services Administration

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Goals and Objectives

Referral Process

Service Coordination

Documentation

Community Case Management: The Strengths Perspective
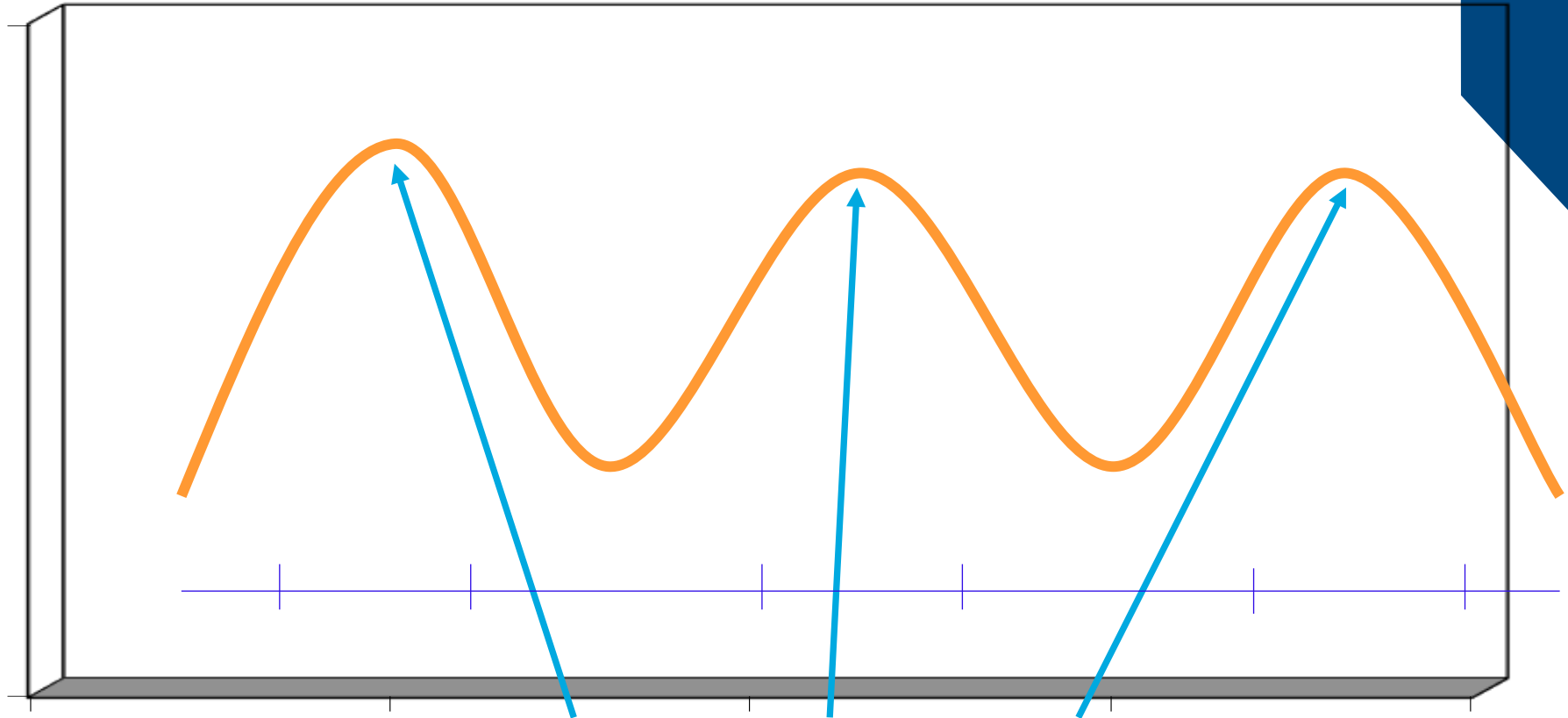
Research

