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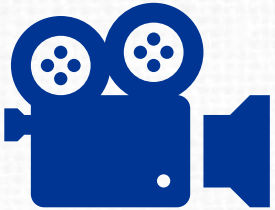
This menu allows you to **control**:

- React ("**Raise Hand**" is under this option)
- Access to the **Chat** box

Camera options are not available for participants. Participants can be unmuted by raising their hand and being recognized by the presenter.

Housekeeping



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If you used a forwarded link, we need your **email address**.

Pose questions in the chat to **all participants**.

Please complete the post-session **evaluation**.

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Mutual Agreement

- Everyone on every Learning Network webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on these webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.

Mutual Agreement (continued)

- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, **please send a chat during the session** to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. **Alternatively, you can reach out offline to your University point of contact.**

Acknowledgements

- The COE project is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.

- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.

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Care Planning

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Learning Objectives

By the end of this training, you will be able to do the following:

- Define care planning and distinguish between that and a care plan.
- Discuss how to develop a COE care plan with the client and the team.
- Outline the required and recommended components of a COE care plan.
- Describe how to use a care plan throughout the clients' COE program participation.

Why Care Planning?

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Key Aspect of Care Management

Scope of this Training

- Recognize that COEs **exist in a variety** of behavioral and physical health settings
- Provide **evidence-based information** about care planning and care plans
- It **does not replace** any requirements or expectations related to care plan documentation that has been shared by a managed care organization

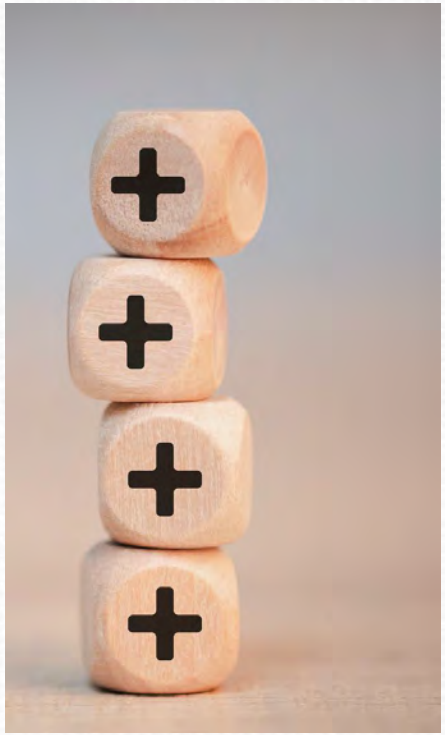
Care Plan Advantages and Outcomes

- Help **improve performance** in the areas of client and family teaching, coordination of services, collaboration and communication, and discharge planning
- Cost **effectiveness** and **reduction** in lengths of stay
- Improved **quality** of care and client satisfaction
- Better allocation of **resources** and **coordination** of services
- Improved **communication systems** among various disciplines

(Tahan, 2002)

Benefits for Clients

- Learning a process for systematically setting **goals**
- Understanding how to achieve desired goals through the accomplishment of **smaller objectives**
- Gaining mastery of themselves and their environment through **brainstorming** ways around possible barriers to a particular goal or objective
- Experiencing the process of **accessing** and **accepting assistance** from others in goal setting and goal attainment



(SAMHSA, 2015)

Discussion Question

What **benefits for clients** have you seen from the **care planning** process?

Care Planning and Care Plans

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Distinction Between:

Care Planning

Care Plan

(Burt et al., 2014)

Defining Care Planning

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Key Aspects

- Anticipatory
- Defines Key Roles and Tasks
- Negotiating Agreements
- Supporting Clients
- Promote Care

(Burt et al., 2014)

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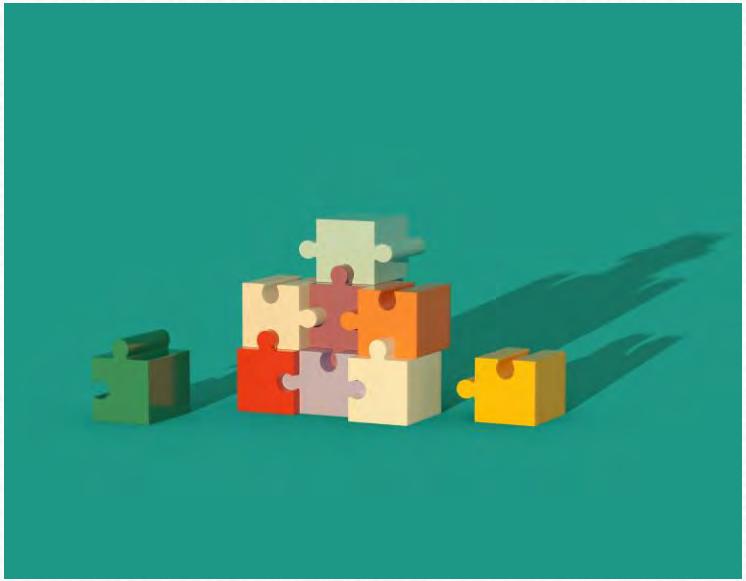
Care Planning Includes:



