

Utilizing Mobile Engagement Teams

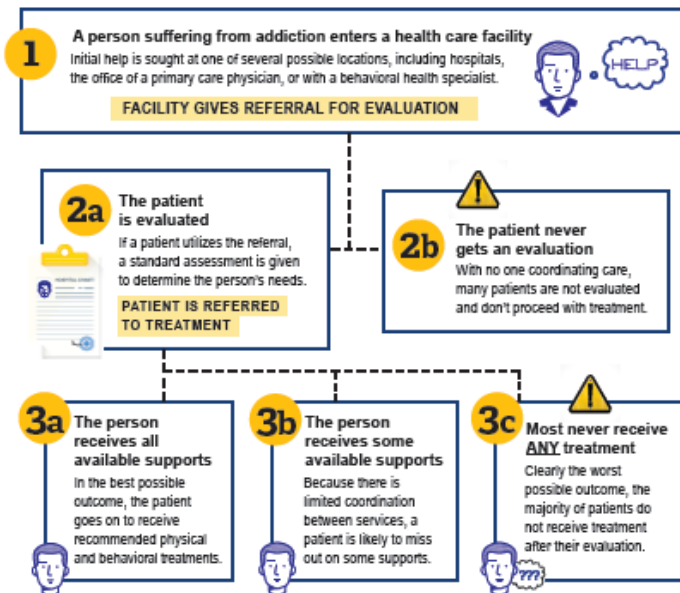
Gateway Rehab Center of Excellence

History of the COEs

TREATMENT FOR HEROIN AND OPIOID ADDICTION

THE CURRENT PROCESS

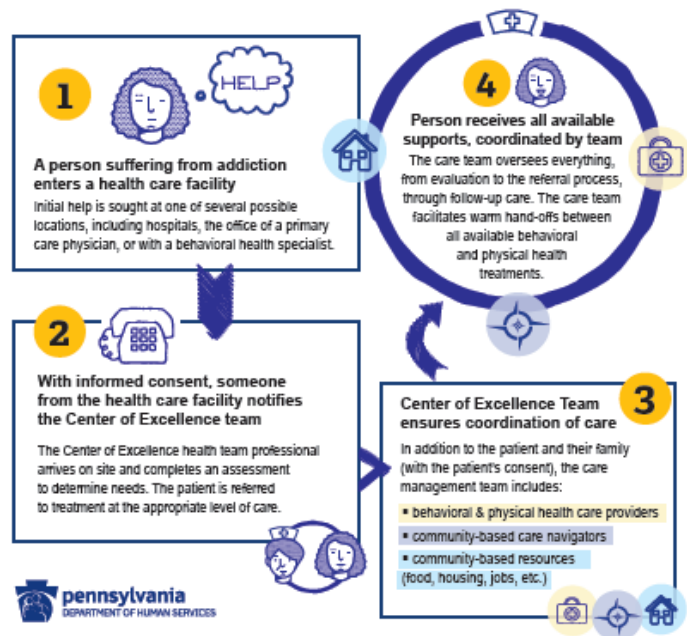
The treatment path for people who have opioid-related substance use disorder can be difficult for patients to navigate. Without professional coordination of care, many drop out of treatment before they attend follow-up appointments to help them with all of their symptoms (physical and behavioral) and without vital community supports in place.



