Part III

"The Pathfinder Certificate of Completion Seminar"

Seminar # 17

Issue # Eight of 12 key Issues: Support Agencies Mapping

Introduction

INSTRUCTIONS: View this video prior to continuing in this workbook.

VIDEO ONE:

ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: Six Skills for Families Affected by Addiction

By: Jan Ligon

This brief video provides an overview of six skills to help families and significant others who are affected by a person who has a substance abuse or addiction problem. http://helpingfamiliesaffectedbysubst...

Link: https://www.youtube.com/watch?v=3sBff2khxpo

Duration: 8:36 min

The Support Agencies Mapping

Issues the Family Faces

A Dual Diagnosis?

Search Title:, REF: Supporting Recovery: Integrated Treatment for Co-Occurring Disorders.

VIEW VIDEO LINK: https://www.youtube.com/watch?v=DfwaLQRWBaQ

The reason we are viewing the topic of Co-Occurring Disorders is these diagnoses are very common

and require more extensive coordinated care and integration. The person with suspected substance use disorder visits a family doctor or primary care physician, who may then refer them to an addiction or rehabilitation specialist. But did they mis the mental health diagnosis?

The doctor will ask questions about frequency of use, impairment of daily living, and whether the use of a substance is increasing and how the pattern of use is impacting important social, occupational, educational or other functional areas.

They will also ask about withdrawal symptoms which may have occurred at times when the person attempted to decrease or stop use.

The doctor will complete a physical examination and run some blood work to assess overall health. This helps to determine if medical treatment is needed. Now comes the question, how prepared is the family to use the diagnosis in setting up a path of services for their loved one?

It is important to engage stakeholders/organizations in the results of diagnosis findings, during your family resource mapping. The information gained from the diagnosis to include mental health, drug addiction and medical co-morbidities is a part of the mapping process and it can be used to help stakeholders make decisions on whether to improve, develop, and/or continue new and existing practices or programs.

Throughout the analysis of the map, keep your goals in mind, and think about how you want to present your findings to meet the needs of diverse audiences and ultimately improve the performance outcomes. You may choose to prepare summaries from other partners services and share them between your network of stakeholders/organizations, as well as summary sheets that highlight key findings.

Regardless of the communication method, it is imperative that content necessary for audiences to place the findings and results in a proper context and perspective. Simple, user-friendly summaries briefly review and highlight the major aspects of a program's outcomes, its conclusions, and its significance to the audience may be invaluable.

Reflection Questions for your past programs and services outcomes:

• Have you identified the goals to a past program and service?

• Have you included the set priorities for that program and service?

• Have you determined how to collect the information?

• What collection process will be used?

• How does the use of a summary and outcomes collected relate to your goals/outcomes for the next provider?

• Are existing resources effectively targeted and used to meet the goals of care?

• Are your findings reliable and credible?

• Are the products being considered for the next phase responsive to the needs of the patient and the capabilities of the stakeholders/organization? Are there other provider in the community that may be a better fit?

Consider sharing your past summaries with new providers so they can understand what worked in the past and what did not.

The Family Resource Mapping

Once the data has been collected and analyzed, the challenging part begins. Acting on the information from the mapping process is an important step. What are you going to do with the information now? The misconception exists that once resources are identified and mapped; the work is completed. It is not. The greatest challenge in Family Resource Mapping often exists in developing a plan of action for implementing the map. This step in the process allows the family to take pro-active action in planning and building its system.

Developing an Family Master Plan of Action is a matter of detailing the action the family will take to build their system so it meets the families individual needs. Action planning allows you to determine how to strategically act on the information revealed in the information analysis step. The action plan aligns your resources with the goals outlined in the pre-mapping stage. For example, you may identify new resources to support your goal. If this is the case, the action plan would focus on pursuing those resources. You also may discover that existing resources could better meet your goals if they were realigned. This action plan would outline a course for redirecting these resources to support the goals as outlined earlier in the pre-mapping step.

