



CALIFORNIA HUB AND SPOKE



ASIS-TTA

Learning Collaborative Quarter 3 - June 2021

June 1st – 2nd, 2021

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.



PEOPLE FIRST.



The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Recovery Support Services Along the Continuum of Substance Use and HIV Treatment

Andrew Kurtz, LMFT

Pacific Southwest Addiction Technology Transfer Center

Integrated Substance Abuse Programs

Department of Psychiatry & Biobehavioral Sciences

David Geffen School of Medicine at UCLA



UCLA

Educational Objectives

At the end of this training session, participants will be able to:

1. Describe two examples of supports within each of the four categories of Recovery Capital
2. Identify two evidence-based treatment interventions to enhance recovery for PLWHA and substance use disorders
3. Discuss two factors that contribute to reduced treatment adherence among individuals with SUD
4. Describe two services or resources to enhance engagement across the recovery continuum


Recovery: The Intersection of HIV and Substance Use

- Alcohol use is common among people living with HIV
- While alcohol may be used socially or as a coping mechanism, use results in a number of negative outcomes
- Alcohol use is associated with:
 - Reduced antiretroviral adherence
 - Lower viral suppression
 - Worse retention in care
- Coping-based use predicts heavy drinking



Defining Recovery

- Around 20 million Americans are currently in recovery from an alcohol or drug use problem
- Recovery is highly individualized
- Recovery can occur naturally or be supported by treatment services
- Recovery is not the same as abstinence or treatment

A hand is shown placing a wooden block on top of a stack of three wooden blocks. To the left of this stack is a single wooden block. The background is a light blue gradient, and the surface the blocks are on is a light-colored wooden floor.

How do you define
Recovery?

Definitions of Recovery

- “Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.” (SAMHSA)
- Recovery is no longer solely defined by clinical recovery
- Betty Ford Institute identifies the resilience to relapse as: early (1-12 months), sustained (1-5 years), and stable (5+ years)



Recovery Capital

Social

- Family
- Friends
- Peers
- Partners
- Co-Workers

Physical

- Housing
- Clothes
- Transportation
- Insurance
- Money

Human

- Education
- Positive health
- Values
- Knowledge
- Experience
- Interpersonal Skills
- Sense of Purpose

Cultural

- Access to Recovery Supports
- Laws and Regulations that Promote Recovery
- Supportive Language about Recovery

What Does Recovery Support Look Like?

Pre-Recovery Engagement

Provisional Support
(inc. Harm Reduction)
Resource Navigation
Ad-Hoc Engagement

Recovery Initiation & Stabilization

Service Connection
Social Support
Recovery & Wellness
Planning
Building Recovery
Capital
Frequent Engagement

Recovery Maintenance

Strengthening
Recovery Capital
Ongoing Wellness
Planning
Social Support
Less Frequent
Engagement

Long-Term Recovery

Ongoing Wellness
and Self-Care
Natural Community
Supports
Giving Back
Intermittent Engagement
or Check-ins



Pre-Recovery Engagement

Stigma

- 3 important stigma mechanisms:
 - **Enacted stigma:** degree to which people believe they have actually experienced prejudice and discrimination
 - **Anticipated stigma:** degree to which people expect they will experience prejudice and discrimination
 - **Internalized stigma:** degree to which people endorse/ believe society's negative beliefs and feelings

Source: Earnshaw & Chaudoir, 2009

Counteracting stigma

- Stigma occurs when someone holds a negative opinion or attitude toward others; in this case, PWHA, someone with a mental illness and or substance use
- Stigma is a complicated problem with no easy solutions
- One way to counteract stigma is to provide education and getting to know someone who has a particular illness
- Stigma can create additional obstacles and stressors in the general public

Correcting our Language

STIGMATIZING	CORRECTED
ABUSER, ADDICT, ALCOHOLIC	A PERSON WITH A SUBSTANCE USE DISORDER
CLEAN	A STATE OF A PERSON BEING ABSTINENT OR IN RECOVERY, NEGATIVE URINE SCREENS
DIRTY	A STATE OF NON-ABSTINENCE OR A PERSON NOT YET IN RECOVERY, POSITIVE URINE SCREEN
SUBSTANCE ABUSE	SUBSTANCE USE DISORDER
RELAPSE, LAPSE	A RECURRENCE OF SYMPTOMS
DRUG REPLACEMENT THERAPY	MEDICATIONS FOR..