- Identification and discussion[1]
- Decision-making[2]
- Location of services[1]
- Who will monitor progress[1]
- Coordination of services[1]

([1]CSAT, 2006; [2]Coulter et al., 2015)

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Care Planning Considerations

Care planning considers the following for each individual:

Needs

- Health, personal, social[1]
- Economic, educational, mental health[1]

Circumstance

- Ethnic and cultural background[1]
- Housing situation[2]
- Welfare benefits[1]
- Access to care[3]
- Stage of change[2]

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([1]Ross et al., 2011; [2]Mancini, 2012; [3]CMSA, 2016)

Including Discharge Considerations at Creation

Discussion Question

What **strategies** do you use so clients are not **overwhelmed** during the process?

Defining Shared Decision-Making

- Considers expertise of client and professional[1]
- Increases motivation[1]
- Shared understanding
- Preferred goals/outcomes
- Shared decisions/mutual agreement[2]
- Shared responsibility[1]

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([1]Coulter et al., 2015; [2]Ross et al., 2011)

Shared Decision-Making Techniques

- Motivational Interviewing[1]
- Encourage clients to share[1]
- Open-ended questions[2]
- Elicit client's goals[2]
- Clarify client's understanding[1]

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([1]Coulter et al., 2015; [2]Theodorou et al., 2020)

Shared Decision Making Practice

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Scenario

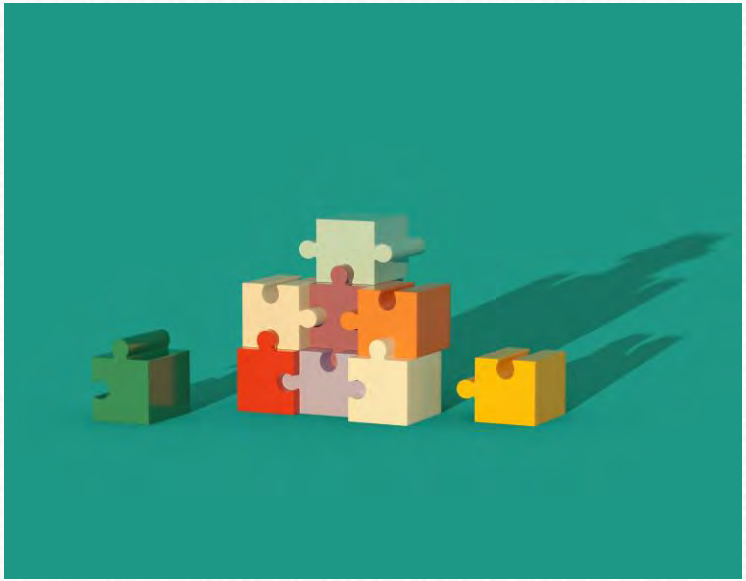
- **Client:** Marcus J., 34 years old
  - **Referral Source:** Emergency Department following non-fatal overdose
  - **Status:** Completed enrollment checklist; assigned to COE Care Manager
- **Background:**
  - 10-year history of opioid use disorder (primarily fentanyl)
  - Intermittent benzodiazepine use
  - Mild depression, not currently in treatment
  - Works part-time as a delivery driver; lives with supportive sister
- **Client statement:**
  - “I just don’t want to go through withdrawal again. I’ve heard about Suboxone and methadone, but I don’t know which one’s right for me.”

Treatment Option	Benefits	Risks / Limitations	Effort Required
Buprenorphine	Reduces cravings and withdrawal Flexible dosing Can be prescribed at COE or primary care Strong evidence for reducing overdose risk	Must be in mild withdrawal to start Some risk of diversion Possible side effects (headache, constipation)	Take medication daily Regular COE follow-up visits Moderate structure and accountability
Methadone	Most structured option Very effective for severe OUD Daily support and monitoring Reduces cravings and withdrawal quickly	Requires daily attendance at OTP (initially) Sedation risk Stigma concerns Strict program rules	High effort Daily clinic visits at first Frequent counseling & urine screens Increased time commitment
No MOUD (Counseling Only)	No medication required May align with personal beliefs or preferences Counseling and peer support focus	Highest risk of return to use No craving suppression Much weaker evidence for reducing overdose risk	Regular counseling sessions Strong external supports needed High personal effort to maintain recovery

Discussion Question

How is the client involved in care planning at your COE?