Most important are other possible actions, in light of the information analysis, are aligning services to fill gaps or eliminate duplication or un-necessary services.

> Consider when a family is documenting the person(s) or organization(s) is now accountable for a particular action, the completion of the action, and how you will measure success. Identifying your past results, allows others to see they too will be measured, and that level of self-administered accountability can go a long way.
>
> Many patients' individual needs are such that some program with standardized, one size fits all, may not include these needs to the plan of care. Often, stakeholders/organizations in one patient's outcomes stand at cross-purposes with each other. Programs must seek a mutually satisfactory response, for example, when courts and departments of corrections, whose primary interest is public safety, mandate lengthy residential treatment in secure settings, while health plans require brief treatment in the least intensive environment. Or when a treatment center excludes the family from understanding how to support sustainable recovery after the discharge from services, the family is not well served.

Programs confront the issues of stakeholder/organization conflict most commonly, perhaps, when treating clients with co-occurring mental health and substance use disorders. These cases tend to involve the most from stakeholders/organization because of the exceptional number of community services these men and women require. Moreover, substance abuse and mental health programs historically have had problems forming good collaborative relationships. Programs also encounter substantial potential for stakeholder conflict when treating adolescent patients. Families routinely disagree with courts; juvenile justice, child protection, and school representatives all have their opinions on the most appropriate care. Disagreements on the nature and duration of treatment are common, and subtle conflicts are the norm rather than the exception. In a context of limited financial resources, programs must balance competing claims for access to services coming from courts and corrections, employers, schools, and families.

Obstacles the family will likely address

Adopting a holistic view of clients in substance abuse treatment is especially important for any service provider making referrals to other providers or agencies. At the point of referral, there is both an opportunity to address a client's unmet needs and a potential danger of losing the client. Collaboration is crucial for preventing clients from "falling through the cracks" among independent and autonomous agencies. Effective collaboration is also the key to serving the client in the broadest possible context, beyond the boundaries of the substance abuse treatment agency and provider.

The traditional referral system from substance abuse treatment programs to outside agencies can create obstacles to effective collaboration. Examples of obstacles are designation of which agency has major responsibility for a client, structural barriers driven by funding sources (e.g., payment to only one treatment agency), difficult-to-treat clients, and differing staff credentials.

The issue of which agency "takes credit" for a client is a difficult question arising from competition among different agencies, each of which has an interest in maintaining a certain "head count" to ensure continued funding. This barrier highlights the need to change the way that agencies are credited for their participation in a client's recovery. In many treatment systems, only one agency can receive credit for clients who are served by several service providers.

It would be preferable to allow all participating agencies to take credit for these clients. For example, this happens in communities that have collaborative relationships based on shared outcomes negotiated across agencies. These cross-agency outcomes can occur across service systems (e.g., substance abuse treatment and social services) or across provider networks (e.g., residential and outpatient providers). Outcomes are

negotiated both across agencies and with funders of services. Funders play a critical role because they must "change the rules" that allow only one agency to receive credit for a client.

This change from a rules-driven system to a results-based system encourages all participating agencies to be recognized for their contribution to client outcomes. Also, it is important that each provider understand the role of the other providers so that it does not seem as if they are competing. Each provider must create an appropriate working relationship with the other providers so the client can benefit from all.

Structural barriers may also be posed by program policies that are determined by the program's primary funding source. Such policies may dictate, for example, that clients cannot engage in concurrent activities, such as vocational training and treatment of substance abuse disorders. If the State or a managed care system does not allow clients to participate in concurrent services, then collaboration efforts will be difficult, or even impossible. However, in some cases, this is simply a program philosophy and not a formal policy, and efforts should be made to change this mode of operation. Another major barrier in the past has been confidentiality requirements. One answer to addressing this problem is joint training.