Why focus on retention?

- Retention is the “continued engagement in health services, from enrollment in care to discharge or death”
- US Health Resource and Services Administration HIV/AIDS Bureau (HRAS-HAB) defines retention for all Ryan White-funded clinics as two kept appointments no longer than 90 days apart within a 12 month period
- Individuals retained in care have lower mortality and higher viral suppression
- According to CDC criteria, in 2014 only 66% of PLWH were adequately linked to care and only 37% were retained in care and on ART

Why focus on retention?

- 20.3 million people aged 12 or older have a substance use disorder
 - 14.8 due to alcohol
 - 8.1 due to illicit drug use
- Only 1.4% of the individuals who would benefit from substance use treatment received it
 - 18.9 million Americans needing treatment did not receive it
 - Individuals who would benefit from treatment are likely to never receive any sort of intervention
- Two most common reasons for not obtaining treatment were:
 - Not being ready to discontinue use (40%)
 - No health coverage/could not afford care (33%)

Generally, a treatment stay of _____ is likely to improve substance use disorder functioning.

- A. 3-4 days to get through acute withdrawal
- B. 30 days
- C. 90 days
- D. At least 1 year

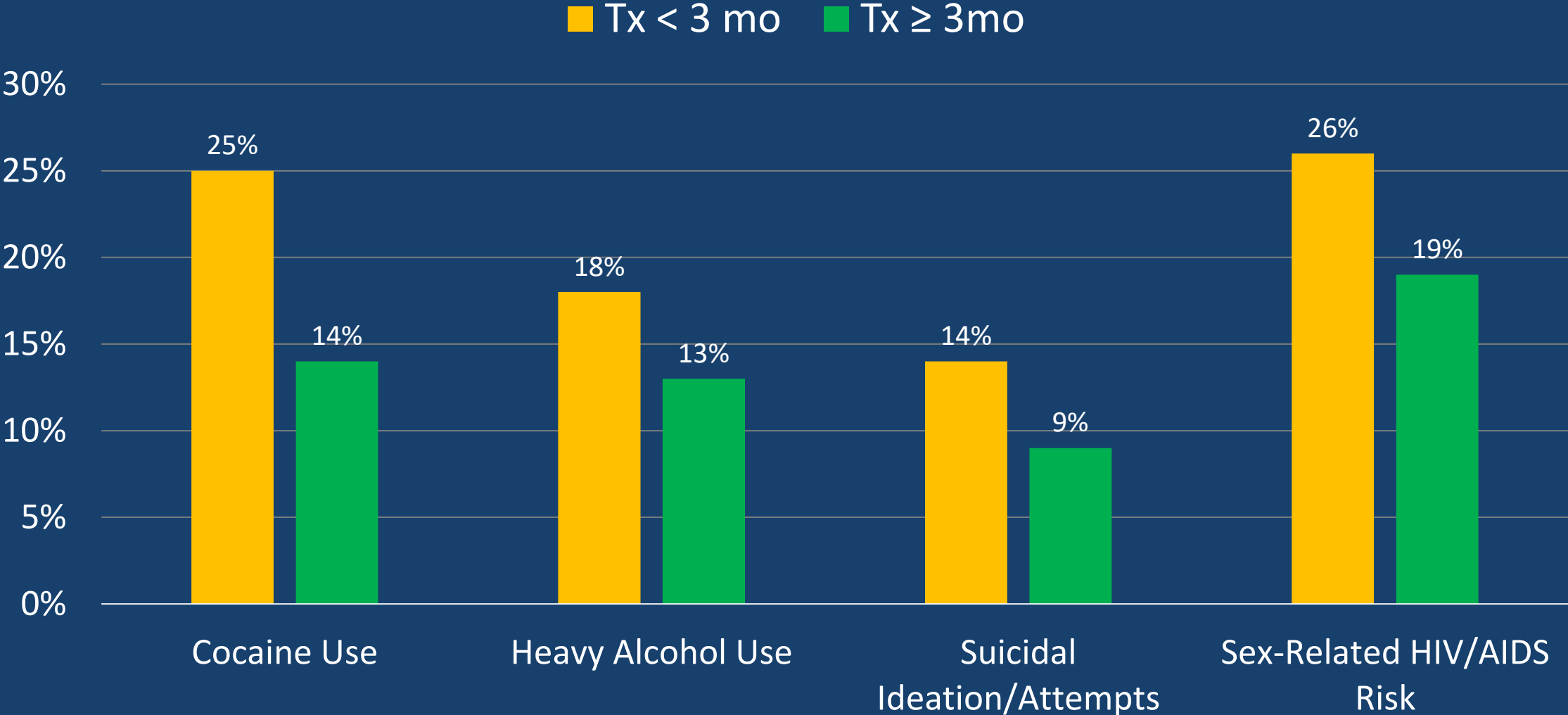
Factors that Influence Treatment Outcome