Care Planning Includes:



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([1]Ross et al., 2011; [2]Mancini, 2012; [3]CMSA, 2016)

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([1]Coulter et al., 2015; [2]Theodorou et al., 2020)

Positive Impact of Client Involvement in Care Planning

- Engaged client is more likely to **manage** their condition effectively[1]
- Strengthened **relationship** between clients and providers[2]
- **Increased use** of behavioral treatment, routine medical care, HIV tests, suicide prevention counseling[3]

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([1]Ross et al., 2011; [2]AHRQ, n.d.; [3]Park et al., 2020)

Positive Impact of Client Involvement in Care Planning (cont.)

- Improvements **in self-confidence**[1]
- Improved **client engagement** in effective substance use treatment services[2]
- Improvements in certain indicators of physical and psychological **health status**[1]
- Improved health and **better quality of life**[1]

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([1]Coulter et al, 2015: [2] Park et al., 2020)

Review and Inclusion of Formal Assessments

- Social Determinants of Health
- ASAM Level of Care (LOC)
- Suicide screening
- BARC-10

Common Practice v/s Ideal Practice

Common Practice	Ideal Practice
Assessments completed primarily to meet **documentation requirements**	Assessments used as a **tool** to understand the client and guide care planning
Intake feels like a **checklist** of required forms	Intake is a **conversational, client-centered** process
Focus on identifying **problems** and **risk** factors	Assessment identifies **strengths, needs, and goals**
Assessment results are documented but **not always used** later	Assessment findings directly inform **care plan goals and interventions**
Information collected **once** at intake	Assessment information is **revisited and updated over time**
Client voice may be limited during intake	Client priorities and readiness for change **guide planning**

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Which of these “common practices” do you see most often?

Zoom Poll

COE Team Role Discussion

- How do you determine who completes the plan?
- Are all team members involved in care plan development?
- Who signs the care plan?

Team Involvement in Care Plan

- Consider clients' unique needs and situation when identifying a care team.
- When taking a team-based approach to care, COEs need to be thoughtful and explicit in developing care teams and assigning roles.
- One or more members of the team should become skilled at introducing the process of developing goals and creating the plan.

(AHRQ, nd)

Team Care Planning Example

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Nursing Assessment

3 vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting				
Tremor *observation of outstretched hands* 0 No tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching	2			
Yawning *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times /minute	1			
Anxiety or Irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable anxious 4 patient so irritable or anxious that participation in the assessment is difficult	0			
Gooseflesh skin 0 skin is smooth 3 piloerrection of skin can be felt or hairs standing up on arms 5 prominent piloerrection	0			
Total scores **with observer's initials**	17			

Score:
5-12 = mild;
13-24 = moderate;
25-36 = moderately severe;
more than 36 = severe withdrawal

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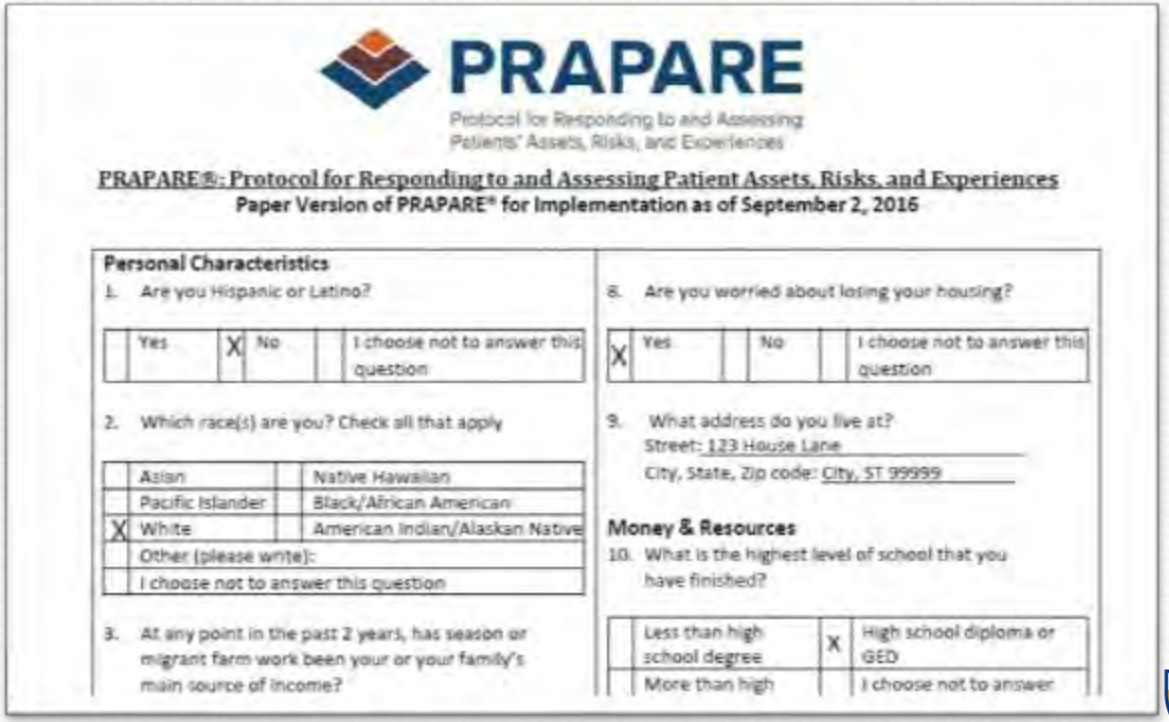
Care Manager Assessment