In the present system, there are no rewards for serving difficult-to-treat clients, and sometimes agencies set criteria under which only the clients with the greatest potential for success are accepted. Incentives are needed for programs to accept those clients who have the greatest problem severity or multiple needs. This is known as "case mix adjustment."

The incentives should be based on three factors: (1) identification of difficult-to-treat clients based on analysis of differential outcomes and clients' characteristics, (2) analysis of the additional average costs of serving these clients, and (3) provision of either explicit incentives for serving these clients or a more equitable approach.

Staff licensing can sometimes be a barrier to collaboration because it is defined categorically. For example, sometimes the referring agency has a policy requiring that the staff members of the receiving agency have the same licenses and credentials as the referring agency's staff. In addition to requiring specific types of expertise, a referring agency sometimes requires the staff members of the other agency to be "professionals" with advanced degrees. The unfortunate consequence is that credentialing standards, rather than transdisciplinary collaboration, often dictate the services clients receive.

Vocational Training & Substance Use Disorders Treatment

Agencies and organizations that provide vocational training in collaboration with substance abuse treatment programs can be divided into two levels--agencies providing specific training for employment (Level 1), and agencies with resources and services needed by clients at the same time they are receiving substance abuse treatment and employment rehabilitation services (Level 2).

<u>Examples of Level 1 resources include:</u>

- City-, county-, and State-operated vocational rehabilitation (VR) services
- Public and private employment and job placement services
- Public and private employers in the community

- Vocational-technical colleges
- Community colleges
- Privately owned VR facilities
- Criminal justice vocational training programs

Examples of Level 2 resources include:

- Economic Development Centers (One-Stop or Workforce Development Centers)
- Shelters for survivors of domestic violence
- Mental health agencies
- Homeless shelters
- Child welfare agencies
- Child care services
- Family services
- Housing authorities
- Evening adult education programs
- Alternative education programs
- Literacy programs
- Adult basic education programs and general equivalency diploma (GED) programs
- Young Men's Christian Associations (YMCAs), Young Women's Christian Associations (YWCAs), Young Men's Hebrew Associations (YMHAs), and Young Women's Hebrew Associations (YWHAs)
- Social service organizations

- HIV/AIDS programs
- Health and disability organizations
- Independent living centers
- Religious groups
- Self-help meetings
- Accessible meetings

These are just a sample of what is to be considered when building the Family Resource Map.

Solutions to Issues & Obstacles

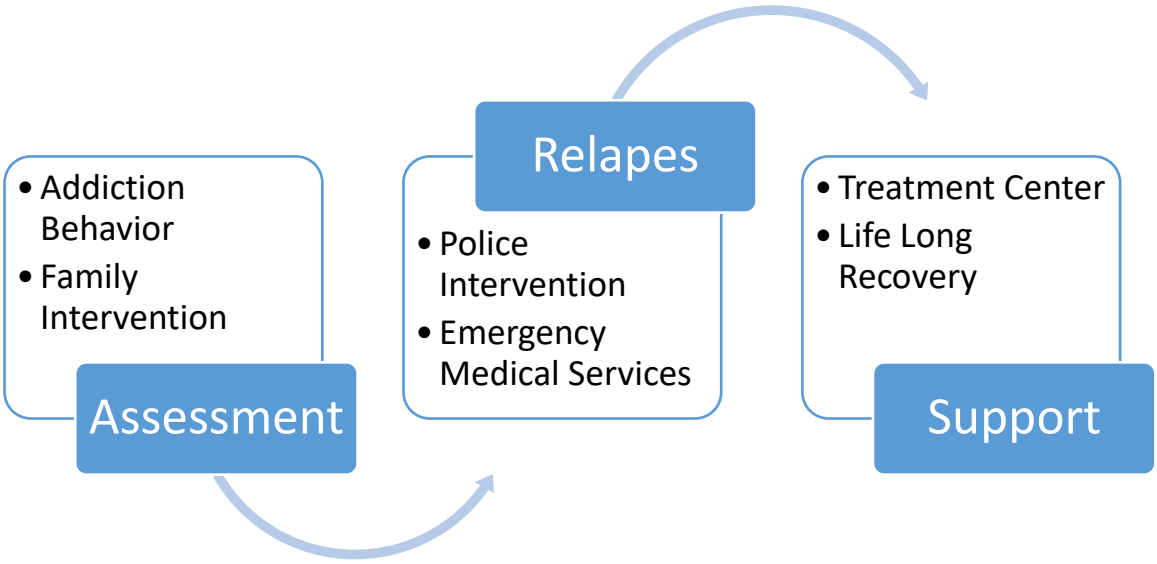
People live in different environments, and service providers have a responsibility to understand the contexts in which their clients operate. Client-focused treatment and referral needs to be based on