- Treatment retention, or the length of time that someone stays in treatment is a predictor of success
- Multiple studies have demonstrated that the longer someone stays in treatment, the better their outcomes
- A treatment stay of 90 days increases the likelihood of improvement in functioning
- Associated with a reduction of illicit substance use and criminal activities as well as an increase in employment

DATOS Outcomes: Methadone Treatment

Participants who remained in treatment for one year or longer were 4x less likely to use heroin weekly compared to individuals who dropped out of treatment early

DATOS Outcomes: Outpatient Treatment



Reducing Risk and Overcoming Obstacles

- Use a team approach
- Give individuals choices in their healthcare – penalizing patients in counterproductive!
- Talk about barriers regularly to anticipate and plan to solve logistical problems to attending treatment
- Educate clients on benefits and make available the use of pre-exposure prophylaxis (PrEP)
 - Randomized control trial has demonstrated that PrEP can substantially reduce HIV risk among people who inject drugs
- Enhance messaging and outreach
 - Mobile outreach, providing condoms/syringes/naloxone
 - Messaging should focus on education rather than fear/consequences



Recovery Initiation



Suggestions to Improve Engagement

- Text reminders and online appointments
- Information/welcome packets
- Pill organizers
- Education for providers outside the field of sexual health and HIV
- Clinics aimed at specific groups
- Welcome receptionists and consultation when nonadherence occurs
- Peer support
- Advisors to give practical social support
- Flexible weekend and evening hours
- Transportation for individuals with disabilities



Housing as Recovery Capital

- Costs for HIV-related housing may actually mitigate expenses from emergency room visits and higher level care health costs
- Housing First is a national alliance providing assistance to end homelessness
- Does not require prerequisites for accessing housing
- Individuals in Housing First
 - Access housing faster
 - Have a housing retention rate of up to 98%
 - An average cost savings for emergency services of \$31,545 over two years
 - Cost savings of up to \$23,000 to house compared to shelter programs