A Recovery Oriented Response
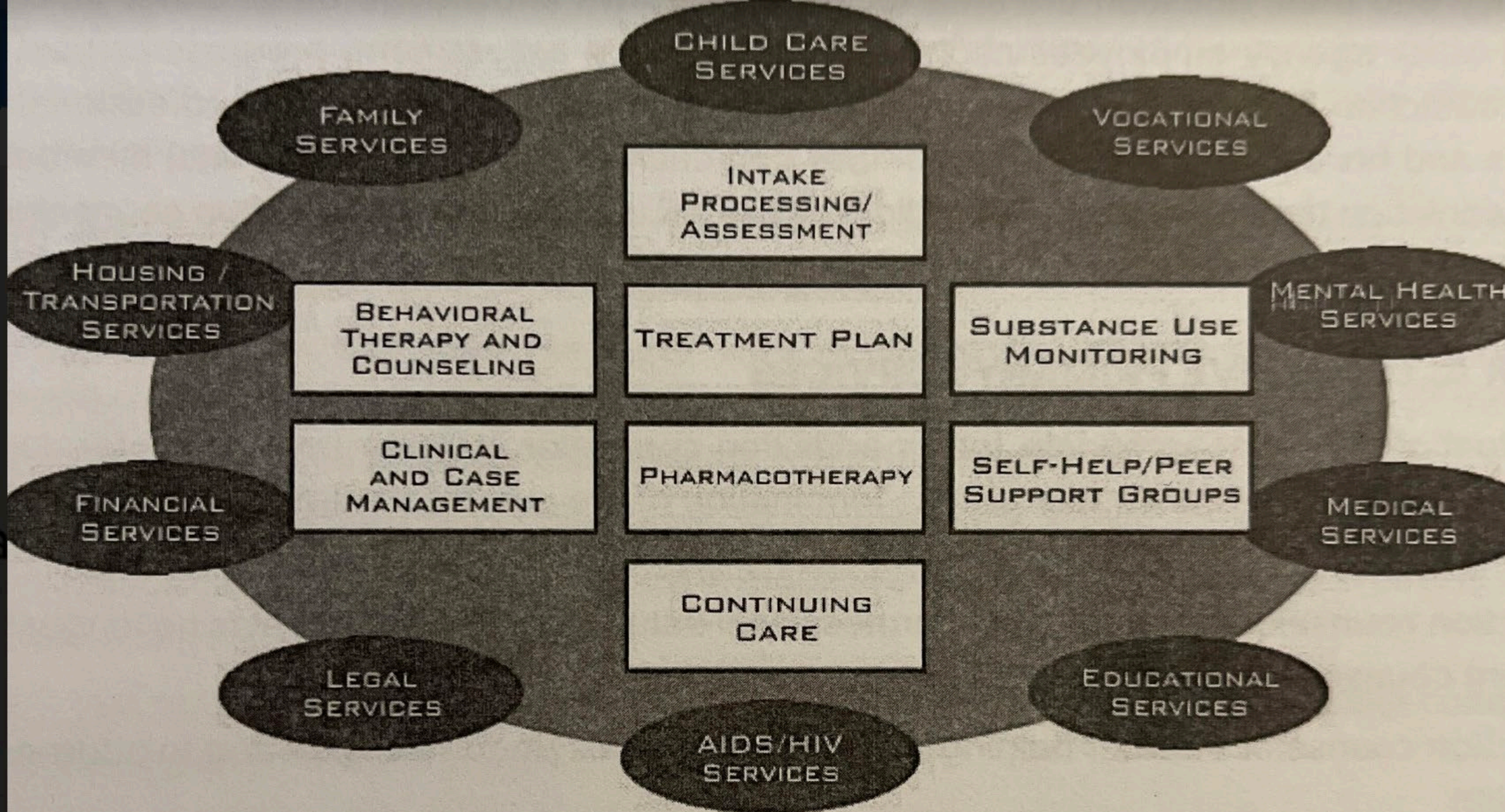