an understanding of the family relationships, cultures, and communities of the clients. Culture can be broadly defined as incorporating demographic variables (e.g., age, sex, family), status variables (e.g., socioeconomic, educational, vocational, disability), affiliations (formal and informal), and ethnographic variables (e.g., nationality, religion, language, ethnicity). In many cases the client's belief system is intricately woven with culture, and providers should start where the client is and acknowledge the spiritual part of the work. Substance Use Disorders treatment programs typically are not open to faith-based organizations in their communities, which could be a valuable collaborative partner. So, it will be up to the family resource mapping to include.

Substance abuse treatment that is both client-centered and client-focused is more likely to improve the lives of client. Collaboration among agencies providing requisite services is an initial step toward client-centered care. Referral can be a way for agencies to hold each other accountable for getting results for clients. Referrals are necessary and appropriate when the substance abuse treatment program cannot provide special services needed by their clients. Some of the areas for which referrals may be needed include job readiness, job training, medical care, and ethnic/cultural expertise. The family resource mapping needs to consider the transition of services as a special part of the overall treatment effectiveness. It is only the family who will have the transition and persons interest as a primary focus.

> If the rationale for integrated treatment is a successful outcome for the client, there must be some way of measuring whether the referral is successful. From the referring provider's perspective, referral represents an act of faith, hope, and trust that the agency to which the client is referred will be accountable and will share the goal of client success along with the referring agency. Referrals also represent an opportunity for change, growth, and development. Far too often, however, a referral consists merely of handing a client a list of names and telephone numbers and assuming or hoping that the client will take the initiative to make the necessary contacts.
>
> Distinct from a traditional model is one where collaborations are fostered and maintained among agencies providing services to clients with overlapping needs, such as substance abuse treatment, employment, housing, education, and child care. In this context, the multidisciplinary team approach comes into play, but rather than coexisting under one roof, team members work within the various agencies engaged in collaboration. Referrals are negotiated among interlinked and interdependent agencies that share mutual goals and outcomes.