Approved Medications for Treatment

MEDICATIONS FOR ALCOHOL USE

- Acamprosate
- Naltrexone
- Disulfiram
- Extended-Release Naltrexone

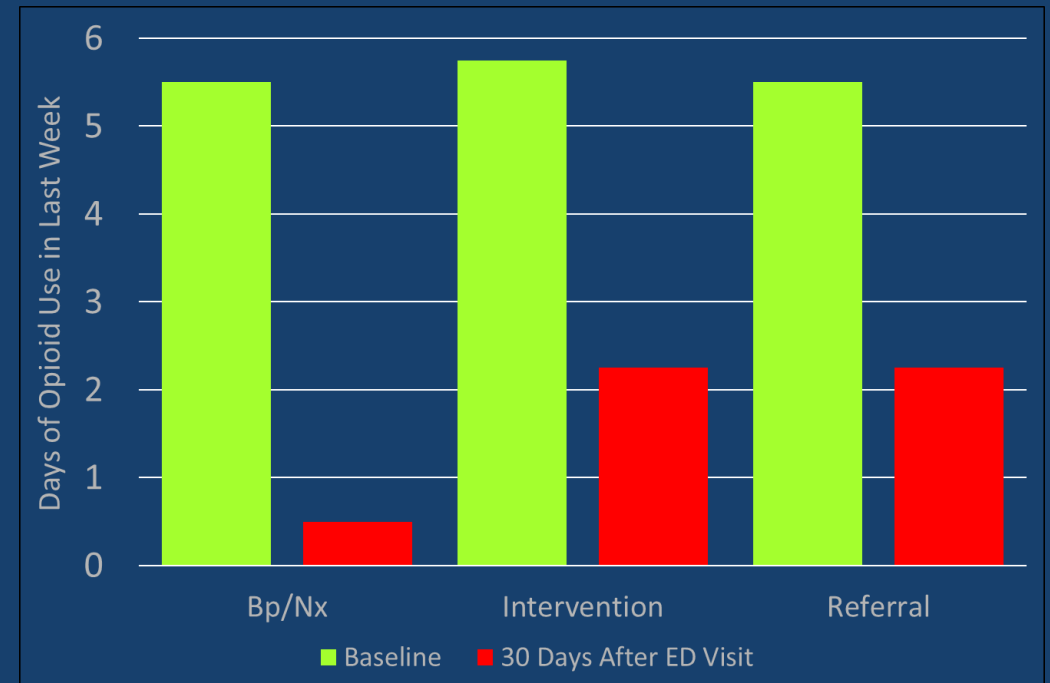
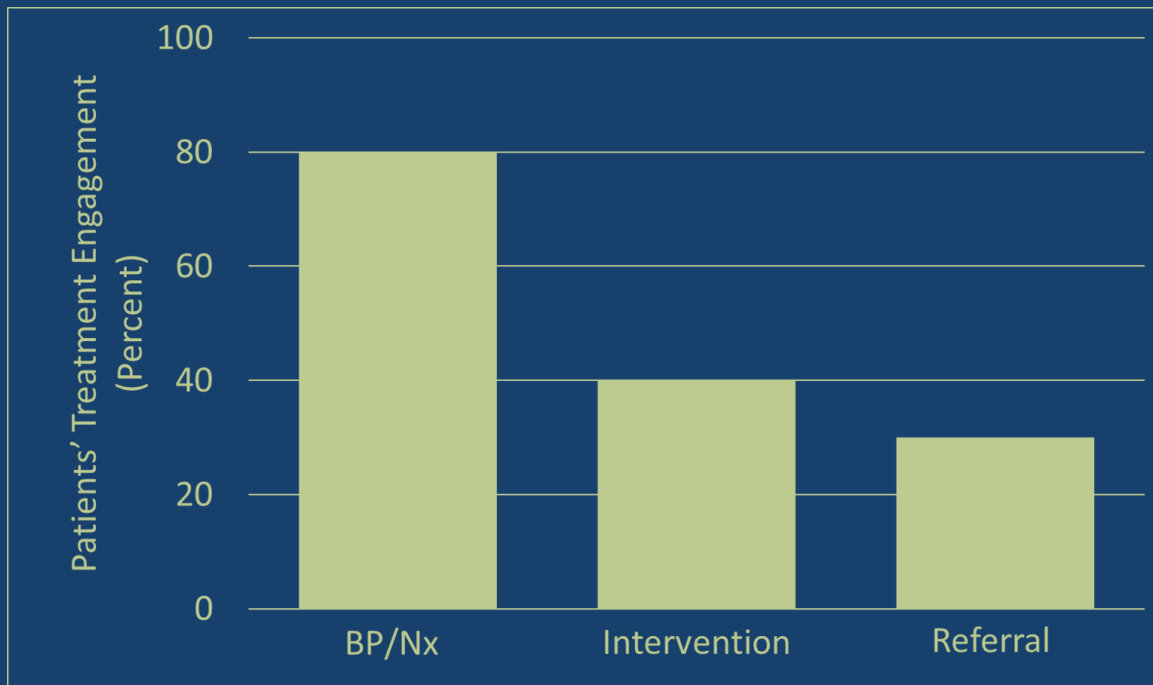
MEDICATIONS FOR OPIOID USE

- Naltrexone
- Methadone
- Buprenorphine
- Buprenorphine/Naloxone



Continuity is important

Patients given an initial dose of medication demonstrated higher treatment engagement and reduced days of illicit substance use



NIATx's Promising Practices Database

- Provides a list of over 30 evidence-supported interventions that enhance retention and engagement
- Interventions focus on motivational enhancement activities, office-based process-improvement, assessment of risk of leave, levels of care, and collaborative approaches to care
- Users can sort and search based on ease of use and desired outcome