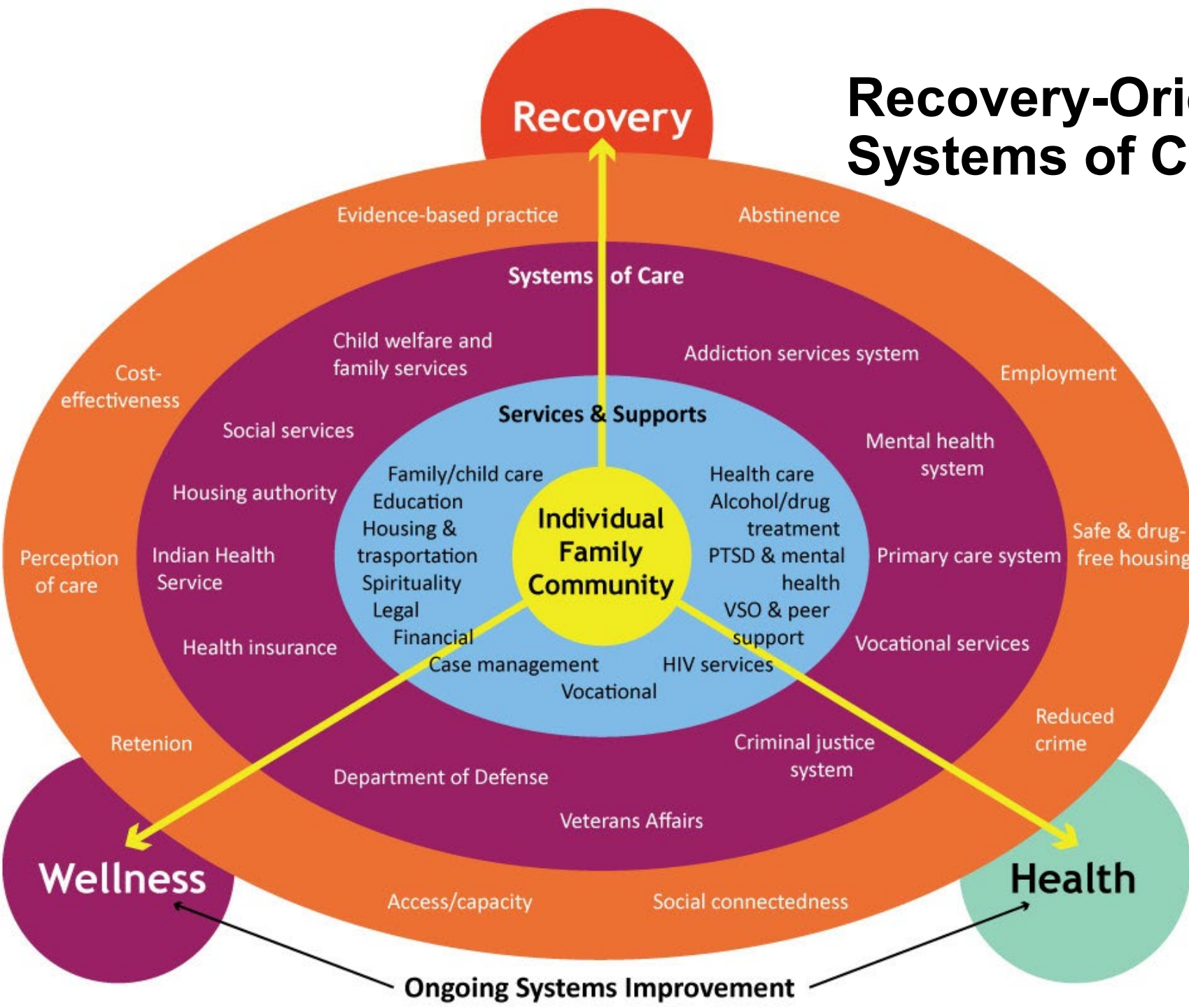
Continuous treatment response