KEEPING PEOPLE IN CARE

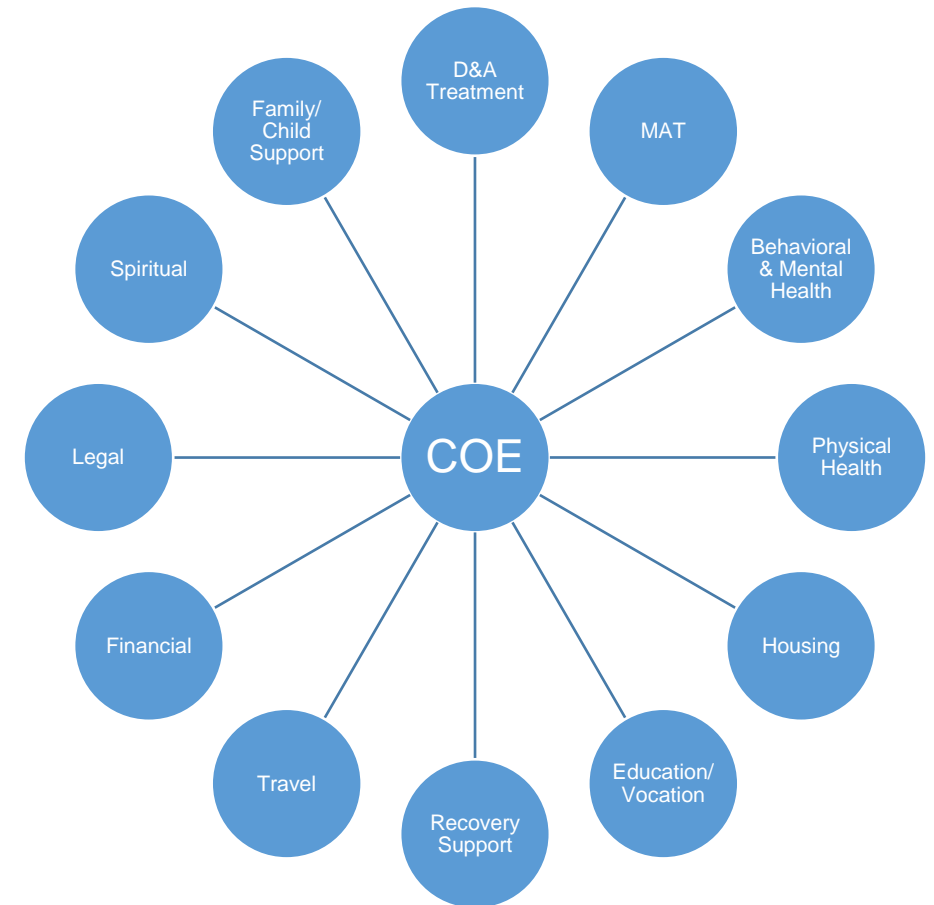
CENTERS OF EXCELLENCE

Centers of Excellence help ensure that people with opioid-related substance use disorder stay in treatment to receive follow-up care and are supported within their communities. Managed care teams coordinate care and provide warm transitions to new parts of the treatment process. Ideally, it would look like this:



Hub and Spoke Model

- The Centers of Excellence were initially built as a “hub and spoke” model
- The model positions the COE as separate from recovery resources and treatment providers
- The goal was to help individuals with OUD access **all** necessary care



Our Mobile Engagement Team

- The team created a program **independent of Gateway D&A treatment**
- The program was focused on **CRS staff** who travel to meet patients where they are
- Care coordinators and CRSs meet with patients in treatment programs to support transitions between levels of care and after discharge to support continued recovery
- COE staff have flexible hours to offer **24/7 'wrap around' care**
- The team is completely **mobile**—no physical location is associated with the program
- The team developed **relationships with community partners** to facilitate warm handoffs between care providers.

The Warm Hand-Off Process

- The COE team frequently communicates with treatment providers to support **engagement and retention**
- The team works closely with **non-treatment community resources** to facilitate patient access
- The team maintains up-to-date **lists of community partners** for all potential patient needs
- The team makes referrals *with* patients rather referring a patient *to* providers

Benefits of Mobile Engagement

- A mobile program allows patient engagement to continue long after discharge from treatment services
- Meeting patients in their own environment helps to foster a **trusting relationship** and **eliminates barriers** to accessing support (e.g. travel, cost)
- A mobile program makes it easier to reach individuals who are resistant to help
- The mobile program works well for patients with **high risk** and **limited recovery capital**
- The program facilitates **re-engagement** of patients when needed

Implementing Mobile Engagement

- **Implementing a mobile program requires:**
 - Independent and responsible staff members
 - Staff members willing to travel
 - Flexible work hours (evenings and weekends)
 - A travel budget
 - Certified Recovery Specialists (CRSs) to maintain a strictly professional relationship
 - Close management oversight
 - Regular case consultation