REFINE PROMISING PRACTICES
Aims
<input type="checkbox"/> Reduce Waiting Time
<input type="checkbox"/> Reduce No-Shows
<input type="checkbox"/> Increase Continuation
<input type="checkbox"/> Increase Admissions
Ease of Implementation
<input type="checkbox"/> Easy
<input type="checkbox"/> Requires some time and resources
<input type="checkbox"/> Requires significant time and resources
Expected Benefit
<input type="checkbox"/> High
<input type="checkbox"/> Medium
<input type="checkbox"/> Low
Financial Impact
<input type="checkbox"/> Reduce Costs
<input type="checkbox"/> Increase Revenue
<input type="checkbox"/> Increase Staff Retention

CDC Compendium of Evidence-Based Interventions for HIV Prevention

- CDC has identified and compiled a list of behavioral interventions for individuals who are using illicit drugs
- Interventions have been demonstrated to reduce the risk of acquiring HIV or other STDs
- The Compendium is broken into three chapters
- *Linkage to, Retention in, and Re-engagement in HIV Care* contains 14 best practices
- *Medication Adherence* contains 14 evidence-based interventions
- *Risk Reduction* contains 61 evidence-based interventions

Identifying Best Practices in Integrated HIV/SUD Care



- Prevention and Treatment
 - Utilization of standardized screening and brief intervention in primary care settings (such as SBIRT)
 - Research in HIV, HCV, and TB care indicate that active referral is necessary to ensure linkage – passive referral is ineffective
 - CBT
 - MI
 - Community reinforcement approaches such as CM



12-Step Participation

- A wealth of research demonstrates the efficacy of supplementing treatment with 12-step participation
- A clinician's willingness to adopt proactive and positive attitudes toward 12-step referral and integration are significant in 12-step engagement
- While 12-step meeting participation is a significant predictor of abstinence self-efficacy in substance use, complications due to intersectionality can arise
- HIV-risk sexual behavior showed greater variance with abstinence self-efficacy even when combined with 12-step attendance

Contingency Management

- Contingency management (CM) provides tangible incentives for specific targeted behaviors
- Has been shown to enhance treatment retention
- Increases abstinence relative to 12-step for PLWH receiving treatment at an HIV clinic
- Study examining CM for cocaine use in an outpatient clinic found no difference in efficacy for PLWH versus individuals who were not diagnosed with HIV

Motivational Interviewing to Address Co-Occurring Risk

- Motivational interviewing has demonstrated efficacy for medication adherence as well as improvement in functioning for long-term disability/chronic illness
- Meta-analysis demonstrates that MI is effective alone and (preferably) in combination with other treatment interventions
 - Positive outcomes regardless of interventionist
 - Universality of efficacy – across genders, ages (16+), SES and race/ethnicity
- While effects decrease post-delivery, eight sessions of MI has been shown to be effective in improving CD4 counts and medication adherence in co-occurring alcohol use populations

Cognitive Behavioral Therapy

- Poor adherence to medications decreases the efficacy of ART and prolonged chance of survival
- Cognitive-behavioral therapy for adherence and depression (CBT-AD) was originally effective in reducing depressive symptoms and increase medication adherence
- CBT-AD applied to PLWH experiencing depression and in treatment for opioid use disorder indicated similar effectiveness
- Changes in medication adherence were noted within a clinically significant range during the study; however these effects diminished once the intervention was concluded
- Improvements in depressive symptoms were sustained following the conclusion of the intervention



Recovery Maintenance



Treatment As Prevention

- Define Treatment as Prevention when talking with clients, noting that this is the standard for maintaining health
- Make sure to emphasize the benefits of viral suppression
- Engage clients at each session in brief discussions about specific steps they are taking
- Regular conversations build rapport and trust while constructing a plan for adherence and risk assessment
- Nonjudgmental conversations can normalize a discussion of health, sex, substance use, and mental health

Relapse Prevention

- Relapse is a gradual process with noticeable steps
 - Recognize and anticipate the early stages
- Recovery is a process of personal growth – complete with milestones
- Cognitive therapy and mind-body relaxation are the cornerstones of developing healthy coping mechanisms
- Most relapses can be explained with a few rules
 - Change your life
 - Be completely honest
 - Ask for help
 - Practice self-care
 - Don't bend the rules



Ways to Talk about Risks

- Assess your own comfort – identify any biases you might have
- Make your patient feel comfortable – establish and maintain rapport before sensitive questions
- Use neutral and inclusive terms
- Avoid assumptions – based on age, appearance, marital status, or any other factor; ask if you don't know
- Try not to react overtly
- Rephrase your questions – if noticing reluctance or a client is confused; clarify important terms
- Always ask for correct pronouns or terminology



