

Working with High Need Clients

Training Objectives

- Define high need clients
- Describe COE models that address high need clients
- Describe ways to prioritize needs among high risk clients
- Discuss ideas for capacity building at COEs who work with high need clients

Stages of Risk

- Highly Complex
- High Risk
- Rising Risk
- Low Risk

High Risk

“High risk means where there is an imminent likelihood of actual bodily harm, damage to public resources or facilities, damage to real or personal property, public health exposure or environmental damage or contamination.” (Stokes et al., 2015)



COURAGE **MEDICINE**

Overview

Kevin Moore, PsyD

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Courage Medicine: small agency, big goals

- Kevin Moore, PsyD, Executive Director, and Trisha Acri, MD, Medical Director, lead a 501(c)3 non-profit agency committed to provide the highest possible quality care to the most complex, vulnerable and underserved patients. Two physical locations with 11 therapists/care managers, a nurse practitioner, a nurse, medical assistant, and a peer specialist.
- Mission Statement: Courage Medicine promotes health, empowerment, and safety for individuals and families affected by drug use, mental illness, HIV/AIDS, and poverty and in the Philadelphia Region.

Overview of the community served: high need

- Most are experiencing homeless
 - Most start when actively injecting
 - Most have multiple Substance Use Disorders
 - Most have co-occurring mental illnesses
 - Most have co-occurring physical illnesses
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- 60% male, 60% people of color, 20% identify as LGBTQI+, high percentage of sex workers and formerly incarcerated persons

Courage Medicine: Range of Services

- Center of Excellence assessment and care coordination
- Primary Care including wound care
- Spectrum of Psychological Interventions (next slide)
- Psychiatric Medication Management
 - Anti-depressants, mood stabilizers, anti-psychotics
 - MOUD – (maybe 90% of our patients)
 - Community Benzodiazepine taper
- Community-engaged STI testing and treatment (later slide)
- PrEP, HIV, and viral hepatitis specialty care

Spectrum of Psychological Interventions

- Engagement and health information sharing
- Motivational Interviewing
- Supportive counseling (active listening, strengths-based support, no commitment)
- Harm Reduction Psychotherapy (HR goal-setting, limited treatment commitment)
- Directive Psychotherapies: Behavioral, CBT, DBT (committed to treatment)
- Recovery Psychotherapy (commitment to significant reduction in addictive behaviors)
- Insight Oriented Psychotherapies: ACT, Psychodynamic (long-term commitment)

Community-engaged STI testing & treatment

- We are physically all over Philadelphia in our Mobile Treatment Vehicle (MTV)
- We provide community outreach for people experiencing homelessness and offer them our services
- Our nurse is known in the community for providing expert wound care for injection-related and xylazine-related injuries
- We are known for our low-threshold approach to MOUD
- We are able to provide COE assessment and care coordination, MOUD, STI screening, and PrEP/HIV initiation in a single visit with comprehensive mental health services in centers or through telehealth upon follow-up

I want my MTV

(if you get the reference, you are old too).



How are needs assessed and addressed

Due to the high need population that we serve, we try to provide a lot of treatment at intake and follow up as much as possible.

Patients' motivation and level of functioning determine how much they want to and/or can participate in treatment.

Open access schedule means there are appointment days, not times and people can come on the "wrong" day and be seen.

Assessment becomes blended with addressing issues because treatment is not rationed nor separately delivered.



Nicholas Wood, PsyD

Co-Director, Center for Integrative
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<http://www.cimrecovery.org>

Who We Are

Mission: *Working for and within populations adversely affected by stigma, poor access to care, discrimination, and poverty, the Center for Integrative Medicine is dedicated to using our resources to provide comprehensive, compassionate, and effective care coordination, integrating physical and behavioral health for every patient with an Opioid Use Disorder and increasing access to Medication-Assisted Treatment.*

Context: Delaware County—high overdose, high poverty, high unmet need for OUD care. A program of AIDS Care Group, an ASO since 1998 providing comprehensive in-house access to a wide variety of care, including medical, mental health, psychiatry, dentistry, HIV prevention, HepC treatment, STI testing and treatment, Pharmacy, case management, housing, outreach, food bank, LGBTQ-specific care, trans care, and more. We are a Patient-Centered Medical Home.

CIM staff: PA, MD, CRNP, Psychiatrist, 2 office staff, 2 nurses, 2 medical assistants, 20 therapists (psych, social work, art therapy), CRS, program manager, other agency staff—billing, credentialing, pharmacy, etc

Overview of the community served: high need

- The full gamut of opioid struggles with very high rates of other substance use, especially stimulants
- High rate of co-occurring mental illness
- High rate of co-occurring physical illness
- Generational poverty
- Close to 100% experience of trauma
- Overall instability
- Extensive overdose experience either in self or others
- Criminal justice involvement

CIM: Range of Services

- Assessment and Intake, Care management and referral (typically in-house)
- Primary Medical Care—STI treatment, HepC treatment, HIV treatment and prevention
- MAT—100%, Suboxone, Sublocade, Vivitrol, Subutex
- Narcan distribution
- Psychiatry
- Psychotherapy
- Support Groups and Group Psychotherapy, Art therapy
- Food pickup and delivery
- Physical activity—walking, Zumba
- Case management (chronic illnesses)
- Pharmacy
- CRS support, referral and placement

Community Engagement

- Like Courage, we have an MTU
- Focus on inpatient treatment centers and recovery homes



Needs assessment

- High touch, hands-on approach
- Intake includes lowest level of barrier possible with a focus on motivation enhancement
- All patients are connected with a care managing recovery-oriented psychotherapist who engages in ongoing assessment of needs and enhancement of motivation
 - Formal and informal, open communication, PRAPARE tool
 - Coordination within PCMH—ICPs for people with persistent and severe mental illness, quarterly assessment of needs by PCMH team
- Costs and benefits of this high touch model—fewer people seen, more comprehensive and deeper care provided to those who are seen
- Needs prioritized based on threats to life, safety, ability to thrive, and recovery
- Comprehensive approach to recovery—health, home, purpose, community (SAMHSA)

Capacity Building Recommendations

- The higher need of the patient, the more rapidly treatment is needed
- Assess the assessment/treatment ratio of your agency's capacities
- Is there a design that could provide some immediate treatment?
- If you don't have mental health services, could you add some at least on a part time basis?
- If you don't have any mental health staff, consider hiring a mental health professional in your community for one hour a week to consult to your team in a case conference. There are almost always trauma-informed practices that will assist team functioning.