Severe

100

Remission

0

Promote Self Care, Rehabilitation

Resource: Tom Kirk, PhD

CHILD CARE SERVICES

FAMILY SERVICES

VOCATIONAL SERVICES

HOUSING / TRANSPORTATION SERVICES

MENTAL HEALTH SERVICES

FINANCIAL SERVICES

MEDICAL SERVICES

LEGAL SERVICES

EDUCATIONAL SERVICES

AIDS/HIV SERVICES

INTAKE PROCESSING/ ASSESSMENT

BEHAVIORAL THERAPY AND COUNSELING

TREATMENT PLAN

SUBSTANCE USE MONITORING

CLINICAL AND CASE MANAGEMENT

PHARMACOTHERAPY

SELF-HELP/PEER SUPPORT GROUPS

CONTINUING CARE

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.

Re<u>fer</u>ral 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. Seeking assistance for an issue or circumstance of a client that is beyond the scope of the primary treatment facility.

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.

Multidisciplinary Addiction Treatment Team

- A group of professionals who have the common task of providing a specific element of treatment to a particular client.
- To address all of the areas relating to the client's substance use disorder.
- The compositions of the multidisciplinary team varies with the resources and the population being served.
- Can consist of any combination of professionals.

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
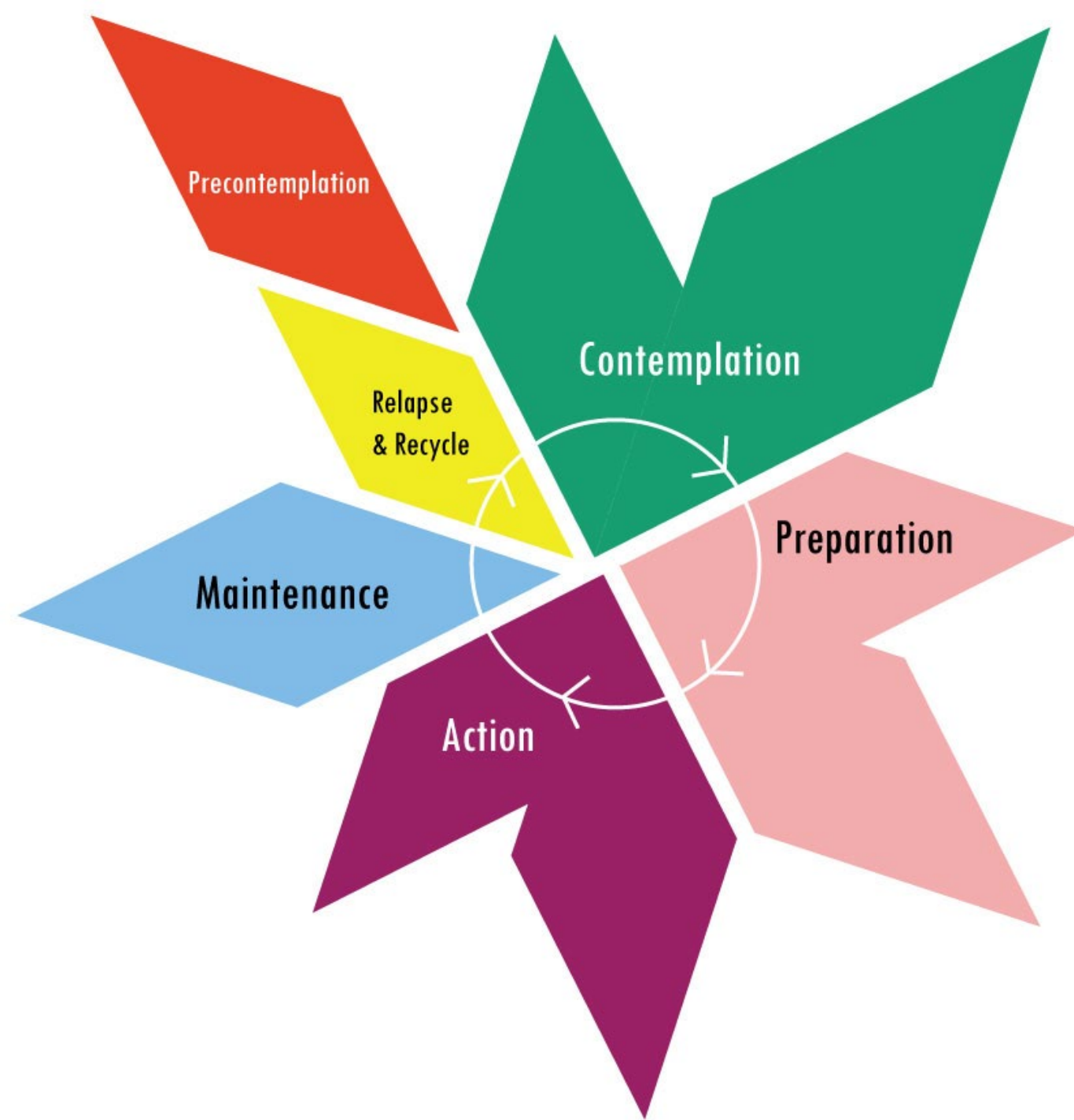
9. Document

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. National AI/AN ATTC https://attcnetwork.org/centers/content/national-american-indian-and-alaska-native-attc

4. National Institute on Alcohol Abuse and Alcoholism (NIAAA): www.niaaa.nih.gov

5. National Office for the Addiction Technology Transfer Centers (NATTC): www.nattc.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

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