Long-Term Recovery



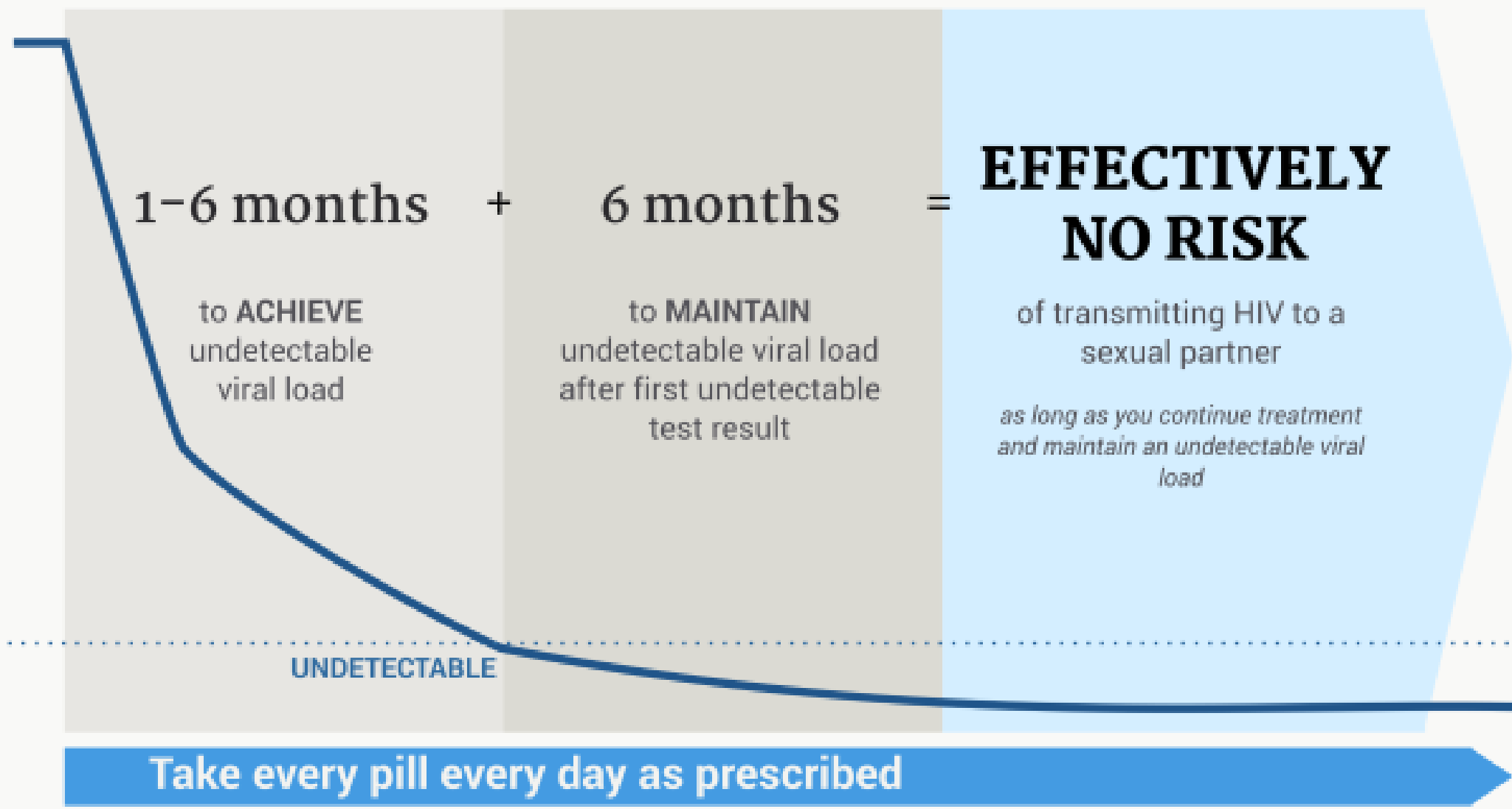
Benefits of Long-Term Recovery

- Sustained (5+ years) of recovery has been associated with higher quality of living conditions than in early recovery
- Differences between stages of recovery indicate the need for shifting supports – recovery is a process that continues to “unfold long after initiation”
- Long-term voluntary recovery checkups (2 years post-treatment) relapsed at a lower rate than controls
- There may be a beneficial feedback loop that occurs with longer time in recovery being associated with lower chance of using illicit drugs
- Life priorities change and develop over time with functional domains becoming higher priorities than substance use, thereby strengthening abstinence