Practical Exercise # One

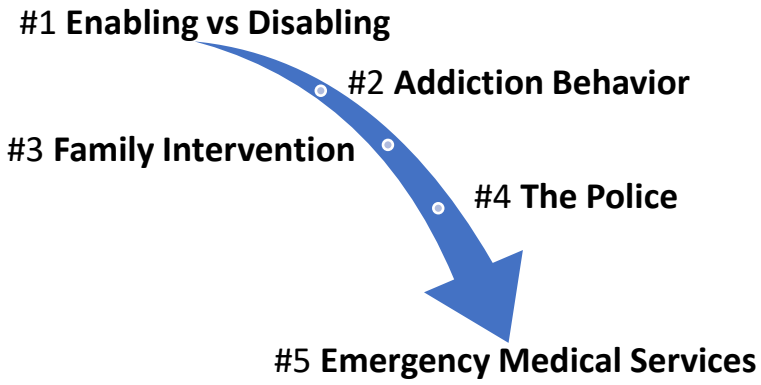


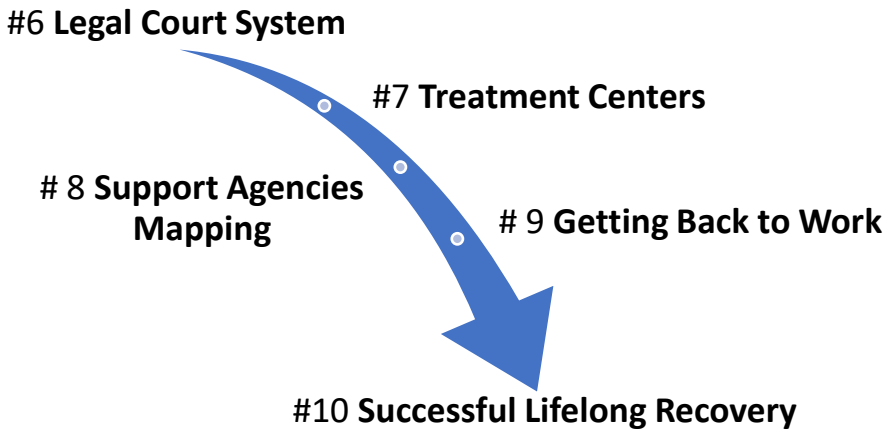
Knowing what stage of the journey you are in, helps to determine what services is going to be needed next. The purpose of completing this seminar is to become aware of the family members support services, having the family ready to engage these resources at the right time and knowing what is going to be the possible outcome.

STEP TWO

Take the 12 Key Issues and submit each to a Family Transformational Response exercise:

The 12 Key Issues a Family Faces





#11
Bereavement (Learning how to move forward)

#12 **Faith, Spiritual Practices**

STEP THREE

1. **Define the Issue?**
    a. Clearly State what happened or will happen.
    _____
    _____

    b. Identify who is involved or should be involved.
    _____
    _____

    c. What would you like to have happened, or like to see happen?
    _____
    _____

2. **How does the issue impact the family?**
    a. Who in the family?
    _____
    _____

    b. In what way?
    _____
    _____

    c. What is needed to move forward?
    _____
    _____

3. **What steps can the family take to prepare and then respond to the issue?**
    a. What needs to be done, prioritize the list.
    _____
    _____

    b. Who needs to be involved?
    _____
    _____
    _____

c. What will it look like when completed?

_____
_____

4. Who can help and assist the family in their response?

a. How to search for an organization to help.

_____
_____
_____

b. What to ask from them?

_____
_____
_____

c. What to expect?

_____
_____
_____

5. What should the family expect as their outcome?

a. Timeline.

_____
_____
_____

b. The expenses/cost involved in this issue.

_____
_____
_____

c. Required changes to successful respond to this issue.

_____
_____
_____

STEP FOUR

Make an inventory of each provider that has services or programs which address each issue:

The 12 Key Issues a Family Faces

ISSUE # 1. Enabling vs. Consequences

GOAL: To build a foundation *denial coping techniques* that do not enable substance misuse. Also learn the consequences of enabling and denial that disables the positive habits of successful recovery. Learn how communication makes a safe place for the family. A family counselor or life coach is considered in the mapping process.

Providers:

1.

2.

3.

ISSUE #2. Addiction Behavior

GOAL: To learn the *behavior traits of substance use disorder*. To understand how boundaries work to create change over time. Also, learn how to responds to these behaviors. A drug addiction counselor is considered in the mapping process.

Providers:

1.

2.

3.

ISSUE #3. Family Intervention

GOAL: Gain a practical understanding of the *5 Stages of Change* theory. Be able to apply the motivational interview (family level) work sheet for each stage. A Family Therapist using Bowden Family Therapy models is considered in the mapping process.

Providers:

1.

2.

ISSUE #4. The Police Intervention

GOAL: To learn the typical steps needed when the police intervein. Create a *missing person's report* in advance. Learn the options and paths this intervention might take. Be able to bridge from the police

intervention to the next level of intervention. The recommendations of the local Chief of Police or Quick Response Team is considered in the mapping process.