PRAPARE
Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences

PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences
Paper Version of PRAPARE® for Implementation as of September 2, 2016

Personal Characteristics

1. Are you Hispanic or Latino?

	Yes	X	No		I choose not to answer this question

2. Which race(s) are you? Check all that apply

	Asian		Native Hawaiian
	Pacific Islander		Black/African American
X	White		American Indian/Alaskan Native
	Other (please write):		
	I choose not to answer this question		

3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?

8. Are you worried about losing your housing?

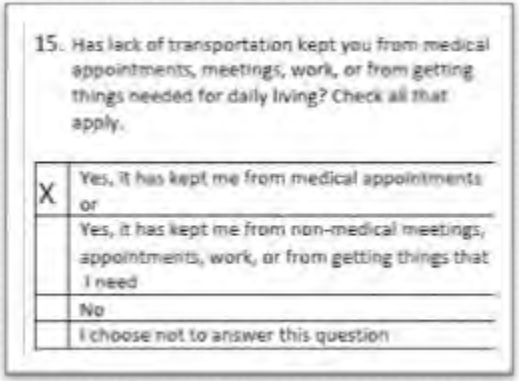
X	Yes		No		I choose not to answer this question

9. What address do you live at?
Street: 123 House Lane
City, State, Zip code: City, ST 99999

Money & Resources

10. What is the highest level of school that you have finished?

	Less than high school degree	X	High school diploma or GED
	More than high		I choose not to answer



15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

X	Yes, it has kept me from medical appointments or
	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
	No
	I choose not to answer this question

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Counselor Assessment

- **Dimension 1:** Acute Intoxication/Withdrawal Potential – Daily fentanyl use; mild–moderate withdrawal symptoms
- **Dimension 2:** Biomedical Conditions – No significant acute biomedical concerns
- **Dimension 3:** Emotional/Behavioral Conditions – History of depression and anxiety affecting recovery
- **Dimension 4:** Readiness to Change – Interested in MOUD but ambivalent about long-term treatment
- **Dimension 5:** Relapse/Continued Use Potential – Daily use and recent non-fatal overdose; high risk
- **Dimension 6:** Recovery Environment – Unstable housing and limited recovery supports

Recommended Level of Care

ASAM 3.5: Clinically Managed High-Intensity Residential Services recommended

Client declined residential LOC and agreed to **MOUD treatment only**

Team Based Care Planning

- Nurse, counselor, and care manager contribute assessment findings
- Team discussion helps identify priorities for the client
- Care manager can use MI to explore ambivalence about LOC
- Care plan should reflect team input and the client's needs and preferences

Using MI to Engage

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COE Guiding Principles and MI

Assertively engage individuals with a history that identifies risk of disengagement, poor outcomes, or overdose

Care coordination that is **assertive and community-based**

The MI Spirit

- Partnership
- Acceptance
- Compassion
- Evocation

(Miller & Rollnick, 2013)

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Using MI at Enrollment

- MI creates a safe, nonjudgmental space for clients to open up
- Leads to deeper understanding and more individualized care planning
- Motivation is shaped through interaction
- Early use of MI sets the tone for ongoing participation in care

(Rollnick, Miller, & Butler, 2008)

Helpful MI Skills

- Open Ended Questions
- Reflective Listening
- Affirmations
- Summarizing

Care Planning Key Takeaways

- Care planning is an **essential** piece of care management.
- **Shared decision-making** is critical.
- Appropriate **team members** are included.

Wrap up and Next Session

Please complete the **session evaluation**

Slides and recording available on Tomorrow's Healthcare

Next Session:

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References

- Mancini, M. (2012). Assessment Strategies for Substance UseDisorders. In *Social Work Practice in the Addictions* (pp. 49-71). NewYork, NY: Springer New York