Building Community Supports and Long-Term Recovery

- Building community and social supports improve outcomes for PLWH and individuals with substance use disorders
- For PLWH, social interaction is associated with more active coping mechanisms, better medication adherence, improved immune functioning, and higher quality of life
- Social networks that support recovery from substance use disorders show similar benefits regardless of whether that support stems from family, peers, 12 step or other
- Social support may include esteem support, network support, and instrumental support



US Clinical Guidelines recommend all people who are diagnosed with HIV receive treatment, regardless of how long they have had the virus or how healthy they are.



Community Involvement

- Comes in the form of both formal and informal resources
- Informal resources tend to be vastly underutilized by formal treatment services
- Informal resources include support groups, treatment supporters/navigators, people with HIV/in recovery and family and friends of PWH/in recovery
- Developing informal resources can involve key community stakeholders while enhancing the effectiveness and sustainability of established, formal services

THANK YOU!!

askurtz@mednet.ucla.edu

Regional Hub and Spoke QI Reports Available for Download

<https://drive.google.com/drive/folders/1JksKgMhs0WJZk4yZ7ghfWwLqzlYRXequ?usp=sharing>

QI Presentations for Quarter 4 - Region 1 (Northern California)

- Aegis Treatment Centers, LLC - Shasta (Redding)
- Chapa-De Indian Health Program, Inc. (Grass Valley)
- Mendocino Community Health Clinic Inc. (Little Lake Center)
- Shasta Lake Family Health Center

QI Presentations for Quarter 4 - Region 2 (Capital)

- CommuniCare Health Centers (Hansen Family Health Center)
- County of Butte - Department of Behavioral Health (Chico)
- El Dorado County Community Health Center
- Tehama County Health Services Agency

QI Presentations for Quarter 4 - Region 3 (Bay Area/Mid-State)

- BAART Behavioral Health Services, Inc. (Contra Costa/Antioch)
- Bright Heart Health (Contra Costa)
- Encompass Community Services
- Tuolumne Me-Wuk Indian Health Center

QI Presentations for Quarter 4 - Region 4 (Southern California)

- CLARE | MATRIX (HUB)
- Inland Valley Recovery Services
- La Maestra Family Clinic, Inc.
- South Central Family Health Center

Next Steps

Complete your CE evaluation this week if possible

Request additional training/TA as needed

Attend next week's coaching call

Review QI reports

2021 LC Schedule

- Aug 31/Sept 1
- Nov 30/Dec 1*

Next H&S Webinar: Tuesday, August 10, 12-1pm, Structural Competency: Addressing Stigma and Inequality in SUD Treatment. Helena Hansen, MD, PhD

*Pending virtual vs. in person meetings



ASIS-TTA

Opioid and Stimulant Implementation Support
Training and Technical Assistance

CASE-BASED MAT ECHO CLINICS

- Two Monthly ECHO Clinics
 - General and Tribal
- Clinical Case Reviews
- Trauma Informed Approach

MONTHLY STATEWIDE WEB TRAININGS

- Treating SUD in Primary Care
- Managing Complex Clinical Needs
- Addressing Stimulants & Fentanyl

ON-DEMAND LEARNING EARN FREE CME/CE

- Fundamentals of MAT
- Buprenorphine Starts
- MAT in Special Populations



QUARTERLY TRIBAL PROVIDER TRAININGS

- Tribal Health Issues
- Culturally Informed Strategies
- Rural and Urban Settings

DIRECT MENTORSHIP & CONSULTATION

- Individualized Support from Expert Consultants
- One-on-One Mentorship by Phone or Video Conference

CALIFORNIA HUB AND SPOKE IMPLEMENTATION SUPPORT

- Learning Collaboratives
- Direct Technical Assistance
- Enhancing Access to Care
- Ensuring Sustainability

OASIS-TTA SERVICES ARE FREE

To register, request services, or learn more visit

www.uclaisap.org/oasis-tta