Providers:

1.

2.

3.

ISSUE #5. The Emergency Medical Services Intervention

GOAL: Learn what to do in the case of a medical emergency. Understand what to expect at an Emergency Room. Be prepared to make the needed decisions required at this part of the journey. An Emergency Room Social Worker is considered in the mapping process.

Providers:

1.

2.

3.

ISSUE #6. The Legal System Intervention

GOAL: Learn how to navigate the court system. What is the requirement for drug court and other options? The prosecutor's office staff is considered in the mapping process.

Providers:

1.

2.

3.

ISSUE #7. The Treatment Center Intervention

GOAL: Learn what the treatment center will do and what it will not do. How to select the right treatment center using a criterion check list. The local treatment center admission director is considered in the mapping process.

Providers:

1.

2.

3.

ISSUE #8. Support Agencies

GOAL: Learn how to create a family Resources Plan by using a *Family Resources Plan of Action Work Sheet.* Using the list of available agencies to properly match the agency with the needs of the family. Take this seminar.

ISSUE #9. Relapse

GOAL: Learn how to create a *Getting Back to Work Plan*. Using the Getting Back to Work Planning Guide match each step with the proper agency or program. Taking seminar # 18 Relapse, and Support Agencies Seminar # 17.

ISSUE #10. Successful Lifelong Recovery

GOAL: Learn how to create a supportive and safe space for the family and the loved one in recovery. A peer to peer director is considered in this mapping process.

Providers:

1.

2.

ISSUE #11. Bereavement

GOAL: Learn how to navigate the journey of grief and all that life give us in these times. A bereavement MSW is considered in this mapping process. Contact a hospice company.

Providers:

1.

2.

3.

ISSUE # 12. Faith, Spiritual Practices

GOAL: How to use your faith in the journey of substance use disorders. Also, create an "Invest in the Family Ministry" at your place of faith practice. www.amazon.com

Providers:

1.

2.

PRACTICAL EXERCISE TWO:

SUMMARY OF SERVICES AND PROGRAMS

Previous Providers, contact information	Services/Programs Provided	Duration of program	Outcome of Program	Un met needs	New Expectations

PRACTICAL EXERCISE THREE:

FAMILY RESOURCE MAP

ISSUE	Services/Programs Provided	Title of Program	Point of Contact	Required Eligibility Criteria	Expectations

PRACTICAL EXERCISE FOUR:

Communication & Coordination Memo

Organization:_____

Point of Contact: _____

Email:_____

Website: _____

_____I have,_____do not have a HIPPA Release Form on file. Date on File:

ISSUE: _____

What program does the provider have to address this issue	**How many of the criteria points were met by this program**	**What is the primary reason for selecting this program**	**How will you monitor progress in the program**
			See Notes dated:
			See Notes dated:

VIDEO THREE:

ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: CRAFT: Community Reinforcement And Family Training

Advance video to minute 7.min if you want to bypass the introductions.

Published on March, 2012

Link: https://www.youtube.com/watch?v=hlYFcXb0JBk

Duration: 58 min.

Dominique Simon-Levine with Allies in Recovery presents the CRAFT process for helping individuals and families with addiction problems at an OPIOID Task Force event. She introduces the website developed using the CRAFT process to help families in working with addiction problems.

MASTER FAMILY PLAN OF ACTION FOR: "Support Agencies Mapping"

Complete answers and move to "Master Family Plan of Action" found in back of workbook.

1. Your family is to complete a diagnosis and assessment with severity of stage.
2. An interview of the agencies by selection of the 12 key issues list.
3. The organization chart for the facility will be recorded for future reference.
4. The family members will seek family therapy during the time the loved one is in treatment.

As part of the Master Family Plan of Action the family members will complete the review the needed "points of contact" at the agencies they will possibly need to work with in the future.