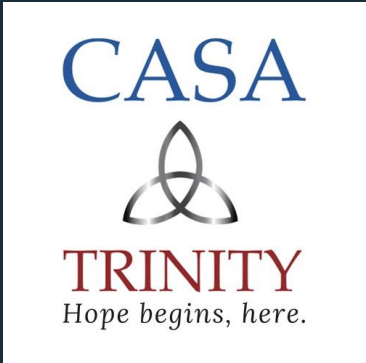


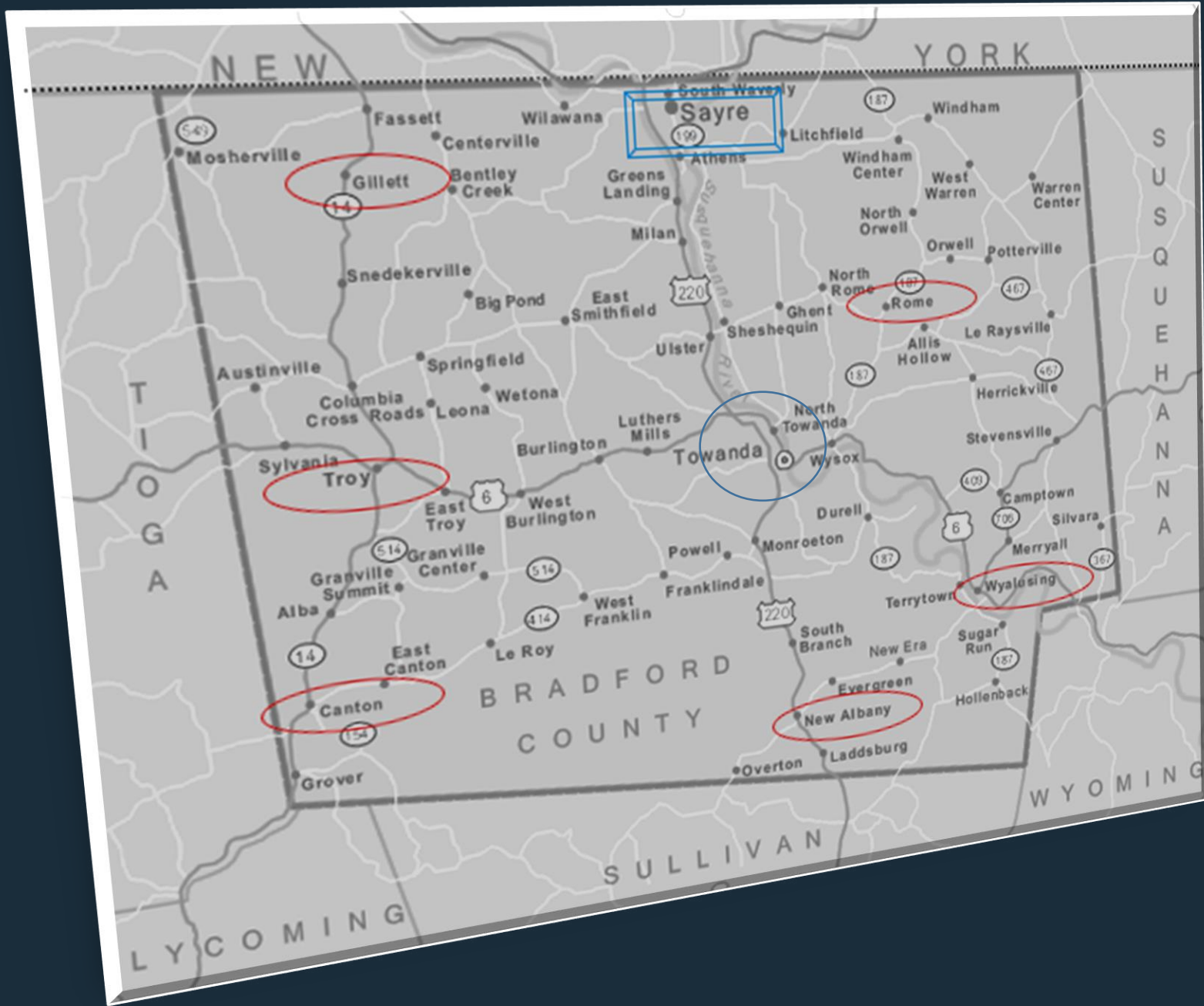
GatewayRehab[®]

Addiction Recovery & Self Renewal


CENTER OF EXCELLENCE

Mobile Engagement in a Rural Community





CASA



TRINITY
Hope begins, here.

Demographics

- County Seat Towanda
 - Courthouse
 - Probation/Parole
 - CYS
 - Assistance Office
- BeST transit
 - Pros and cons
 - Rides from friends or family
 - Driving illegally

CASA



TRINITY

Hope begins, here.

Implementing mobile engagement

- Case manager personal vehicle usage
- Agency vehicles
- Connection to transportation services

- Case managers utilize iPhones, laptops, and JetPacks
 - Texting capabilities

CASA



TRINITY

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Barriers

Removed by mobile engagement:

- Transportation issues
 - Lack of transportation diversity in area
 - Cost of transportation
 - Those without a license
- Lack of support
 - Professional support & advocacy
 - Familial support
 - Sober support

To mobile engagement:

- Pandemic
 - Staff safety
 - Removed transportation capabilities
- Lack of resources
 - Technology
 - Vehicles
 - Funding
 - Time

CASA



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Mobility in light of COVID-19

- Maintaining safety protocols
 - COVID screening
 - Masks
 - Physical distancing
 - Outside conversation
- Transportation:
 - Masks
 - Air circulation
 - Windows down

CASA



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Advocacy for Clients

- Ability to attend important appointments with client
 - Counseling, MAT, mental health
 - Court hearings, probation meetings, CYS visits, attorney consults
 - Intercepting clients during magisterial hearings and avoiding jail time in favor of timely treatment connection
- Impact on the local Criminal Justice System
 - Judges, officers, probation officers, county officials recognize case managers and trust that clients are well taken care of

CASA



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Warm Hand-Offs and Follow-Through

- Hospital initiated
 - Case manager/peer support makes referral to appropriate treatment facility
 - Staff member follows client until connection with treatment is made
- Client-initiated
 - Ability to respond and engage with client in their home environment
 - Impact on client connection and engagement

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Successes

- Ex: Family member called, client agreed to be seen, client was seen same day in home and followed through with inpatient treatment the next day
- Ex: CM presented to a client's home who did not have insurance, was able to resolve issues same-day and client was able to follow through with inpatient treatment
- Ex: Client was driven to courthouse by CM to turn herself in, court was completed for the day. Attorney walked CM to judge's office and requested to hold an impromptu hearing so that client could attend her bed date that CM had prepared. Judge agreed, and the client was admitted to treatment on her scheduled bed-date.

CASA



TRINITY

Hope begins, here.