INNOVATIONS
HOPE IN PRACTICE

JORDAN HANSEN, MA, LADC
SENIOR MANAGER CLINICAL STRATEGY AND PROGRAMMING
HAZELDEN PUBLISHING
INNOVATION IS CONVERGENCE
BLENDING SCIENCE & WISDOM

DR. VINCENT DOLE

BILL WILSON
“At the last trustee meeting (of AA) that we (Vincent Dole and Bill Wilson) both attended, he (Bill Wilson) spoke to me of his deep concern for the alcoholics who are not reached by AA, and for those who enter and drop out and never return. Always the good shepherd, he was thinking about the many lost sheep who are lost in the dark world of alcoholism. He suggested that in my future research I should look for an analogue of methadone, a medication that would relieve the alcoholic’s sometimes irresistible craving and enable him to progress in AA toward social and emotional recovery, following the Twelve Steps.”

Dr. Vincent Dole
INTEGRATED CARE

RECOVERY ORIENTATION

MEDICAL CARE

CLINICAL CARE

RECOVERY CONNECTION
Emergency Department Induction and Connection Program

- Screening for Substance Use Disorders in ED
- Initiation of medications for those appropriate
- Connection with peer supports in ED
- Connection with clinical services at Grady Behavioral Health
- Partnership with Hazelden Training and Consultation to develop and implement effective workflows, treatment programming, research concepts and strategic partnerships
Community Needs Assessment and “Quilting” Roadmap

- Community, payer, provider assessment was developed for region’s map of care
- Medical, treatment, recovery providers were analyzed for use of evidence-based treatments, use of peer recovery supports, insurance/Medicaid acceptance, and integration of medication-assisted treatment (MAT)
- Integrated roadmap was developed that encouraged and made room for collaboration between providers from different theoretical approaches
- Specific services, including syringe-access, innovative sober housing models, and office-based outpatient MAT were recommended for initial funding
- IU’s Grand Challenge was contacted to provide academic and financial support
Bartholomew County - Indiana - ASAP

Substance Abuse Support System for Bartholomew County
Kenton County Detention Center

Implementation of COR-12 program in custody and during reentry and community supervision

- Kenton County Detention Center will provide 90-day treatment using the evidence-based, CBT-driven, “A New Direction” curriculum
- Medications, including Vivitrol and various buprenorphine preparations will be provided to participants during incarceration and after release for up to one year
- Peer supports, case management, and ongoing treatment will be provided during community supervision/reentry
- UK will collect data as an addendum to their statewide corrections research program to determine efficacy and ROI of program
Implementation of trauma-informed and recovery-oriented practices

- Program assessment using Behavioral Health Integration in Medical Settings instrument (BHIMC) driving implementation and training plan
- Incorporation of co-occurring peer support and recovery support meetings
- Evidence-based curriculum training around co-occurring disorders
- Assistance with workflows, staffing models, and program development for 19-site Federally-Qualified Health Center
Convening and facilitating a stakeholder process to develop community-specific recommendations for services for African American people with OUD

- Developing stakeholder process for African American community members, treatment and healthcare providers, political activists, and recovering individuals to steer the growth of behavioral health services for the Minneapolis African American population
- All participants compensated for their time and knowledge
- Participants voices are lifted up and documented, experts from these communities drive this process
- Goals of sustainable change, highlighting of specific areas of inequity, and development of new generation of leaders in behavioral health equity
THE FUTURE?

• Intuitive screening via Electronic Health Records
• Reimbursement for drivers of social determinants (HOUSING!!!!)
• Corrections and criminal justice reform
• Recovery support reimbursements
• Further integration with pay-for–performance metrics
• Harm-reduction efforts driven by people in abstinence-based recovery
• Prevention and education focus
• Convergence…
My clients don’t hit bottom; they live on the bottom. If we wait for them to hit bottom, they will die. The obstacle to their engagement in treatment is not an absence of pain; it is an absence of hope.

Outreach Worker
(Quoted in White, Woll, and Webber 2003)
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THANKS!